

her to the hospital.

D-lactic acidosis should be considered in patients with a history of abdominal surgery resulting in short-bowel syndrome or malabsorption and who present with a high anion gap metabolic acidosis and neuropsychiatric manifestations. Our patient was diagnosed with anion gap metabolic acidosis by other physicians, but the cause was not discovered until a more elaborate history was obtained. As we described, symptoms can be consider-

ably delayed, and physicians should be aware of such clinical presentations, since a remote surgical history may be the key to diagnosing a patient's medical condition. This is even more relevant as more and more patients have gastrointestinal bypass surgery for obesity and can present many years later. Interestingly, to our knowledge, the onset of symptoms approximately 30 years after intestinal surgery has not been reported previously. ■

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CORRECTION

Colon cancer screening

(APRIL 2007)

In the article “At what age should we discontinue colon cancer screening in the elderly?” by Rachelle Losey, MD, and Barbara J. Messinger-Rapport, MD, PhD, on pages 269

through 272 in the April 2007 issue, the e-mail address we listed for Dr. Messinger-Rapport on page 272 was wrong. Her correct e-mail address is rapporb@ccf.org.