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【 PICTURES IN CLINICAL MEDICINE 】

A Case of Wernicke Encephalopathy with Frozen Eyes

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Key words: frozen eyes, opthalmoplegia, Wernicke encephalopathy, Miller-Fisher syndrome

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Picture.

A 77-year-old woman presented with mild confusion. She normally consumed very little food while drinking approximately 1,800 mL of Japanese rice wine daily. Her consciousness level was $E_4V_4M_6$, and she was disoriented. A neurological examination revealed complete bilateral opthalmoplegia with an unknown onset (frozen eyes; Picture), and the finger-to-nose test was positive for dysmetria bilaterally. Her serum thiamine level of 13 μg/dL (reference: 24-66 μg/dL) and negative test results for anti-GQ1b antibodies suggested Wernicke encephalopathy (WE) as a likely diagnosis. She was administered 1,500 mg/day of intravenous (IV) thiamine for 2 days and 250 mg/day for an additional 5 days. Her GCS improved to $E_4V_5M_6$ on day 2, and only minor bilateral ocular abduction disorder remained on day 8. Although most ocular abnormalities associated with WE are nystagmus, 3% of cases show complete ophthalmoplegia (1). The mortality of this disorder increases by 20% if the diagnosis is missed or thiamine treatment is insufficient. WE should be considered as a differential diagnosis for frozen eyes (2).

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

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