

Del folículo piloso a la médula espinal: el escorbuto como clave para una mielopatía nutricional

From the hair follicle to the spinal cord: scurvy as a clue to nutritional myelopathy

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CASE DESCRIPTION

A 25-year-old Caucasian man with no known medical history was brought to the emergency department due to psychomotor agitation. Examination revealed cachexia, signs of dehydration, and multiple purplish perifollicular punctate lesions predominantly on the lower limbs, alongside with corkscrew hairs.

Neurological assessment showed bilateral lower limb ataxia, grade 4 muscle weakness, hypotonia, and thermoalgesic hypoaesthesia, particularly on the left. Positive spontaneous myoclonic jerks were noted in all limbs, along with marked tremor. He required bilateral support to stand and Romberg's test was positive.

Severe protein-calorie malnutrition was diagnosed, associated with generalised myoclonus, cerebellar and sensory ataxia, and proximal polyneuropathy of unclear aetiology. Further investigation revealed mild cortico-subcortical atrophy on cranial magnetic resonance imaging (MRI), axonal sensorimotor polyneuropathy on electromyogram, and bilateral central conduction defects on somatosensory evoked potentials, confirming myelopathy. Spinal MRI excluded structural abnormalities.

Blood tests showed bicytopenia, (haemoglobin 11.4g/dL, platelets $8 \times 10^9/L$), vitamin B2, C, D and folic acid deficiencies and hypothyroidism.

Metabolic myelopathy secondary to nutritional deficiencies was established. Treatment included hydration, multivitamin supplementation, levothyroxine, gradual introduction of oral feeding and rehabilitation, with favourable clinical and laboratory improvement.

Scurvy is a rare condition, typically seen in those with poor nutrition or psychiatric-related dietary restrictions. The relationship between scurvy and metabolic myelopathy is not widely known. Concurrent nutritional and neurological evaluation upon identifying hypovitaminosis C may enable better diagnosis of associated deficiencies and neurological manifestations, supporting more targeted therapy and balanced recovery.



Figure 1. Lower limb with perifollicular bleedings and "corkscrew" hairs.

CONFLICTS OF INTEREST

The authors declare that there were no conflicts of interest in carrying out the present work.

FUNDING SOURCE

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ETHICAL ASPECTS

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

INFORMED CONSENT

Written informed consent was obtained.

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