

## Editorial

### 'Aqualisation' of neuraxis: Wondrous neuraqua CSF 1

*Manu Kothari, Atul Goel*

1

## View and Review

### Organization of neurology services in India: Unmet needs and the way forward

*Mandaville Gourie-Devi*

4

## Original Articles

### Endoscopic management of brain abscesses

*Yad Ram Yadav, Mallika Sinha, Neha, Vijay Parihar*

13

### Pattern of cerebellar perfusion on single photon emission computed tomography in subcortical hematoma: A clinical and computed tomography correlation

*Jayantee Kalita, Usha K. Misra, Prasen Ranjan, P. K. Pradhan*

17

### Imaging features in Hirayama disease

*Hemant A. Sonwalkar, Rakesh S. Shah, Firosh K. Khan, Arun K. Gupta, Narendra K. Bodhey, Surjith Vottath, Sukalyan Purkayastha*

22

### Delayed habituation in Behcet's disease

*Sefa Gulturk, Melih Akyol, Hulusi Kececi, Sedat Ozcelik, Ziyet Cinar, Ayse Demirkazik*

27

### Erythrocyte indicators of oxidative changes in patients with graded traumatic head injury

*Chandrika D. Nayak, Dinesh M. Nayak, Annaswamy Raja, Anjali Rao*

31

### Repeat gamma knife radiosurgery for recurrent or refractory trigeminal neuralgia

*Liang Wang, Zhen-wei Zhao, Huai-zhou Qin, Wen-tao Li, Hua Zhang, Jian-hai Zong, Jian-Ping Deng, Guo-dong Gao*

36

### Taste dysfunction in vestibular schwannomas

*Rabi Narayan Sahu, Sanjay Behari, Vimal K. Agarwal, Pramod J. Giri, Vijendra K. Jain*

42

### Surgical management of traumatic intracranial pseudoaneurysms: A report of 12 cases

*Xiang Wang, Jin-Xiu Chen, Chao You, Min He*

47

### Expression of truncated dystrophin cDNAs mediated by a lentiviral vector

*Sun Shunchang, Chen Haitao, Chen Weidong, He Jingbo, Peng Yunsheng*

52

### Gamma knife radiosurgery for glomus jugulare tumors: Therapeutic advantages of minimalism in the skull base

*Manish S. Sharma, A. Gupta, S. S. Kale, D. Agrawal, A. K. Mahapatra and B. S. Sharma*

57

## Case Reports

Subarachnoid hemosiderin deposition after subarachnoid hemorrhage on T2*-weighted MRI correlates with the location of disturbed cerebrospinal fluid flow on computed tomography cisternography	
<i>Yoshifumi Horita, Toshio Imaizumi, Yuji Hashimoto, Jun Niwa</i>	62
Anesthesia management of awake craniotomy performed under asleep-awake-asleep technique using laryngeal mask airway: Report of two cases	
<i>Gadhinglajkar Shrinivas Vitthal, Rupa Sreedhar, Mathew Abraham</i>	65
High cervical C3-4 'disc' compression associated with basilar invagination	
<i>Atul Goel</i>	68
Short-lasting unilateral neuralgiform headache with conjunctival injection and tearing: Response to antiepileptic dual therapy	
<i>Ravi Gupta, Manjeet S. Bhatia</i>	71
Correlation of autism with temporal tubers in tuberous sclerosis complex	
<i>Kavitha Kothur, Munni Ray, Prahbjot Malhi</i>	74
Non-traumatic carotid dissection and stroke associated with anti-phospholipid antibody syndrome: Report of a case and review of the literature	
<i>Benzi M. Kluger, Richard L. Hughes, C. Alan Anderson, Kathryn L. Hassell</i>	77
Osteoma of anterior cranial fossa complicated by intracranial mucocoele with emphasis on its radiological diagnosis	
<i>Jinhu Ye, Hui Sun, Xin Li, Jianping Dai</i>	79
Vasospasm after transsphenoidal pituitary surgery: A case report and review of the literature	
<i>Manish Kumar Kasliwal, Ravinder Srivastava, Sumit Sinha, Shashank S. Kale, Bhawani S. Sharma</i>	81
Chondromyxoid fibroma of the seventh cervical vertebra	
<i>Ashish Jonathan, Vedantam Rajshekhar, Geeta Chacko</i>	84
Acute progressive midbrain hemorrhage after topical ocular cyclopentolate administration	
<i>Tarkan Calisaneller, Ozgur Ozdemir, Erkin Sonmez, Nur Altinors</i>	88

