Original Research article Vitamin D deficiency An "<u>under-diagnosed</u>" truth in a Surgical OPD

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ABSTRACT

Background: Vitamin D deficiency is prevalent worldwide. Its prevalence in India ranges from 34%- 99% with most studies reporting a range of 80% to 90%.

Methods: The study was conducted at Sushrut Surgical hospital, Nallasopara, Maharashtra, and 98 patients were included. The patients who presented to the OPD with symptoms of chest pain/ abdomen pain/ breast pain/ diffuse body pain/ backache were evaluated with routine clinical examination and investigations were done. According to their symptoms, protocol for chest pain like ECG, Cardiac enzymes, Chest X-ray, Stress test etc. Similarly, breast pain patients underwent clinical examination of breast and axilla and ultrasound/mammography of both the breasts was done. Abdomen pain patients were evaluated with ultrasound and gastroduodenoscopy. The patients who had no conclusive evidence of any obvious pathology were included in this study and evaluated for serum Vitamin D and Vitamin B12 levels.

Result: Low levels of Vitamin D were diagnosed in 92% females and 8% males.

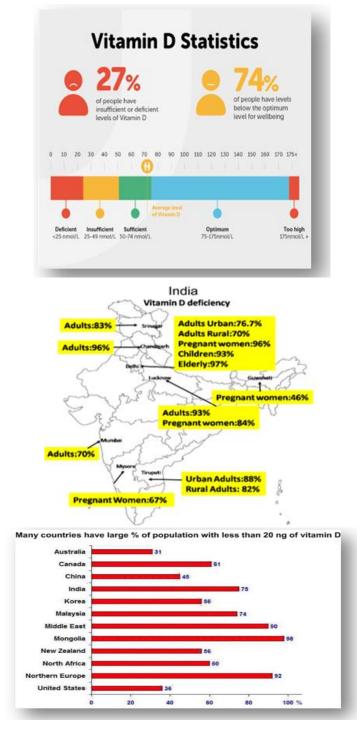
Conclusion: So, considering the high number of OPD cases having this presentation in surgical practice warns a much more prevalence in medical OPD which may go undiagnosed/referred/treated empirically with only analgesics if this possibility of Vitamin D deficiency is not thought of.

Keywords - #abdominal pain #breast pain #chest pain #diffuse body pain #vitamin D deficiency

INTRODUCTION

Vitamin D deficiency is prevalent worldwide. Its prevalence in India ranges from 34%- 99% with most studies reporting a range of 80% to 90%

According to the classification given by the US Endocrine Society, <20 ng/mL of serum 25(OH) D with consequent and consistent elevation of parathyroid hormone and a decrease in intestinal calcium absorption is considered to be Vitamin D deficiency.



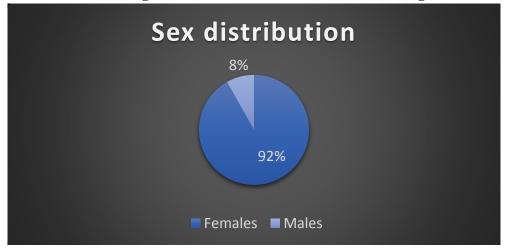
The cut off values for deficiency of vitamin D is 25(OH)D < 20 ng/ml, that of insufficiency is 21-29 ng/ml and sufficiency is >30 ng/ml. The insufficient exposure to sunlight and insufficient fortification of food seems to be the cause of the deficiency. Dark skin tone people have natural sun protection and require three to five times longer exposure.

MATERIALS AND METHOD

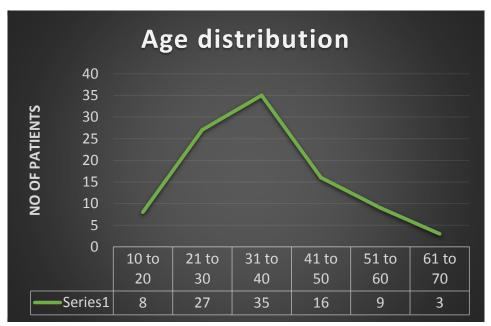
• The study was conducted at Dr DY Patil medical college, hospital and research center, Pimpri, Pune - 411018, in 2021-2022, and 98 patients were included. The patients who presented to the OPD with symptoms of chest pain/ abdomen pain/ breast pain/ diffuse body pain/ backache were evaluated with routine clinical examination and investigations were done. According to their symptoms, protocol for chest pain like ECG, Cardiac enzymes, Chest X-ray, Stress test etc. were done. Similarly, breast pain patients underwent clinical examination of breast and axilla and ultrasound/mammography of both the breasts was done. Abdomen pain patients were evaluated with ultrasound and gastroduodenoscopy. The patients who had no conclusive evidence of any obvious pathology were included in this study and evaluated for serum Vitamin D and Vitamin B12 levels

