

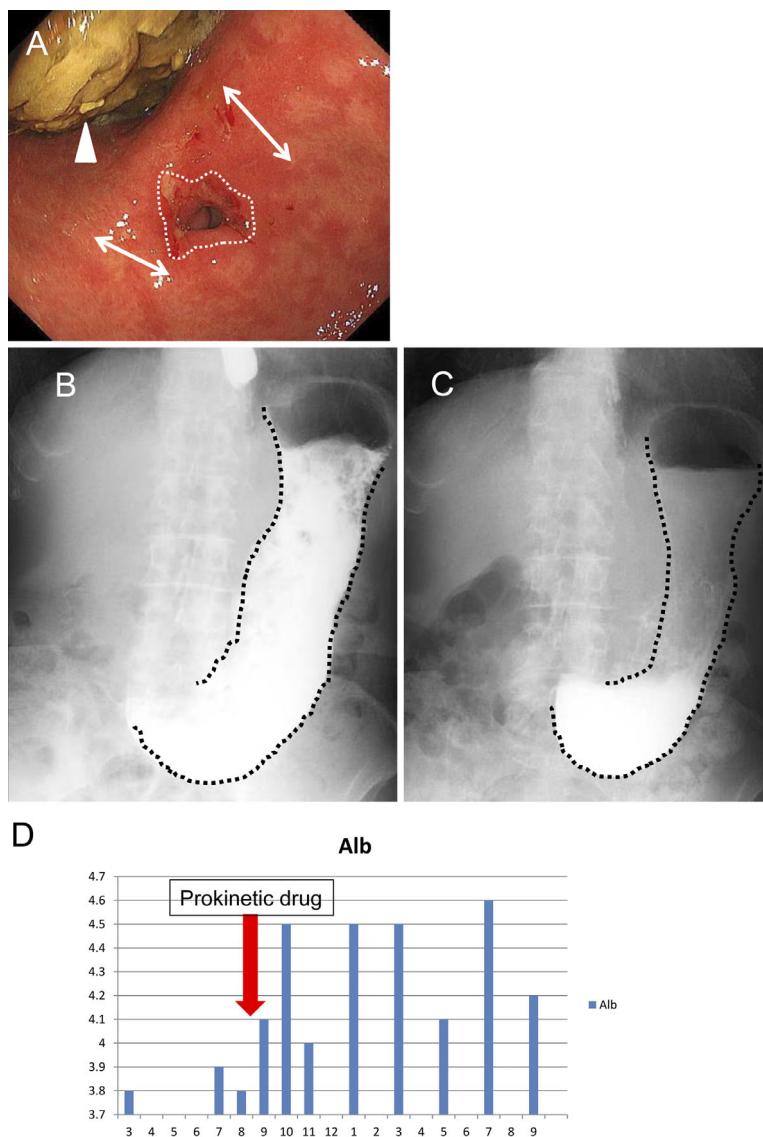
Stomach Dysfunction Is a Potential Risk Factor for Wernicke's Encephalopathy

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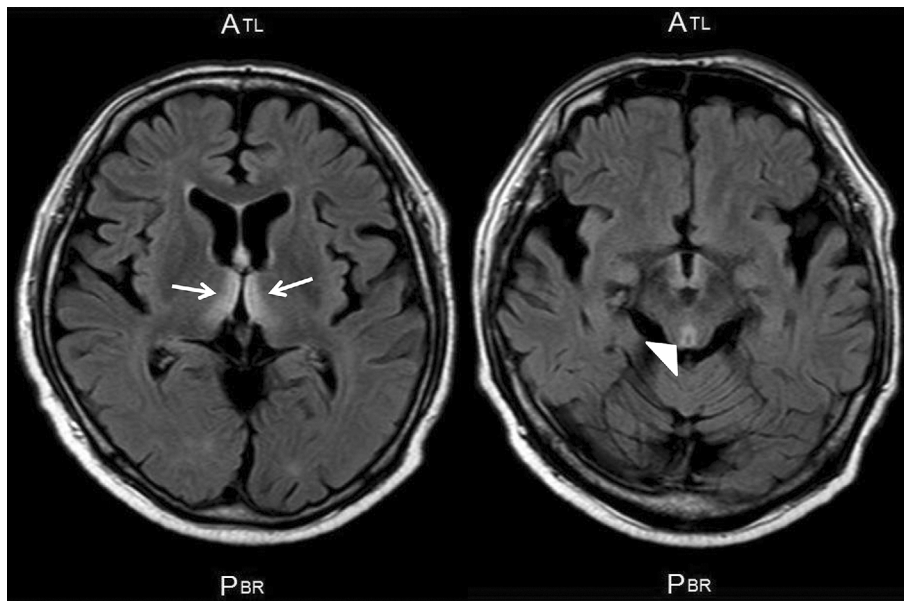
Key words: Wernicke's encephalopathy, stomach dysfunction, chronic alcoholism

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Picture 1.



Picture 2.

Thiamine (vitamin B1) deficiency can lead to the onset of Wernicke's encephalopathy. While chronic alcoholism is a common cause of thiamine deficiency, malnutrition due to any reason can also cause the disease (1, 2). However, other causes are often overlooked in patients with chronic alcoholism. We herein report a complicated case of Wernicke's encephalopathy with chronic alcoholism and stomach dysfunction with multiple repeated gastric ulcers. Due to the repeated multiple gastric ulcers (Picture 1A), the patient's gastric emptying was impaired (Picture 1B), leading to chronic malnutrition, which, together with alcoholism, caused Wernicke's encephalopathy (Picture 2). While the symptoms of Wernicke's encephalopathy, including gait and oculomotor abnormalities, improved following the administration of thiamine, the patient's chronic malnutrition continued. After the administration of gastrointestinal prokinetic drugs (intravenous pantethine followed by oral acotiamide hydrochloride hydrate), the patient's gastric emptying improved (Picture 1C) and there was a notable increase in the serum level of albumin (Picture 1D). Wernicke's encephalopathy did not

recur. This case suggests that not only chronic alcoholism, but also gastrointestinal dysfunction should be addressed to prevent the occurrence of Wernicke's encephalopathy.

Author's disclosure of potential Conflicts of Interest (COI).

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