

PIII4: LAPAROSCOPIC MANAGEMENT OF A RARE COMPLICATION OF VENTRICULO-PERITONEAL SHUNTING

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Background In paralel with the increasing ratio of preterm infants, intracranial hemorrhage and subsequent hydrocephalus has become a common pathology. Approximately 75% of severe hydrocephalic patients undergoes ventricoperitoneal (VP) shunt placement, where the intraabdominal shaft is placed into the peritoneal space through a trocar blindly. Although the complication rate of this method is low, we present an uncommon complication and its minimal invasive surgical solution.

Materials and methods A former premature infant with a corrected age of 1,5 months and body weight of 3400 grams underwent VP shunting in the Departement of Neurosurgery. The child was easily extubated but 5 hours after the fast and uneventful surgery she started to cough heavily and nurses discovered a plastic tube hanging out of her mouth which proved to be the peritoneal shaft of the VP shunt.

Results An emergency surgery was performed in a team-work with the neurosurgeons. During laparoscopy a iatrogenic perforation on the anterior surface of the stomach was detected which was closed with interrupted sutures and a new shunt was placed in the peritoneal cavity. The postoperative period was uneventful and the child is having a good liquor drainage ever since.

Conclusions Although any laparoscopic procedure on an infant should only be done with much responsibility, still it is a reliable way to diagnose and treat uncommon complications of iatrogenic origin. The known better cosmesis and smaller postoperative pain of minimal invasive surgery are important factors which may help to regain the trust and satisfaction of the parents.

Key words VP shunt, complication, laparoscopy