Case Report

Traumatic Injury in a Child with Scurvy: A Case Report

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This case report aimed to describe the clinical presentation, treatments and prognosis of a child who had scurvy and traumatic injury of the left thigh. A 30-month-old boy had presented with left hip pain two weeks after falling down on the floor while walking. He developed pain, warmness of the left hip and thigh, and finally was unable to bear weight. He also had a high fever, gingival hemorrhage, dental caries, petechiae, positive rolling test and limited range of motion of the left hip. The radiographs revealed Wimberger’s ring and Frenkel line as scurvy. Vitamin C supplement had been prescribed for one week. However, there was no clinical response and magnetic resonance imaging (MRI) suggested subperiosteal abscess as well as osteomyelitis of bilateral femurs and tibias. Debridement and biopsy of the left femur were performed and found only subperiosteal blood. A clinical improvement was noted on the second day after surgery. Vitamin C level was reported at 0.03 mg/dl which was very low. Bacterial culture was negative and the pathological findings were callus formation with hemorrhage. The patient continued the treatment for two months and all conditions were healed eventually. In severe scurvy with trauma, prolonged subperiosteal hematoma was susceptible to infection, and may need debridement simultaneously with vitamin C supplement to shorten the clinical course.

Keywords: Scurvy, Child, Trauma, Injury

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Scurvy is a rare condition caused by vitamin C or ascorbic acid deficiency. Vitamin C is significantly required for collagen synthesis by osteoblasts. Patients with scurvy usually present bleeding gums, spontaneous subperiosteal bleeding, especially in the femur and tibia. Symptoms occurred from bleeding response well after vitamin C supplement, mostly within a week. Traumatic injury in the patients with scurvy may increase the severity of subperiosteal bleeding, and may prolong the clinical course as well as the treatment responses. Although there were some reports of various clinical presentations among children with scurvy(1-5), there was limited evidence of traumatic injury in scurvy. In this case report, the researchers had the purpose to demonstrate a boy, diagnosed as scurvy, who sustained an injury at his left thigh and to describe his clinical presentations, diagnostic tests, clinical decision, treatment methods, and prognosis.

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Case Report

The patient was a 30-month-old boy living in Nakhonsawan Province, Thailand. He started to present left hip pain after two weeks of falling down on the floor while walking. He was limp without any wound or external bleeding. On the following day, he complained left hip pain with warmth of his left thigh. He could not walk, or move his left lower extremity due to the pain. His parents had given him an analgesic drug for a few days but his symptoms got worse. He was brought to Sawanpracharak Hospital, Nakhon Sawan Province ten days later. The physical examination revealed afebrile, left sacroiliac joint tenderness, and limited left hip range of motion due to the pain. The complete blood count showed hematocrit 24.9%, mean corpuscular volume 58.2 femtoliters, white blood cell 11,700/mm³ (neutrophil 55%, lymphocyte 36.2%), and platelets 458,000/mm³. The erythrocyte sedimentation rate was 47 mm/hr and C-reactive protein was 17.5 mg/dl. The radiographs of left femur showed mild soft tissue swelling without bony lesion (Fig. 1). Two days later after the check-up, he underwent left hip ultrasonography; the results showed muscle contusion or myositis with subperiosteal collection, no left hip joint effusion. The
orthopedist at Sawanpracharuk Hospital suspected left femoral osteomyelitis and septic arthritis of the left hip. Finally, he was referred to Ramathibodi Hospital, Bangkok. No antibiotic drug was administered at that time.

Tom was the first-born child from a 40-year-old mother. He was normally delivered with birth weight of 3,600 grams. He had a history of asthma exacerbations, normal growth and development, full vaccinations, and no history of surgery. His daily diet was milk and solid foods. He did not consume vegetables or fruits. His family lived in Nakhon Sawan Province located in the upper central region of Thailand. His father was a builder, and his mother was a general employee. National Health Insurance covered his medical treatment.

The physical examination at Ramathibodi Hospital revealed a Thai boy, pale, good consciousness, irritated and crying. His body weight was 18 kilograms (>95th percentile), and height was 91 centimeters (50th percentile). Other vital signs were temperature of 38.3°C celsius, blood pressure of 130/90 mmHg, pulse rate 120 beats/minute, and respiratory rate of 30 breaths/minute. The head and neck regions demonstrated dental caries, and gingival hemorrhage. The cardiopulmonary system was normal. The abdomen was soft, not tender, and no hepatosplenomegaly. His skin presented acanthosis nigricans, minimal perifollicular hemorrhage, and petechial hemorrhage at the left arm and forearm. The musculoskeletal system documented inability to bear weight. The left hip was in flexion-external rotation position (Fig. 2), had limited range of motion, and a positive rolling test. The left thigh was swelling, warm and tender. The left knee was warm, with positive ballottement test, and limited range of motion according to level of pain. The distal neurovascular status was intact. The right lower extremity was normal. The provisional diagnosis was scurvy and differential diagnoses were septic arthritis as well as osteomyelitis of the left femur.

