

Case Report

ETV in tuberculous meningitis with hydrocephalus and allergic reaction to VP shunt: a case report

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ABSTRACT

Hydrocephalus is one of the most common complications of tuberculous meningitis (TBM) occurring in up to 85% of patients with the disease. The placement of a ventriculoperitoneal (VP) shunt is the most common form of treatment for hydrocephalus in tuberculous meningitis (TBM). Although allergic reactions to the silicone in shunt device are very rare, the authors describe a case of silicone allergy causing multiple VP shunt revisions. Alternative choice is endoscopic third ventriculostomy (ETV), but it is debatable. ETV has variable success in these patients and is generally not advisable in patients in the acute stages of the disease. A 19-year-old woman with hydrocephalus in tuberculous meningitis, who had undergone multiple VP shunt revisions, presented with shunt malfunction caused by allergic reaction of the tissue surrounding the shunt tubing. Laboratory examination demonstrated high level IgE, high level ESR, and PCR-TBC Positive, related to the allergic reaction. Patient with ETV success score of 50. Patients received ETV and release VSS Shunt. ETV has success in these patients. VP Shunts complications remain a difficult problem in neurosurgical clinical practice. The most typical complications are mechanical obstruction and infection. Allergy to the silicone shunt tubing is quite rare. Silicone allergy is an even more rare occurrence because of its high biocompatibility and low biological reactivity. It is a challenge for ETV when TBM has difficulty to recognize anatomical landmarks on this patient. It could also consider in patients who have shunt failure and might be a better option than shunt revision.

Keywords: Allergic reactions, ETV, hydrocephalus, Tuberculous meningitis, VP Shunt

INTRODUCTION

Tuberculous meningitis (TBM) is still a very common problem in children and adults in Indonesia. Hydrocephalus is one of the commonest complications of tuberculous meningitis (TBM) occurring in up to 85% of children with the disease.^{1,2} It is more severe in children than in adults. It could be either of the communicating type or the obstructive type with the former being more

frequently seen.¹⁻³ The management of hydrocephalus can include medical therapy with dehydrating agents and steroids for patients in good grades and those with communicating hydrocephalus.^{1,4} However, surgery is required for patients with obstructive hydrocephalus and those in poor grades. Surgery can involve either a ventriculo-peritoneal shunt or endoscopic third ventriculostomy (ETV).^{1,5}

The placement of a VP shunt is the most common means of treating hydrocephalus. Complications of shunt surgery in patients with TBM and hydrocephalus are high with frequent shunt obstructions and shunt infections requiring repeated revisions.⁵ Given the rare incidence of silicone allergy in the general population, complications involving an allergic reaction to the silicone material within the shunt tubing are quite rare.⁶ Nevertheless, we report on a case with just such a complication. Alternative choice is endoscopic third ventriculostomy (ETV), but it is debatable. ETV has variable success in these patients and is generally not advisable in patients in the acute stages of the disease.⁷

CASE REPORT

A 19-year-old woman with hydrocephalus in tuberculous meningitis, who had undergone multiple VP shunt revisions, presented with shunt malfunction caused by allergic reaction of the tissue surrounding the shunt tubing. During the 5 years previous to his presentation, the patient had been hospitalized and undergone surgery five times for shunt malfunction. The patient had undergone VP shunt revision 4 times and Ventriculosinus Sagitalis (VSS) shunt as much as 1 times, but all show an allergic reaction (Table 1).

Table: Shunt revisions undertaken the patients from 2009 to 2013.

Date	Presenting Symptom	Diagnosis	Procedure
06/27/2009	Headache and lethargy	Hydrocephalus communicans-MTB Distal Obstruction	Shunt extraction VP shunt in right keen point
03/23/2013	Headache and Abdominal pain Expose Shunt	Distal Obstruction and Expose Shunt	Shunt Extraction VP Shunt in Left Kocher Point
06/24/2013	Headache and Abdominal pain Expose Shunt	Expose Shunt	Shunt Ligation- Shunt Extraction
06/29/2013	Headache and Abdominal pain Expose Shunt	Expose Shunt	Shunt Extraction VP Shunt in Left Kocher Point
07/23/2013	Headache and Abdominal pain Expose Shunt	Distal Obstruction and Expose Shunt	Shunt Extraction Ventriculosinus sagitalis Shunt (VSS Shunt)

Physical examination: General condition enough, BLOOD pressure 120/80mmHg, HR 96x/minute, RR 20x/minute, afebris, status neurologis: GCS 15, pupil round equal 3/3 light reflex +/+, without hemipareses. status Lokalis in shunt tract: wound eritema, dihisence (+) (Figure 1), in scalp after VSS shunt: wound eritema, dehiscence (+) (Figure 2).