STATISTICS

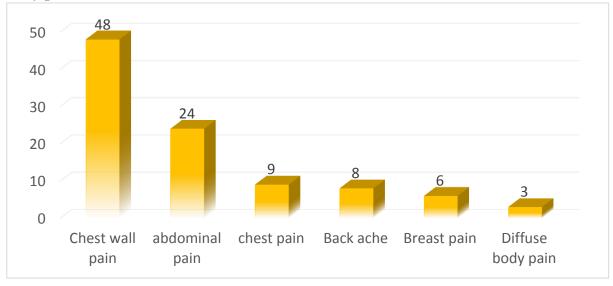
In our study, 98 patients were included. The study population age group ranged from age 14-70 years and was predominantly composed of females. Low levels of Vitamin D were diagnosed in 92% females and 8% males (figure 1).



Our study population showed highest number of cases in the age group 31 to 40 years

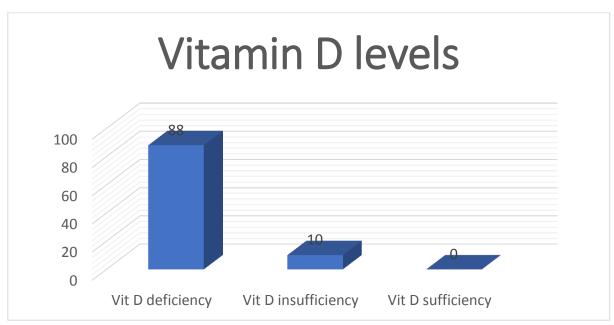


The most common symptom seen was chest wall pain in 48 patients, abdominal pain was present in 24 patients, 9 patients complained of chest pain, 8 had back ache complains, 6 were complaining of breast pain and 3 complained of diffuse body pain

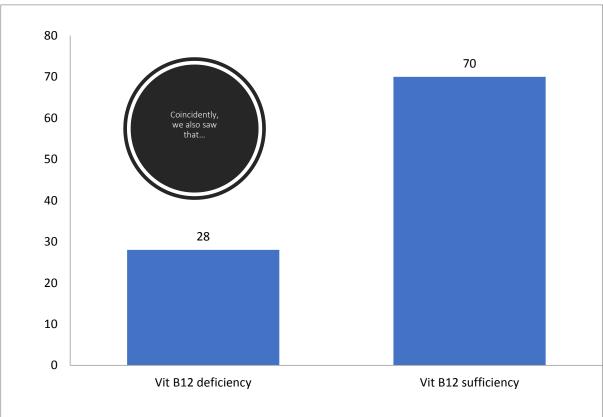


RESULTS

Deficiency of Vitamin D was identified in **88 patients** whereas **10 patients had** only **insufficiency of Vitamin D**



28 patients had deficiency of Vitamin B12 and 70 patients had sufficient levels of the vitamin



DISCUSSION

Patients with symptoms like abdomen pain, chest pain, and breast pain with no diagnostic yield of necessary investigations underwent serum Vitamin D levels and Vitamin B 12 levels which were found to be significantly low. After supplementation of the vitamins, symptomatic improvement was noticed in the study population. This study reveals the abundancy of cases of Vitamin D

deficiency/insufficiency presenting as upper abdomen and chest wall pain; thereby demanding high index of suspicion when all probable clinical investigations fail to diagnose the condition and its etiology.

CONCLUSION

Considering the high number of cases having chest wall pain, chest pain, abdominal pain or plain diffuse body ache presenting in surgery OPD, a much more prevalence of similar cases with similar complains must be presenting in a medical OPD which may go undiagnosed/referred/treated empirically with only analgesics if this possibility of Vitamin D deficiency is not thought of.

