WERNICKE ENCEPHALOPATHY AFTER SURGERY FOR MORBID OBESITY

To the Editor:

Shalom Sharabi and Naiel Bisharat should be congratulated for bringing to the attention of the Israeli medical community the rare nutritional complication of bariatric surgery – Wernicke encephalopathy (WE) (*IMAJ* 2012; 14: 708). Although this is the first reported case of WE following bariatric surgery in Israel, I was challenged with the treatment of a patient with WE after vertical banded gastroplasty who was hospitalized in my department of surgery some 15 years ago. Three years ago I was asked to discuss another case, a 17 year old morbidly obese girl who suffered from WE due to an eating disorder and constant vomiting. I believe that WE is underdiagnosed in Israel.

Constant vomiting after bariatric surgery calls for a special alert. The patient described in Sharabi and Bisharat's article vomited after surgery and lost 30 kg in 1 month!

One disturbing question remains unclear – What was the reason for the "paralytic ileus" and sepsis that led to the final hospitalization and death of the 43 year old patient?

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To the Editor:

We read with interest the article by Sharabi and Bisharat, "Wernicke encephalopathy after sleeve gastrectomy" [1], and the accompanying editorial by Raziel [2]. We have several comments:

1. The authors assert that theirs is the first reported case of Wernicke encephalopathy following bariatric surgery in Israel. However, a quick search revealed that Abarbanel et al., from the Soroka University Hospital, published their experience already in 1987 [3]. Their seminal article is correctly cited by Raziel in her editorial. Authors should be careful when stating that their work is "the first reported case" and should refrain from such a claim.
2. The authors' recommendations are not sufficient. Thiamine should be administered to every patient who underwent bariatric surgery and is admitted to the hospital for any condition, whether gastrointestinal symptoms or any change in the patient's usual condition or behavior. Physicians should not wait for clear neurological signs or vitamin B1 levels. This approach could prevent catastrophic complications.
3. Parenteral glucose administration may cause a further worsening of the neurological condition, as mentioned by Raziel, and it could have caused the deterioration in this patient.
4. Surgeons, internists and dietitians experienced in treating bariatric patients should be involved in the treatment of every patient admitted to hospital following a bariatric procedure.

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References

1. Sharabi S, Bisharat N. Wernicke encephalopathy after sleeve gastrectomy. *IMAJ* 2012; 14: 708-9.
2. Raziel A. Thiamine deficiency after bariatric surgery may lead to Wernicke encephalopathy [Editorial]. *IMAJ* 2012; 14: 692-4.
3. Abarbanel JM, Berginer VM, Osimani A, Solomon H, Charuzi I. Neurologic complications after gastric restriction surgery for morbid obesity. *Neurology* 1987; 37 (2): 196-200.

QUESTIONABLE EPONYMS: PARAPARESIS AND RHABDOMYOLYSIS

To the Editor:

We relate to two letters published in the June 2013 issue. Their fortuitously juxtaposed position in the issue stimulates these comments regarding World War II [1] and the more recent Balkan War [2]. The latter refers to the near-genocidal war crimes perpetrated by all sides during the disintegration of the former Yugoslavia in the late 1900s.

Professor Sosna rightly objects to the perpetuation of Nazi Dr. Wegener's name in the eponymous "granulomatosis with polyangiitis" [1]. Prof. Ohry, when citing a case described by a colleague, perhaps unnecessarily supplies the biographical detail of that colleague's role as doctor in the "Croation liberation war" presumably in the above-mentioned Balkan War [2]. As a puppet state under German Nazi occupation in World War II, the Croatian regime slaughtered Gypsies, Jews and Serbs in the Jacenovac extermination camp [3] with the same enthusiastic bestiality shown towards Gypsies and Jews in the better known Auschwitz, Treblinka, etc.

Furthermore, the following clinical note is stimulated by Ohry's scouting the possibility of defining a new syndrome characterized by rhabdomyolysis (as evidenced biochemically by elevated blood creatine phosphokinase levels) and variable neuropathic or compartment syndromes. These findings were observed after periods of sleep or unconsciousness, while in bizarre postures, in subjects addicted to alcohol or drugs [2]. We recently (July 2013) admitted, because of decubiti, a street-dwelling male aged 32, schizophrenic, alcoholic and addicted, who had previously been treated in two university hospitals. The first hospital diagnosed neuroleptic malignant syndrome on the bases of fever, elevated CPK, and other findings. The second hospital discounted this diagnosis. These features lead us to consider Prof. Ohry's new-syndrome hypothesis as deserving consideration.

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References

1. Sosna J. Questionable eponyms. *IMAJ* 2013; 15: 327-8
2. Ohry A. Paraparesis and rhabdomyolysis. *IMAJ* 2013; 15: 328.
3. www. jasenovac.org, 2013