Anemia, exertional dyspnea, and petechial rash in a healthy 62-year-old (



Alexandra M Bender^{1,2}, Kunali Gurditta¹, Elizabeth H. Cusick², Kathleen Mannava², Thomas STRONG Walters³, Molly E. Plovanich², Meghan K. Train¹



¹Department of Medicine, University of Rochester School of Medicine; ²Department of Dermatology, University of Rochester School of Medicine; ³Department of Family Medicine, University of Rochester School of Medicine

History of Present Illness

A 62-year-old man with a history of hypertension, hyperlipidemia, tobacco use, cerebral vascular accident, and a remote history of alcohol use, presented with a chief complaint of lightheadedness and increased bruising over one week. Upon review of systems, he also had exertional dyspnea, left upper and lower extremity swelling, and redcolored urine. There was no history of trauma, infection, new medications, or abnormal diet.

Physical Exam

Vitals: BP 88/57 HR 90-110 Afebrile 97-99% on RA HEENT: petechiae on lateral undersides of tongue Ext: Left hand and left lower extremity with non-pitting edema

Skin: multiple tender subcutaneous nodules, ecchymosis throughout, extensive ecchymosis on buttocks, petechiae on bilateral lower extremities



Figure 1. Ecchymosis on buttocks at presentation (left). Corkscrew hair (right).





Figure 2. Petechiae on bilateral lower extremities.

Workup

H/H 11.2/33 \rightarrow 7.9/24 on HD4 Alk Phos 172 (40-130) &

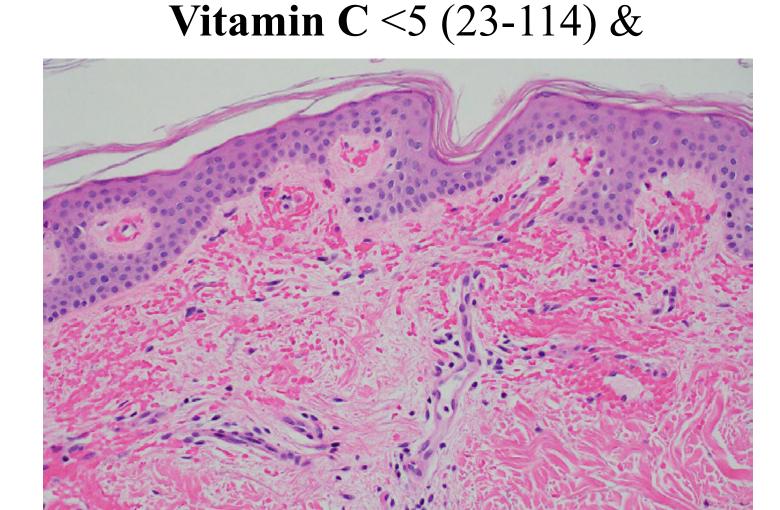
Platelets 229 (normal) UA 30 protein, 14 hyaline casts, **ESR** 52 **CRP** 79 1+ blood &

PT 13.6 (10.0-12.9)

tBili 2.1 (0.0-1.2) &

iBili 1.3 (0.1-1.0) &

Figure 3. Skin biopsy with dermal extravasated erythrocytes without evidence of vasculitis or thrombi.



Outcome

A diagnosis of scurvy was made. The patient was discharged on 1000mg of vitamin C a day for two weeks, followed by 400mg daily until complete resolution. His lightheadedness, bruising, petechiae, swelling, and anemia were improved at 2 weeks and resolved with 7 weeks of treatment.



Figure 4. After 2 weeks (left) and 7 weeks (right) treatment.)

Conclusions

- One-third of hospitalized patients in high-income countries are either malnourished or at-risk^I
- Micronutrient deficiency should be considered even in patients without classic risk factors and who report normal diets

References

I. Sorensen J, Kondrup J, et al. EuroOOPS: an international, multicenter study to implement nutritional risk screening and evaluate clinical outcome. Clinical nutrition. 2008; 27(3):340-9.