

Acquired Chiari Malformation Treatment

As for [Acquired Chiari Malformation](#) due to [lumboperitoneal shunt](#), the number of reported cases (27) is too limited to make clear and undoubtful therapeutic recommendations

Treating these patients by correcting the shunt's valve could be enough, but should be monitored, as it may fail to resolve the [Chiari malformation](#) even years after treatment

Three possible strategies have been described:

To put a valve to a valveless shunt.

To resite the shunt.

To decompress the craniocervical junction.

Putting a valve to an LP shunt or resiting it could be an efficient solution to isolated ACMs. However, these techniques could not be enough when ACM is associated with [syringomyelia](#), as symptoms did not resolve or could even get worse after a short or long follow- up. [Craniocervical junction's](#) decompression could be required days or even years after [shunt revision](#). It is also reported that isolated ACM could be treated by [posterior fossa decompression](#) alone, with good clinical and radiological outcome. Thus, a good and long follow-up after surgery is required, as a clinical relapse could lead to recite the shunt ¹⁾.

¹⁾

Hentati A, Badri M, Bahri K, Zammel I. Acquired Chiari I malformation due to lumboperitoneal shunt: A case report and review of literature. Surg Neurol Int. 2019 May 10;10:78. doi: 10.25259/SNI-234-2019. eCollection 2019. PubMed PMID: 31528416; PubMed Central PMCID: PMC6744799.

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