



Hyperemesis gravidarum complicated by Gayet-Wernicke encephalopathy: a rare complication

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Introduction :

Hyperemesis gravidarum is common complication of the first trimester of pregnancy. However, prolonged vomiting may cause vitamin deficiency and in some rare cases Gayet-Wernicke encephalopathy (EGW) by thiamine deficiency.

Case report :

We reported a 23-year-old patient with no notable pathological history, G2P1, pregnant at nine gestational weeks and four days. She consulted the gynecology and obstetrics emergency room for incoercible vomiting associated with a weight loss of seven kilograms and epigastric pain. The retained diagnosis was hyperemesis gravidarum. The patient was treated with intravenous rehydration, antiemetics and a gastric bandage.

During her hospitalization, she presented a sudden decrease in bilateral visual acuity associated with ataxic walking and multidirectional nystagmus. The fundus showed bilateral papilledema associated with retinal hemorrhage in the left eye with a quiet anterior segment. While the brain and spinal cord MRI showed abnormalities suggestive of Gayet-Wernicke encephalopathy. The diagnostic of hyperemesis gravidarum complicated by a Gayet-Wernicke encephalopathy was retained.

The patient was put on thiamine in curative dose. The evolution was marked by the disappearance of vomiting, restoration of visual acuity and regression of neurological disorders

Discussion :

Wernicke's encephalopathy is a rare complication of vomiting in pregnancy

In 2010, the European Federation of Neurological Societies, adopted the Caine criteria for the clinical diagnosis of EGW. The diagnosis can be considered by the presence of at least two Caine criteria: nutritional disorders, oculomotor disorders, cerebellar syndrome, confusional syndromes or memory disorders.

Thiamine is an essential cofactor for various enzymes responsible for the body's energy metabolism. During pregnancy, a physiological period of hypermetabolism, daily thiamine requirements increase from 0.4 mg/1000 kcal to 1.5 mg/day. Persistent vomiting during pregnancy results in inadequate nutritional intake of thiamine, depleting thiamine reserves after only three weeks. Therefore, thiamine supplementation must be routine in all pregnant patient suffering persistent vomiting.

Conclusion :

EGW is a reversible condition if treated in time. The European Federation of Neurological Societies recommends supplementation with 200mg of thiamine three times a day intravenously