CLINICAL PRACTICE

Clinical Images

Anemia in Scurvy

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KEY WORDS: scurvy; anemia; disparity; deficiency.

J Gen Intern Med 33(11):2008–9

DOI: 10.1007/s11606-018-4597-1

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ANEMIA IN SCURVY

A 60-year-old man from rural Oregon was admitted with symptomatic anemia, progressive, bilateral, dependent-leg ecchymoses (Fig. 1), and knee arthropathy. Physical exam revealed “corkscrew hairs,” most distinctively on his shoulder (Fig. 2). A social history was notable for limited financial resources and a longstanding diet consisting solely of toast, boxed macaroni and cheese, and canned tuna.

Following administration of vitamin C, the patient’s hematocrit stabilized. The serum vitamin C level from admission returned undetectable, confirming a diagnosis of scurvy. Upon discharge, he received dietary counseling and a multivitamin prescription.

Scurvy is caused by dietary deficiency of vitamin C, a key cofactor for collagen enzymes. It is the only known acquired connective-tissue disorder that is not immune-mediated. Ane-

Figure 1 Painful, dependent ecchymoses and arthropathy of bilateral lower extremities from hemorrhage tracking along fascial planes.

Figure 2 Patient’s body hair (shown: right shoulder) growing in a distinctive “corkscrew” or “kinked” pattern.

mia in scurvy can result from vascular fragility and subsequent subcutaneous hemorrhage and hemarthrosis.¹ Other features include gingivitis, myalgias, mood changes, perifollicular hemorrhage, occult gastrointestinal hemorrhage, and delayed wound healing. First described in 1753, scurvy is now rarely diagnosed in developed countries.² However, even in developed countries, associations between scurvy and low-income status persist.^{3, 4} As in our case, the acute presentation of scurvy can mimic an acquired coagulopathy. A careful history and physical exam may preclude a costly workup and expedite treatment.

Received March 9, 2018

Revised May 22, 2018

Accepted July 13, 2018

Published online July 27, 2018

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

Disclaimers: None.

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