Syringoperitoneal shunt

Established method of treating syringomyelia. Syringeal end of the shunt is usually inserted to the patient in prone position, and the peritoneal end is inserted in supine position. This necessitates intraoperative repositioning of patient.

In the new technique, peritoneal cavity is approached through posterior route lateral to erector spinae at the level of L3-L4. An infant who presented with sacral meningocele, tethered cord, and syringomyelia was treated using this new technique along with excision of meningocele and de-tethering of the cord.

There were no complications, and the short-term results at 3-year follow-up are encouraging. Theoretical advantages of the new technique include reduced risk of shunt migration and improved cosmesis of surgical scar.

Posterior approach of placing the peritoneal end of syringoperitoneal shunt is technically feasible, and it appears to have advantages over the traditional method of anterior approach [1].

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Raveenthiran V. A new technique of placing the peritoneal end of syringoperitoneal shunt. Childs Nerv Syst. 2014 Sep 17. [Epub ahead of print] PubMed PMID: 25227165.