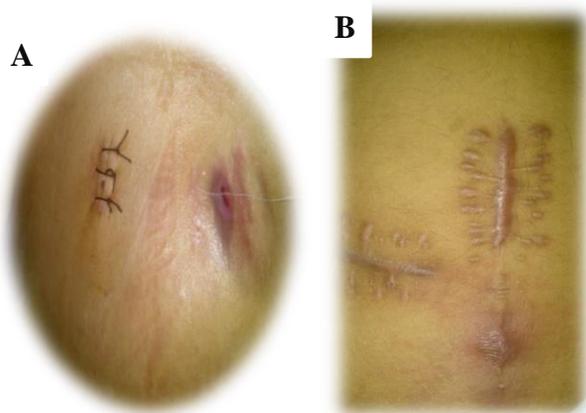


Figure 1: A) Thorax region: dehiscence and eritema; B) Abdomen region: eritema.



Figure 2: After VSS shunt: scalp eritema and dehiscence.

Head CT Scan with contrast related to hydrocephalus and meningoencephalitis TBC (Figure 3).

Laboratory examination demonstrated high level IgE (324.7), high level ESR (51), and PCR-TBC Positive, related to the allergic reaction. On each admission, the patient’s CSF culture as well as those from the ventricular and peritoneal catheter tips had been negative for infection. A Workup prior to two of her operations on June, 29, 2013 and July, 25, 2013, included detailed

investigations of blood, urine, sputum, and CSF culture for aerobic and anaerobic microbes; all results were negative. Patient with ETV success score of 50. Alternative choice is endoscopic third ventriculostomy (ETV). Patients received ETV and release VSS shunt, During ETV procedure. A. Floor 3rd ventricle become thick and difficult to ventriculostomy (Figure 4).

ETV has success in these patients. She tolerated the procedure well, the erythema along the old shunt track also resolved, and quickly improved clinical condition. Post operative head magnetic resonance imaging demonstrated ventricular size diminished in a case but did not reach normal size, and transependymal cerebrospinal fluid absorption disappeared where previously present. MRI demonstration of the CSF flow through the third ventricle floor (Figure 5). The patient was discharged home in stable condition.

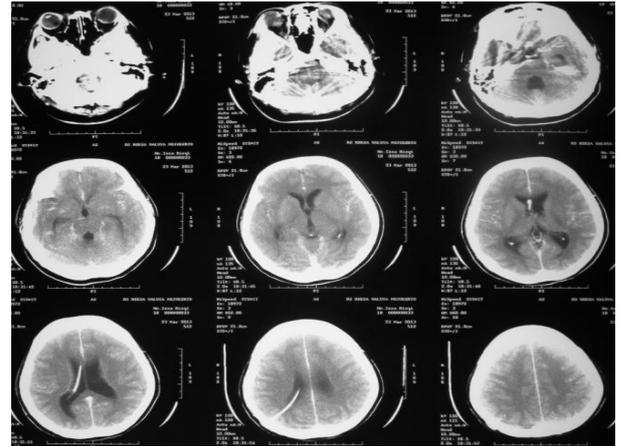


Figure 3: Head CT scan with contrast: enhancing in basal region, related to meningoencephalitis TBC.

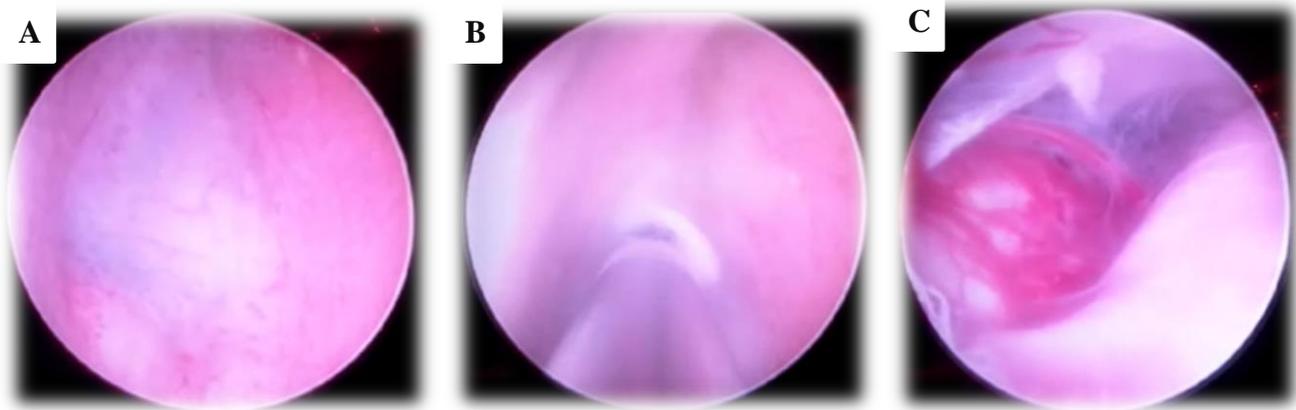


Figure 4: During ETV procedure. A) Floor 3rd ventricle become thick, B) Ventriculostomy, C) The liliquist membrane, basilar artery and its branches be visible.

