



Karen Laugel, MD, CEO

Pre-Settlement Services We Offer Personal Injury Firms:

- Medical summary reports
- Medical opinions on pre-existing conditions, causation, functional losses, prognosis, future medical needs
- IME rebuttal reports
- Answers to your specific medical questions
- Liaison with treating physicians
- Deposition preparation

www.MedicalSettle.com
doctor@medicalsettle.com
888.302.5411

QUESTION: *Why should your TBI client be tested by an endocrinologist?*

Medical Settle, LLC Response:

A 47-year-old female suffered a whiplash injury and mild traumatic brain injury after a rear-end motor vehicle crash. Two years later, she continues to experience headaches, fatigue, blurred vision, dizziness, cognitive impairments (memory loss, decreased concentration, problems learning new skills), and exacerbation of pre-existing anxiety and depression. These symptoms could be due to post-concussion syndrome, and they could also be due to *treatable* pituitary damage.

The pituitary is a “chickpea sized” gland susceptible to injury because it is suspended on a narrow stalk at the base of the brain and its blood supply is easily disrupted due to abrupt body jolts (e.g., falls, sports collisions), or due to abrupt acceleration-deceleration or rotational forces, as seen in motor vehicle collisions.

Damage to the pituitary gland (post-traumatic hypopituitarism, PTHP) is common even in mild brain injury, occurring on average in 30% of all traumatic brain injury patients. * The pituitary is

known as “the master gland” because it controls the production of the body’s essential hormones, like growth hormone, thyroid hormone, adrenal gland hormones (adrenaline, steroids), sex hormones (for egg growth and sperm production), and hormones that control digestion and blood pressure. PTHP is a disorder in which, due to head injury, the pituitary gland fails to produce normal levels of one or more of these hormones. Low pituitary hormone levels have been found even five years after brain injury and can cause poor health outcomes which, if left untreated, become chronic and can increase patient mortality.

The clinical presentation of PTHP depends on the number of deficient hormones, severity, and the period during which hypopituitarism was undiagnosed and untreated. Thus, the symptoms of PTHP are broad, varying from minor complaints, such as fatigue or problems with concentration, to life-threatening emergency conditions, such as adrenal crisis or impaired cardiac function.

Unfortunately, symptoms alone are not helpful in identifying who must be tested as they mimic many of the post-concussive symptoms. In the chronic phase, post-traumatic hypopituitarism (PTHP) can manifest as lethargy, poor sleep, inattention, difficulty concentrating, memory impairment, anxiety, poor judgment, depression, irritability, insomnia, headaches, and diminished libido. * Although magnetic resonance imaging (MRI) may be ordered to assess the pituitary gland post-injury, it does not always show damage even when present. Thus, the diagnosis relies on specific blood tests.

Current recommendations are to routinely screen pituitary hormones in all TBI patients at 3 months, 1 year, and then regularly up to 5 years or longer, until normal hormone levels are confirmed. * Unfortunately, the blood tests to check for hormone deficiency are complicated. Some need to be drawn at specific times of the day. Others require a “stimulation” test (e.g., insulin stress test, corticotrophin test) prior to drawing a blood level, or require simultaneous comparisons of blood and urine contents. In addition, some hormone deficiencies need immediate treatment (adrenal crisis), whereas others need treatment adjusted over time. Obviously, the evaluation and treatment of PTHP is complex and requires specialty management by an endocrinologist or neuroendocrinologist.

In summary, although PTHP has been documented in the medical literature since 1918, many physicians, including primary care physicians and neurologists, are unaware of its prevalence or significance, and thus PTHP often remains undiagnosed. Some patients are acutely symptomatic (with life threatening hypotension and metabolic changes) and need immediate testing and treatment, but many have more subtle symptoms identical to those of post-concussion syndrome. Studies show that people suffering from PTHP have higher morbidity and mortality, and their quality of life is significantly lower than in the healthy population. * Yet, this is a treatable condition and endocrine evaluation and management is now considered standard of care for TBI patients.

*Citations from the medical literature are provided in Medical Settle’s formal Medical Opinion Reports.



Contact us for a free 30-minute consultation about your client’s case.

www.MedicalSettle.com doctor@medicalsettle.com 888-302-5411