

Introduction

- Scurvy is caused by severe **vitamin C deficiency**.
- Often thought to be obsolete in modern medicine.
- At-risk groups include individuals with **poor diets**, **substance use**, or **bariatric surgery history**.
- Vitamin C is vital for collagen synthesis, wound healing, and immune function.
- U.S. data show vitamin C deficiency affects **~6–8% of adults**.

Case Description

52-year-old female with **3-month history of painful, non-draining ulcers** on arms, legs, and buttocks. She recalled having these wounds in the past.

Lesions began as papules, progressed to coalescing shallow ulcers (Figs. 1-3).

- **ROS**: 8 lb weight loss, poor oral intake
- **PMH**: Gastric sleeve surgery
- **SH**: Smoker, prior meth use

Physical Exam

- Vitals stable, afebrile
- **Cachectic appearance**
- **Superficial ulcers**
- No signs of active infection/inflammation
- Would notice these wounds when she took meth

Labs & Treatment

CBC, CRP, ESR: normal

Autoimmune panels and Infectious testing: unremarkable.

Vitamin C: low (<0.3 mg/dL)

*Started on **oral vitamin C 500 mg daily** → complete resolution of ulcers within days.

Clinical Imaging

Before Treatment



Fig. 1. Left leg ulcer



Fig. 2. Right arm ulcer



Fig. 3. Right foot ulcer

After Treatment



Fig. 4. Left leg ulcer (healed)



Fig. 5. Right arm ulcer (healed)



Fig. 6. Right foot ulcer (healed)

Discussion

- Scurvy remains **underrecognized**, especially in patients with normal labs and imaging.
- Can mimic **pyoderma gangrenosum** or **cellulitis**, leading to **misdiagnosis**.
- Classic signs (e.g., gum bleeding) may be absent; **skin ulcers may be the only clue**, as seen in this case (Figs. 1-3).
- **Nutritional deficiencies** are often overlooked, especially when labs are normal.
- **Bariatric surgery** increases risk of micronutrient deficiencies.
- Diet and social history are critical for diagnosis
- Significant healing was observed with treatment, reinforcing the diagnosis (Figs. 4-6)

Conclusion

- **Scurvy is rising**, from **8.2 to 26.7 per 100,000** (2016–2020), and remains underrecognized
- Post-bariatric patients require lifelong dietary and vitamin education.
- Clinicians should consider implementing **annual micronutrient screening** in at-risk patients (e.g., post-bariatric surgery).
- A detailed dietary history and vitamin C level can lead to early diagnosis, rapid treatment, and avoid unnecessary care (Figs. 4-6).
- In this case, a **\$10 vitamin supplement** reversed months of unnecessary treatment and suffering.

References

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