Teaching NeuroImages: Bilateral anterior thalami and fornix macrohemorrhage in Wernicke-Korsakoff syndrome

B. Nazarov, MD
S. Jeannin, MD
M. Mej doubi, MD
A. Signate, MD
D. Smadja, MD

A 55-year-old man with alcoholism required sigmoid resection for complicated diverticulitis. A few weeks after starting parenteral nutrition, he developed multidirectional gaze nystagmus, gait ataxia, and confusion, leading to the diagnosis of Wernicke encephalopathy. Thiamine treatment was started and his symptoms improved, helping to confirm the diagnosis. However, the patient developed memory loss consistent with Korsakoff syndrome due to hemorrhage involving the fornix and the bilateral anterior thalami (figure). More typical fluid-attenuated inversion recovery lesions (mamillary bodies, tectal plate, and periaqueductal area), which may be reversible, were not seen. Macroscopic hemorrhage is rarely observed in Wernicke-Korsakoff syndrome and is associated with poor prognosis.

ADDRESS CORRESPONDENCE AND REPRINT REQUESTS TO DR. B. NAZAROV, DEPARTMENT OF NEUROLOGY, PIERRE ZOBDA-QUITMAN HOSPITAL, ROUTE DE JAMBERTE 25, FORT-DE-FRANCE, MARTINIQUE, nazaroffba@mail.ru

AUTHOR CONTRIBUTIONS
Dr. Nazarov: drafting/revising the manuscript, analysis or interpretation of data, contribution of vital reagents/tools/patients, acquisition of data, study supervision. Dr. Jeannin: drafting/revising the manuscript, study concept or design, contribution of vital reagents/tools/patients, acquisition of data, study supervision. Dr. Mej doubi: drafting/revising the manuscript, analysis or interpretation of data. Dr. Signate: drafting/revising the manuscript. Dr. Smadja: drafting/revising the manuscript, analysis or interpretation of data.

REFERENCES
Teaching NeuroImages: Bilateral anterior thalami and fornix macrohemorrhage in Wernicke-Korsakoff syndrome

B. Nazarov, S. Jeannin, M. Mejdoubi, et al.

*Neurology* 2011;77:e129

DOI 10.1212/WNL.0b013e31823a0ca5

This information is current as of November 28, 2011