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\*Corresponding author: Carlo Lovati, Clinical Neurology, Department of Biomedical and Clinical Sciences, Luigi Sacco Hospital, University of Milan, Milan, Italy, Tel: 00390239042317; E-mail: [carlo.lovati@asst-fbf-sacco.it](mailto:carlo.lovati@asst-fbf-sacco.it)

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were unremarkable. The neuropsychological profile (Table 1) showed multi domain deficits, including episodic memory impairment, frontal lobe dysfunction, constructional apraxia, language deficits. The Mini Mental State Examination (MMSE) score was 20/30 and the functional scale shown the first stage of a compromised self-sufficiency. Brain MRI displayed a severe cortical and sub-cortical atrophy, with few vascular



in the last few years, observational and epidemiological reports on CTE among certain groups of athletes such as football players were so relevant that in 2013 the National Football League modified some rules of play to reduce the frequency and intensity of TBIs and consequently to protect the health of its athletes. Even, new experimental helmets will be soon tested in the football NCAA championship (National Collegiate Athletic Association) to reduce the consequences of TBIs.

In conclusion, we hope that our case, in synergy with previous similar cases, may reinforce the necessity to improve the knowledge on CTE pathogenesis to better understand also primary neurodegeneration and, by the other hand, that easy diagnostic paradigms and clinical exams will be individuated to allow a widespread follow-up of athletes espoused to recurrent TBIs to prevent CTE development.

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