

Figure 1 A piece of tubing was discovered in the transverse colon at colonoscopy.

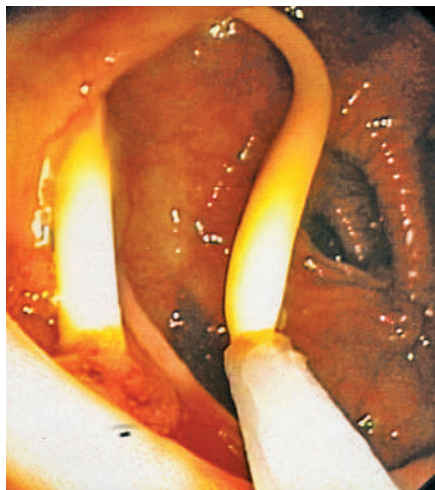


Figure 2 Endoscopic view of the site of the perforation.

A 77-year old man was admitted to our department with fever, headache, abdominal pain, and altered consciousness. He had a history of arterial hypertension, intermittent atrial fibrillation, and dementia, and he had had a ventriculoperitoneal shunt inserted for the treatment of a colloid cyst of the third ventricle. Investigations revealed that he had meningitis. In addition, colonoscopy was performed to investigate his abdominal pain and constipation. At this examination we made an unexpected discovery when a piece of tubing – most probably the distal limb of the ventriculoperitoneal shunt – was identified in the transverse colon (Figure 1), as was the site of perforation (Figure 2). A free colonic perforation, however, was ruled out by computed tomography. The patient was referred to the neurosurgeons, who performed a ventriculoperitoneal shunt explantation with temporary external ventricular drainage, and he continued on antibiotic treatment. He was discharged in good condition, without further ventricular drainage, after a hospital stay of 15 days.

The reported incidence of bowel perforation by ventriculoperitoneal shunts is 0.7%–0.1%. This complication usually results in the development of meningitis or brain abscess [1,2]. In contrast, only 25% of these patients present with signs of peritonitis or, even more rarely, with per rectal extrusion of the catheter [3–5].

Acknowledgment

This article is dedicated to Professor Tilman Sauerbruch, of the Department of Medicine I, University of Bonn, Germany, on the occasion of his 60th birthday.

Endoscopy_UCTN_Code_CPL_1AJ_2AI

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