Development of Wernicke's encephalopathy during initiation of hemodialysis in an elderly non-alcoholic patient.

Kimura H¹, Takeda K, Muto Y, Mukai H, Furusho M, Nakashita S, Miura S, Maeda A, Tsuruya K.

¹Department of Nephrology and Kidney Center, Iizuka Hospital, Iizuka City, Kyushu University, Fukuoka City, Japan. kimhiro2004@yahoo.co.jp

A 79-year-old man with chronic renal failure developed general fatigue and loss of appetite. He was diagnosed with endstage renal disease and was started on hemodialysis (HD). The symptoms improved immediately, but the mental status deteriorated gradually, reaching Glasgow Coma Scale (GCS) 5. Computed tomography showed no significant intracranial lesion, but magnetic resonance images showed symmetric high-intensity changes in the periaqueductal area, suggestive of Wernicke's encephalopathy (WE). He was immediately treated with intravenous infusion of thiamine. Five days later, the mental status level improved up to GCS 14, and the above MRI findings disappeared. To our knowledge, this is the first report describing the clinical outcome of a non-alcoholic patient who developed WE during initiation of HD. WE should be suspected in patients who are on chronic HD as well as those on initiation of HD with unexplained neurological abnormalities.