Cachexia and skin lesions in an acutely unwell man

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DESCRIPTION

A 64-year-old man, a chronic alcoholic, was admitted with fall, confusion and multiple skin lesions. He was cachectic with bilateral intention tremor, dysdiadochokinesia and ataxia. Cutaneous examination showed angular stomatitis, glossitis, pressure ulcer with necrotic eschar on the right buttock (figure 1A), erythematous, weeping, pus-filled scrotal lesions (figure 2A) and oedematous, tender palms and soles (figure 3A).

Based on the clinical picture and high inflammatory markers, he was treated for sepsis (presumed cutaneous source), with appropriate intravenous antibiotics after discussion with the microbiologist. Chronic malnutrition was evident from the clinical presentation and biochemical values of low albumin, vitamin D, creatinine levels and macrocytosis, although mistimed blood samples revealed normal vitamin B₁₂ and folate levels. Septic screen investigations were negative. CT of the head

showed cerebellar atrophy. The patient was treated initially with parenteral combined vitamin B-complex and C, switched 3 days later to long-term oral supplements. Clinically, his confusion resolved and he was back to his baseline mobility. His skin lesions subsequently healed with desquamation and postinflammatory pigmentation (figures 1B, 2B and 3B).

Skin and hair signs of malnutrition should not be missed in the presence of anaemia, dermatitis and cachexia.¹ The absence of classic signs and protean manifestations can lead to difficulty in diagnosis. Parenteral B vitamins should be a routine part of therapy in treating fulminant infections in the malnourished.²

This case highlights the importance of looking for hidden signs of nutritional deficiencies, especially in the high-risk population, as a lack of timely diagnosis and treatment can have devastating consequences.¹

Figure 1 (A) Pressure ulcer on the buttock with necrotic eschar. (B) Healing stage.

Figure 2 (A) Erythematous, weeping and pus-filled scrotal skin lesions. (B) Healing with postinflammatory pigmentation.

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Figure 3 (A) Oedematous and tender sole. (B) Healing with desquamation.

Learning points

- ▶ Create awareness of the subtle and heterogeneous cutaneous manifestations of malnutrition, which can be overlooked in the presence of secondary infection and sepsis.
- ▶ Lack of timely appropriate high-dose vitamin supplementation can be fatal.

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