

Hydrocephalus after Vertebrobasilar Dolichoectasia

A 54-year-old man who presented with headache, ideomotor apraxia, and gait disorder. A head computed tomography (CT) scan showed a biventricular [hydrocephalus](#) and a subsequent CT angiography documented the presence of a VBDE compressing the anterior part of the [third ventricle](#) that also appeared hypoplastic. The patient also presented a clinical history of arterial hypertension for which he was given a proper pharmacologic treatment with symptom relief. A surgical treatment of ventriculoperitoneal shunt along with endoscopic septostomy was proposed, but the patient refused, probably due to the slightly positive response to medical treatment.

The natural clinical history of patients affected by VBDE is unfavorable with 7.8 years of median survival. The therapeutic strategy is usually conservative and the role of antiplatelets or oral anticoagulants is still debated. In selected patients, [ventriculoperitoneal shunt](#) to resolve [intracranial hypertension](#) caused by biventricular hydrocephalus is the most effective treatment. Chronic third ventricle compression could lead to anatomic-pathologic alterations like the third ventricle hypoplasia documented in this report. ¹⁾.

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