**INTRODUCTION**

Scurvy is a historical disease, often a forgotten cause of non traumatic weakness in children usually as a result of restrictive diet or socioeconomic implications.

**CASE REPORT**

We report the case of a 4-year-old boy with underlying autism spectrum disorder and a picky eater who presented to the ETD with an abnormal gait for the past one week. The child had to use his right leg to support his body to stand up from the bed. Otherwise, no trauma or other significant history.

Apart from short left stand phase antalgic gait and positive Gower’s sign, clinical examination was unremarkable. X-ray of bilateral lower limbs showed features of scurvy. Diagnosis of scurvy was made based on clinical presentation with radiographic evidence. Oral ascorbic acid was prescribed and symptoms improved. The child was discharged well with no further follow-up.

**DISCUSSION**

Due to the non-functional enzyme (GULO), humans are unable to synthesize ascorbic acid endogenously thus dependent on exogenous sources. A possible correlation has been established between neurodevelopmental disorders and scurvy such as autism, eating disorder, and inflammatory bowel disease. Apart from muscle weakness as portrayed in this case, cutaneous manifestations such as easy bruising, ecchymosis, and gum bleeding are clinical presentations of scurvy.

**CONCLUSION**

Scurvy is rare but can be fatal if left untreated in any age group thus requiring a high degree of suspicion especially in those with neurodevelopmental disorders. Early diagnosis and prompt treatment with vitamin C supplements are essential for improving outcomes in these patients.