

QUESTION

1. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, weakness, and confusion. On admission, the patient is found to have a serum glucose of 100 mg/dL, serum sodium of 125 mEq/L, and serum calcium of 8.5 mg/dL. The patient is started on intravenous fluids and electrolyte replacement. The next day, the patient develops a fever, tachypnea, and hypoxemia. A chest X-ray shows bilateral infiltrates. The patient is started on antibiotics. The following day, the patient develops a new-onset seizure. The patient is intubated and paralyzed. The patient is transferred to the ICU. The patient's condition continues to deteriorate. The patient is found to have a serum glucose of 100 mg/dL, serum sodium of 125 mEq/L, and serum calcium of 8.5 mg/dL. The patient is started on intravenous fluids and electrolyte replacement. The next day, the patient develops a fever, tachypnea, and hypoxemia. A chest X-ray shows bilateral infiltrates. The patient is started on antibiotics. The following day, the patient develops a new-onset seizure. The patient is intubated and paralyzed. The patient is transferred to the ICU. The patient's condition continues to deteriorate.

ANSWER

The patient has Wernicke-Korsakoff syndrome. The patient's symptoms are consistent with this condition, which is caused by a deficiency of thiamine. The patient's serum glucose, sodium, and calcium levels are all within normal limits. The patient's fever, tachypnea, and hypoxemia are consistent with a bacterial infection. The patient's new-onset seizure is consistent with a seizure disorder. The patient's intubation and paralysis are consistent with a respiratory failure. The patient's condition continues to deteriorate.

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