



SKIN MANIFESTATIONS OF INTERNAL DISEASE

SCURVY, TUBERCULOSIS AND THE MODERN SOCIETY: A RARE CASE REPORT

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Background: Scurvy is the hallmark of vitamin C deficiency. Vitamin C serves as a cofactor in collagen synthesis, and its deficiency is characterized by potentially life-threatening hemorrhagic diathesis. Due to its rarity nowadays, scurvy is often underdiagnosed. Risk factors include populations with poor dietary intake of vitamin C and patients with increased requirements, such as the setting of febrile illnesses. We describe the joint presentation of scurvy with a febrile illness in a patient with a history of malnutrition related to drug and alcohol abuse.

Observation: A 19-year-old male with newly diagnosed diabetes mellitus type 1 presented with a 3-month history of skin lesions, weight loss, fatigue, cough, pain on lower limbs and depressed mood. He had a previous history of drug and alcohol abuse, low dietary intake of fruits and vegetables, and was undernourished at presentation (BMI 13.0 kg/m²). He was hospitalized at the Infectious Disease ward due to pulmonary tuberculosis with multiple, extensive cavitations. Cutaneous evaluation revealed small keratotic and hemorrhagic follicular papules with corkscrew hair on trunk and limbs, and petechial and ecchymotic lesions on the lower extremities. Laboratory workup showed anemia, iron deficiency and hypoalbuminemia. Punch biopsy specimens were obtained and histopathological evaluation demonstrated follicular hyperkeratosis with tortuous hair shafts and perifollicular hemorrhage consistent with ascorbic acid deficiency findings. Vitamin C supplementation was introduced with improvement of fatigue and mood within 2 days. Diagnosis of scurvy was supported by clinical presentation, poor dietary history, and dramatic remission of signs and symptoms following vitamin C therapy.

Key message: This report emphasizes the importance of scurvy as a life-threatening diagnosis and highlights its potential two-way interaction with the clinical presentation of a febrile illness such as tuberculosis. Early diagnosis and vitamin C supplementation are crucial to prevent fatal outcomes related to long-standing ascorbic acid deficiency.

