Secondary Endoscopic Third Ventriculostomy

Secondary Endoscopic Third Ventriculostomy can be defined as either a redo endoscopic third ventriculostomy done after primary ETV stoma closure or that done in cases presenting with shunt malfunction.

The aim of a study of Shaikh et al., was to evaluate the role of secondary ETV in the pediatric age group patients.

This was a retrospective analysis of 36 children (<18 years) who underwent ETV after shunt malfunction and 4 children with ETV done after previous ETV stoma closure from 2004 until 2018. In all patients, the obstructive pattern suggesting aqueduct outflow obstruction was observed on MRI. Patients were followed up for a mean period of 4.25 years.

ETV was considered successful if the patient avoided a shunt insertion later on in their life. Considering this definition, a success rate of 72% was observed with secondary ETV for shunt malfunction whereas a success rate of 75% was observed after primary ETV failure without any major side effects in any of the patients.

ETV can be considered a primary treatment modality in children with shunt malfunction and has a good success rate in cases presenting with closure of previously performed ETV stoma [1].

1)
Shaikh S, Deopujari CE, Karmarkar V, Muley K, Mohanty C. Role of Secondary Endoscopic Third Ventriculostomy in Children: Review of an Institutional Experience. Pediatr Neurosurg. 2019 Jun 3:1-8. doi: 10.1159/000500641. [Epub ahead of print] PubMed PMID: 31158842.