E-Poster

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Wernicke's Encephalopathy in Pregnancy: A Case Report of Severe Neurological Complications

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

Wernicke's encephalopathy (WE) is an acute neurological disorder caused by thiamine deficiency, classically presenting with confusion, ophthalmoplegia, and ataxia. While it is commonly associated with alcoholism, its occurrence during pregnancy is rare but carries significant neurological risks. We report a case of WE in a pregnant woman, highlighting the importance of early recognition and management.

CASE DESCRIPTION

A 23-year-old woman, two months pregnant, presented with an abrupt onset of coma. She was admitted to the neurology department, where a diagnosis of Wernicke's encephalopathy was established based on clinical presentation, thiamine deficiency on biological workup, and brain computed tomography (CT) scan findings indicating bilateral thalamic and periaqueductal lesions. She received high-dose intravenous thiamine, with partial neurological improvement. However, seven months later, after delivery, she presented with lower limb weakness, spasticity, and significant memory deficits. Electroneuromyography confirmed a mixed sensorimotor peripheral neuropathy, further complicating her neurological status. An magnetic resonance imaging (MRI) brain scan showed residual lesions in the thalamus, suggestive of chronic WE sequelae

Notably, until postpartum , the patient did not receive any rehabilitative care. She was only referred to our department after delivery, highlighting a significant gap in early rehabilitation management.

DISCUSSION

This case illustrates the severe neurological consequences of delayed WE diagnosis in pregnancy, emphasizing its potential to cause both central and peripheral nervous system damage. The persistent neurological deficits, including profound memory impairment, peripheral neuropathy, and lower limb weakness, likely result from irreversible pyramidal tract involvement, as evidenced by brain imaging. The patient required a multidisciplinary rehabilitation approach in our department, including: botulinum toxin injections to manage spasticity, physical therapy to improve mobility, and occupational therapy to support daily activities.

A review of the literature reveals that while WE in pregnancy is rare, previously reported cases have also documented similar complications, including cognitive deficits, spastic paraparesis, and peripheral neuropathy. However, the severity and persistence of neurological sequelae vary, depending on the timing of thiamine administration and the extent of initial brain involvement. This case further contributes to the understanding of the long-term consequences of WE during pregnancy and underscores the necessity of preventive nutritional measures in high-risk populations.

CONCLUSION

Wernicke's encephalopathy in pregnancy is a life-threatening condition that can lead to permanent neurological deficits if not promptly treated. This case underscores the importance of early thiamine supplementation, timely diagnosis, and comprehensive neurorehabilitation to mitigate severe sequelae such as postpartum memory loss, peripheral neuropathy, and motor impairments.

Statement of Disclosures

None

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