

Queen Elizabeth Central Hospital

Hospital in Blantyre, [Malawi](#)

Over the past two decades, the [hydrocephalus treatment](#) has witnessed the addition of [endoscopic third ventriculostomy](#) with or without [choroid plexus cauterization](#) (ETV $\pm$ CPC) to the traditional methods including [ventriculoperitoneal shunt placement](#).

Chimaliro et al. conducted a study to assess [mortality](#) and complications with surgical implications associated with the two procedures in children with [hydrocephalus](#).

They reviewed the [operating theater registry](#) to identify children below 17 years old who underwent [hydrocephalus surgery](#) for the first time in 2016. The patients were followed for up to 1 year from the date of the initial operation. Their [vital status](#) was confirmed by follow-up visits by a community nurse. Descriptive analyses were used to describe the characteristics of the patients and evaluate the study outcomes (i.e., mortality and complications).

One hundred fifty-three patients were eligible for the study; 56% were males and 73.2% had primary ETV $\pm$ CPC. Complete 1-year follow-up data was available for 79 patients, and 73.4% of these had ETV $\pm$ CPC. One-year success (event-free) rates for ETV and VPSI were similar at 67.4% and 66.7%, respectively. ETVs in infants under 6 months performed poorly; failing in half the infants, who were subsequently converted to VPS. Shunt sepsis was very high, 21.4% (95% CI 10.3-36.8). The majority of surgical complications (81.8%) occurred within 3 months of surgery.

ETV $\pm$ CPC and [ventriculoperitoneal shunt placement](#) carry a similar frequency of mortality and complications, and therefore, both should be considered as a treatment option for patients with hydrocephalus. As VP shunt is still used for managing most of the patients, there is still a need to prioritize measures to reduce [shunt infections](#) ¹⁾

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