**Wernicke encephalopathy in a young man as a complication of Crohn's disease - a case report**

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Introduction: Wernicke encephalopathy (WE) is a medical emergency characterized by ataxia, confusion, nystagmus and ophtalmoplegia resulting from thiamine deficiency. Alcoholism is the common cause for this disease. WE may be present in the general population with a prevalence of around 2%. Case report: A young patient (21 years old) was admitted to the Department of Neurology with the pertaining of balance disorders and double vision. The patient had suffered from Crohn`s disease (CD) from childhood. A month before his admission to the hospital he had an increase in Crohn`s disease activity. On admission to the department he presented ataxia of the lower limbs, horizontal and vertical nystagmus and memory loss. At the admission, the MRI of the brain scan result was normal. The EMG excluded polyneuropathy. Due to the suspicion of Miller-Fisher syndrome, he had triple plasmapheresis, but without any improvement. Memory loss symptoms exacerbated. The follow-up MRI revealed symmetric lesions involving bilateral tegmentum of the pons and periaqueductal area, mammillary bodies and the medial thalamus. The WE was suspected. The vitamin B1 was administered parenterally. After a week, the follow-up MRI was concluded with the lesions eliminated. The neurological symptoms were substantially reduced. By the end of the patient's stay in the department, deep vein thrombosis was observed and subsequently treated with anticoagulant therapy. On day 5 of the ongoing anticoagulant therapy the patient suffered massive pulmonary embolism which led to his death. Despite the rapid reversal of WE the patient died due to another complication of CD.