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

*Neurology®* Published Ahead of Print articles have been peer reviewed and accepted for publication. This manuscript will be published in its final form after copyediting, page composition, and review of proofs. Errors that could affect the content may be corrected during these processes. Videos, if applicable, will be available when the article is published in its final form.
Search Terms:

Acknowledgment:

Study Funding:
The authors report no targeted funding

Disclosures:
M. Garg reports no relevant disclosures.

Preprint DOI:

Received Date:
2022-05-06

Accepted Date:
2022-08-10

Handling Editor Statement:
Submitted and externally peer reviewed. The handling editor was Whitley Aamodt, MD, MPH.
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, (Video 1) 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.
Teaching Video NeuroImage: Scurvy Presenting as Proximal Myopathy in a Young Boy
Meenal Garg

Neurology published online September 2, 2022
DOI 10.1212/WNL.0000000000201295

This information is current as of September 2, 2022

Updated Information & Services
including high resolution figures, can be found at:
http://n.neurology.org/content/early/2022/09/02/WNL.0000000000201295.citation.full

Subspecialty Collections
This article, along with others on similar topics, appears in the following collection(s):
All Pediatric
http://n.neurology.org/cgi/collection/all_pediatric
Clinical neurology history
http://n.neurology.org/cgi/collection/clinical_neurology_history
Muscle disease
http://n.neurology.org/cgi/collection/muscle_disease
Nutritional
http://n.neurology.org/cgi/collection/nutritional

Permissions & Licensing
Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
http://www.neurology.org/about/about_the_journal#permissions

Reprints
Information about ordering reprints can be found online:
http://n.neurology.org/subscribers/advertise