A 39-year-old woman, after an episode of acute appendicitis, developed necrosis and intestinal obstruction, requiring colectomy and ileostomy. After hospital discharge, she had a high output through the ileostomy and low food intake. A few months later, she developed bilateral nystagmus, ataxic syndrome and difficulty concentrating. Susceptibility weighted imaging (SWI) sequence of the brain magnetic resonance imaging (MRI) showed hypointensities in the mamillary bodies and inferior colliculi, which might represent microbleeds (Figure 1).

Wernicke encephalopathy (WE) usually affects the mamillary bodies, thalami, and periaqueductal region. Rare hemorrhagic manifestations are reported in the literature, most in the mamillary bodies. The breakdown of the blood-brain barrier may contribute to this petechial hemorrhage in WE.1,2

Authors’ Contributions
All authors contributed equally to the present work.

Conflict of Interest
The authors have no conflict of interest to declare.

References