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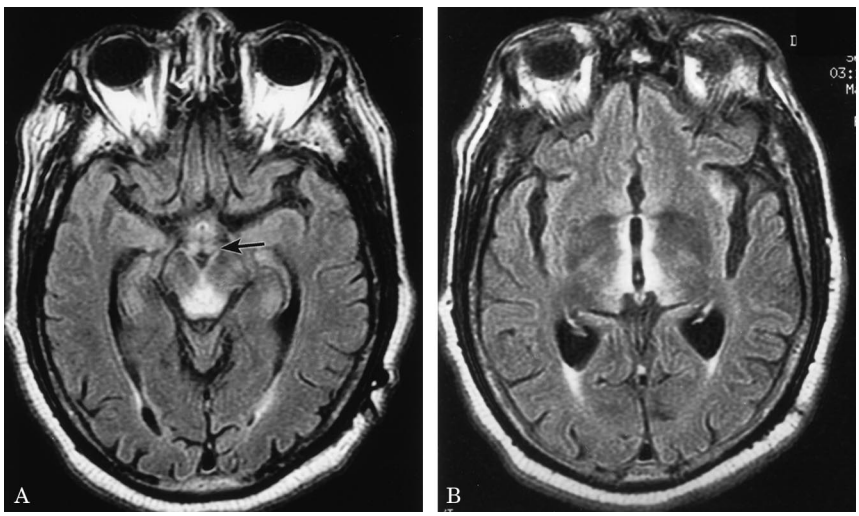

Figure. FLAIR brain MR images demonstrated increased signal around the third and fourth ventricles, Sylvian aqueduct, mammillary bodies (indicated by arrow), and tectum. These radiologic findings are typical for Wernicke's encephalopathy, and are believed to reflect regions of cytotoxic edema.[2]

Wernicke's encephalopathy

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A 57-year-old alcoholic man was admitted for nausea, vomiting, and diarrhea for 1 month, and confusion, imbalance, and auditory and visual hallucinations for 1 week. His daughter noticed that he had "funny eye movements" over the previous week. A diagnosis of Wernicke's encephalopathy was made (figure).[1] Despite treatment with IV thiamine and nutritional supplementation, the patient progressed 2 days later to coma with total ophthalmoplegia. Two weeks after admission, the patient was oriented to person, had recovered some horizontal eye movements, remembered the names of his children, and could follow simple commands.

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