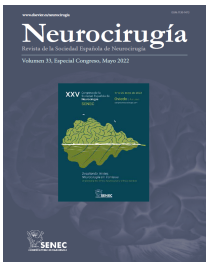
Neurocirugia. 2022;33(Espec Congr):163

Neurocirugía

https://www.revistaneurocirugia.com



O-080 - VENTRICULAR-PERITONEAL SHUNT IN SUBARACHNOID HAEMORRHAGE PATIENTS: CHARACTERIZATION OF CONSECUTIVE PATIENTS IN ONE CENTRE

H. Pereira[1], P. Ribeiro[1], J. Nogueira[1], M. Hidalgo Llorca[2], M. Botana Fernández[2], R. Moreira[1] and C. Alegria[1]

[1]Hospital de Braga, Braga, Portugal. [2]Complejo Hospitalario Universitario de Badajoz, Badajoz, Spain.

Resumen

Introduction: After subarachnoid haemorrhage (SAH), often patients may develop hydrocephalus. Studies point that chronic hydrocephalus develops in up to 37% after aneurysmal SAH. The etiology behind hydrocephalus after SAH is not totally understood with multiple factors being considered, as grade of SAH or presence of intraventricular blood.

Objectives: Characterization of consecutive patients submitted to ventricular-peritoneal shunt (VPS) after subarachnoid haemorrhage, in a tertiary hospital, from may/2016 to august/2020.

Methods: Clinical process of all consecutive patients submitted to VPS after SAH, between may/2016 and august/2020, in our centre, were analysed retrospectively. It was gathered information as age at ictus, EVD insertion or time to definitive shunting and a statistical analysis was performed. Statistical significance was considered to $p < 0.05$.

Results: Twenty-six patients were submitted to VPS after SAH secondary hydrocephalus. Mean age at SAH ictus was 63.9 years old. 84.6% of patients were females. Four (15.4%) patients were submitted to VPS after an angiogram-negative SAH. In the cases of an aneurysmal SAH, the most common location was Anterior Communicating Artery (n = 6). Median Hunt&Hess (H&H) was 3, with 76.9% of patients with H&H > 2 and 92.3% of patients had a Fisher IV SAH. Only 3 patients hadn't a EVD previous to VPS insertion. In the other 23 patients, median time from ictus to EVD was 14 hours. Median time from ictus to VPS was 36 days. Median mRS at 6 months after ictus was 3 (1-6). Good outcome (mRS ≤ 2) was reached in 42.3% of patients. Younger age was significantly correlated with better outcome ($p < 0.01$).

Conclusions: Younger age was significantly correlated with better outcome; however, patients' necessity of VPS seems to carry a poorer outcome comparing with SAH outcomes described on the literature.

1130-1473/© 2022 Sociedad Española de Neurocirugía. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.