

Posttraumatic tremor

Posttraumatic **tremor** (PTT) is the most frequent movement disorder secondary to cranioencephalic trauma and can be persistent and disabling.

We review and assess the efficacy of deep brain stimulation (DBS) at the VIM/VOP/ZI (ventralis intermedius/ventrooralis posterior/zona incerta) complex level for the treatment of PTT.

During the period from 1999 to 2014, 5 patients diagnosed with PTT were selected who had experienced a major deterioration in their quality of life without improvement during medical treatment for more than 1 year. They underwent surgery for DBS at the VIM/VOP/ZI complex level, and the modified tremor scale before and after surgery was used for their follow-up. RESULTS:

Each patient showed improvements in their symptoms after DBS compared with baseline, which was moderate (II) in 2 cases and marked (III) in the other cases. All of the improvements were maintained with chronic DBS, without tremor rebound.

Stimulation of the contralateral VIM/VOP/ZI complex resulted in a noticeable improvement in tremor and recovery of independence in basic daily activities in patients with PTT ¹⁾.

¹⁾

Rojas-Medina LM, Esteban-Fernández L, Rodríguez-Berrocal V, Del Álamo de Pedro M, Ley Urzaiz L, Bailly-Baillere IR. Deep Brain Stimulation in Posttraumatic Tremor: A Series of Cases and Literature Review. Stereotact Funct Neurosurg. 2016 Nov 16;94(6):379-386. [Epub ahead of print] PubMed PMID: 27846626.

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Last update: **2024/06/07 02:53**

