

# Management of hydrocephalus in patients with tuberculous meningitis

**To the Editor:** We read Prof. Rajshekhar's article<sup>[1]</sup> with interest. It is a very well written and quite informative. He has rightly mentioned that hydrocephalus is very common in tubercular meningitis (TBM). We have few comments regarding types of hydrocephalus and modes of treatments. Author has mentioned only two types of hydrocephalus (Obstructive and Communicating), while hydrocephalus in TBM could be purely obstructive, purely communicating or due to combinations of pathologies (obstruction in addition to defective absorption).<sup>[2,3]</sup> Patients with combination of pathologies (complex hydrocephalus) could result in failure of ETV in spite of a patent stoma. Author has also mentioned that the success rate of endoscopic third ventriculostomy (ETV) in TBM is low. This is because of high incidence (28%) of complex hydrocephalus in this group.<sup>[2]</sup> Lumbar peritoneal (LP) shunt is effective in failed ETV cases in TBM hydrocephalus where stoma is patent.<sup>[2]</sup>

Communicating hydrocephalus is more common than obstructive hydrocephalus or hydrocephalus due to combination of pathologies. Author has also agreed that communicating hydrocephalus is more common in TBM, while he has not mentioned lumbar peritoneal shunt as a treatment option at all. Lumbar peritoneal shunt is a better alternative in communicating hydrocephalus than

ventriculo-peritoneal shunt.<sup>[4,5]</sup> Lumbar peritoneal shunt has the advantage of being an entirely extracranial operation.

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