McKittrick-Wheelock syndrome presenting with an uncommon symptom in a 70 year-old-woman

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April 28, 2020

Abstract

In this clinical image, we presented a rare case of shortness of breath as a symtom of McKittrick-Wheelock syndrome(MWS). The patient's symptom and electrolyte disorders improved with the resection of the rectal villous tumor. We should aware of this rare symtom in case of the diagnosis of MWS.

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Key words: McKittrick-Wheelock syndrome, uncommon symptom,

Key Clinical Message:

We present a unique image from a case of McKittrick-Wheelock syndrome (MWS) that was detected in an elderly woman. She presented with an uncommon symptom of shortness of breath. Our observations will raise awareness about the diagnosis of MWS.

Electrolyte disorders due to the colonic villous tumor was first reported by McKittrick and Wheelock in 1954, and it has been known as McKittrick-Wheelock syndrome (MWS) [1]. Its common symptoms are general fatigue, weakness, and loss of consciousness. We present a rare case of shortness of breath as a symptom of MWS.

A 70-year-old woman was admitted to our hospital for shortness of breath. On laboratory examinations, she presented severe hyponatremia, hypochloremia, impaired glucose tolerance, and renal failure. An abdominal computed tomography showed a large protruded tumor in the rectum. Colonoscopy revealed a mucus-rich villous tumor in the lower rectum (Figure A). Since there were no other examinations that explained electrolyte disorders, she was diagnosed with MWS. Subsequently, a laparoscopic low anterior resection of the villous tumor was performed. Histological examination of the resected specimens revealed tubular adenocarcinoma in papillary adenocarcinoma (Figure B). The patient's postoperative course was good, and her symptom and the electrolyte abnormalities improved. This report aims to raise the physician's awareness about a rare symptom of the rectal villous tumor.

CONFLICT OF INTEREST

None declared.

AUTHOR CONTRIBUTIONS

MY and NK: took part in the care of the patient. NK: wrote the manuscript. NK: reviewed and supervised the manuscript. All authors approved the final manuscript.

REFERENCE

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FIGURE LEGEND

Figure A: Colonoscopy showed a mucus-rich villous tumor in the lower rectum (yellow arrow heads).

Figure B: Histopathological findings of resected specimens showing papillary adenocarcinoma (left red arrow) with tubular adenocarcinoma components (right red arrow).

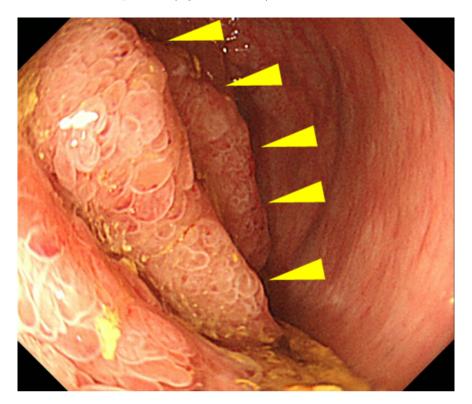


Figure A

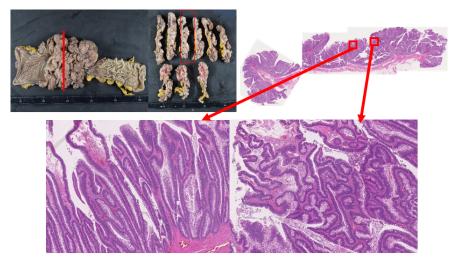


Figure B