Gayet Wernicke encephalopathy after cephalic pancreaticoduodenectomy

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Abstract

Commonly related to abuse of alcohol or hyperemesis gravidarum, Gayet wernicke encephalopathy is neurological disorder due to a deficiency of thiamine. The diagnosis is based on a triade made of ophthalmoplegia, ataxia and mental disturbance. MRI imaging confirms the diagnosis.

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Introduction:

Gayet- Wernicke encephalopathy is a neurological disorder resulting from deficiency of thiamine, commonly related to a chronic abuse of alcohol, we report a case of 53 years old male, with adenocarcinoma of the ampulla of vater, that start presenting 2 weeks after cephalic pancreaticoduodenectomy a change in mental status, confusion, disorientation and became unresponsive. The diagnosis is Clinical and confirmation made by magnetic resonance imaging (MRI).

Case report:

A 53 years old male, with no medical history, consults for cholestatic jaundice, physical examination was without abnormalities, biological tests revealed hyperbilirubinemia. Imaging and upper endoscopy demonstrated an ampullary cancer. The patient benefited from a cephalic pancreaticoduodenectomy, and installed gastroparesis s and vomiting. two weeks after surgery, the patient start presenting a change in mental status, confusion, disorientation and became unresponsive. MRI revealed bilateral symmetrical abnormal hyperintensities in both thalami(Figure 1, 2). The patient was treated with high dose parental thiamine with intravenous dose followed by oral thiamine.

Discussion:

Nonalcoholic Gayet Wernicke encephalopathy is a rare entity usually associated to malnourished patients, hyperemesis gravidarum, and postoperative patients, it is caused by thiamine deficiency, and the diagnosis is based on a triad of ophthalmoplegia, ataxia and mental disturbance. MRI imaging is very specific using FLAIR sequence [1], showing hyperintensities in the thalamus, mammillary bodies and periaqueductal area.

The treatment is based on high dose thiamine with parenteral administration (100mg a day for 2 weeks) followed by oral administration (100 to 300 mg a day) for 3 to 12 months [2].

References:

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