

# Scurvy In an Alcohol Dependent Patient With Cirrhosis and Encephalopathy – a Case Report.

Ricky Buckshaw DO

Lehigh Valley Health Network, Ricky.Buckshaw@lvhn.org

Ryan Murphy DO

Lehigh Valley Health Network, Ryan.Murphy@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/medicine>



Part of the [Internal Medicine Commons](#)

---

## Published In/Presented At

Buckshaw, R. Murphy, R. (2018, May 3). *Scurvy In an Alcohol Dependent Patient With Cirrhosis and Encephalopathy – a Case Report.*

Poster Presented at: Annual POMA Clinical Assembly/Convention, King of Prussia, PA.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact [LibraryServices@lvhn.org](mailto:LibraryServices@lvhn.org).

# Scurvy In an Alcohol Dependent Patient With Cirrhosis and Encephalopathy – a Case Report

R. A. Buckshaw, DO, R. Murphy, DO

Department of Internal Medicine, Lehigh Valley Health Network, Allentown, Pa.

## CORKSCREW HAIR



Ngan, Vanessa. "Corkscrew Hair." Scurvy, 2005, [dermnetnz.org/topics/scurvy/](http://dermnetnz.org/topics/scurvy/).

## GINGIVAL HYPERTROPHY



Massferrer, Emily, et al. "Gingival Hypertrophy." *Gingival Hypertrophy and Anemia*, JAMA Network, Barcelona, Spain, 2009, [jamanetwork.com/journals/jamadermatology/article-abstract/711902?redirect=true](http://jamanetwork.com/journals/jamadermatology/article-abstract/711902?redirect=true).

## INTRODUCTION

The patient is a 66-year old female with a PMHx of alcoholism, cirrhosis and a non-healing breast mass and wound who initially was admitted to the hospital for altered mental status. The son reported that the patient was a chronic alcohol drinker but had recently stopped drinking three weeks prior to admission. The patient was found to have an acute mental status change, dysarthria, increased spasticity of her extremities, and an ulcerating breast mass. She also was noted to have poor wound healing of sacral ulcers along with bleeding mucosae. The patient has had poor oral intake without proper medical care for some time.

## OUR WORKUP

Basic lab work was obtained, including TSH, ANA, CRP, ESR, CK along with blood and urine cultures. A CT head and MRI brain along with a lumbar puncture was obtained to rule out acute intracranial pathology and meningitis. A VDRL, RPR, HIV, Lyme Ab were obtained. After two days of evaluating the patient with no clear source, a neurology consult was ordered. Additional blood tests were performed to measure heavy metals in her blood, vitamin C and

B3 levels, methylmalonic acid, ceruloplasmin and copper. An AMA, dsDNA Ab, SSA Ab, SSB Ab, SM/RNP, anti-Smith, Scl-70 Ab, tTg IgA Ab, a CSF paraneoplastic panel, anti-Hu, anti-Jo, amphiphysin Ab, VGKC Ab, and anti-GAD.

## RESULTS

One out of two blood cultures showed infection with staphylococcus epidermis and diphtheroids-corynebacterium spp. CSF studies, VDRL/RPR, Lyme Ab, HIV were negative. The CT of the head was normal. Heavy metal screen, volatile alcohols, acetaminophen, salicylate and all antibody levels were negative. TSH was normal. The rheumatology and paraneoplastic workups were negative. Significant findings included MRI of the brain showing chronic small vessel disease, a low level of folic acid (3.7) and an extremely low level of vitamin C level (<5).

## CONCLUSION

The patient was found to have Vitamin C deficiency (Scurvy) and was treated with intravenous Vitamin C supplementation with improvement in her mental status.