

Unveiling the Uncommon: Diffuse spontaneous subcutaneous bleeding as a presentation of scurvy

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Introduction

- Scurvy is caused by a severe deficiency of vitamin C.
- The infrequency of scurvy makes its diagnosis challenging.
- We report a case of scurvy presenting as diffuse spontaneous subcutaneous bleeding.

Case description

- A 56-year-old male with past medical history of COVID-19 infection complicated by Long Covid syndrome presented for evaluation of large, spontaneously appearing, painful bruises on his extremities.
- He reported fatigue and progressive loss of appetite since diagnosis of COVID in 2021.
- The patient complained of generalized myalgias and arthralgias with onset in the last two months.
- Two weeks prior to admission, the patient noticed a large bruise on the right arm followed, a week later, by a large bruise on the right thigh, shin, and calf along with rash on left arm (Figure 1 a&b).
- Patient denied any trauma or falls. He also reported an unintentional 40-pound weight loss for the past two months. Chest, abdomen and pelvis CT was unremarkable.
- His hemoglobin was 9.8 g/dL (baseline of 16). Anemia workup was unrevealing aside from reticulocyte index of 1.55 indicating hypoproliferation.

- CT of the right lower extremity was concerning for subcutaneous hemorrhage.
- Skin biopsy showed perifollicular lymphohistiocytic inflammation with erythrocyte extravasation and hemosiderin deposition (Figure 2) consistent with a diagnosis of scurvy.
- The patient was started on vitamin C supplementation at 300 mg daily empirically. Diagnosis was confirmed with a vitamin C level of less than 0.1 mg/dL.
- His areas of ecchymosis slowly improved after treatment initiation and the patient was provided recommendations on dietary modification.

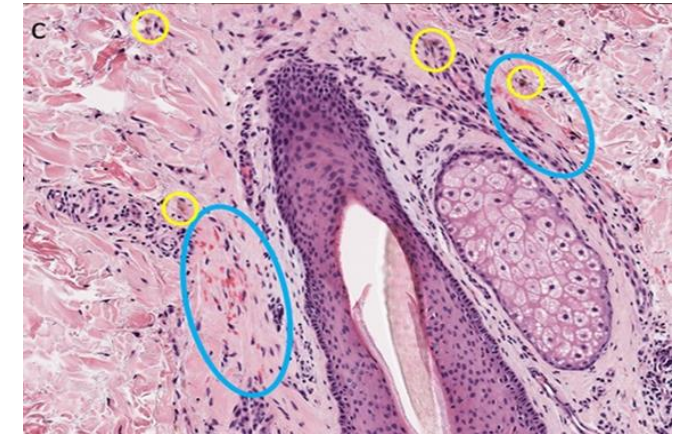


Figure 2: perifollicular lymphohistiocytic inflammation with erythrocyte extravasation and hemosiderin deposition



Figure 1: large bruises on the right thigh, shin, and calf (a), left arm perifollicular erythema with corkscrew hairs (b)

Discussion

- Our patient's systemic symptoms and severity of bruising led us to first exclude a bleeding disorder and autoimmune syndrome.
- His reported unintentional weight loss and distaste for fruits and vegetables over the last two years made it crucial to expand our workup to exclude nutritional deficiencies.
- Skin biopsy with specific for scurvy findings was crucial for further diagnosis.

Conclusion

- This case demonstrates that scurvy should be considered a differential diagnosis for spontaneous bruising, rash and arthralgias in patients with malnutrition risk factors.