

# **Recovery profile of patients suffered with Traumatic Brains Injuries (TBI): analysis of case reports**

## **ABSTRACT**

**Aims:** Identify the different recovery profiles of patients with traumatic brain injury (TBI).

**Methodology:** The study constitutes a systematic review of the literature based on the analysis of case reports on the recovery of TBI victims. Searches were carried out for reports published in the PubMed database in the last five years, using the search strategies: Traumatic brain injury and recovery excluding *post-mortem* studies and focused on drug or surgical treatment.

**Results:** Among the results obtained, regarding the recovery profile of patients who are victims of traumatic brain injury, we list the recognition of the similarity of the pathogenic mechanisms involved in TBI, the emergence of various posterior dysfunctions, interdependence of severity, affected area and immediate intervention chosen. . As well as, a variation of conducts was presented in each case, added to the significant evidence of the involvement of external factors among the prognosis on a case-by-case basis, such as: the lack of hospital structure, time until the beginning of the intervention and the presence of irreversible sequelae that they can be from a single or multiple body systems depending on the case.

**Conclusion:** The recovery profile of TBI patients can vary depending on the severity and extent of brain damage. These patients usually undergo a multidisciplinary rehabilitation process aimed at promoting functional recovery and improving quality of life. In the early stages of recovery, it is common for patients to have physical, cognitive, and emotional impairments. In addition, neuropsychological rehabilitation is essential to treat cognitive deficits, such as memory, attention, concentration and reasoning problems.

*Keywords: brain injuries, prognosis, recovery of function.*

## **1. INTRODUCTION**

Traumatic Brain Injury (TBI) or, as it is also known, consists by definition of the involvement of a brain injury resulting from a force applied to the skull, capable of interrupting the full physiological functioning of the brain, temporarily or permanently, having how it causes penetrating or non-penetrating trauma [1,2]. In addition, it constitutes the most common reason for admission to emergency services, and the main cause of death and sequelae in polytraumatized patients, and in Brazil, it is estimated that more than 1 million people live with irreversible neurological sequelae caused by TBI [2].

Within its pathophysiology, the action of direct, rotational or shear forces after focal involvement of the lesion triggers a series of factors that clarify the evolution of the condition<sup>3</sup>. The initial injury mechanism damages the axonal membranes, generating a fragility that culminates in a greater output of K<sup>+</sup> ions, which were previously concentrated mostly in the intracellular environment, such an event triggers the so-called "Impact Depolarization", taking into account since the difference in the generated concentration

gradient promotes sodium influx and consequently forced cell depolarization. As a result, several amino acids and excitatory neurotransmitters are released into the synaptic clefts, promoting the transit of  $Ca^{+2}$  and  $K^{+}$  ions to and from the cells [3,4].

After the first events, cerebral hypoxia tends to occur through the inflammatory process and the formation of pericellular edema, also known as vasogenic edema, which, due to the difference in pressure caused, promotes cellular hypoxia, forcing the brain to use the glycolytic mechanism to obtain energy. However, due to the unsustainability of this route, the accumulation of local lactic acid promotes the breakdown of the blood-brain barrier and intensifies cell death, which can quickly evolve into a progressive and diffuse condition, with these mechanisms already written, an occurrence in a time window of 4 to 6 hours, such useful information to predict the possible evolution in the prognosis, as well as the observation of radiological alterations [3-5].

As for the evaluation of the TBI patient and its acute management, the hierarchical obedience of the factors in the initial management is of paramount importance, which will promote safety in the treatment and culminate in a better prognosis. It is necessary to recommend, at the initial moment, the assessment of the airways, breathing and circulation being followed by a score on the Glasgow coma scale, which must be repeated at considerable time intervals, given the rapid evolution to complications in certain cases. Furthermore, it is understood that in addition to this initial assessment, the presence of computed tomography in the management of traumatized patients, as well as possibly necessary interventions of intubation orotracheal and decompressive craniotomy, advocate the dimensional recognition of the injury, damage and resulting complications, in order to ensure the improvement and minimization of post-traumatic sequelae [5].

Thus, the present study aimed to analyze case reports involving involvement by TBI, for the denotation of differential events from the mechanism of injury, initial management, prognosis and the presence of post-traumatic injuries, in order to outline the recovery profile of the victims and their differences.

## **2. METHODOLOGY**

### **Search strategies**

This study constituted a review of the literature based on the analysis of case reports about the recovery of TBI victims. For the elaboration of the present study, the search for published reports in the PubMed database in the past five years, using the search strategies: Traumatic brain injury, recovery, using the boolean operator "AND".

