Teaching Video NeuroImage: Scurvy Presenting as Proximal Myopathy in a Young Boy

Author(s):
Meenal Garg, MD

Corresponding Author:
Meenal Garg, docmeenal@gmail.com

Affiliation Information for All Authors: 1. Department of Pediatric Neurology, Surya Hospitals, Jaipur, India

Equal Author Contribution:

Contributions:
Meenal Garg: Drafting/revision of the manuscript for content, including medical writing for content; Major role in the acquisition of data; Study concept or design; Analysis or interpretation of data; Additional contributions: Patient management

Figure Count:
1

Table Count:
0

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5-year-old boy presented with progressive difficulty in running, climbing stairs and walking for 3 months. Examination showed irritability, wide-based gait, imbalance, proximal lower limb muscle weakness, Gower's sign, normal tendon reflexes and no sensory loss. On questioning, parents revealed that the child had been eating only wheat bread and milk for the past year. X-ray of knees was obtained and showed classic signs of vitamin C deficiency [1]: lines of Fränkel, Trümmerfeld zone and Pelkan spurs (Figure 1). Ascorbic acid was started at 250 mg/day. Complete resolution of symptoms was noted within 2 months (Video 1). Neurological and musculoskeletal presentations of scurvy include myalgia, arthralgia, neuralgia, limb weakness (pseudo-paralysis), hemarthrosis, hematomas, and neuropsychiatric symptoms. [2] Scurvy, although rare, should be considered in children with neuromuscular symptoms even in the absence of mucocutaneous manifestations, especially in children with restrictive diets and comparatively rapid progression of symptoms.

References
Figure Legend
Fig 1. X-ray Knee (AP view) of patient showing signs of Scurvy: lines of Fränkel (zone of provisional calcification at metaphysis; red arrow), Trümmerfeld zone (lucent metaphyseal band; white arrow), Pelkan spurs (metaphyseal spurs; Black arrow).

Video Legend
Video 1. Video of the patient showing wide-based gait, imbalance and Gower sign at the time of presentation. Same patient is then seen after 2 months of treatment with normal gait and resolution of the proximal muscle weakness.
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Meenal Garg

Published online September 2, 2022
DOI 10.1212/WNL.0000000000201295

This information is current as of September 2, 2022

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