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Ventriculo-subgaleal shunt in post-hemorrhagic hydrocephalus

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Introduction: The aim of the study was to compare ventriculosubgaleal shunts to other temporary diversion procedures in the management of the acute phase of posthemorrhagic hydrocephalus in the neonatal period.

Methods: The study comprised 70 premature babies treated in the last 7 years. Twenty patients were treated with external ventricular drainage (EVD group), 10 patients with implantation of Ommaya reservoir and periodical tapping (Ommaya group) and 40 patients with ventriculo-subgaleal shunt (VSG group).

Results: Infection rate was higher in the Ommaya group (40%, versus 15% in the EVD group and 5% in VSG group). Success of the procedure with no further surgery until developing of chronic hydrocephalus (or resolution of acute hydrocephalus) was higher in the group of VSG: 80%, vs 55% (EVD) and 20% (Ommaya). Rate of developing chronic hydrocephalus with implantation of ventriculo-periotneal shunt was similar in the three groups (>80%).

Conclusion: In premature infants with post-hemorrhagic hydrocephalus, the ventriculo-subgaleal shunt is an effective temporary diversion tool. The advantages are not limited to reduction of infection and revision rates, but this procedure, eliminating an external leak of CSF, improves nursing and medical care of the little babies.