

Nonalcoholic Wernicke encephalopathy with petechial hemorrhage in the tectal region

Encefalopatia de Wernicke não alcoólica com hemorragia petequeial na região tectal

Gabriel de Deus Vieira¹  Augusto Celso Scarparo Amato Filho²  Alfredo Damasceno¹ 

¹ Universidade de Campinas, Departamento de Neurologia, Campinas SP, Brazil.

² Universidade de Campinas, Departamento de Neuroradiologia, Campinas SP, Brazil.

Address for correspondence Gabriel de Deus Vieira (email: gabrieldedeusvieira@gmail.com)

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A 39-year-old woman, after an episode of acute appendicitis, developed necrosis and intestinal obstruction, requiring colectomy and ileostomy. After hospital discharge, she had

a high output through the ileostomy and low food intake. A few months later, she developed bilateral nystagmus, ataxic syndrome and difficulty concentrating. Susceptibility weighted imaging (SWI) sequence of the brain magnetic resonance imaging (MRI) showed hypointensities in the mammillary bodies and inferior colliculi, which might represent microbleeds (► **Figure 1**).

Wernicke encephalopathy (WE) usually affects the mammillary bodies, thalami, and periaqueductal region. Rare hemorrhagic manifestations are reported in the literature, most in the mammillary bodies. The breakdown of the blood-brain barrier may contribute to this petechial hemorrhage in WE.^{1,2}

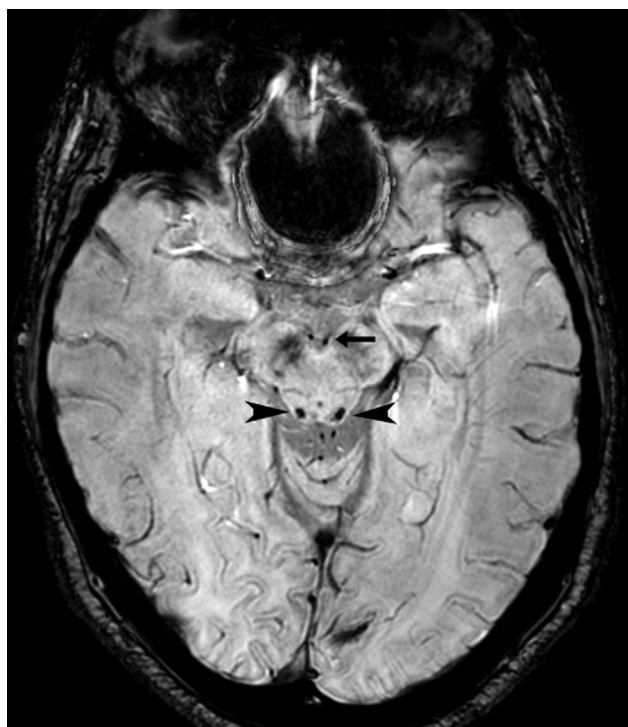


Figure 1 SWI sequence: focal hypointensities in the mammillary bodies (straight arrow) and mesencephalic quadrigeminal plate, notably in the inferior colliculi (sharp arrows).

Authors' Contributions

All authors contributed equally to the present work.

Conflict of Interest

The authors have no conflict of interest to declare.

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