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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.[1] The number of revisions of the ventriculoatrial shunts exceeds that of ventriculoperitoneal shunts.[2] 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.

References


Accepted on 14-01-2007

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