

Traumatic Brain Injury: Complex Partial Seizures: An Often Overlooked and Undiagnosed Condition After Brain Injury

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Complex partial seizures are electrical disturbances that originate in a focal portion of the brain and result in functional symptoms controlled by that portion of the brain. These electrical disturbances usually start in the temporal lobe or frontal lobe of the brain. Typically, these disturbances last between several seconds to several minutes. Complex partial seizures that originate in the temporal lobe are often referred to as Temporal Lobe Epilepsy (“TLE”). Complex partial seizures often commence with an aura, an odd sensation that precedes the patient losing awareness for a brief period of time. Friends and family of the patient often describe these periods of time as “lapses” or “blinking out”. Many patients do not even realize that they have had such a seizure. Complex partial seizures are often a consequence of traumatic brain injury, in which an area or areas of the cortex of the brain have been damaged and such cortical irritability results in electrical disturbances.

The trial lawyer handling a traumatic brain injury case should have an understanding of complex partial seizures and not overlook the significant functional problems facing a client who has been diagnosed with such a disorder. Since the client often does not even realize that he or she has a complex partial seizure disorder, it is incumbent on the trial lawyer to ask the client and the client’s family and friends about the symptoms of such seizures, which include:

1. Lapse spells or zoning out periods lasting a few seconds to a few minutes;
2. Staring for brief periods of time;
3. Twitching for brief periods of time;
4. Shaking for brief periods of time;
5. Odd sensations such as feelings of déjà vu;
6. Brief periods of micropsia (objects appear smaller than they actually are) or macropsia (objects appear larger than they actually are).

Complex partial seizures are not always detected by EEG because the electrical discharge may involve only subcortical brain regions, resulting in nonspecific or unremarkable EEG recordings. Functional imaging studies, such as PET or SPECT Scans, may show abnormal brain activity associated with complex partial seizures. Most important, though, is the clinical diagnosis by a trained brain injury physician.

Understanding the significance that a complex partial seizure disorder may have on a client is essential for the trial lawyer handling traumatic brain injury cases.

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