Cronkhite-Canada Syndrome

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A 50-year-old woman suffered from anorexia, taste disturbance and a weight loss of 13 kg over a period of 6 months. Physical examination showed onychotrophia (Picture 1), skin pigmentation (Picture 2) and alopecia. Gastroscopy revealed multiple reddish sessile polyps in the antrum and angularis of the stomach (Picture 3). Colonoscopy revealed multiple reddish sessile polyps throughout the colon and in the rectum (Picture 4).

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Pathological examination of the gastric polyp shows cystic dilatation and elongation of scattered glands with epithelial hyperplasia and stromal edema.

Pathological examination of the gastric polyps revealed cystic dilatation and elongation of scattered glands with epithelial hyperplasia (Picture 5). Thus, the patient was diagnosed with Cronkhite-Canada syndrome and was treated with corticosteroids. After treatment, her appetite increased and she recovered from the onychotrophia and alopecia. Cronkhite-Canada syndrome was first described in 1955 (1). The clinical features of this rare syndrome of unknown etiology include nonhereditary gastrointestinal polyposis together with diarrhea, onychotrophia, alopecia and skin hyperpigmentation (1). Several hundred cases of Cronkhite-Canada syndrome have been reported worldwide, with 75% of these reports coming from Japan (2).

References
