



Wernicke's encephalopathy in a non-alcoholic patient elucidated by MRI

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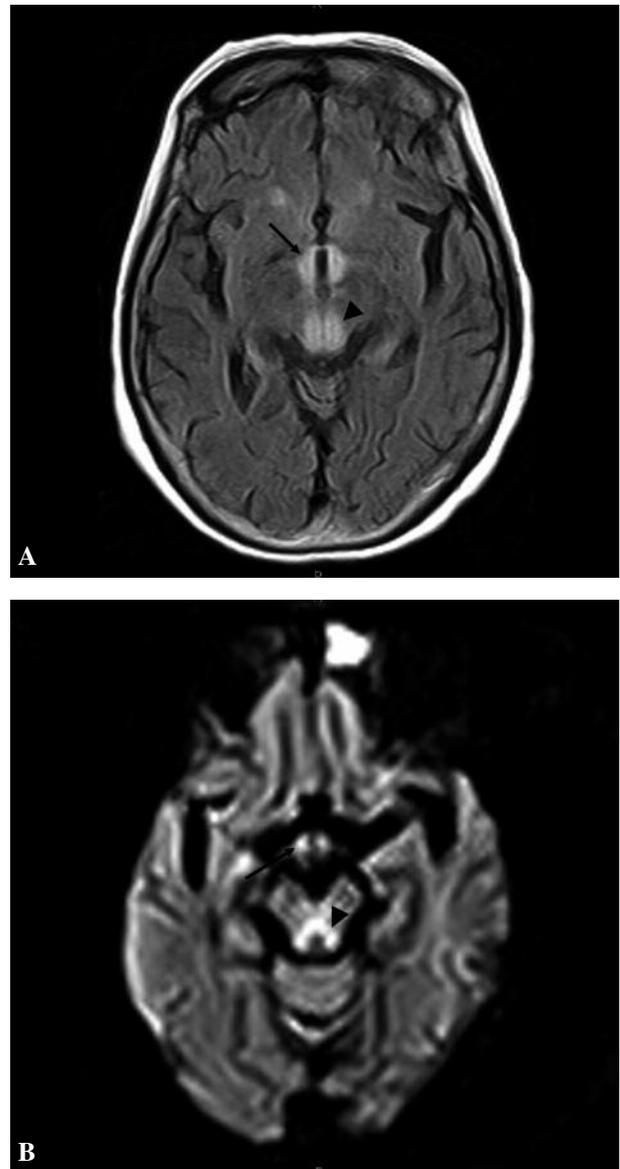
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Key words: MRI; thiamine deficiency; Wernicke's encephalopathy.

Case history

A 78-year-old non-alcoholic woman suffered from drowsiness for 5 days, and poor appetite and lower leg edema for one month. CT scan of the brain revealed mild brain atrophy. On MRI, increased signal intensity on FLAIR (Fig. 1A) and diffusion-weighted images (Fig. 1B) in the mamillary bodies, medial thalami, tectal plate, and periaqueductal gray matter was noted. These lesions did not enhance on post-gadolinium images. The patient was administered 100 mg of intravenous thiamine immediately after Wernicke's encephalopathy was diagnosed, and thereafter, the same dose of treatment for 12 consecutive days. The clinical condition of the patient improved gradually.

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FIG. 1. — MRI (A) FLAIR and (B) diffusion-weighted images show symmetrically distributed hyperintensities in the mamillary bodies (arrow) and periaqueduct and tectal region (arrowhead). The lesions are compatible with reversible cytotoxic edema.