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O-HID-06 - ENDOSCOPIC RE-OPENING OF THIRD VENTRICULOSTOMY: A REVISION AND A SERIES

I. Moreira, J. Pereira, J. Oliveira and R. Vaz

Faculdade de Medicina da Universidade do Porto. Departamento de Neurocirurgia, Centro Hospitalar de São João, Porto.

Resumen

Introduction: Endoscopic third ventriculostomy (ETV) emerged as an effective alternative to shunting devices in patients with obstructive hydrocephalus. When ETV fails, neurosurgeons must choose between applying a shunting device or performing a repeat ETV (re-ETV) and attempt a shunt independent outcome. In this series, clinical, surgical and follow-up data from six patients who underwent a second ETV were reviewed.

Material and methods: Between January 2005 and June 2015, six patients underwent re-ETV, with four being children. Causes of obstructive hydrocephalus included idiopathic aqueduct stenosis, congenital aqueduct stenosis, neonatal intraventricular haemorrage, hypothalamic glioma and postmeningitis aqueductal stenosis. Success of the procedure was defined by clinical improvement and shunt independence.

Results: Overall success rate of this series was 83.3%, with re-ETV being effective in five of the six patients. The single case of re-ETV failure was observed in the pediatric population and was due to late stoma obstruction by tumoral growth, with a ventriculo-peritoneal shunt (VPS) being placed 6 months after re-ETV. In this series, no mortality and no major permanent morbidity were observed following re-ETV.

Conclusions: Repeat ETV is a safe and effective procedure and should be an option for treatment of recurrent obstructive hydrocephalus if stoma closure or obstruction is present. Younger age and the presence of a previous VPS should not discourage this procedure.