

Myelomeningocele-associated hydrocephalus

[Hydrocephalus](#) develops in up to 80-90% of children with [myelomeningocele](#) (MM) after closure of the defect.

Treatment

[Myelomeningocele-associated hydrocephalus treatment.](#)

Case series

The purpose of a study was to characterize the hospital care of adults with MM and hydrocephalus on a nationwide population base. Adults with other forms of [spina bifida](#) (SB) were studied for contrast.

The [Nationwide Inpatient Sample](#) for the years 2001, 2004, 2007, and 2010 was queried for admissions with diagnostic ICD-9-CM codes for MM with hydrocephalus and for other forms of SB.

There were 4657 admissions of patients with MM and 12,369 admissions of patients with SB in the sample. Nationwide rates of admission increased steadily for both MM and SB patients throughout the study period. Hospital charges increased faster than the health care component of the Consumer Price Index. Patients with MM were younger than patients with SB, but annual admissions of MM patients older than 40 years increased significantly during the study period. With respect to hospital death and discharge home, outcomes of surgery for hydrocephalus were superior at high-volume hospitals. Patients with MM and SB were admitted to the hospital more frequently than the general population for surgery to treat [degenerative spine disease](#).

Patients with MM and SB continue to require neurosurgical attention in adulthood, and the demand for services for older patients with MM is increasing. Management of hydrocephalus at high-volume centers is advantageous for this population. Patients with MM or SB may experience high rates of degenerative spine disease ¹⁾.

Perez da Rosa et al present 7 cases of children with MM and hydrocephalus undergoing a total of 10 ETV procedures. All patients demonstrated clinical improvement (in acute/subacute cases) or stabilization (in chronic cases). Three patients requiring a second ETV have shown clinical stability and renewed radiological evidence of functioning ventriculostomies in follow-up since reintervention. ETV can be used, albeit cautiously, in selected cases of hydrocephalus associated with MM. However, the frequency with which anatomical variation is encountered and the difficulty of the assessment of success make the procedure more challenging than usual ²⁾.

¹⁾

Piatt JH Jr. Adults with myelomeningocele and other forms of spinal dysraphism: hospital care in the United States since the turn of the millennium. J Neurosurg Spine. 2016 Jul;25(1):69-77. doi: 10.3171/2015.9.SPINE15771. Epub 2016 Mar 1. PubMed PMID: 26926705.

²⁾

Perez da Rosa S, Millward CP, Chiappa V, Martinez de Leon M, Ibáñez Botella G, Ros López B.

Endoscopic Third Ventriculostomy in Children with Myelomeningocele: A Case Series. *Pediatr Neurosurg*. 2015;50(3):113-8. doi: 10.1159/000381747. Epub 2015 May 27. PubMed PMID: 26021675.

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