The laboratory investigations were done at Ramathibodi Hospital. The complete blood count showed white blood cell 12,970/mm³ (neutrophil 65%, lymphocyte 27%, monocyte 7%, eosinophil 1%), hematocrit 22.5%, mean corpuscular volume 57 femtoliters, anisocytosis 2+, microcytosis 2+, hypochromic 1+; platelets 486,000/mm³. Electrolytes analysis was sodium 138 mmol/L, potassium 4.49 mmol/L, chloride 103 mmol/L, and carbondioxide 29.3 mmol/L. International normalized ratio (INR) was 1.12. Erythrocyte sedimentation rate was 71 mm/hr, and C-reactive protein was 54 mg/L. Serum iron was 9 ug/dL (normal ranged 35.0-150.0 ug/dL). Blood for vitamin C level was collected. The follow-up radiographs showed normal joint space of the left hip without epiphyseal or physeal irregularity. The left femur showed surrounding soft tissue swelling, osteolytic lesion and a thin periosteal formation along metaphyseal-diaphyseal area. There was also soft tissue density around the left knee indicating intra-articular fluid (Fig. 3). The ultrasonography of the left lower extremity showed unremarkable joint fluid at the left hip, heterogenous echogenicity of the left proximal quadriceps muscles.
On the admission date, the radiographs of the left femur showed surrounding soft tissue swelling, osteolytic lesion and thin periosteal formation along metaphyseal-diaphyseal area. The soft tissue density around the left knee indicated intra-articular fluid. Since osteomyelitis of the left femur and septic arthritis of the left knee could not be ruled out, the patient was brought to the operation room for the left femur and the left knee aspiration. From the left femur, there was 5 ml of fresh blood. There was 2 ml of clear fluid with 78 white blood cells (polymononuclear cell 60% and monocyte 40%) followed by fresh blood. The fluid was sent for bacteria culture. A long leg slab extended to hip was applied at the left lower extremity. Intravenous 650-mg cefazolin was administered every eight hours. Since his hematocrit was only 19.5%, 200-ml O-group leukocyte-poor blood was given intravenously rising his hematocrit up to 30%. A pediatric nutritionist prescribed 100-mg vitamin C three times a day, multivitamin syrup 5 ml once daily, calcium carbonate 600 mg twice daily, and zinc sulfate 2.5 ml twice daily. On the 3rd admission day, bacterial culture was negative.

The patient had had a high fever ranged from 38.5-40.0° celsius since the admission. On the 5th day, the follow-up radiographs showed soft tissue swelling, solid periosteal formation, Frankel line, Pelkan spurs, and Wimberger’s ring at the left femur. However, MRI of the left femur suggested diffused osteomyelitis of the entire femurs and tibias bilaterally (Fig. 5). There were diffused marrow enhancement of bilateral pelvic bones, sacrums, femurs and tibias with surrounding periosteal reaction and multiple visualized inguinal lymph nodes. Diffused subcutaneous soft tissue swelling was detected from the left hip to the left ankle.

The left femoral shaft revealed subperiosteal...
The skin incision was made on the lateral aspect of the left thigh, and tissue biopsy was performed.

Fig. 7 From left to right, the radiographs of the left femur at one, three, and six months after the treatment. There was profuse callus formation followed by bone remodeling. The child was fully recovered.

