

QUESTION

1. A patient with a long history of alcohol abuse is brought to the emergency department with a 2-day history of confusion and vomiting. The patient is found to have a serum sodium of 118 mEq/L and a serum glucose of 100 mg/dL. The patient is most likely suffering from:

- A. Acute alcohol withdrawal
- B. Wernicke's encephalopathy
- C. Osmotic demyelination syndrome
- D. Hyponatremia
- E. Metabolic acidosis

ANSWER

1. B. Wernicke's encephalopathy

Wernicke's encephalopathy is a neurological disorder caused by a deficiency of thiamine (vitamin B1). It is characterized by a triad of symptoms: confusion, ataxia, and ophthalmoplegia. The patient's history of alcohol abuse and the presence of confusion and vomiting are consistent with this condition. The patient's serum sodium is low (118 mEq/L), but the serum glucose is normal (100 mg/dL), which makes hyponatremia less likely. Acute alcohol withdrawal typically presents with tremors, sweating, and tachycardia, which are not mentioned in the case. Osmotic demyelination syndrome is a complication of rapid correction of hyponatremia, which is not the case here. Metabolic acidosis is not supported by the patient's normal serum glucose and the absence of other symptoms.