

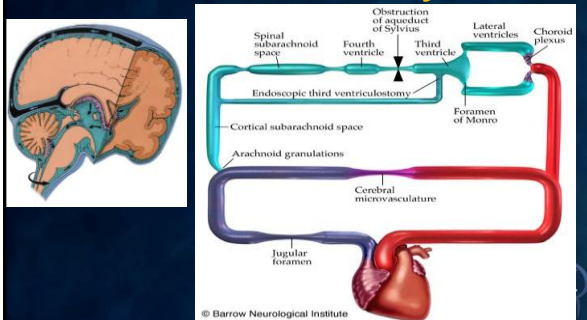
Selecting Patients for Endoscopic Third Ventriculostomy

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Absolute Contraindications

- Free communication between the third ventricle and the intrapeduncular cistern
- Essentially that is the only absolute contraindication
 - Ventricles which don't enlarge at the time of shunt failure

What Is An Endoscopic Third Ventriculostomy



Relative Contraindications

- Children under a year of age
- Patients with Spina bifida
- Patients with achondroplasia
- Patients with hydrocephalus secondary to craniofacial abnormalities

Ideal Candidates

- Clear anatomic obstruction of flow to cortical subarachnoid space
- Tectal glioma
- Ventricles which expand at the time of shunt failure

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Conclusions

- Every shunt failure or infection should be an opportunity to test the need for the shunt or the possibility of shunt independent arrest of hydrocephalus
- Patients with ventricles that enlarge at the time of shunt failure have an 80% chance of shunt independence following third ventriculostomy
 - Risk of ETV is higher than a single shunt or shunt revision but lower than a lifetime of shunt dependency
- ETV is effective in almost all cases of hydrocephalus that develop after infancy

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