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Beyond Morning Sickness: Unveiling Wernicke's Encephalopathy In Pregnancy – A Rare Case Report

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Abstract
Wernicke's encephalopathy (WE) is an acute neurological disorder caused by thiamine deficiency and is a rare but serious complication of hyperemesis gravidarum in pregnancy. Early recognition is essential as delayed treatment can result in irreversible neurological damage or death. We present a case of a 25-year-old primigravida at 18 weeks gestation with prolonged vomiting and altered sensorium. Clinical findings included confusion, ataxia, and nystagmus. MRI brain demonstrated symmetrical hyperintensities in the medial thalami and mammillary bodies. The patient was treated promptly with intravenous thiamine and supportive care, leading to rapid neurological recovery. This case emphasizes the need for early diagnosis and timely intervention to prevent permanent complications.

Keywords: *Wernicke's encephalopathy, hyperemesis gravidarum, thiamine deficiency, pregnancy*

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I. Introduction

Wernicke's encephalopathy is a life-threatening but reversible neurological condition caused by thiamine deficiency. Although classically associated with alcoholism, it is increasingly recognized in pregnancy, especially in hyperemesis gravidarum. Persistent vomiting leads to depletion of thiamine stores, impairing cerebral metabolism. Thiamine deficiency results in neuronal injury in metabolically active brain regions such as the mammillary bodies and thalami. The classical triad includes confusion, ataxia, and ophthalmoplegia, though it is present in a minority of patients, making diagnosis challenging.

II. Case Report

A 25-year-old primigravida at 18 weeks gestation presented with persistent vomiting for two months, progressive weakness, and altered sensorium. She had poor oral intake and weight loss. Examination revealed confusion, impaired memory, horizontal nystagmus, and gait ataxia. Laboratory investigations showed electrolyte imbalance. MRI brain revealed symmetrical hyperintensities in medial thalami and mammillary bodies consistent with Wernicke's encephalopathy. The patient was treated with intravenous thiamine 500 mg three times daily along with fluids and electrolyte correction. Significant neurological improvement was observed within 48–72 hours.

III. Discussion

Wernicke's encephalopathy in pregnancy is rare but underdiagnosed. Hyperemesis gravidarum is a major risk factor. The classical triad is often incomplete, delaying diagnosis. MRI findings support diagnosis with characteristic symmetrical lesions. Immediate treatment with high-dose intravenous thiamine before glucose administration is critical. Delay can lead to irreversible complications such as Korsakoff syndrome. Preventive strategies include early recognition and prophylactic thiamine in high-risk patients.

IV. Conclusion

Wernicke's encephalopathy should be suspected in pregnant patients with prolonged vomiting and neurological symptoms. Early diagnosis and prompt thiamine administration are essential to prevent irreversible neurological damage and improve outcomes.

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