In 1881, Carl Wernicke\(^1\) described a "polioencephalopathia haemorrhagica superior" in 3 alcoholic patients with gray matter hemorrhages in the mammillary bodies.

Contrast enhancement in the mammillary bodies, an important imaging sign of Wernicke encephalopathy (WE), suggests a disrupted blood–brain barrier, which may be the cause for the microbleeds.

In a 58-year-old man with acute WE, brain magnetic resonance susceptibility-weighted imaging (SWI) revealed blood deposits in mammillary bodies, which were not evident on standard T2\(^*\) images (figures 1 and 2). SWI may be a preferred sequence to detect the pathologic hallmark of WE in vivo and extends the MRI characteristics of this treatable condition.\(^2\)

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Coronal T1-weighted image after application of contrast agent shows a faint enhancement in the mammillary bodies.

Figure 2. Typical contrast enhancement in the mammillary bodies due to Wernicke encephalopathy.


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