

Early Posttraumatic seizures

Seizures that occur one week after **head injury** are called early seizures. These are not universally accepted definitions, as some studies have allowed up to 4 weeks after **head injury** for early PTS ¹⁾.

Asikainen et al expressed that children are more susceptible to early seizures, while juveniles and adults are more prone to late seizures ^{2) 3)}.

30% **incidence** in **severe head injury** ("severe" defined as: **loss of consciousness** (LOC) > 24 hrs, **amnesia** > 24 hrs, focal neurodeficit, documented **contusion**, or **intracranial hematoma**) and ≈ 1% in mild to moderate injuries.

Occurs in 2.6 % of **children** < 15 yrs of age with **head injury** causing at least brief LOC or amnesia ⁴⁾.

Early **Posttraumatic seizures** may precipitate adverse events as a result of elevation of **ICP**, alterations in **BP**, changes in oxygenation, and excess **neurotransmitter** release ⁵⁾.

Anticonvulsants (AEDs) may be used to prevent early **posttraumatic seizures** (PTS) in patients at high risk for **seizures**.

They were effectively reduced when **phenytoin** was used for 2 weeks following **head injury** with no significant increased risk of adverse effects ⁶⁾.

Biomarkers

From a sample of 96 patients surviving moderate-to-severe TBI, Lutkenhoff et al. performed shape analysis of local volume deficits in subcortical areas (analysable sample: 57 patients; 35 no seizure, 14 early, 8 late) and cortical ribbon thinning (analysable sample: 46 patients; 29 no seizure, 10 early, 7 late). Right hippocampal volume deficit and inferior temporal cortex thinning demonstrated a significant effect across groups. Additionally, the degree of left frontal and temporal pole thinning, and clinical score at the time of the MRI, could differentiate patients experiencing early seizures from patients not experiencing them with 89% accuracy.

Conclusions and relevance: Although this is an initial report, these data show that specific areas of localised volume deficit, as visible on routine imaging data, are associated with the emergence of seizures after TBI ⁷⁾.

References

- ¹⁾
Frey LC. Epidemiology of posttraumatic epilepsy: a critical review. *Epilepsia*. 2003;44(s10):11-17. doi:10.1046/j.1528-1157.44.s10.4.x

²⁾

Asikainen I, Kaste M, Sarna S. Early and late posttraumatic seizures in traumatic brain injury rehabilitation patients: Brain injury factors causing late seizures and influence of seizures on long-term outcome. *Epilepsia*. 1999;40:584-9.

³⁾

Saadat S, Akbari H, Khorramirouz R, Mofid R, Rahimi-Movaghar V. Determinants of mortality in patients with traumatic brain injury. *Ulus Travma Acil Cerrahi Derg*. 2012;18:219-24.

⁴⁾

Annegers JF, Grabow JD, Groover RV, et al. Seizures After Head Trauma: A Population Study. *Neurology*. 1980; 30:683-689

⁵⁾

Bullock R, Chesnut RM, Clifton G, et al. Guidelines for the Management of Severe Head Injury. 1995

⁶⁾

Haltiner AM, Newell DW, Temkin NR, et al. Side Effects and Mortality Associated with Use of Phenytoin for Early Posttraumatic Seizure Prophylaxis. *J Neurosurg*. 1999; 91:588-592

⁷⁾

Lutkenhoff ES, Shrestha V, Ruiz Tejeda J, et al. Early brain biomarkers of post-traumatic seizures: initial report of the multicentre epilepsy bioinformatics study for antiepileptogenic therapy (EpiBioS4Rx) prospective study [published online ahead of print, 2020 Aug 26]. *J Neurol Neurosurg Psychiatry*. 2020;jnnp-2020-322780. doi:10.1136/jnnp-2020-322780

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=early_posttraumatic_seizures

Last update: **2024/06/07 02:58**

