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Reply:

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Reply:

The case reported by Ohira and colleagues manifested a confused state and the symmetric paraventricular lesions of MR imaging. After administering thiamine, the patient got not only normal scores in both the Mini-Mental State Examination and revised Wechsler Adult Intelligence Scale but also normal MR imaging. It is consistent with our experience and previous articles^{1,2} about nonalcoholic Wernicke encephalopathy.

However, the authors also found that the patient exhibited “small symmetric paraventricular regions” 6 months before being diagnosed with Wernicke encephalopathy. It should be rare that nonalcoholic Wernicke encephalopathy evolves so slow (for 6 months) according to our knowledge and experience. We could not be sure whether the lesions of small symmetric paraventricular regions tallied with cranial MR feature of Wernicke encephalopathy. Small lesions of paraventricular regions often occurs in elderly persons (sometime symmetrically).

In addition, we also noticed that the authors showed a very high level of serum thiamine. The authors should report the method of determining serum thiamine and the meaning of serum thiamine (total thiamine

or free thiamine?). The level of serum thiamine was commonly reported with a nanomolar scale by high-performance liquid chromatography determination.^{3,4}

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