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Cronkhite-Canada Syndrome Presenting as Acute Diarrhea

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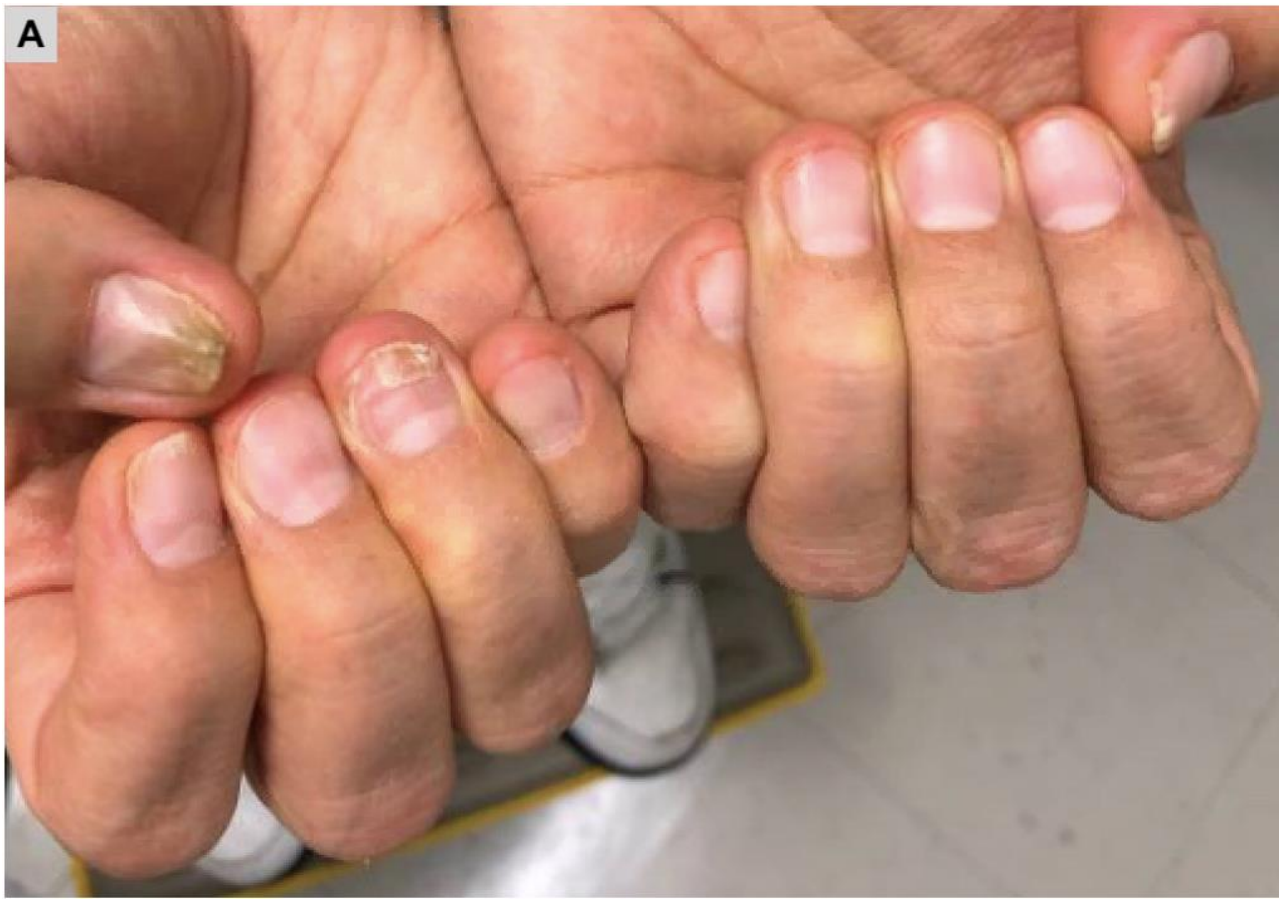
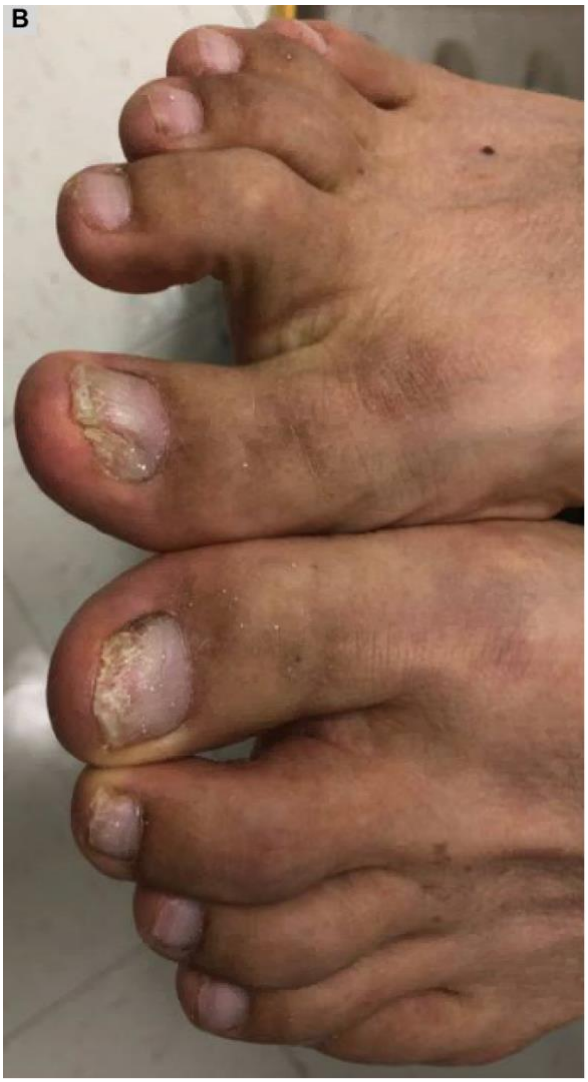
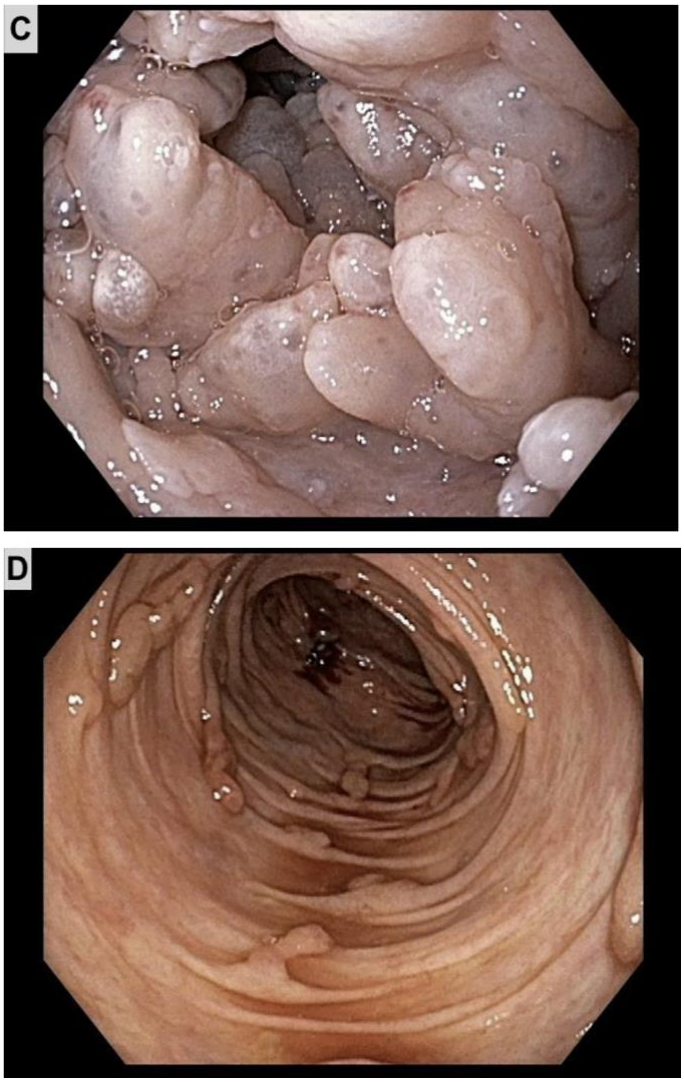


