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Letter to the editor

Letter to the editor regarding "Transoral migration of the inferior end of a ventriculoperitoneal shunt: A case report with literature review"

Dear Editor,

We read the article "Transoral migration of the inferior end of a ventriculoperitoneal shunt: A case report with literature review" with great interest where the authors very well describe an interesting case regarding transoral migration of the end of a ventriculoperitoneal shunt [1]. In the literature, there are several causes of catheter tip migration associated with perforation that involve various organs such as the heart, intestine, chest, bladder, among others [2]. As authors have highlighted that various causal mechanisms of proximal migration of the peritoneal catheter have been postulated including incorrect distal catheter fixation – patient movements – positive intra-abdominal pressure – presence of anomalous curves during the subcutaneous trajectory – negative intraventricular pressure. This suggests that an erosion mechanism associated with the catheter tip can lead to visceral perforation [3,4]. Christoph et al. [5] report that previous abdominal surgery and previous abdominal infections are associated to intestinal perforations by ventriculoperitoneal shunts. It will be further interesting to know these details in the presented case.

Regarding the management of such cases it has been suggested that after disconnecting at safe place it is safe to pull out the peritoneal catheter through mouth and remove the ventricular end separately as it will reduce the risk of infection and the enteric perforation will heal spontaneously [6]. Presence of abdominal pain and leucocytosis suggests the possibility of the peritonitis, in such a scenario exteriorization of the ventricular catheter would had been a safer option, which could had been followed by the replacement of the entire shunt system. Additionally the culture of the abdominal fluid would have been obtained to decide the selection of antibiotics. The authors preferred a lumbar puncture to obtain the cerebrospinal fluid (CSF), however a sample from the disconnected shunt tube would had been suffice as the risk of ventriculitis was more than the risk of meningitis in presented case.

Disclosure of interest

The author declares that he has no competing interest.

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