

Transanal Protrusion of Ventriculoperitoneal Shunt

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1. Clinical Image

A 46-year-old woman, she was operated a year ago, for a normal pressure hydrocephalus with insertion of a Ventriculoperitoneal Shunt (VPS). The evolution was favorable. She was admitted for trans-anal protrusion of the VPS peritoneal catheter. Furthermore, the patient was asymptomatic with a mobile trans-anal catheter with peristaltic movements of the intestines the culture of the Cerebrospinal Fluid (CSF) was performed and it returned sterile. The abdominal CT scan showed an intracolic catheter with exteriorization through the anus, but without signs of peritonitis the rest of the investigations were normal.

An emergency removal of the VPS was performed in the presence of a visceral surgeon first, by cutting the shunt at the abdominal level, then the ventricular catheter and the reservoir were removed, to avoid contamination of the CSF. Second, the peritoneal catheter through its trans-anal tip was gently removed to avoid contamination of the peritoneum. Clinical surveillance did not show signs of peritonitis or meningitis. After 10 days later, a CSF culture was performed and it showed a sterile result. The control CT scan was performed afterwards and the VPS was reinserted. The patient was discharged from the hospital in good condition. At the one-year follow-up appointment, she was doing well.



Figure 1: After traction on both buttocks, the images show the catheter for the ventriculoperitoneal shunt in the anus (permission for taking photos obtained).

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