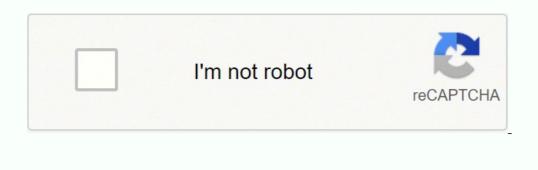
## Traumatic brain injury may occur after which of the following events





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Possible consequences of a Traumatic brain injury to (TBI, physical trauma to the brain) can cause a variety of complications, health effects that are not TBI themselves but which result. The risk of complications increases with the severity of trauma; [1] However, even a slight traumatic brain injury can lead to disability that interfere with social interactions, employment and daily life.[2] TBI can cause a variety of problems including physical, cognitive, emotional and behavioral complications. Symptoms that may occur after a brain concussion - a form to lesser than traumatic brain injury - are called post-commotion brain syndrome. Effects on incoscience Generally, there are six abnormal states of consciousness that may result from a TBI: Stupor is a partial or almost complete unconscious state in which the patient is letargic, immobile, and has a reduced response to stimuli.[3] Coma is a state in which the patient is letargic, immobile, and has a reduced response to stimuli.[4] The persistent vegetative state is a condition in which awake patients are unconscious and unaware of their surroundings and the cerebral cortex does not work.[5] A vegetative state may result from widespread injuries to brain hemispheres of the brain without damage to the lower brain and brain stem. TBI or three months after causes other than trauma.[6] A minimally conscious state is a condition in which patients have a reduced level of excitement and may appear, on the surface, being in a persistent vegetative state but are able to demonstrate the ability to actively process information. Locked-in syndrome is a condition in which a patient is conscious and awake, but cannot move or communicate due to complete body paralysis.[7] Voluntary control of eye movements or eyelids can be saved, allowing the creation of functional communication.[7] Brain death is the irreversible loss of the measurable brain function, with the loss of any integrated activity between distinct areas of the brain.[8] Breath and heart function must be maintained with assistance devices.[8] Conscience disorders affect a significant number of people suffering from severe TBI; those with assistance devices.[8] Conscience disorders affect a significant number of people suffering from severe TBI discharged from a hospital, 10%-15% are in a vegetative state, and of this number only half regained consciousness within one or three years.[6] Most patients with severe TBI recovering consciousness suffer from cognitive disability, including loss of many higher-level mental abilities. The cognitive deficits that can follow the TBI include little attention; shocking intuition, and thought; reduced processing speed; distraction; and deficiencies in executive functions such as abstract reasoning, planning, problem resolution and multitasking.[9] Memory loss, the most common cognitive compromise between people, occur in 20â% of people with closed skull trauma, depending on gravity.[10] Post-traumatic amnesia (PTA), a confused state with compromised memory,[11] is characterized by loss of specific memories or partial inability to form or store new ones.[12] Alzheimer's diseases (AD) is a progressive, neurodegenerative diseases characterized by dementia, loss of memory and deterioration of cognitive abilities. Research suggests an association between head injuries at the beginning of adulthood and AD development later in life; The more serious the injury to the head, the greater the risk of developing AD.[1] Some evidence indicates that a head injury can interact with other factors to trigger the disease and can accelerate the onset of the disease in individuals already at risk. For example, people injured in the head who have a particular form of apolypoprotein E protein (apoE4, a naturally present protein that helps to transport cholesterol through the bloodstream) fall into this category of increased risk.[1] Patients with moderate to severe TBI have more problems with cognitive deficits than with mild TBI, but several mild TBIs can have an additive effect. About one out of five career boxers is influenced by chronic traumatic brain injury (CTBI), which cause cognitive, behavioral and physical disorders.