

# Violence-Related Traumatic Brain Injury

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see also [Violence-Related Mild Traumatic Brain Injury](#).

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Experiencing multiple mTBIs over the lifetime increases the number of subsequent [violence](#), and domestic violence, including child abuse-related charges and convictions but not for all offense types in males but not for females. These findings highlight the need for improved recognition and treatment of mTBI to prevent future engagement in antisocial behavior <sup>1)</sup>.

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Violence-related etiology was nearly five times more common in Latin America, raising concerns about the potential implications of post-traumatic stress and family adjustment after injury. Although both groups likely could use mental health support, this was particularly true of the U.S. cohort, maybe due to differential demographics, mechanisms of injury, or family and community support <sup>2)</sup>

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[Traumatic brain injury](#) (TBI) is a public health problem in [Ethiopia](#). We need more knowledge about the epidemiology and neurosurgical management of TBI patients to identify possible focus areas for quality improvement and preventive efforts.

In a prospective cross-sectional study (2012-2016) at the four teaching hospitals in [Addis Ababa](#), [Ethiopia](#). All surgically treated TBI patients were included, and details on clinical presentation, injury types, and trauma causes were registered.

They included 1087 patients (mean age 29 years; 8.7% females; 17.1% < 18 years of age). Only 15.5% of TBIs were classified as severe (Glasgow Coma Scale (GCS) score 3-8). [Depressed skull fracture](#) (DSF; 44.9%) and [epidural hematoma](#) (EDH; 39%) were the most frequent injuries. Very few

patients were **polytraumatized** (3.1%). **Assault** was the most common injury mechanism (69.9%) followed by **road traffic accidents** (RTA; 15.8%) and **falls** (8.1%). More than 80% of patients came from within 200 kms of the hospitals, but the median time to admission was 24 hours. Most assault victims (80.4%) were injured more than 50 kms from the hospitals, whereas 46% of RTA victims came from the urban area. Delayed admission was associated with higher GCS scores and non-severe TBI ( $p < 0.01$ ).

The injury panorama delayed admission, and few operations for severe TBI are linked to a substantial patient selection both before and after **hospital admission**. The results also suggest that there should be a geographical framework for tailored **guidelines**, preventive efforts, and development of prehospital and hospital services <sup>3)</sup>.

<sup>1)</sup>

Theadom A, Meehan L, McCallum S, Pacheco G. Mild traumatic brain injury increases engagement in criminal behaviour 10 years later: a case-control study. *Front Psychiatry*. 2023 May 2;14:1154707. doi: 10.3389/fpsyt.2023.1154707. PMID: 37215665; PMCID: PMC10197901.

<sup>2)</sup>

Juengst SB, Perrin PB, Klyce DW, O'Neil-Pirozzi TM, Herrera S, Wright B, Lengenfelder J, Lercher K, Callender L, Arango-Lasprilla JC. Caregiver Characteristics of Adults with Acute Traumatic Brain Injury in the United States and Latin America. *Int J Environ Res Public Health*. 2022 May 7;19(9):5717. doi: 10.3390/ijerph19095717. PMID: 35565112; PMCID: PMC9102876.

<sup>3)</sup>

Laeke T, Tirsit A, Kassahun A, Sahlu A, Debebe T, Yesehak B, Masresha S, Deyassa N, Moen BE, Lund-Johansen M, Sundstrøm T. Prospective study of surgery for traumatic brain injury in Addis Ababa, Ethiopia: Trauma causes, injury types and clinical presentation. *World Neurosurg*. 2021 Feb 7:S1878-8750(21)00184-4. doi: 10.1016/j.wneu.2021.02.003. Epub ahead of print. PMID: 33567370.

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