

Shunt calcification

Shunt calcification is a known late **sequela** of **ventriculoperitoneal shunt insertion** and is associated with **shunt malfunction**. However, in some patients, while shunt functionality is preserved despite calcification of the **catheters**, they experience nociceptive symptoms. Baig et al. presented their surgical **experience** in managing patients with a functional VP shunt and experiencing **pain** secondary to shunt calcification.

They analysed outcomes of patients presenting with pain at the level of a calcified shunt who underwent surgical **untethering** of the calcified catheter from the **soft tissues**. This **procedure** was commenced by the senior author in **2015**. Patients were collected prospectively from the **databases** of two **institutions**. Evidence of shunt calcification was confirmed on **neuroimaging**.

Seven patients, two male and five female, were included. The mean age at untethering was 13.5 years. The mean time interval between primary shunt surgery and symptom onset was 12 years (range 6-16 years). The commonest site of tethering was the neck (50%) followed by abdomen and chest (both 25%). Six patients underwent untethering of the catheter from soft tissues. One patient had removal of a redundant segment of calcified shunt left in situ during a previous revision. All patients experienced pain relief following shunt untethering.

Untethering of calcified VP shunt catheters from soft tissue can be considered an effective treatment of shunt site **pain** and offered to patients presenting with a functional VP shunt ¹⁾

¹⁾

Baig RA, Davis J, Rodrigues D, Lo WB, Kaliaperumal C, Gallo P. The role of surgery in relieving calcified shunt site-related pain in patients with functioning VP shunt. Childs Nerv Syst. 2022 Nov 5. doi: 10.1007/s00381-022-05733-y. Epub ahead of print. PMID: 36335282.

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