



## Wernicke's encephalopathy following chronic diarrhoea

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A 62-year-old man, admitted to our hospital to investigate a chronic diarrhoea, developed a confusional state. Clinical history revealed intestinal symptoms since four weeks and a weight loss of two kilograms. Neurological examination disclosed intermittent upbeat nystagmus and a severe gait ataxia. Laboratory findings were normal. Based on clinical features, Wernicke's encephalopathy (WE) was suspected and thiamine was administered. MRI confirmed the typical abnormalities of WE (Fig. 1 A-C) (1). The patient recovered after two weeks. The diarrhoea of the patient was probably due to prolonged antibiotic therapy for multiple dental avulsions. Other risk factors for WE, including malnutrition or excessive alcohol intake, were not

present. WE represents a rare complication of chronic diarrhoea (2). Vitamin supplementation in this setting could avoid the development and typical progression of WE.

### REFERENCES

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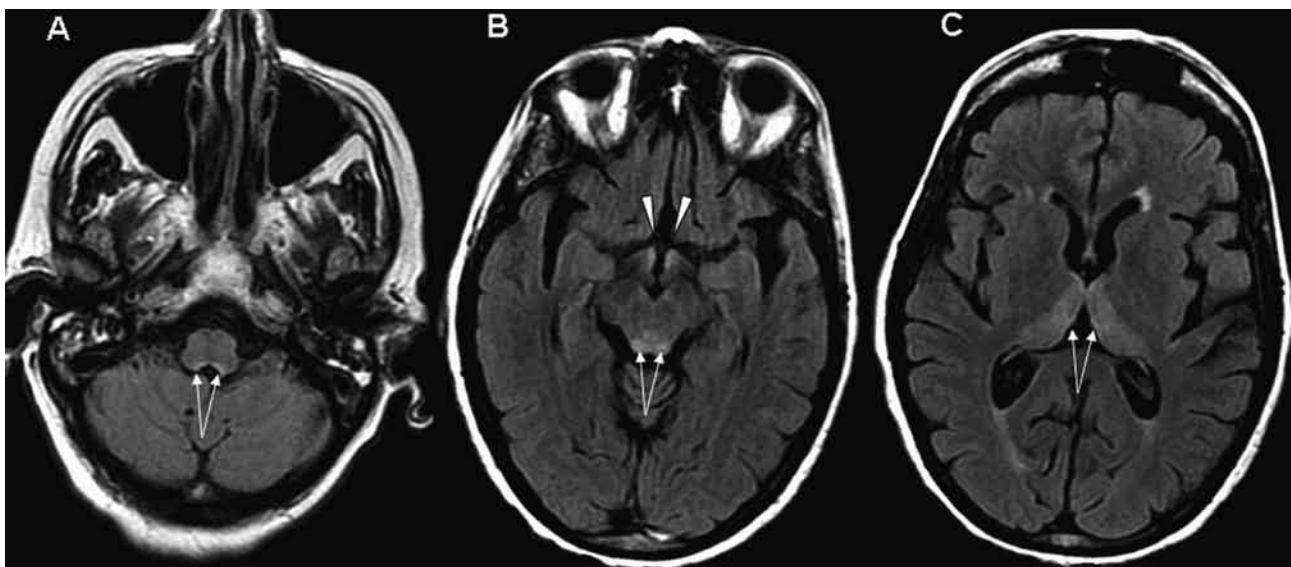


FIG. 1. — Axial T2-FLAIR images through the brain show abnormal high signal in the floor of the IV ventricle (arrows on A), colliculi (arrows on B), hypothalamus (arrowheads on B) and mesial thalami (arrows on C), distributed in a very typical, predictable and symmetrical fashion.