Panel A: Nail dystrophy affecting patient's fingers.



Panel B: Nail dystrophy affecting patient's toes.



Panel C: Multiple gastric polyps seen on EGD.

Panel D: Multiple colon polyps seen on colonoscopy.

Clinical Image

A 60-year-old male was in his usual state of health when he presented to his primary care provider with acute onset of diarrhea and was treated with a course of antibiotics for infectious colitis. Despite completing antibiotic treatment, symptoms persisted and became associated with alopecia, weight loss, hypoalbuminemia, dysgeusia, and nail dystrophy affecting his fingers (Panel A) and toes (Panel B). Endoscopic evaluation demonstrated innumerable gastric (Panel C), duodenal, and colon polyps (Panel D). Pathology revealed nonneoplastic hamartomas. He was diagnosed with Cronkhite-Canada syndrome and was treated with prednisone, azathioprine, and total parenteral nutrition with improvement in his symptoms. Maintenance of improvement was accomplished with azathioprine and budesonide alone, and the patient continued to have annual endoscopic surveillance.

First described in 1955, Cronkhite-Canada syndrome is a rare, nonhereditary syndrome that is characterized by gastrointestinal polyposis, abdominal pain, diarrhea, protein-losing enteropathy, weight loss, alopecia, cutaneous hyperpigmentation, and onychodystrophy [1]. Diagnosis is made via a combination of endoscopic, pathologic, and dermatologic features [2]. Various pathological polyps may be seen in Cronkhite-Canada syndrome, including hamartomatous, adenomatous, hyperplastic, or inflammatory polyps [3]. Additionally, it has been reported that 10-20% of patients with Cronkhite-Canada syndrome also have gastrointestinal malignancies [3]. The mainstay of treatment is steroids, though other treatment options include immunomodulators, 5-aminosalicylic acid, anti-tumor necrosis factor agents, or nutritional therapy [4]. In our patient, we demonstrate the importance of maintaining a broad differential diagnosis in a patient who presented with acute diarrhea, with progression of symptoms despite appropriate treatment for suspected infectious colitis.

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