Neurocirugia. 2016;27(Espec Congr):95

Neurocirugía

https://www.revistaneurocirugia.com

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 post-meningitis 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.

See front matter © 2016 Elsevier España, S.L. Todos los derechos reservados