VIDEO

Wernicke encephalopathy

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A 65-year-old woman with a history of alcohol abuse was admitted for dehydration and a urinary tract infection. She was treated with normal saline and ceftriaxone. The following morning she developed complete horizontal ophthalmoplegia, upbeat nystagmus, and gait ataxia. IV thiamine was administered. Brain MRI revealed increased fluid-attenuated inversion recovery signal in the midbrain periaqueductal gray matter and surrounding the third ventricle (figure). Three hours after thiamine administration, horizontal eye movements had improved (see video clip 1 on the *Neurology* Web site; go to www.neurology.org). On discharge, upbeat nystagmus and a wide-based gait persisted. The patient's clinical presentation, MRI, and response to thiamine are classic for Wernicke encephalopathy.[1,2]

1. Leigh RJ, Zee DS. The neurology of eye movements, 3rd ed. New York: Oxford University Press, 1999:559.
2. Weidauer S, Nichtweiss M, Lanfermann H, Zanella FE. Wernicke encephalopathy: MR findings and clinical presentation. Eur Radiol 2003; 13:1001–1009.

Additional material related to this article can be found on the Neurology Web site. Go to www.neurology.org and scroll down the Table of Contents for the July 27 issue to find the title link for this article.

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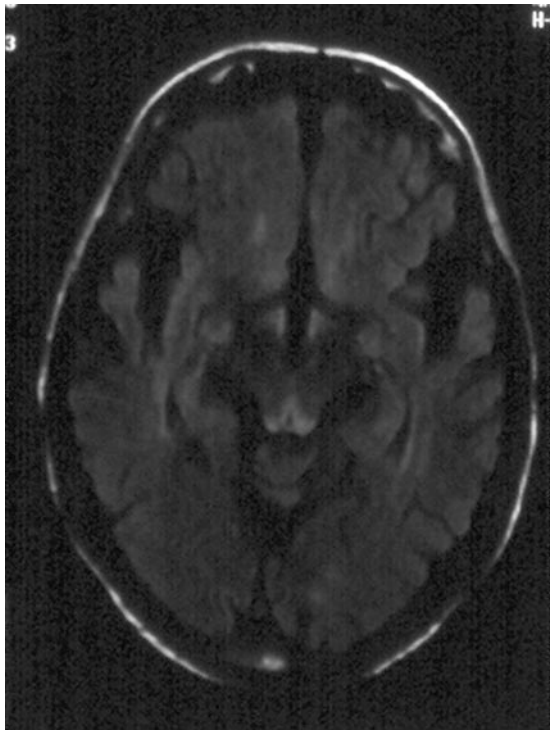

Figure. T2-weighted fluid-attenuated inversion recovery axial brain MRI showing abnormal hyperintensity in the periaqueductal gray matter at the level of the midbrain and surrounding the third ventricle.

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