

## **TRAUMATIC BRAIN INJURY AND PSYCHOSIS: LESION vs. SYMPTOM**

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Psychotic disorders are severe mental disorders that cause abnormal thinking and perception. In etiology it can be functional or organic and this paper is focused on organic etiology, precisely on traumatic brain injury (TBI) complicated with psychosis. About 40% of TBI victims go through at least couple psychiatric disorders and psychosis occurs in 4% to 8.9% of individuals who sustained head trauma.

Our aim is to determine correlation of structural brain abnormalities detected on neuroimaging in Zadar General Hospital with specific symptoms regarding psychosis; influence of genetic load and latency of severe symptoms. All mentioned above are interesting, opened questions in understanding this topic because it is difficult to differentiate patients with primary psychosis who had injured brain and those who suffered brain trauma and then evolved psychotic symptoms.

Demographic and clinical patient data were collected and analyzed from the electronic medical records of hospital information system. We used retrospectively reviewed anamnesis and MSCT images made in series of 50 patients suffered from brain trauma complicated with psychosis.

Results of examination points on focal nature lesions at frontal (70%) and temporal (40%) lobes. Persecutory/ paranoid delusions were most frequent (50%); delayed hallucinations are frequent, especially auditory ones (85%); aggressive behavior is significant (40%); common prodromal signs are depression, social isolation, cognitive deterioration; prevalence of genetic factor takes a big part at expressing this disorder and time of latency is rarely more than one year (but possible decades after trauma).

In our conclusion we can say that there is possibility of early recognising and treating/ controlling serious psychiatric disorders in patients suffered from brain trauma by taking care of few simple characteristics that can be used as guides: locus of lesion, genetic risk, prodromal symptoms and importance of regular follow up by surgeon and psychiatrist during latency phase, especially in patients with high risk for psychotic disorder.

Keywords: psychotic disorder, traumatic brain injury, MSCT, delusions, genetic load, latency

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