[13] The condition mainly affects career boxers and has recently been connected to other contact sports including American football and ice hockey and military service (see Ann McKee) It is commonly manifested as dementia, or mental capacity in decline, memory problems and Parkinsonism (tremors and lack of coordination)[14] Symptoms begin anywhere between 6 and 40Å 160; years after the start of a boxing career, with an average start of about sixteen years. Communication problems Language and communication problems are common disability in TBI patients. Some may experience aphasia, difficulty with understanding and produce spoken and written language; or may have difficulty with the subtlest aspects of communication, such as the body language and emotional, not verbal signals. Some may have problems with intonation or inflection, called prosodic dysfunction. Problems with spoken language may occur if the part of the brain controlling the language muscles is damaged. In this disorder, called disartria, the patient may think of the appropriate language, but can not easily speak the words because they are not able to use the muscles necessary for form are words and produce sounds. The speech is often slow, dampened and curved.[1] Iwith TBI sensor deficits can have sensory problems, especially visual problems; They may not be able to record what they see or may be slow to recognize objects. In addition, TBI patients often have difficulty with the hand - eye coordination, causing them to seem awkward or orOther sensory deficits include hearing, smell, goto or touch issues. acufen, sound or wrinkle in the ears may occur. a person with damage to the part of the brain that processes the goth or smell can perceive a persistent bitter taste or harmful smell. damage to the part of the brain that controls the sense of contact can cause a patient thi to develop persistent tingling, itching or skin pain. These conditions are rare and difficult to treat.[1] emotional and behavioral problems thi can cause emotional instability, depression, anxiety, hypomania, mania, apathy, irritability and anger.[9] tbipolar seems to predispose a person to psychiatric disorders including obsessive addiction disorders compul [17] the prevalence of all psychiatric diseases is 49% in moderate to severe thes and 34% in delicate thes within a year of injury, compared to 18% of controls.[18] people with thi continue to be at risk greater than other psychiatric problems even years after an injury [18] for example, the lesions of the frontal lobe often involve inappropriate or childlike behaviors, and the injuries of the temporal lobe often cause irritability and aggression. [19] physical complications the relative risk of post-traumatic seizures increases with the severity of the traumatic brain injury to. [20] pain, especially headaches, is a common complication following a TBI.[1]They will develop seizures.[20] People with early crisis, those occurring within a week of injury, have an increased risk of post-traumatic epilepsy (recurring seizures occurring more than a week after initial initial Although seizures may occur a decade or more after the initial injury and the type of common attack may also change over time. Generally, doctors use anticonvulsant medicines to treat seizures in TBI patients only in the first week of injury[24] and only if seizures persist. Neuroscorms occur when the patient's autonomous nervous system (ANS), central nervous system (CNS), symptomatic nervous system (SNS) and parasitic nervous system (PSNS) are severely compromised. [25] This in turn can create the following potential life-threatening symptoms: increased intracranial pressure (ICP), tachycardia, tremors, convulsions, fever, increased blood pressure, increased cerebral spinal fluid (CSF) and diaphoresis. [26] A variety of medicines can be used to help decrease or control episodes of neurotorma. [27] Parkinson's disease, a chronic and progressive disorder, may develop years after TBI due to damage to the basal ganglia. Other movement disorders that may develop after TBI include tremors, ataxia (uncoordinated muscle movements) and myoclonus (shock-like contractions of muscles)[1] Skull fractures can tear the meninges, membranes covering the brain, leading to spinal fluid loss (cerebrospinal fluid cereal cereal grain) A tear between the hard and the arachnoid membranes, called cerebrospinal fistula, can cause the subarachnoid space to leak into the subdural space; This is called subdural space to leak into the subdural space; This is called subdural space; Th the air enters the intracranial cavity and is trapped in the subarachnoid space. intracranial cavity is a dangerous complication of TBI. They can occur outside the brain itself (abscess) Most of these lesions develop within a few weeks of initial trauma and result from skull movements, which can cause a double vision Damage to the nerves that give sense of smell Loss of vision loss of the facial sensation problems of swallowing[28] hydrocephalus, post-traumatic ventricular enlargement, occurs when cerebrospinal fluid accumulates in the brain, resulting in dilation of the brain ventricles and an increase in the icp. this condition can develop during the acute phase of thi or may not appear until later. generally occursthe first year of the injury and is characterized by a worsening of the neurological result, from disturbances of consciousness, from behavioral changes, from behavioral ch damage to the head or brain usually causes some damage to the vascular system, which provides blood to the brain cells. The body can repair small blood vessels, but damage to the vascular system, which provides blood to the brain cells. through the formation of a blood clot in the place of injury, blocking the blood flow to the brain. Blood clots can also develop in other parts of the head. Other types of vascular complications include vasospasm, in which blood vessels narrow and limit blood flow, and the formation of a neurysms, in which the side of a blood vessel weakens and balloons out.