Ventriculoperitoneal or lumboperitoneal shunts have a high rate of complications (23.8%) [1], of which gastrointestinal complications account for 10% – 30% [2]. Small-bowel perforation secondary to ventriculoperitoneal shunt is reported in 0.1% – 1% of cases [3], with a 15% risk of mortality [4]. Infection and chronic inflammation can lead to perforation of the bowel [2,4], and acute traumatic or foreign body-type allergic reaction to the tubing material has been implicated in some cases [4]. Patients present asymptomatically, or with abdominal pain, diarrhea, shunt dysfunction, fever, leukocytosis or seizures [4]. The condition often causes peritonitis and other complications such as meningitis, which can be fatal if unrecognized [4], and which may require surgical, endoscopic, or a combination of surgical and endoscopic management [5].

A 63-year-old woman with a history of pseudotumor cerebri requiring a lumboperitoneal shunt since 2000 presented with a 2-month history of abdominal pain and diarrhea without fever or blood. Video capsule endoscopy (VCE) was performed and identified a white, elongated, and smooth foreign body located approximately in the jejunum/ileum (▶Video 1). The contrast computed tomography scan of the abdomen and pelvis showed the lumboperitoneal shunt entering the jejunum/ileum, from where it followed an intraluminal route through multiple small-bowel loops (▶Fig. 1, ▶Fig. 2). To the best of our knowledge, the current case is the first bowel perforation by a lumboperitoneal shunt catheter to be observed by VCE.

Competing interests

None
Fig. 2  Volume rendering reconstruction allows the entire length of the catheter to be tracked (red arrow).

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Fig. 2  Volume rendering reconstruction allows the entire length of the catheter to be tracked (red arrow).

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