### **Inclusion criteria**

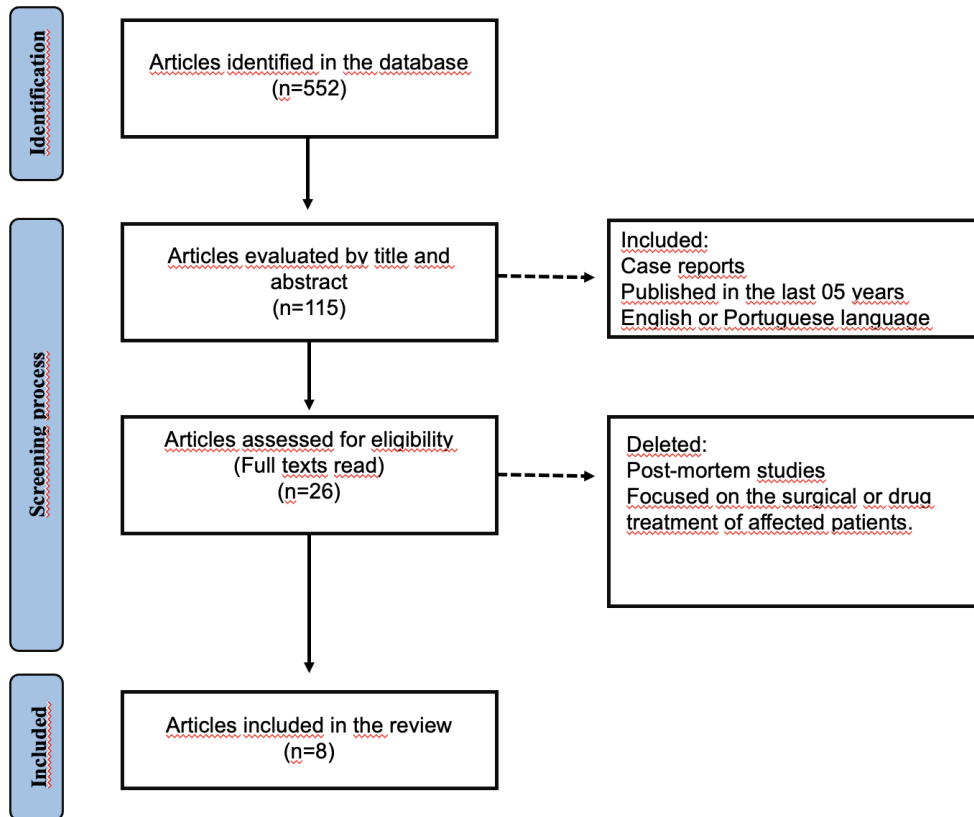
The present study included: case reports published in English and Portuguese and containing information such as: TBI classification, affected area and detailed prognosis of affected individuals.

### **Exclusion criteria**

The following were not included in this study: *post-mortem* studies on TBI, articles that focused on surgical or drug treatment of the affected patient.

### **Selection of studies**

Figure 1 shows the results of the successive screening steps and their respective numbers. Of the total, 8 articles met the criteria established for eligibility.



**Figure 1.** Information flow and stages of review

### 3. RESULTS AND DISCUSSION

Based on the established criteria, 08 studies were selected (Table 1) that contained information about the recovery of patients affected by TBI and that contemplated the established selection criteria.

