



A Case of Pellagra Secondary to Malabsorption and Nutritional Deficiency

Emilim Bozukluğu ve Nutrisyonel Eksikliğe Sekonder Bir Pellegra Vakası

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A 48-year-old male was admitted to the internal medicine clinic with complaints of progressive fatigue, poor concentration, and symmetrical skin lesions that had developed over several weeks. The patient had a limited diet low in animal protein due to socio-economic factors and poor appetite. His history was also notable for long-term use of isoniazid for latent tuberculosis prophylaxis. Additionally, he had a past medical history of segmental ileal resection due to ileal perforation several years ago.

During physical examination, the patient exhibited bilaterally symmetrical, well-demarcated, hyperpigmented, and desquamative lesions on sun-exposed areas, including the dorsum of the hands, forearms, neck, and upper chest (Figure 1). Neurological evaluation revealed mild cognitive slowing and irritability, but no focal deficits. The patient also reported intermittent loose stools, consistent with the classical triad of pellagra: Dermatitis, diarrhea, and neuropsychiatric disturbances.

Routine blood tests were unremarkable, aside from borderline normocytic anemia. Given the combination of dermatological, gastrointestinal, and neuropsychiatric findings-alongside a known risk factor for niacin depletion (isoniazid therapy) and nutritional deficiency due to low animal protein intake- a clinical diagnosis of pellagra was made.

Treatment with oral niacin at 300 mg three times a day was planned, but due to the unavailability of that formulation in Türkiye, two doses of 1 flacon of bemiks (which contains 50 mg of niacin) and 500 mg niacin capsules were initiated every other day. Nutritional counseling and multivitamin support were also provided. After 14 days, his dermatological symptoms improved (Figure 2).

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Data Sharing Statement: The data that support the findings of this study are available from the corresponding author upon reasonable request.



Figure 1. Pretreatment image showing well-demarcated, hyperpigmented, and scaly lesions over the dorsum of the hands consistent with photosensitive pellagrous dermatitis.



Figure 2. Post-treatment image demonstrating significant improvement and near-complete resolution of the lesions following oral nicotinamide therapy.

CONFLICT of INTEREST

No conflict of interest declared.

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