## **Posttraumatic seizures risk factors**

Traumatic brain injury site, injury type, and injury degree are the main risk factors for post-traumatic epilepsy. Traumatic brain injury outcome can be affected by early post-traumatic epilepsy. <sup>1)</sup>.

- 1. acute subdural, epidural, or intracerebral hematoma SDH, EDH or ICH.
- 2. open-depressed skull fracture with parenchymal injury
- 3. seizure within the first 24 hrs after injury
- 4. Glasgow Coma Scale score <10
- 5. penetrating brain injury
- 6. history of significant alcohol abuse
- 7.  $\pm$  cortical (hemorrhagic) contusion on CT <sup>2)</sup>.

The latency to first seizure can be decades after the inciting trauma. Given this "silent period," much work has focused on the identification of molecular and radiographic biomarkers for risk stratification and on the development of therapies to prevent epileptogenesis.

Research suggests that there are reciprocal relationships between mental health (MH) disorders and epilepsy risk.

Data suggest that PTE is associated with mental health (MH) outcomes 2years after TBI, findings whose significance may reflect reciprocal, biological, psychological, and/or experiential factors contributing to and resulting from both PTE and MH status post-TBI. Future work should consider temporal and reciprocal relationships between PTE and MH as well as if/how treatment of each condition influences biosusceptibility to the other condition <sup>3)</sup>.

1)

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