**Table 1. Distribution of selected studies**

Title	Characteristics of the victim(s) and trauma	Recovery process
Post-traumatic brain injury glioma: characteristics, report of 2 cases and literature review [5]	57-year-old male diagnosed with severe TBI at age 40. Male patient, 59 years old, suffered a car accident at the age of 48, being diagnosed with severe TBI in the left parietal region.	Although the epidemiological investigation between TBI and glioma is still controversial, there are still some important aspects here that may determine the possibility between TBI and gliomagenesis. Furthermore, we found that neural stem cell reparative response and inflammatory cell dysregulation are important theories of post-TBI glioma mechanism.
Delays in a traumatic brain injury: case report [6]	22-year-old male, with medical management of only suturing the skin lesion without further investigation of skull fractures	There was medical conduct of only suturing the lesioncutaneousno further investigations of skull fractures. Detailed investigations revealed cerebral contusion, pneumoencephaly and left lateral ventricle collapse. The patient's recovery was satisfactory, presenting dysarthria and right hemiparesis.
Permanent diabetes insipidus after traumatic brain injury: case report and literature review [7]	16-year-old male who presented permanent central diabetes insipidus (CPID)	The patient was assisted by a complex interdisciplinary network, including motor rehabilitation, psychological support and pedagogical assistance, in addition to pharmacotherapy. This approach significantly improved the subject's behavior and motor skills. However, symptoms such as thirst, polyuria and nocturnal enuresis persist even with desmopressin therapy, requiring replacement by vazomirin. Symptoms remain if the drug is withdrawn.
Penetrating traumatic brain injury resulting from a rooster attack: case report and literature review [8]	10-month-old female who was attacked by a rooster, which caused a perforating traumatic brain injury	The child was followed for 2 months, and had a mild disorder of fine motor skills on the left side. The prognosis was normal and without complications.
Excellent recovery of a child after non-missile penetrating traumatic brain injury: case report [9]	11-year-old male, the accident was caused by a 30-cm metal hook that generated a perforating traumatic injury	The patient had daily improvement in the level of consciousness, after 6 days of the traumatic event, the patient had completely recovered consciousness and did not have any motor or cranial nerve deficits – he only had a complaint of blurred vision in the left eye. Furthermore, 6 months have passed and he has had no problems related to gross motor and cranial nerve function.

Cerebral venous sinus thrombosis caused by traumatic brain injury complicating thyroid storm: case report and discussion [10]	A 29-year-old male, with a previous diagnosis of Basedow-Graves disease, was admitted to the hospital with a concussive TBI.	The treatment was drug and aimed to control the thyroid storm and reduce thrombogenesis, in addition to respiratory support and analgesia. This patient was followed up for 6 months, after which time he presented recanalization of most of the venous sinuses, but still had some losses in fine motor skills in the right hand and in verbal expression.
Contracoup injury of the prefronto-thalamic tract in a patient with mild traumatic brain injury: case report [11]	Female, 62 years old, who suffered a mild TBI with a prefronto-thalamic tract injury after falling from a height of 85 cm and injuring the occipital region.	The patient presented, at the clinical level, neuropsychological impairment, as in IQ tests, in the Wechsler Intelligence Scale for adults, in addition to impaired memory and moderate depression.
Aphonogelia After Recovery from Severe Traumatic Brain Injury: Case Report [12]	16-year-old female, previously healthy, involved in an automobile accident	There is no evidence to guide rehabilitation, although positive behavioral support may be effective based on previously reported cases and when aphonogelia is compared to pseudobulbar affect. Although not formally tested in this patient, when considering new therapeutic avenues for laughter rehabilitation, the suggestion was consider the use of nitrous oxide as an experimental approach.

To understand the recovery profile of patients after TBI, there needs to be an analysis thorough of all the nuances understood from the initial treatment measures, place, care center, injury severity, sequelae, unforeseen future consequences, among other factors that make this type of injury unique among urgent and emergency care. In the cases analyzed in this study, there was evidence of formation of post TBI lioma, endocrine disorders, motor sequelae, among others, in which it is common in several cases for patients to evolve through surgical treatment, which therefore indicates a division between the prognoses through treatment, since the TBI can and tends to evolve with compressive effects and foci hemorrhagic which, consequently, with the increase in pressure intracranial causes death of neurons and accumulation of metabolic substrates after neuronal death. By configuring an emergency situation in such a way that its treatment aims to ensure the full functioning of the other parts of the brain, as well as to avoid the occurrence of a progression of the case.

As for the cases presented, Kui Chen et al. (2022) demonstrates the formation of gliomas as a possible result of trauma, those cell mass tumors that in this context develop between glial cells, are responsible for brain architecture and nutrition and even if their pathogenesis is not completely understood, the criteria of Manuelidis[13] and Moorthy[14], denoted that: previous good health, a period of initial and highlighted incubation, the formation of the glioma in the exact place of the trauma are three factors suggestive of its formation after TBI. Such information strongly suggests a cause/consequence of the local inflammatory process caused by the trauma and the promotion of oncogenic factors due to neural stem cells migrating to the site for repairing the lesion, in addition to the immune response through the secretion of cytokines and reactive species of oxygen, propitiating properties mutagenic to the local.

