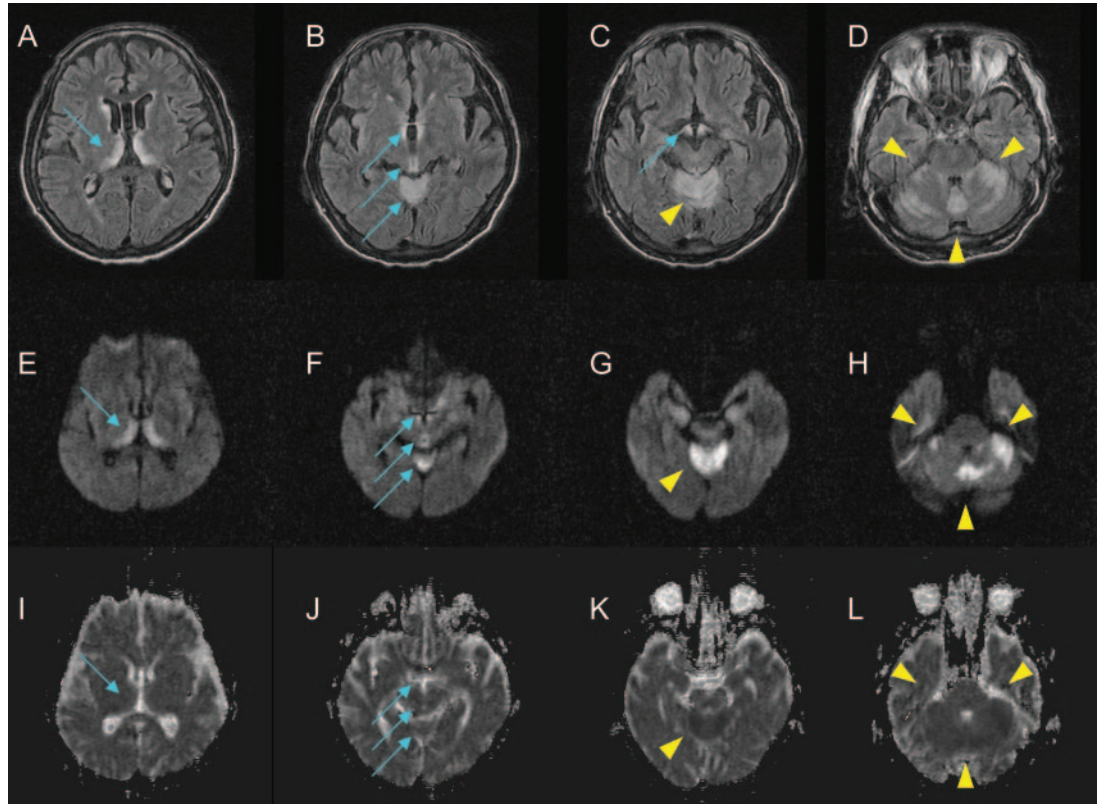


Teaching NeurolImage: Diverse MRI signal intensities with Wernicke encephalopathy

J.H. Roh, MD
J.H. Kim, MD
Y. Koo, MD
W.-K. Seo, MD
J.-M. Lee, MD
Y.H. Lee, MD, PhD
M.H. Park, MD, PhD

Address correspondence and
reprint requests to Dr. Moon
Ho Park, Department of
Neurology, Korea University
College of Medicine, Korea
University Ansan Hospital,
Gojan-1-dong, Danwon-gu,
Ansan-city, Gyeonggi-do [425-
707], Republic of Korea
parkmuno@yahoo.co.kr

Figure FLAIR weighted MRI



FLAIR weighted MRI showing typical high signal intensities (SIs) in the medial thalamus (A), periaqueductal gray (B), mamillary bodies (C), cerebellar vermis (B, C, D), and paravermian superior cerebellum (D). All the lesions represent high SIs on the DWI (E-H). The ADC images of the cerebellar vermis (K, L) and paravermian superior cerebellum (L) show low SIs (arrowheads), whereas other described areas (I, J) show iso-SIs (arrows).

A 60-year-old man presented with bilateral gaze evoked nystagmus, severe ataxia, and memory impairment. Brain MRI showed concurrent cytotoxic and vasogenic edema patterns (figure). This case shows both cytotoxic and vasogenic edema that may occur at the same time in Wernicke encephalopathy. These findings may be due to the different vulnerability of brain regions to thiamine deprivation and the

corresponding time lag between the development of lesions.^{1,2}

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From the Departments of Neurology (J.H.R., J.H.K., Y.K., W.-K.S., J.-M.L., M.H.P.) and Radiology (Y.H.L.), Korea University College of Medicine, Ansan, Republic of Korea.

Disclosure: The authors report no conflicts of interest.

Neurology[®]

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Neurology 2008;70:e48

DOI 10.1212/01.wnl.0000308951.21103.49

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