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# Title: WERNICKE'S ENCEPHALOPATHY IN PREGNANCY : A CASE REPORT

**Introduction** :Wernicke's Encephalopathy (WE) is a rare but severe neurological disorder caused by thiamine (vitamin B1) deficiency. Commonly associated with **hyperemesis gravidarum** due to persistent vomiting and nutritional depletion. Thiamine deficiency impacts maternal neural metabolism and fetal growth, leading to poor perinatal outcomes.

**Objectives** :To emphasize early thiamine supplementation in preventing maternal neurological complications in nausea and vomiting of pregnancy

**Case** : A 22-year-old G2P1L1with previous lscs at 15 weeks of gestation presented with complaints of difficulty in walking, requiring support from two persons with progressive weakness, and memory loss. She reported **8–10 episodes of vomiting** per day during the first trimester not subsided with medical management, with a weight loss of 6 kg during the current pregnancy. She also had a history of hyperemesis gravidarum in previouspregnancy. Investigations revealed hypokalemia and ketonuria. MRI of the brain showed early calcifications in the bilateral basal ganglia.

**Management** : The patient was admitted to HDU & started on IV thiamine, electrolyte correction, & hydration therapy alpng with Thromboprophylaxis. Rapid improvement in her gait & memory was observed after 4 days. She was discharged after10days on oral thiamine supplementation & advised regular antenatal follow-ups,neurology consultation taken twice in pregnancy & fetal growth monitoring done A growth scan at 34 wks revealed a 3wk lag in fetal growth, with normal Doppler study. Betamethasone was administered at 34 wks .weekly scans were done ,pt underwent emlscs at 37wks due to obstetric reason . The baby weighed 2.3 kg at birth & was handed over to mother after evaluation by pediatric department. Both mother & baby were discharged in stable condition on POD-3.Patient underwent neurologist opinion post delivery advised no further follow up required.

**Discussion** : Thiamine supplementation should be initiated promptly upon diagnosing hyperemesis gravidarum to prevent neurological complications later in pregnancy. A prior H/O hyperemesis gravidarum should be carefully noted, as it increases the risk of recurrence. Immediate neurological evaluation, including imaging in pregnancy, is mandatory to prevent irreversible damage . Close fetal monitoring is vital to prevent FGR from maternal nutritional deficiencies. Awareness & timely intervention are crucial to improve maternal & fetal prognosis.

**Conclusion** : **Early diagnosis & prompt thiamine supplementation** are crucial in improving maternal & fetal outcomes in patients with hyperemesis gravidarum complicated by Wernicke's Encephalopathy.

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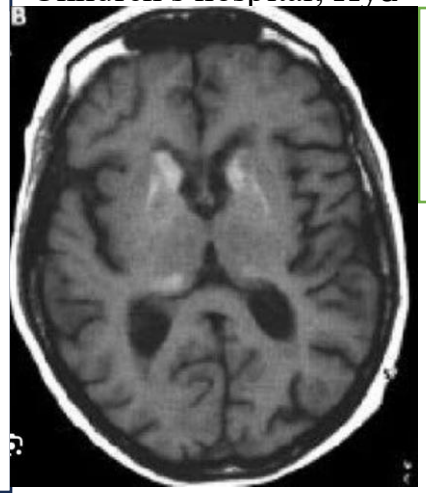

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