Discussion

Scurvy was a disease caused by vitamin C deficiency. It has been recognized a long time ago and discovered how to diagnose and prevent. There are various recommendations and strategies to prevent vitamin C deficiency in children such as breast milk, orange juice but the disease still presents sporadically and is misdiagnosed in many reports according to different clinical presentations. This study demonstrated the traumatic complaints in a child resulting in inability to walk for 3 weeks. Even though the bleeding gums were accompanied with a history of limited fruits and vegetables consumption leading to scurvy diagnosis which prompted treatment, the clinical course was prolonged with high fever for nearly two weeks. An infected hematoma, as well as subacute osteomyelitis was of concern. An irrigation and drainage procedure evacuated hematoma, which could be a good media for bacteria. Finally, the clinical response was dramatic during the following two days. Traumatic injury in scurvy had limited data about its clinical course. A previous study from Thailand in 2003 reported the most common clinical presentations in 28 children were inability to walk (96%), followed by limb pain (96%) tenderness of lower limbs (86%), and minor trauma (46%). Other studies documented chief complaints mostly gum bleeding, inability to walk, limb pain or swelling caused by subperiosteal bleeding (Table 1). In this study, the child had prolonged high fever for 11 days after taking standard a vitamin C supplement (300 mg/day). The radiographic findings showed extensive bone marrow enhancement from
<table>
<thead>
<tr>
<th>Study</th>
<th>Country</th>
<th>No. of cases</th>
<th>Age (year)</th>
<th>Gender</th>
<th>Presentation</th>
<th>Duration</th>
<th>Vitamin C level*</th>
<th>Vitamin C supplement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ratanachu-ek 2003(1)</td>
<td>Thailand</td>
<td>28</td>
<td>1-9</td>
<td>17 M, 11 F</td>
<td>Inability to walk, limb pain, minor trauma, gum bleeding</td>
<td>3.9 week</td>
<td>0.31-2.1 mg/dl</td>
<td>150-300 mg/d</td>
</tr>
<tr>
<td>Choi 2007(9)</td>
<td>Korea</td>
<td>1</td>
<td>5</td>
<td>F</td>
<td>Mild fever, thigh swelling</td>
<td>2 week</td>
<td>0.06 mg/dl (0.6-2.0)</td>
<td>NA</td>
</tr>
<tr>
<td>Bursali 2009(15)</td>
<td>Turkey</td>
<td>1</td>
<td>1</td>
<td>M</td>
<td>Inability to walk, knees pain, gum bleeding</td>
<td>NA</td>
<td>NA</td>
<td>1,500 mg/d</td>
</tr>
<tr>
<td>Ghedira 2003(16)</td>
<td>Tunisia</td>
<td>2</td>
<td>2,5</td>
<td>2 M</td>
<td>Fever, inability to walk, knees swelling, gum bleeding</td>
<td>3 week</td>
<td>&lt;3 μmol/l (26.1-84.6)</td>
<td>500 mg/d</td>
</tr>
<tr>
<td>Noordin 2012(14)</td>
<td>Pakistan</td>
<td>1</td>
<td>4.5</td>
<td>M</td>
<td>Fever, inability to walk, wrist, knee, ankle swelling</td>
<td>2-3 month</td>
<td>NA</td>
<td>250 mg/d</td>
</tr>
<tr>
<td>Duvall 2013(13)</td>
<td>USA</td>
<td>1</td>
<td>9</td>
<td>M</td>
<td>Limp</td>
<td>4 month</td>
<td>Undetected (0.4-2.0 mg/dl)</td>
<td>Multi-vitamin</td>
</tr>
<tr>
<td>Gongidi 2013(12)</td>
<td>USA</td>
<td>1</td>
<td>5</td>
<td>M</td>
<td>Fell, leg, wrists, and back pain</td>
<td>4 weeks</td>
<td>&lt;0.1 mg/dl (0.6-2.0)</td>
<td>NA</td>
</tr>
<tr>
<td>Hag 2013(17)</td>
<td>India</td>
<td>1</td>
<td>6</td>
<td>M</td>
<td>Knee swelling</td>
<td>3 month</td>
<td>NA</td>
<td>200 mg/d</td>
</tr>
<tr>
<td>Rumsey 2013(11)</td>
<td>Canada</td>
<td>1</td>
<td>8</td>
<td>M</td>
<td>Knees, ankles swelling</td>
<td>3 month</td>
<td>22 μmol/l (23-114)</td>
<td>NA</td>
</tr>
<tr>
<td>Kitcha-roensakkul 2014(2)</td>
<td>USA</td>
<td>3</td>
<td>5</td>
<td>2 M, 1 F</td>
<td>Inability to walk, gum bleeding</td>
<td>1-5 month</td>
<td>&lt;0.1, 1.1 mg/dl (0.6-2.0)</td>
<td>300 mg/d</td>
</tr>
<tr>
<td>Pailhous 2014(10)</td>
<td>France</td>
<td>2</td>
<td>7</td>
<td>2 M</td>
<td>Gum bleeding</td>
<td>1 month</td>
<td>&lt;3 μmol/l (17-94)</td>
<td>500 mg/d</td>
</tr>
<tr>
<td>Sobotka 2014(4)</td>
<td>USA</td>
<td>1</td>
<td>10</td>
<td>M</td>
<td>Inability to walk, knee swelling, gum bleeding</td>
<td>4 weeks</td>
<td>&lt;0.5 mg/l (5-15)</td>
<td>NA</td>
</tr>
<tr>
<td>Agarwal 2015(3)</td>
<td>India</td>
<td>1</td>
<td>4</td>
<td>M</td>
<td>Fever, thigh and knee swelling</td>
<td>15 day</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>This study 2015</td>
<td>Thailand</td>
<td>1</td>
<td>2</td>
<td>M</td>
<td>High fever, inability to walk, hip, thigh, knee swelling, gum bleeding</td>
<td>3 week</td>
<td>0.03 mg/dl (0.2-2.0)</td>
<td>300 mg/d</td>
</tr>
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M = male, F = female, * reference range of vitamin C level in brackets, NA = not available