## Letters to Editor

Digital subtraction angiography laboratory with inbuilt CT (DynaCT): Application during intracranial aneurysm embolization	90
Concomitant tuberculous and pyogenic cerebellar abscess in a patient with pulmonary tuberculosis	91
Drug compliance after stroke and myocardial infarction: Is complementary medicine an issue?	93

Multiple intracranial developmental venous anomalies associated with complex orbitofacial vascular malformation .....	93
Nitrofurantoin-induced peripheral neuropathy: A lesson to be re-learned .....	94
Posterior longitudinal ligament cyst as a rare cause of lumbosacral radiculopathy with positive straight leg raising test .....	96
Aqueductal stenosis caused by an atypical course of a deep collector vein draining bilateral cerebellar developmental venous anomalies .....	97
Recovery of increased signal intensity of the cervical cord on magnetic resonance imaging after surgery for spontaneous spinal epidural hematoma causing hemiparesis .....	98
Simultaneous thalamic and cerebellar hypertensive hemorrhages .....	100

## Neuroimages

MRI and MRA in spontaneous intracranial arterial dissection <i>S. Raghavendra, Sanjeev V. Thomas, Krishnamoorthy Thamburaj, Bejoy Thomas</i> .....	102
Shunt catheter migration into pulmonary arteries <i>Miikka Korja, Matti K. Karvonen, Arto Haapanen, Reijo J. Marttila</i> .....	103
Susceptibility weighted imaging in holohemispheric venous angioma with cerebral hemiatrophy <i>Sivaraman Somasundaram, Chandrasekharan Kesavadas, Bejoy Thomas</i> .....	104

Forthcoming Events .....	105
--------------------------	-----

Instructions to Authors .....	106
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Referees List - 2007 .....	000???
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# Shunt catheter migration into pulmonary arteries

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Shunting procedure is a relatively safe neurosurgical treatment option for hydrocephalus, but the incidence of complications increases in the long term.<sup>[1]</sup> The number of revisions of the ventriculoatrial shunts exceeds that of ventriculoperitoneal shunts.<sup>[2]</sup> Shunt malfunction may result from several reasons, of which migration of a shunt catheter to distal organs is an uncommon complication. Migration of an atrial catheter to one of the pulmonary arteries has never been described. Such an event might predispose patients to severe thromboembolic complications. We describe a patient with a late detachment and very exceptional cardiopulmonary migration of an atrial catheter.

A 46-year-old man was admitted to our hospital due to progressive subcutaneous swelling of the area of the right mastoid process. A ventriculoatriostomy through the right internal jugular vein had been performed five years earlier, when the patient was operated for a meningioma. On admission, subcutaneous swelling was detected around the shunt valve. Besides occasional ventricular extrasystoles and mild fatigue, the patient had no other symptoms. There were no clinical signs of increased intracranial pressure and the patient was neurologically intact. X-ray examinations revealed that the atrial catheter was detached from the valve [Figure 1] and very exceptionally displaced horizontally into the left and right pulmonary arteries [Figure 2]. An endovascular removal of the catheter from the pulmonary arteries was performed the following day without any pre-, intra- or postoperative thromboembolic complications. The patient was discharged on the first postoperative day. No signs of hydrocephalus developed during a follow-up of 12 months.



Figure 1: X-ray examination of the skull revealed a detached atrial catheter (arrow)

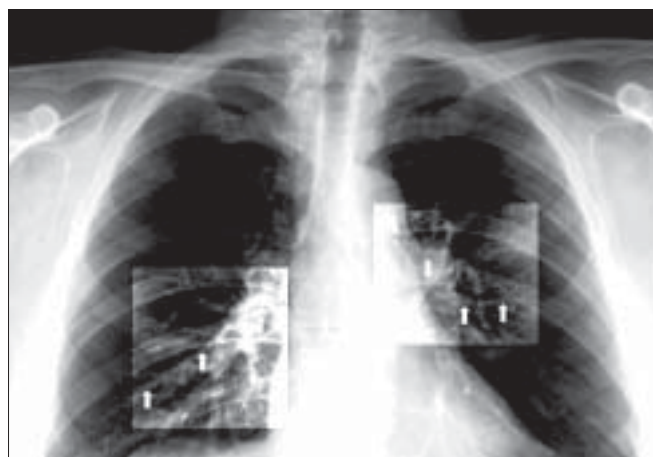


Figure 2: The atrial catheter located bilaterally in pulmonary arteries in a chest X-ray examination (arrows)

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