

Aqueductal stenosis in adulthood

Treatment

(of non-tumoral AqS)

Although treatments of the primary lesion have been attempted (e.g. lysis of aqueductal septum), this has fallen into disfavor with the improved efficacy of CSF shunting and endoscopic third ventriculostomy (ETV).

1. shunting: CSF is usually shunted to the peritoneum or the vascular system, however shunting to subarachnoid space is also feasible (once obstruction at the level of the [arachnoid granulations](#) has been ruled out)
2. a Torkildsen shunt (shunting a lateral ventricle to the cisterna magna ¹⁾) may work in adult cases ²⁾; however, pediatric patients with obstructive hydrocephalus may not have an adequately developed subarachnoid space for this to function properly
3. [endoscopic third ventriculostomy](#).

Follow-up of at least two years to rule out tumor is recommended.

¹⁾

Calabro F, Arcuri T, Jenkins JR. Blake's pouch cyst: an entity within the Dandy-Walker continuum. *Neuroradiology*. 2000; 42:290-295

²⁾

Nag TK, Falconer MA. Non-Tumoral Stenosis of the Aqueduct in Adults. *Brit Med J*. 1966; 2:1168-1170

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