

Clinical Image

Title: Alcoholic with Niacin Deficiency

Omar Farooq¹, Pervaiz Majeed Zunga^{2*}, Mohd. Iqbal Dar², Abdul Qayoom², Samia Rashid³, Javaid Basu⁴, Ishrat Hussain Dar¹, Mohd Ashraf⁴ and Shabeena²

¹Assistant Professor Internal Medicine SMHS hospital GMC Srinagar, Kashmir, India

²Registrar Internal Medicine SMHS hospital GMC Srinagar, Kashmir, India

³Professor and Head of unit, department of Internal Medicine GMC Srinagar, Kashmir, India

⁴Lecturer Internal Medicine SMHS HOSPITAL GMC Srinagar, Kashmir, India



A 45 year old male truck driver by occupation chronic alcoholic, normotensive, non-diabetic, with hyper pigmented dermatological lesions on dorsum of hands, neck, scalp labeled as psoriasis with topical treatment was brought to emergency casualty with fever for 15 days. Patient was evaluated with complete blood counts showing bicytopenia (anemia and leucopenia) with absolute neutrophil count of 610 cells / μ l. Chest x-ray was normal .USG abdomen was also normal except for grade 2 fatty liver.

Patient was managed as a case of febrile neutropenia without much improvement and his striking dermatological lesions and history of alcoholism warranted his management as pellagra (niacin deficiency). Patient was put on i.v niacin and after 48 hrs his counts and dermatological lesions and fever responded. Patient was continued on injection vitcofol 1ml i.v OD (each 1 ml contains folic acid 1.5 mg , niacin 20 mg , and vitamin B 12 50 μ g) for 1 week after which he was put on oral niacin 100 mg three times a day and advised to abstain from alcohol consumption and put on psychiatry and general medicine follow up

*Corresponding author: Pervaiz Majeed Zunga, Department of Internal Medicine, government medical college Srinagar, Karanagar, and Srinagar - 190 010, Kashmir, India, Tel: 8491046799, E-Mail: perpg781@gmail.com

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