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Chronic traumatic encephalopathy (CTE): Causes, diagnosis, role of the neuroscientist and medico-legal implications

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Chronic Traumatic Encephalopathy (CTE) is a serious medical problem that has recently been forced into the spotlight. CTE is defined by the Boston University CTE Center as a progressive degenerative disease of the brain found in athletes (and others) with a history of repetitive brain trauma, including symptomatic concussions as well as asymptomatic subconcussive hits to the head. The signs/symptoms of CTE include memory loss, confusion, impaired judgment, impulse control problems, aggression, depression, and, eventually, progressive dementia. The diagnosis can only be made, at this time, post-mortem with findings of abnormal build-up of tau in brain tissue. The build-up of the tau protein is thought to be the result of repetitive brain trauma. This condition was originally referred to as Dementia Pugilistica (or

“Punch Drunk Syndrome”) because it was thought to only occur in boxers. However, recent research has shown other sports, as well as non-sporting activities, to be associated with these neurologic changes and as such the diagnosis of CTE was created. We have the recent experience of the clinical evaluation of 50+ former professional athletes with suspected CTE. This recent work combined with previous clinical and research experience in Traumatic Brain Injury (TBI) gives us a wealth of knowledge to share on this topic. In addition to reviewing the basics of CTE and our recent professional player series, we will also use our experience to share our views on the role of the neuroscientist in CTE and medicolegal implications of CTE.

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