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REFERENCES


‘Scurvy’: presentation and skin manifestations of a not so uncommon condition

An 84-year-old man attended our emergency department with a 5-month history of poor oral intake since the death of his wife. He complained of lethargy, dyspnoea, epistaxis and myalgic pains. He was severely thin with purpuric skin lesions over his knuckles, elbows and shins (figures 1 and 2). Scurvy was suggested and confirmed by dermatology. The patient was started on ascorbic acid (400 mg/24 h) and initially improved, but died later of a nosocomial infection.

Scurvy is a state of vitamin C (ascorbic acid) deficiency. Ascorbic acid is used in the synthesis of collagen, neurotransmitters and helps in dietary iron absorption. Deficiency results in poor wound healing, defective capillary walls and anaemia.

The UK incidence of clinical scurvy is unknown, but the prevalence of vitamin C deficiency is estimated at 25% in men and 16% in women and is associated with low income, poor diet and smoking.1 Symptoms/signs include lethargy, purpura, epistaxis, myalgia, dyspnoea, spongy gums and tooth loss. Complications include haemorrhage, neuropathies, immunocompromise and hepatic and renal failure.

Figure 1  Skin lesions on the left hand (symmetrical on the right hand).

Figure 2  Skin lesions on the forearm and also present on the shins.

Scurvy is believed to be historical or a diagnosis of developing countries. However, it is more common than perceived. Patients can easily be treated with dietary input and ascorbic acid supplementation. Symptoms often resolve in 1–2 weeks.

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