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Scurvy: A difficult diagnosis with a simple cure

Scorbut: Un diagnostic difficile, un remède simple

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KEYWORDS

Scurvy;
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Vitamin deficiency;
Petechiae;
Purpura

Abstract

Introduction: Scurvy is an old disease, however in specific at risk populations it may present in current society.

Case history: A 70-year old man with a painful, swollen leg with bruising for 2 weeks was treated in the Emergency Centre of a hospital in a poor community. His vital signs were within normal ranges. He consumed an unbalanced and infrequent diet and more than 10-units of alcohol a day.

Discussion: Symptoms of scurvy may be vague, yet a thorough physical examination along with a comprehensive medical history should encourage physicians to suspect this disease. Scurvy is fatal if left untreated; however oral administration of vitamin C will return even severely affected patients to normal health within weeks.

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Resumé

Introduction: Le scorbut est une vieille maladie, qui peut cependant être présente dans la société actuelle, dans des population spécifiques à risque.

Etude de cas: Un homme de 70 ans, souffrant depuis deux semaines d'une jambe douloureuse, enflée et couverte de contusions a été traité au Centre d'urgence d'un hôpital d'une communauté pauvre. Ses signes vitaux figuraient dans des fourchettes normales. Son alimentation n'était pas équilibrée, il s'alimentait peu fréquemment, et consommait plus de 10 unités d'alcool par jour.

Discussion: Les symptômes du scorbut peuvent être vagues, pourtant un examen physique minutieux et une connaissance des antécédents médicaux complets devraient encourager les médecins à suspecter cette maladie. Le scorbut est mortel s'il n'est pas traité, cependant une administration orale de vitamine C rendra la santé même à des patients gravement atteints en quelques semaines.

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Introduction

Documented as far back as the 16th century, scurvy was once a common, yet misunderstood disease. In current society it is rare, albeit for specific at-risk populations, many of which are seen in the Emergency Centre (EC). These populations include: alcoholics with poor nutrition, isolated elderly patients, the institutionalised, patients with chronic abdominal pain, those with malabsorption syndromes, and food faddists.^{1,2} Clinical features include: lethargy, purpuric lesions (especially affecting the legs), myalgia, and bleeding from the gums with little provocation (in advanced disease).¹ Commonly, scurvy is misdiagnosed as vasculitis, blood dyscrasias, and ulcerative gingivitis.³ Without treatment, scurvy is fatal; however a favourable outcome, even with advanced disease, is possible through vitamin C administration.

Case history

A 70-year old man presented to the EC of a metropolitan community hospital outside Cape Town, South Africa that services a typically poor population. His chief complaint was a painful, swollen right leg with associated bruising for the past 2 weeks. The patient's vital signs were within normal limits. He denied a history of trauma or the use of anticoagulants, although he did admit to consuming an unbalanced and infrequent diet as well as more than 10-units of alcohol a day. His appearance was unkempt and dishevelled.

Inspection of his oral cavity displayed poor hygiene with gingival bleeding (Fig. 1). Examination of his extremities revealed multiple purpura, large ecchymoses, as well as tense brawny oedema on his right medial thigh (Fig. 2) and right calf (Fig. 3), in addition to haemosiderin pigmentation of the skin. On laying the patient prone, haematomas could be palpated in both the thigh and calf muscles of the affected leg. The respiratory, cardiovascular, and abdominal examinations were unremarkable.

Bedside haemoglobin was 7.1 g/dL (normal range 14.3–18.3 g/dL*), mean corpuscular volume measured 103 fL (normal range 79.1–98.9 fL*), platelets $245 \times 10^9/L$ (normal range $137\text{--}373 \times 10^9/L$ *), and an International Normalised Ratio of 1.4 (normal range 0.9–2.0) (* = normal reference ranges for males used by South Africa's National Health Laboratory Service).

The initial diagnosis, made by a junior medical officer, was deep venous thrombosis of the right leg. Subsequently, a deep

venous thrombosis was excluded by evaluation of the leg using ultrasound. The diagnosis of scurvy was entertained due to the clinical presentation in conjunction with a dietary and social history. These revealed a lack of fresh fruits and vegetables and excessive, daily alcohol intake. Vitamin C level and tissue biopsies were not performed.



Fig. 1 Bleeding from the gums in a patient with scurvy.



Fig. 2 Multiple purpura and ecchymosis on right medial thigh; a typical sign in a patient with scurvy.

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