REFERENCES

- 1. Suryanarayana P, Arlappa N, Sai Santhosh V, Balakrishna N, Lakshmi Rajkumar P, Prasad U, et al. Prevalence of Vitamin D deficiency and its associated factors among the urban elderly population in Hyderabad metropolitan city, South India. Ann Hum Biol. 2018;45:133–9.
- 2. Kapil U, Pandey RM, Goswami R, Sharma B, Sharma N, Ramakrishnan L, et al. Prevalence of Vitamin D deficiency and associated risk factors among children residing at high altitude in Shimla district, Himachal Pradesh, India. Indian J Endocrinol Metab. 2017;21:178–83.
- 3. Chowdhury R, Taneja S, Bhandari N, Sinha B, Upadhyay RP, Bhan MK, et al. Vitamin-D deficiency predicts infections in young North Indian children: A secondary data analysis. PLoS One. 2017;12:e0170509.
- 4. Srimani S, Saha I, Chaudhuri D. Prevalence and association of metabolic syndrome and Vitamin D deficiency among postmenopausal women in a rural block of West Bengal, India. PLoS One. 2017;12:e0188331.
- 5. Misra P, Srivastava R, Misra A, Kant S, Kardam P, Vikram NK, et al. Vitamin D status of adult females residing in Ballabgarh health and demographic surveillance system: A community-based study. Indian J Public Health. 2017;61:194–8.
- 6. Rattan R, Sahoo D, Mahapatra S. Prevalence of Vitamin D deficiency in adults in the coastal regions of Odisha, India. IOSR J Pharm Biol Sci. 2016;11:49–52.
- Gunjaliya A, Patil R, Vaza J, Patel H, Maniyar A. Prevalence of Vitamin D deficiency in higher socioeconomical class of Ahemdabad, Gujarat, India. Int J Med Sci Public Health. 2015;4:617–20.
- Bachhel R, Singh NR, Sidhu JS. Prevalence of Vitamin D deficiency in North-West Punjab population: A cross-sectional study. Int J Appl Basic Med Res. 2015;5:7–11.
- 9. Agrawal NK, Sharma B. Prevalence of osteoporosis in otherwise healthy Indian males aged 50 years and above. Arch Osteoporos. 2013;8:116.

- Marwaha RK, Tandon N, Garg MK, Kanwar R, Narang A, Sastry A, et al. Vitamin D status in healthy Indians aged 50 years and above. J Assoc Physicians India. 2011;59:706–9.
- 11. Sahu M, Bhatia V, Aggarwal A, Rawat V, Saxena P, Pandey A, et al. Vitamin D deficiency in rural girls and pregnant women despite abundant sunshine in Northern India. Clin Endocrinol (Oxf) 2009;70:680–4.
- Tandon VR, Sharma S, Mahajan S, Raina K, Mahajan A, Khajuria V, et al. Prevalence of Vitamin D deficiency among Indian menopausal women and its correlation with diabetes: A first Indian cross sectional data. J Midlife Health. 2014;5:121–5.
- Harinarayan CV, Sachan A, Reddy PA, Satish KM, Prasad UV, Srivani P, et al. Vitamin D status and bone mineral density in women of reproductive and postmenopausal age groups: A cross-sectional study from South India. J Assoc Physicians India. 2011;59:698–704.
- 14. Puri S, Marwaha RK, Agarwal N, Tandon N, Agarwal R, Grewal K, et al. Vitamin D status of apparently healthy schoolgirls from two different socioeconomic strata in Delhi: Relation to nutrition and lifestyle. Br J Nutr. 2008;99:876–82.
- 15. Goswami R, Kochupillai N, Gupta N, Goswami D, Singh N, Dudha A, et al. Presence of 25(OH) D deficiency in a rural North Indian village despite abundant sunshine. J Assoc Physicians India. 2008;56:755–7.
- 16. Paul TV, Thomas N, Seshadri MS, Oommen R, Jose A, Mahendri NV, et al. Prevalence of osteoporosis in ambulatory postmenopausal women from a semiurban region in Southern India: Relationship to calcium nutrition and Vitamin D status. Endocr Pract. 2008;14:665–71.
- 17. Harinarayan CV. Prevalence of Vitamin D insufficiency in postmenopausal South Indian women. Osteoporos Int. 2005;16:397–402.
- Vupputuri MR, Goswami R, Gupta N, Ray D, Tandon N, Kumar N, et al. Prevalence and functional significance of 25-hydroxyvitamin D deficiency and Vitamin D receptor gene polymorphisms in Asian Indians. Am J Clin Nutr. 2006;83:1411–9.
- Holick MF, Binkley NC, Bischoff-Ferrari HA, Gordon CM, Hanley DA, Heaney RP, et al. Evaluation, treatment, and prevention of Vitamin D deficiency: An endocrine society clinical practice guideline. J Clin Endocrinol Metab. 2011;96:1911–30.

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