

Non-alcohol related Wernicke's Encephalopathy: a Case Report

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Background: Wernicke's encephalopathy is a medical emergency caused by insufficient intake or absorption of thiamine, potentially present in patients with severe alcoholism and malnutrition, combined with the continuous ingestion of carbohydrates, characterized by cerebellar ataxia, ophthalmoplegia and cognitive impairment that can evolve to coma and exitus in the absence of treatment.

Case history: A 43-year-old woman, suffering from gallbladder lithiasis and without history of alcohol consumption, admitted to emergency department for persistent vomiting and abdominal pain. During hospitalization the patient started treatment with antibiotics and IV glucose solution and showed acute and rapidly worsening disorientation, ataxia and nystagmus until the onset of

catatonic state. A brain MRI showed signal alteration compatible with Wernicke's encephalopathy, so was started replacement therapy with thiamine and a progressive recovery of the state of consciousness was observed, while nystagmus and ataxia persisted.

Discussion: Wernicke's encephalopathy, typically associated with alcohol abuse, can also be found in patients with other underlying medical conditions, malnutrition or prolonged fasting states and is triggered by a carbohydrate load. If Wernicke's encephalopathy is suspected, thiamine supplementation should be started as early as possible, favoring the parenteral administration in cases of malabsorption or with a more severe and potentially irreversible clinical manifestations.