Scurvy Rare, But Cases Still Popping Up: A Case Report

Vela Desai and Prerna Pratik
Department of Oral Medicine and Radiology, Jaipur Dental College, Dhand, Amer, Jaipur, Rajasthan, India.

ABSTRACT
Scurvy, a disease of dietary ascorbic acid deficiency, is uncommon today. But still exists in high risk groups including economically disadvantaged populations with poor nutrition. The incidence of scurvy in the pediatric population is very low. Ascorbic acid (vitamin C) is necessary for the formation of collagen, reducing free radicals, and aiding in iron absorption.

Keywords: scurvy, vitamin C.

INTRODUCTION
Scurvy, deficiency of vitamin C, has been increasingly reported in recent years. Usually presents with swelling, pain and discoloration of the lower extremities where haemorrhages and ecchymoses are commonly found in areas of frequent stress, e.g. lower extremity joints and the soft tissue of the back and buttocks. Musculoskeletal manifestations are prominent in pediatric scurvy.

CASE REPORT
A 4 year female child visited the OPD of Jaipur Dental College because of enlarged gingiva, musculoskeletal pain, irritability, fever, and bone pain. She presented with a seven-week history of increasing unilateral knee pain, and there was no history of trauma. Bleeding of the gums and inability to eat food were reported by the mother of the patient. On intraoral examination, scorbutic gingiva was seen bilaterally on the mandible, extending from 74 to retromolar region on left side and from 83 to retromolar region on the right side it was soft and tender on palpation. Clinical diagnosis was given as scurvy. Patient was then advised to get serum ascorbic acid level tested for confirmation. Serum ascorbic acid level was <0.10 mg/dL (normal range, 0.20-1.9 mg/dL). Hence, final diagnosis of vitamin C deficiency was made. The patient was successfully treated with 1 g/d vitamin C for the first 5 days, followed by a dose of 500 mg/d. Patient mother was advised for dietary modification.

DISCUSSION
Though scurvy is rarely seen in modern times, it is important to identify who is at risk and to recognize the clear and classic signs and symptoms associated with scurvy. Failure to
diagnose this disease can potentially lead to expensive and unnecessary medical tests, as well as missing a very simple treatment that can prevent infection and other complications as malaise, lethargy, myalgia, convulsions even death. Musculoskeletal manifestations are prominent in pediatric scurvy. The diagnosis of scurvy is made by clinical findings and may be supported by reduced concentration of vitamin C in the serum. In children with eating difficulties, it is essential to prevent scurvy by systematic dietary supplementation of vitamin C as lemons, oranges, guava, tomatoes, kiwifruit etc or tablets of vitamin C.

REFERENCES