

# Pediatric hydrocephalus treatment costs

To estimate the [costs](#) of the surgical [pediatric hydrocephalus treatment](#), specifically [ventriculoperitoneal shunt](#) (VPS) and [endoscopic third ventriculostomy](#) (ETV), for the [Brazilian public health system](#) (SUS).

Retrospective cohort study of health records of patients < 14 years of age with a diagnosis of [hydrocephalus](#) who underwent VPS or ETV between September 2009 and June 2016, regularly followed up for 24 months.

Seventy-six medical records were included. The groups of children who underwent VPS and ETV consisted of 60 and 16 patients, respectively. [Complications](#) during 2 years of follow-up were identified in 56% of the children undergoing VPS and in 18% of those undergoing ETV ( $p = 0.0103$ ). The initial cost of VPS was lower than that of ETV up to approximately 1 year of post-surgical follow-up. After that, VPS generated higher expenses for the SUS due to higher rates of late post-surgical complications and repeated [readmissions](#).

Higher public [expenditures](#) were observed in the group of children undergoing [ventriculoperitoneal shunt](#) due to higher rates of [ventriculoperitoneal shunt infections](#) and mechanical [complications](#) requiring repeated [hospitalizations](#) and [prosthesis replacements](#). Public policies must be tailored to offer the best treatment to children with hydrocephalus and to make judicious use of public resources without compromising the quality of treatment <sup>1)</sup>.

<sup>1)</sup>

Soriano LG, Melo JRT. Costs of pediatric hydrocephalus treatment for the Brazilian public health system in the Northeast of Brazil. Childs Nerv Syst. 2022 Aug 10. doi: 10.1007/s00381-022-05630-4. Epub ahead of print. PMID: 35948831.

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