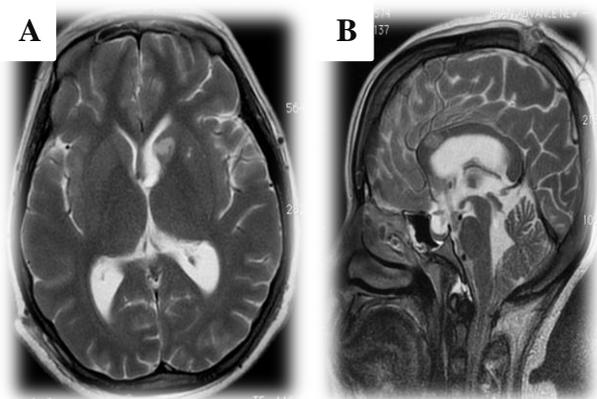


Figure 5: Head MRI post ETV procedure. A) Axial T2 demonstrated ventricular size diminished in a case but did not reach normal size, B) Sagittal T2 MRI demonstration of the CSF flow through the third ventricle floor.

DISCUSSION

Complication of VP Shunts and VSS shunts remain a difficult problem in neurosurgical clinical practice. The most typical complications are mechanical obstruction and infection. Allergy to the silicone shunt tubing is quite rare. Silicone allergy is an even more rare occurrence because of its high biocompatibility and low biological reactivity. The first cases of silicone allergy were encountered with the use of silicone stents, which involved local inflammation and granuloma formation. Although the underlying cause of a silicone allergy is still not well understood, patients who have either undergone multiple surgical procedures or been exposed to silicone on a long-term basis may have higher level of risk, sequelae of silicone allergy include gastrointestinal perforation and skin breakdown over the shunt tubing due to tissue irritation and inflammation.^{1,5-7}

Alternative choice is endoscopic third ventriculostomy (ETV), but it is debatable. ETV has variable success in these patients and is generally not advisable in patients in the acute stages of the disease. Since the popularization of endoscopic third ventriculostomy (ETV) in the mid 1990s, there has been an interest in avoiding shunts in patients with hydrocephalus with the hope that if a foreign body insertion could be avoided, the accompanying complications of a shunt (infection, blockage, extrusion, abdominal pseudocysts, skin erosion over shunt components) could also be avoided. Singh et al, reported a success rate of ETV in 77% of 35 patients with TBM and hydrocephalus.

Also, 60% had early and 17% had delayed recovery. The success rates were not related to the type of hydrocephalus (obstructive or communicating). However, the presence of a thin and transparent floor of the third ventricle seemed to be associated with a higher success rate of 87%.^{1,7-9}

Hussain et al, determined that 68% of the patients with TBM and hydrocephalus benefited from various endoscopic procedures including ETV. In a more recent study by the same group they found that 19 of 26 (73%) patients with TBM and hydrocephalus responded to ETV. They found that patients with longer duration of symptoms and ATT were more likely to benefit from the ETV. In contrast Figaji et al, reported a successful outcome following attempted ETV in only seven of 17 (41%) patients with TBM and hydrocephalus. In five patients, the ETV was performed but failed, whereas in another five the procedure had to be abandoned due to abnormal anatomy. They concluded that although ETV was technically possible in patients with TBM, only a surgeon experienced in endoscopic procedures should perform the surgery as the procedure is more demanding than in other situations.^{1,7-9}

The patients performed ETV. In patients with TBM, the floor of the third ventricle is frequently thick, and the subarachnoid space is also likely to be obliterated by exudates making it difficult to recognise anatomical landmarks. In this situation it might be prudent to abandon the procedure than risk injury to the basilar artery and its branches. It could also be considered in patients who have shunt failure, as it might be a better option than shunt revision in these patients.^{1,10}

Failure of the ETV with CSF leak and bleeding during the surgery are the most commonly reported complications of ETV. Husain et al, had complications in three of 28 patients undergoing ETV for TBM related hydrocephalus. In a more recent series, the same authors have reported ETV failures in seven of 26 patients. They did not report any other complications in this series of patients. Risk of injury to the basilar artery and its branches is theoretically higher in patients with TBM due to the thickened and opaque third ventricular floor.^{1,10}

CONCLUSION

The placement of a ventriculoperitoneal (VP) shunt is the most common form of treatment for hydrocephalus in tuberculous meningitis (TBM). Although allergic reactions to the silicone in shunt device are very rare, the authors describe a case of silicone allergy causing multiple VP shunt revisions. VP Shunts complications remain a difficult problem in neurosurgical clinical practice. The most typical complications are mechanical obstruction and infection. Allergy to the silicone shunt tubing is quite rare. Silicone allergy is an even more rare occurrence because of its high biocompatibility and low biological reactivity. Alternative choice is endoscopic third ventriculostomy (ETV), but it is debatable. ETV has variable success in these patients and is generally not advisable in patients in the acute stages of the disease. Patients in this case received ETV and release VSS Shunt. ETV has success in these patients. It is a challenge for ETV when TBM has difficulty to recognize anatomical landmarks on this patient. It could also consider in patients who have shunt failure, and might be a better option than shunt revision.

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