

Korsakoff's syndrome

Korsakoff's syndrome occurs in about 80% of patients with Wernicke's encephalopathy.

Korsakoff's syndrome often develops after a severe or repeated attack of post alcoholic delirium tremens, whether or not a typical attack of Wernicke's encephalopathy has occurred first.

Clinical features

Symptoms and signs include highly characteristic memory defects.

One of the possible sequelae is Korsakoff's psychosis, characterized by both anterograde and retrograde amnesia, with confabulation early in the course.

Early recognition and treatment of the alcoholic with intravenous thiamine and B complex vitamins can minimize damage.

Immediate memory is severely affected, but memory of distant events may be less so; thus, the patient's previous experience can guide his actions and responses so that there may be little apparent intellectual loss.

Memory of events after the onset of the disorder--and often, for unknown reasons, for weeks or months before it--is severely or totally disturbed; disorientation to time is inevitable.

Confabulation is often a striking early feature, associated with the defect in recent memory, but is less apparent in more chronic cases.

The bewildered patient substitutes imaginary or confused fabrications for those he cannot recall and may be so convincing that the physician is deceived into thinking that the patient's mental state is normal.

Emotional changes usually develop; they include apathy, blandness, or mild euphoria with little or no response to events, even frightening ones.

Treatment:

Early treatment includes attention to the thiamine deficiency and adequate hydration.

When prolonged fluid therapy is required, special attention must be given to vitamin and caloric requirements.

No specific treatment is helpful.