

WERNICKE'S ENCEPHALOPATHY – A CATASTROPHIC PRESENTATION AND A RARE ETIOLOGY

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Poster

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A 72-year-old male with diabetic gastroparesis and post-ESD pyloric stenosis developed Wernicke's encephalopathy presenting with acute neurological deterioration, confirmed by MRI, with persistent Korsakoff syndrome despite thiamine treatment.

KEY POINTS

- The patient presented with 2 weeks of postprandial vomiting, 12% weight loss in 1 month, and disorientation, progressing during hospitalization to stupor, bilateral ophthalmoplegia, and delirium.
- MRI revealed hypersignal in T2 and FLAIR with restriction in diffusion study in the midbrain and thalamus, findings suggestive of Wernicke's encephalopathy, while CT angiography and CSF analysis excluded other etiologies.
- Treatment included intravenous thiamine at therapeutic dose, anticonvulsant, antibiotics, antiviral therapy, and motor rehabilitation, resulting in progressive improvement of aphasia, apraxia, ataxia, and nystagmus.
- At 6 months follow-up, the patient maintained a short-term memory deficit consistent with Korsakoff syndrome, illustrating potentially irreversible sequelae.
- This case illustrates a rare occurrence of Wernicke's encephalopathy secondary to gastroparesis in a patient with diabetic gastroparesis and pyloric stenosis refractory to endoscopic management.

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