

Pellagra: una enfermedad olvidada en el mundo moderno

Pellagra: a forgotten disease in the modern world

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CLINICAL CASE

We present a case of a 48 year old man admitted to the emergency room with dermatitis of both arms, accompanied by localized burning and pruritus. He had a personal history of unmedicated and uncontrolled hypertension, chronic alcoholism and a cognitive deficit of unknown cause and duration. It is also important to mention that it has been identified a precarious social situation. The patient presented with erythema, hyperpigmentation and descamative lesions of the forehead, both arms and hands (figure 1) with more than a month evolution. The skin changes were symmetrical and had a clear distribution in areas exposed to sunlight. Pellagra was assumed and the patient was treated with a complex B vitamin (containing nicotinamide). The patient was re-evaluated after 10 days and exhibited a clear improvement (figure 2).

Pellagra is caused by a deficiency of the coenzymes nicotinamide adenine dinucleotide (NAD) and NAD phosphate¹. The disease is considered rare nowadays, and in developed countries is usually a consequence of alcoholism, bariatric surgery, malabsorption syndromes or certain drugs (isoniazid, ethionamide, chloramphenicol, 6-mercaptopurine, fluorouracil, azathioprine, and phenobarbital). Alcoholism is the most important predisposing factor and patients with excessive alcohol intake probably have dietary deficiencies in addition to a greater need for niacin¹. Diagnosis is based on a suggestive clinical setting. It is characterized by a classic tetrad of photosensitive dermatitis, diarrhea, dementia, and death. Gastrointestinal features include diarrhea, nausea, vomiting, decreased appetite, gastritis and achlorrhydria². Neuropsychiatric features include headache, irritability, poor concentration, apathy, depressed mood, psychomotor unrest, ataxia, photophobia and spastic paresis². Neurologic symptoms disappear in 2-3 days but cutaneous lesions take around a month to resolve.

This case highlights the importance of clinical suspicion and directed history, focusing on social and nutritional factors, in order to make the diagnosis of a rare, subdiagnosed disease that is life-threatening if treatment is delayed.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest in this work.

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ETHICAL ASPECTS

All participants submitted a consent form to be included in this study.

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Figure 1. Erythema, hyperpigmentation and descamative lesions of the forehead, both arms and hands.



Figure 2. 10 days after treatment (complex B vitamin).



REFERENCES

1. Piqué-Duran E, Pérez-Cejudo JA, Cameselle D, Palacios-Llopis S, García-Vázquez O. Pellagra: estudio clínico, histopatológico y epidemiológico de 7 casos [Pellagra: a clinical, histopathological, and epidemiological study of 7 cases]. *Actas Dermosifiliogr.* 2012;103(1):51-58.
2. Tasleem Arif, Mohammad Adil, Syed Suhail Amin. Pellagra: An uncommon disease in the modern era - A case report. *Journal of Pakistan Association of Dermatologists.* 2018; 28(3): 360-363
3. World Health Organization. Pellagra and its prevention and control in major emergencies. USA: World Health Organization; 2000 [consulted in august 28 2021]. Available in: https://www.who.int/nutrition/publications/en/pellagra_prevention_control.pdf.