AQS can be divided into four distinct age groups and types in regards of clinical course and symptomatology. Depending on the AQS type, ETV cannot be unequivocally recommended. Congenital type I AQS may have a better neurological outcome with VP-shunt whereas acute type III offers excellent ETV results. Chronic progressive type II still requires prospective investigation of long-term ETV outcome, especially when ventriculomegaly persists. Late chronic type IV seems to result in similar outcome after VP-shunt and ETV [1)].

Fetal aqueductal stenosis

Aqueductal stenosis in infancy.

Aqueductal stenosis in adulthood

1)
Rodis I, Mahr CV, Fehrenbach MK, Meixensberger J, Merkenschlager A, Bernhard MK, Schob S, Thome U, Wachowiak R, Hirsch FW, Nestler U, Preuss M. Hydrocephalus in aqueductal stenosis-a retrospective outcome analysis and proposal of subtype classification. Childs Nerv Syst. 2016 Feb 27. [Epub ahead of print] PubMed PMID: 26922081.