pelvis, sacrums, femurs, and tibias. The delayed clinical responses and severe marrow involvement may occur from 1) profound subperiosteal bleeding due to traumatic injury, and substantially low level of vitamin C, and 2) impending infected hematoma according to massive subperiosteal bleeding and dental caries. Compared with other studies(1-4,9-17), fever was only 18% and usually subsided by one week after the treatment(1). The radiographic findings were typically scurvy characteristics but had more extensive bone marrow enhancement than other previous reports(9,12,15).

The vitamin C level in this study was very low (0.03 mg/dl or 1.70 mmol/l) when compared with other studies(1,9,11). The deficiency led to abnormal collagen synthesis, severe symptoms, extensive subperiosteal bleeding, anemia, and prolonged clinical course. Vitamin C supplement between 150-300 mg/day for two months was recommended(1,14). Even though some studies(10,15,16) used vitamin C of 500-1,500 mg/day, the dosage does not depend on the severity of its
deficiency. The average duration of recovery after the treatment ranged from 1-4 weeks\(^{(1,13,14)}\). In general, debridement and irrigation is unnecessary for scurvy treatment. This case report had prolonged high fever and was suspected to be infected with hematoma. Normally, fever should subside within one week\(^{(13)}\). Therefore, debridement and irrigation was performed. With this combined treatment, duration of clinical improvement was 11 days and the patient could return to normal gait within two months. These findings are the same as other reports\(^{(11,13,14)}\) with the average duration of clinical improvement at 2.2 weeks, and the average duration of return to normal gait at 3.5 weeks. Injury may increase amount of bleeding in scurvy. If this condition was left untreated accompanied with dental caries, hematoma was at risk of infection. This study demonstrated the usefulness of debridement and irrigation in scurvy with prolonged high fever suspected from impending infected hematoma. Debridement and irrigation in scurvy should be considered in patients who have clinical unresponsiveness after vitamin C supplement with highly suspected infected hematoma.

**Potential conflicts of interest**

None.

**References**

รายงานผู้ป่วยเด็กโรคล็อกเล็กเปิดที่ระเบิดอุบัติเหตุ

ชื่อผู้ป่วย ด.ช.สมบัติ ศรีสุทธิ์

รายงานผู้ป่วยโรคล็อกเล็กเปิดที่ระเบิดอุบัติเหตุ ให้ทราบว่า การรักษาและการเพาะรวมโรคของเด็ก โรคล็อกเล็กเปิดที่ระเบิดอุบัติเหตุร็อคเวทส์ซ์ 30 เดือน ป่วยเป็นโรค 2 สัปดาห์หลังจากเหตุ ประกอบด้วย ของพ่อและแม่โรค เนื่องจากเด็กเกิดเป็นโรค ที่มีผลต่อการเคลื่อนไหว มีปัญหาการเคลื่อนไหวของ

หัวหน้า มีปัญหากลไกการทำงานของโรค ผ่าไม่ได้พบเฉพาะโรคและจัดการพิษและโรค ทางที่สามารถอธิบายได้ โลมันเชื้อ 1 สัปดาห์การเจ็บป่วย คลินิกเฉพาะโรค subperiosteal abscess และ osteomyelitis บริเวณ femur และ tibia ซึ่งพบอาการ ผู้ป่วยได้รับการคัดค้าน femur แข้ง จึงได้รับการเจาะซึ่งเนื้อ demiperausal subperiosteal blood จากนั้น 2 วันอาการดีขึ้น ผลตรวจสารสนับสนุนเชิงทางก้าน 0.03 มิลลิกรัมเป็นเชิงทั้งหมด ผลเป็นเชื้อในเนื้อที่มี ผ่าตัดยีนพบ callus formation และ hemorrhage ผู้ป่วยได้รับการรักษาเป็นเวลา 2 เดือนและพบเป็นปกติ โรคล็อกเล็กเปิดที่ระเบิดอุบัติเหตุ subperiosteal hematoma เป็นเนื้อสัน มีอาการดีขึ้นและอาการต่อไปคัด ภาวะกลไกใหม่ไม่พบที่ระเบิดอุบัติเหตุโรค