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 co-prositis. 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.