

Slit ventricle

Definition

Despite many articles on [slit ventricle](#) syndrome (SVS), accepted terminology regarding the definition of this condition is lacking. Any [shunted](#) individual with a severe [headache](#) disorder in the context of ventricles that are normal or smaller than normal can be said to suffer from SVS.

Epidemiology

Seen in < 12 % of all shunted patients.

Etiology

[Overshunting](#).

[Fourth ventricle hydrocephalus](#).

Some patients with [idiopathic intracranial hypertension](#), have slit -like ventricles with consistently elevated [ICP](#).

Pathophysiology

There are different pathophysiologies that are involved in the process.

These pathologies are defined by intracranial pressure measurement.

Refers to complete collapse of the [ventricles](#).

In a survey a [frontal occipital horn ratio](#) < 0,2 was most often interpreted as representing [slit ventricle syndrome](#) ¹⁾.

Clinical

see [Slit ventricle syndrome](#).

Diagnosis

The shunt [valve](#) fills slowly if pumped when the ventricles are collapsed.

Differential Diagnosis

For headache consistent with migraine that are not postural, a trial with migraine-specific medications is warranted.

see [Idiopathic intracranial hypertension treatment](#).

Treatment

see [Slit ventricle treatment](#).

Case series

1988

Five patients with this syndrome were treated with [antisiphon devices](#), high pressure shunts, or subtemporal decompression, but continued to be symptomatic. [Third ventriculostomy](#), performed as a last resort in these patients, gave encouraging results ²⁾.

1983

Pre- and post craniectomy ventricular areas were measured from computed tomography scans with a computer digitizing technique in three patients with this syndrome who had undergone four surgical procedures. All patients improved symptomatically following [craniectomy](#). A significant decrease in total ventricular area was noted in all instances. The results suggest that subtemporal craniectomy causes the ventricles to become smaller, not larger ³⁾.

¹⁾

O'Hayon BB, Drake JM, Ossip MG, Tuli S, Clarke M. Frontal and occipital horn ratio: A linear estimate of ventricular size for multiple imaging modalities in pediatric hydrocephalus. *Pediatr Neurosurg*. 1998 Nov;29(5):245-9. PubMed PMID: 9917541.

²⁾

Reddy K, Fewer HD, West M, Hill NC. Slit ventricle syndrome with aqueduct stenosis: third ventriculostomy as definitive treatment. *Neurosurgery*. 1988 Dec;23(6):756-9. PubMed PMID: 3216975.

³⁾

Linder M, Diehl J, Sklar FH. Subtemporal decompressions for shunt-dependent ventricles: [mechanism of action](#). *Surg Neurol*. 1983 Jun;19(6):520-3. PubMed PMID: 6857480.

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