

Ataxia may occur as a symptom following trauma to the head for example from road traffic accidents, the commonest cause of traumatic brain injury. Reports usually show that the onset of ataxia is soon after the trauma, and severe ataxia may occur in a third of diffuse traumatic brain injuries¹. Other symptoms that may remain after brain injury include epilepsy, mental impairment, weakness of one side of the body (hemiparesis), dizziness and headache.

Head injury may result in *concussion*, in which there is coma or loss of consciousness for a short period usually followed by complete recovery from all symptoms, or may result in brain *contusion*; prolonged coma with lasting neurological problems. The degree of post-traumatic amnesia following the injury is sometimes used as a predictor of whether there will be recovery or permanent deficits. A shorter period of amnesia is likely to suggest that gradual recovery from symptoms will occur over weeks/months.

The type of head injury associated with neurological problems such as ataxia are significant injuries such as blows to the head causing a loss of consciousness, gun shots, skull fractures, or stroke, not minor knocks and bangs even if repeated.

In children, chronic ataxia is not generally seen much after head injury of any severity. Dyspraxia (clumsiness) or tremor is seen much more commonly.

Head trauma many years before is not generally thought to be a predisposing factor for developing cerebellar ataxia later in life.

References

¹MysiW WJ, Corrigan JD, Gribble MW. The ataxic subgroup: a discreet outcome after traumatic brain injury. *Brain Inj* 1990; 4: 247-255.

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