Yet as a result of TBI, damage can have irreversible consequences that reverberate in all organic functions. A great example of this are the endocrine repercussions presented in cases of damage to the hypothalamus-pituitary axis, whether directly or in the

architecture of the rods pituitary or in the gland specifically, or even be secondary to diffuse and communicating axonal damage of that axis. A case described was the one of Astafyeva et al. (2022) in which a peculiarity in the prognosis, the development of DI by a Russian teenager, after TBI in an automobile accident that culminated in a depression of the cranial vault and reaching the sell a turcica. As an initial manifestation of DI, a condition of polyuria 3 days after the injury and the return of full consciousness of the patient only 21 days after the injury, which even with multidisciplinary and continuous treatment with reconstruction of the affected cranial region, the endocrine disorder developed made it permanent in this case, further demonstrating the diverse characterization of post-traumatic sequelae. TBI in the prognostic profile of these patients and denoting negative factors, which transcend the initial intervention and can become permanent even with treatment.

In addition, the major complications faced in the treatment of TBI and in the evolution of the patients' prognosis, include not only the decision to intervention surgical or conservative when necessary, but also the consequences long-term impact of delayed initial treatment, and the structure of care offered to patients in a precarious way. such a fact could it be demonstrated in the study by Sawa et al. (2021), where the patient suffered delay in care, having as an initial measure only a simple dressing on a time window of 48hrs added to another 5 hours of transfer to the center of more complex healthcare. Such that, temporarily omitted an injury to the brain parenchyma by bone flap, stones and traces not removed after trauma, and among the obstacles caused, it generated the unconsciousness of the victim for a period relative time of 6hrs together with the high cost of tomography in the region (this exam, standard of excellence in management initial) and the absence of bags for blood transfusion that the interventions necessary for the case were delayed. In this way, it is possible to list the structural factor of health care also as a key factor in the evolution and the prognosis of TBI victims.

From this perspective, it is clear that the causes of TBI are diverse, and may be, for example, the result of an animal attack. However, a case report by Maksoud et al. (2019) describes a penetrating brain injury generated by a rooster attack, in this case, a 10-month-old child was attacked by the animal that struck his head with its beak. After closing the lesion in the frontal region with skin glue, the patient was released with specific instructions. It is not surprising that shortly after arriving at her home, the child suffered a focal epileptic seizure in her left arm, had several episodes of emesis and developed an ocular deviation. An MRI was performed which revealed an intraparenchymal hemorrhage in the right frontal lobe resulting from the injury caused by the animal. In view of the rapidly deteriorating situation, there was surgical intervention with corticotomy. The patient was referred to the pediatric ward and received antibacterial treatment due to possible encephalitis and meningitis. Due to the location of the injury, she had loss of fine movement on the left side.

Other cases are surprising and sometimes unbelievable, such as the one reported by Yousif et al. (2022), which describes an excellent recovery of a pediatric patient after a severe TBI penetrating. In short, this work in question describes the case of an 11-year-old boy who presented to the emergency room with lowered consciousness - Glasgow coma scale 6 - after being hit in the head by a 30 cm metallic object, that extended from his forehead to the central zone of the base of the skull. After CT without conclusive results, the decision was surgical intervention to solve the problem. Subsequently, postoperatively, the patient received daily follow-up and, surprisingly, had no motor or cranial nerve deficits, leaving the hospital with a complaint of blurred left vision and nothing else. As you can see, some cases are exotic and others surprising, revealing that traumatic brain injuries are multifaceted. In the report published by McLeod et al. (2019) a rather unusual complication was also demonstrated. After a car accident, the patient had aphonogelia (inability to smile loudly), when observed in the literature, few cases associated with this condition are found, which strengthens the hypothesis that a TBI can lead to several consequences that are still little evidenced.

From this perspective, the case reported by Gong et al. (2022), describes a cerebral venous sinus thrombosis caused by a TBI, something that complicated a thyroid storm – this case shows the strong relationship between the pituitary axes and accidents of this type. This patient in question was 29 years old when he was a victim of TBI, another important point was his previous primary hyperthyroidism - Basedow- Graves disease. However, the main problem developed eight days after the accident, when he showed signs of thyroid storms - that is, tachycardia, hyperthermia, sweating and irritability - in addition, he had abnormal thyroid blood tests, and that's when he fell into a deep coma. After 6 months of follow-up, the patient showed some impairment of fine motor skills in the right hand and difficulty in verbal expression.

#### 4. CONCLUSION

The recovery profile of TBI patients can vary depending on the severity and extent of brain damage. These patients usually undergo a multidisciplinary rehabilitation process aimed at promoting functional recovery and improving quality of life. In the early stages of recovery, it is common for patients to have physical, cognitive, and emotional impairments. In addition, neuropsychological rehabilitation is essential to treat cognitive deficits, such as memory, attention, concentration and reasoning problems.

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