Does Attenuated Mckittrick-Wheelock Syndrome Exists?

Hafif Mckittrick-Wheelock Sendromu Var Olabilir mi?

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ABSTRACT

Mckittrick-Wheelock syndrome is caused by fluid and electrolyte hypersecretion from colorectal tumor. We present a patient with large villous adenoma who had hyponatremia and rectal bleeding and treated with laparoscopic surgery. A 52-year-old female patient presented with rectal bleeding and hyponatremia (117 mEq/L sodium) in biochemistry. After electrolytic replacement therapy and preoperative colonoscopy and magnetic resonance imaging examinations, the patient underwent laparoscopic surgery and full postoperative recovery was achieved. This case raises the question whether there are mild forms of Mckittrick-Wheelock syndrome.

Keywords: Villous adenoma, hyponatremia, Mckittrick-Wheelock syndrome

ÖZ


Anahtar Kelimeler: Villöz adenom, hiponatremi, Mckittrick-Wheelock sendromu

Discussion

Three percent of villous adenomas, particularly those larger than 7-18 cm, have secretory activity (5). These adenomas are mainly localized in the rectum, but also rarely in sigmoid colon (5-7). Not all of these adenomas present with Mckittrick-Wheelock syndrome (MWS), which has rather severe clinical symptoms. This was also true for our patient who only had intractable hyponatremia. In the context of complexity of MWS, single electrolyte deficiency of our case raises the question whether this is an attenuated form of the syndrome. In a case series involving 35 patients with MWS, hyponatremia is the second most common finding after hypokalemia and renal failure. These metabolic disarrangements in surgical patients adversely affect management of patients.

Villous adenoma and electrolyte disorders are also seen in Cronkhite-Canada syndrome, thalassemia, cirrhosis, deep venous thrombosis, surgery was delayed for one week. Later, the patient had a laparoscopic low anterior resection. Serum sodium level on postoperative day 1 was 138 mEq/L and it remained stable thereafter. Pathological examination of the resected mass revealed villous adenoma without any findings of malignancy. Written informed consent was obtained from the patient.
dermatomyositis and diabetes (7). Our patient also had diabetes. As it is demonstrated in our case, the definitive treatment of these patients should be surgical, despite the presence of constellation of medical disorders (5). In the literature, endoscopic submucosal dissection has been reported to be feasible and useful for MWS treatment (8). In another study, it was reported that the symptoms of MWS may be reduced 48 hours after the start of indomethacin therapy (9). Transabdominal laparoscopic procedures are the most described methods in the treatment of MWS. Additionally, transanal minimally invasive surgery, has been reported as an alternative surgical approach (10).

Conclusion

Our case could be representing a mild form of MWS. Surgery should be undertaken in such cases, as there is high risk of malignancy and intractable nature of the electrolyte disorder.

Informed Consent: Informed consent was obtained from the patient.

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**References**