

## Pictorial CME

# Pellagra Classical Presentation

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Fig 1. Skin lesion before & after Treatment

Fig 2 Skin lesion before & after Treatment

A 49 years old male, presented with complaints of generalized weakness, diarrhea & rash over skin, over a period of one month. There was history of decreased appetite, insomnia, intermittent headache & pain in abdomen since last 15 days. There was no other significant history. He was chronic alcoholic & pure vegetarian. On clinical examination vitals were stable, pallor was present, a dusky brown-red colored rash, symmetrical with a clear edge between affected and unaffected skin was present. The rash was itchy & skin was thick, hard, scaly and cracked. Lesions present on the body especially the hands, arms, lower legs, feet, face, and neck (known as Casal's necklace). (See Fig 1 & Fig 2) On CNS examination patient was restless & confused. Relevant investigations done (Hemoglobin: 10.4gm% and rest investigations were within normal limit). In treatment intravenous Vitamin B3 (niacin), B12 & folic acid was given for a week and then put on oral B-complex vitamin. Patient responds to treatment and he improved clinically & symptomatically. (See Fig 1 & Fig 2)

Pellagra is a vitamin deficiency disease most commonly caused by a chronic lack of niacin (vitamin B<sub>3</sub>) in the diet & is classically described by "the four D's": diarrhea, dermatitis, dementia and death.<sup>1</sup> A more comprehensive

list of symptoms of pellagra includes, sensitivity to sunlight, aggression, dermatitis, alopecia, edema, smooth, beefy red glossitis, red skin lesions, insomnia, weakness, mental confusion, ataxia, paralysis of extremities, peripheral neuritis, diarrhea, dilated cardiomyopathy and eventually dementia. At present, niacin deficiency is sometimes seen in developed countries, and it is usually apparent in conditions of poverty, malnutrition, and chronic alcoholism.<sup>2</sup> Studies have indicated that, in patients with alcoholic pellagra, niacin deficiency may be an important factor influencing both the onset and severity of this condition. Patients with alcoholism typically experience increased intestinal permeability, leading to negative health outcomes<sup>3</sup>

This case highlights classical presentation of Pellagra in chronic alcoholic case.

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