

# Pellagra: lesiones dermatológicas típicas

*Pellagra: typical dermatological lesions*

Pellagra, as all vitamin deficits, is still a prevalent disease in developing countries. In Western Europe there is no data about its prevalence. The few cases reported are associated to alcoholism or malabsorption<sup>1</sup>.

We present a case of a 37-year-old homeless man, with history of alcohol abuse. He was admitted to the emergency department after the appearance of non-pruriginous lesions of the skin on his face, neck and upper limbs. A month before, he presented a behavioral change, meaningless speech and diarrhea, without fever. He denied any recent burns or exposure to chemical products.

On admission, he had a photosensitive scaly dermatitis on his face, dorsal part of the neck, forearms and hands (Image 1). He was disoriented to person, place and time, and had psychomotor agitation and aggressive behavior. Meningeal signs were negative. The laboratory tests were normal (hemogram, renal function, ionic levels, C-reactive protein), human immunodeficiency virus 1/2 was negative. Cerebral computed tomography scan did not reveal any alteration. He started on niacin 100mg QD. On day 3, the gastrointestinal transit was restored. He also showed progressive improvement of cutaneous lesions and neurological symptoms with total resolution on day 7 (Image 2).

The neurological, dermatological and gastrointestinal involvement defines the niacin deficiency, also called pellagra<sup>2,3</sup>. The response to treatment with niacin confirms its diagnosis<sup>4</sup>.

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Image 1: Pellagra before treatment with niacin



Image 2: Seven days after treatment with niacin

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