



**Wernicke's Encephalopathy:
Not Just for Alcoholics Anymore**

NEUR-1

The following abstract will be presented at the Southern Medical Association Annual Scientific Assembly, October 30-November 1, 2014 in Destin, Florida.

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Objectives

Upon completion of the lecture, attendees should be better prepared to:

- 1) Understand the possible medical sequelae of bariatric surgery.
- 2) Improve awareness of non-traditional causes of Wernicke's Encephalopathy.

Abstract

Introduction: As morbid obesity becomes more and more common, gastric bypass surgery has become more popular. These surgeries do not come without complication, however. We present a 37 year old African American Female who developed Wernicke's encephalopathy secondary to laparoscopic Roux en Y gastric bypass surgery.

Case Presentation: A 37 year old African American Female presented to our hospital with altered mental status. Ten weeks prior to admission, the patient underwent a laparoscopic Roux en Y (RnY) gastric bypass with no initial complications. Five weeks prior to arrival, the patient developed intractable nausea and vomiting, which was treated as peptic ulcer at a tertiary hospital. Two weeks prior to arrival, the patient became altered and began complaining of blurry vision in the right eye. On admission, patient presented with altered mental status, bilateral lower extremity weakness, and vision problems. Physical examination showed ataxia, horizontal and vertical nystagmus, lateral rectal palsy, and confusion. Lower extremity examination showed proximal weakness and sensory loss with 3/5 and 1/5 weakness in left and right extremities, respectively. Patellar and ankle jerk reflexes were absent bilaterally as well as an absent plantar response. Strength and sensation were preserved in the upper extremities. MRI showed increased T2 signal involving the mammillary bodies, medial thalamus, periaqueductal gray matter and floor of the fourth ventricle. The patient was treated with intravenous thiamine and showed marked improvement in her mental function.

Final Diagnosis: Wernicke's encephalopathy secondary to laparoscopic RnY gastric bypass surgery.

Follow Up: The patient was transferred to the rehabilitation unit for further physical therapy. Four weeks later, the patient's confusion continued to improve, however, the patient's lower extremity weakness had still not reached baseline. The patient will continue follow up in an outpatient setting.

Disclosure

Ramsy Abdelghani, MD – No Relevant Financial Relationships to Disclose
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