

Visual Treats in Dermatology

Dyssebacia, angular cheilitis, and red tongue: Pointing fingers to riboflavin (Vitamin B2) deficiency

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A 30-year-old lactating lady presented skin OPD for the skin lesions over face of 2 months duration. There was no history of diarrhea, weakness, fatigue, depression, and mood changes. She was strict vegetarian without access to dairy products also. There was no history of taking – anticholinergic, anticonvulsants, phenothiazine, and phenytoin. Skin examination revealed dyssebacia, angular cheilitis, and bald tongue [Figure 1]. In view of the classic signs – a clinical diagnosis of riboflavin deficiency was made.

Cheilosis, vertical fissuring of lips (perlèche) and corners of the mouth (angular stomatitis), a purplish raw, smooth tongue with loss of papillary structure, and dyssebacia (early seborrheic dermatitis such as picture over nose and nasolabial folds) are well-described features of riboflavin deficiency^[1] as found in the index case.



Figure 1: Image showing dyssebacia, angular cheilitis, and bald tongue.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

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1. Galimberti F, Meninkovska NA. Skin findings associated with nutritional deficiencies. *Cleve Clin J Med* 2016;83:731-9.

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