[1] Fluid and hormonal imbalances can also complicate treatment. Hormonal problems may result from dysfunctions of TBI are inappropriate secretion syndrome of antidiuretic hormone and hypothyroidism.[1] Another common problem is spasticity. In this situation, some muscles d and the body are narrow or hypertonic because they cannot relax completely.[29] See also sleep disorders as a result of traumatic brain injury: hope through research." Publication NIH N. 02-2478. National Institute of Neuological Disorders and Stroke, National Institute of Health. Recovery 2008-08-17. Kushner D (1998). "Slight traumatic brain fever: understanding Toward manifestations and treatment." Internal Medicine Archive. 158 (15): 1617th; 1624. doi:10.1001/archist.158,15.1617. PMID 9701095. "Coma" to Dorland Medical Dictionary "Persistent vegetative state" to Dorland Medical Dictionary. a b Giacino JT (2005). "Rehabilitation of patients with consciousness disorders." In High WM, Sander AM, Struchen MA, Hart KA (eds.). Rehabilitation of patients with consciousness disorders." In High WM, Sander AM, Struchen MA, Hart KA (eds.). Rehabilitation for traumatic brain injury. Oxford University Press. p.194; 160; 305. ISBNÂ 160; 0-19-517355-4. Recovery 2008-11-06. b "Lockered-in syndrome" to Dorland Medical Dictionary. b "Mort of the Brain" to the Medical Dictionary of Dorland. a b c Arlinghaus KA, Shoaib AM, Price TR (2005). "Neurological evaluation." In Silver JM, McAllister TW, Yudofsky SC (eds.). Traumatic skull trauma. Washington DC: American Psychiatric Association. pp.194; 160; 596; 128; ISBNÂ 160; 1-5862-105-6. "Definition, diagnosis and implicationsPsychosomatic. 46 (3): 195a 202. doi:10.1176/appel.psy.46.3.195. PMIDE 160; 1583140. Archived from the original on 2005-05-15. ^ Lee LK (2007). [2007]. In the sequence of mild and mild brain injuries and traumatic from head trauma. Emergency Pediatrics, 23 (8): 580s, gui555566; 128? boxing" International Journal of Psychiatry in Medicine. 25 (3): 249a. two:10.2190/CUMK-THT1-X98M-WB4C. MEASURES 160; 8567192. S2CIDA194; 160? 20238578. Zinc BJ (March 2001). "Traumatic brain injury: Emergency care concepts." Ann Emerg Med. 37(3): 318a. two:10.1067/mem.2001.113505. MEASURES 11223769. Arlinghaus KA, Shoaib AM, Price TR (2005). "Neurological evaluation." In Silver JM, McAllister TW, Yudofsky SC (eds.). Traumatic head trauma. Washington DC: American Psychiatric Association. pp.194; 160? 6662; 128; ISBN 160; 1-5862-105-6. a b Rao V, Lyketsos C (2000). "Neurological sequel of traumatic brain injury." Psychsomatic. 41 (2): 95th and 103. two:10.1176/appel.psy.41.2.95. MIDDLE 1074946. S2CIDI is 160; 6717589. a b Jorge RE (2005). "Neurological consequences of traumatic brain injury: a review of recent findings." Current opinion in psychiatry. 18(3): 289a. two:10.1097/01.yco.000016565600.9028.92. MIDDLE 16639154. S2CIDA19; 160? 19572299. Folzer SM (2001). "Psychotherapy with mild brain injuries." American Journal of Orthopsychiatry. 71 (2): 245th and 251. two:10.1037/0002-9432.71.2.245. MEASURES 160; 11347365. a b Agrawal A, Timothy J, Pandit L, Manju M (2006). "Post-traumatic epilepsy: a panoramic." Clinical neurology and neurosurgery. 108(5): 433rd. two:10.1016/j.clineuro.2005.09.001. MEASURES 160; 1622587. S2CIDA194; 160? 2650670.^ Valadoka AB (2004). "Skull wound." In Moore EJ, Feliciano DV, Mattox KL (eds.). Trauma. New York: McGraw-Hill, Medical Pub. Division. pp.194; 160? 385th 128? ISBN 160; 0-07-137069-2. Recovery 2008-08-15. Frey LC (2003). "Epidemiology of post-traumatic epilepsy: a critical review." Epilebia! 44 (supplement 10): 11th. two:10.1046/j.1528-1157.44.s10.4.x. MIDDLE 14511389. S2CIDA194; 160? 34749005. Oliveros-Cid A (2002). "Preventive prophylactic treatment in post-traumatic epilepsy." Neurolog195 magazine; 173a (in Spanish). 34 (5): 448's. two:10.3358/rn.3405.2001439. MEASURES 160; 12040514. Beghi E (2003). "Overview of studies to prevent post-traumatic epilepsy." Epilebia! 44 (supplement 10): 21a. two:10.1046/j.1528-1157.44.s10.1.x. MEASURES 14511391. "NeuroScope of the century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the Century, Part 1 of the 3: Medical terminology." 30-January 2017. ^"NeuroStorm of the 3: Medical term Part 3 of 3: A "Traumatic brain injury Complications" Mayo Clinic", Mayo Clinic. Recovered 2017-01-31. ^Traumatic brain injury: Complications and medical problems. 2016-12-12. Recovered 2017-01-31. [NdT]



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