

## Letters to the Editor

### McKittrick-Wheelock syndrome: unusual, but potentially lethal

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*Key words:* McKittrick-Wheelock. Villous.

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*Dear Editor,*

The McKittrick-Wheelock syndrome (1) is characterized by extracellular volume depletion and severe electrolyte imbalance caused by hyper-secreting rectal tumors, usually villous adenomas (2).

#### Case report

We report the case of a 70-year-old man who presented to the Emergency Department with watery diarrhea and mucus discharge of five weeks duration with more than six bowel movements per day. The patient showed signs of dehydration and severe hydroelectrolytic disturbances, although he was hemodynamically stable and showed no disturbances in levels of consciousness. The following analytical parameters were observed: urea 228 mg/dl, creatinine 1.8 mg/dl, sodium 120 mEq/l, potassium 2.5 mEq/l and chlorine 83 mEq/l.

After volume and electrolyte replacement, a colonoscopy was performed which identified a large rectal polyp. Biopsy samples were compatible with villous adenoma. Since the tumor was

not removable by endoscopy, the patient underwent an abdomino-perineal amputation with terminal colostomy.

#### Discussion

McKittrick-Wheelock syndrome was first described in 1954 (1). Its symptomatology includes secretory diarrhea with volume depletion and several electrolytic imbalances in association with large rectal villous adenomas (2,3). The treatment of choice after ionic correction is surgical removal, although cases of endoscopic treatment and radiotherapy have been described (4). In this case, the prognosis was excellent. However, if the cause is not eliminated the mortality rate is 100%. For this reason, a fast and accurate diagnosis is essential.

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