A 37-year-old man was admitted to our hospital in a comatose state. He lived alone and was found collapsed in his room. Brain MRI (fluid-attenuated inversion recovery) revealed symmetrical abnormalities in the facial nerve nuclei, vestibular nuclei, tectum, periaqueductal area, mamillary bodies, and medial thalami (Picture 1A-E). Whole blood vitamin B1 level was 22 ng/mL. He was diagnosed with Wernicke’s encephalopathy; intravenous thiamine therapy was subsequently initiated, following which his consciousness recovered gradually and follow-up MRI revealed improvement (Picture 1F). MRI findings of facial nerve nuclei (arrows) and vestibular nuclei (arrowheads) should be considered during diagnosis. Lesion of the cranial nerve nucleus may indicate nonalcoholic rather than alcoholic Wernicke’s encephalopathy (1). Our patient had no history of chronic alcohol abuse, and inappropriate food intake was the most likely etiology. MRI findings of the cranial nerve nucleus may therefore be useful in the diagnosis of nonalcoholic Wernicke’s encephalopathy.

The authors state that they have no Conflict of Interest (COI).
Reference


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