

LETTER TO THE EDITOR

I am writing to draw your readers' attention to an under-diagnosed effect of traumatic brain injury which we believe was implicated in our 31-year-old son's suicide last year.

When he was seven he fell and fractured his skull. He was in a coma for five days and suffered paralysis on the right side of his face. He made a miraculous recovery and afterwards appeared to go through puberty normally. However after his death we discovered that he had been impotent, never managing penetrative sex during his four-year relationship with his girlfriend. We also discovered he had had counselling for depression before his death. (There had been three earlier depressive episodes, the worst being when his girlfriend left him six years ago.)

We then discovered a review by Acerini et al [1] of paediatric data on 20 patients which showed that after both mild and severe TBI, hypopituitarism may occur, causing "growth failure, delayed or arrested puberty, secondary amenorrhea or reduced libido." The paper commented on the extreme delay in some diagnoses. One patient had to wait 42 years.

We found that googling "hypopituitarism after traumatic brain injury" produced 43,400 hits. Most research puts the percentage affected at 30-40%.

Many papers showed that hypopituitarism caused depression [2]. Other research showed that out of 178 TBI survivors in Sydney, 18% attempted suicide and 35% suffered from "clinically significant levels of depression" [3].

The research is mostly post-2000. The hospital who so wonderfully saved our son's life in 1984 cannot be reproached for not warning us. However we were surprised to find on contacting them again in autumn (and they have a reputation as a leading brain injury hospital) that the research had not yet filtered through.

There are many papers calling for all moderate to severe TBI-survivors to be screened for hypopituitarism [4]. Although there are financial implications here a discharge letter would be relatively cheap, warning of the possibility of hypopituitarism and its symptoms and reassuring the patient that the condition is treatable. If we had received such a warning our son might be alive and happily married today.

[1] <http://www.gghjournal.com/volume23/2/ab01.cfm>

[2] [http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WG5-](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WG5-4FS23JB-)

[1&user=7316560&rdoc=1&fmt=&orig=search&sort=d&view=c&acct=C000050221&version=1&urlVersion=0&userid=7316560&md5=b54894cd688df170493aaf7b0b2c9979](http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6WG5-4FS23JB-1&user=7316560&rdoc=1&fmt=&orig=search&sort=d&view=c&acct=C000050221&version=1&urlVersion=0&userid=7316560&md5=b54894cd688df170493aaf7b0b2c9979)

[3] <http://journals.cambridge.org/action/displayAbstract?jsessionid=3BF70C0C5D703388827395431DCAB264.tomcat1?fromPage=online&aid=109463>

[4] <http://www.informaworld.com/smpp/content~content=a714028343~db=all>
<http://www.endocrine-abstracts.org/ea/0014/ea0014S1.1.htm>