

Natureza do trabalho: Resumo

TÍTULO

DERIVAÇÃO VENTRÍCULO PERITONEAL VERSUS ENDOSCOPIA DO TERCEIRO VENTRÍCULO NO TRATAMENTO DA HIDROCEFALIA NORMOTENSA DO ADULTO – REVISÃO DE LITERATURA

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RESUMO

Introduction: The normal pressure hydrocephalus (NPH) (chronic hydrocephalus of the adult, CHA) predominantly affects elderly patients with a peak onset in the sixth to seventh decades. This illness is caused by an increase in intracranial pressure by an abnormal accumulation of cerebrospinal fluid (CSF) in the ventricles of the brain leading to enlargement of the ventricles (ventriculomegaly). Individual with this condition may exhibit a classic triad of clinical findings (known as the Adams triad or Hakim's triad): dementia, urinary incontinency, and gait disturbance. HNA may be surgically relieved. The implantation of a ventriculoperitoneal shunt (VPS) allows the excess CSF to drain to the abdomen where it is absorbed, being considered the first choice treatment for communicating hydrocephalus. On the other hand, endoscopic third ventriculostomy (ETV) permits the CSF to flow directly to the basal cisterns, although demands shorter intraoperative and postoperative periods and is indicated for noncommunicating hydrocephalus and NPA, it is less employed. The aim of this review is to present these two techniques and their complications and evaluate which procedure is able to provide the most benefits to the patient.

Literature Review: A parallel between the techniques of VPS and ETV in patients diagnosed with HNA has not been scientific established. In the past, the VPS only functioned for a short period due to blocking of the inferior extreme of the catheter requiring frequent revisions. However, by adapting a unidirectional valve to the ventriculoperitoneal drainage system the distal extreme of the catheter is continuously filled with CSF hindering its occlusion. The VPS are performed in surgical centers under general anesthesia and takes approximately 1.5 hours. Nowadays, there are many devices and there are still controversies regarding the type of shunt system that is most adequate. The VNP procedures present some advantages due to the ease to elongate the catheter according to individual's growth rate, and its septic complications are easier to treat compared to ventriculoatrial shunt. The most important VPS complications are: obstruction, disconnection or rupture at any point, infections, skin erosions, etc. A number of authors have been indicating ETV as an alternative technique to treat HNA. Its estimated surgical time ranges from 30 to 60 minutes. Among the complications of the later intervention hemorrhages, damage of the basilar artery, hemiparesis, palsy of the third cranial nerve, amongst others. This method, however, present a lower number of complications compared to the most commonly used. **Conclusion:** The ETV requires a shorter hospitalization time compared to the traditional VPS, but requires more training from the neurosurgeons for being more delicate, in addition to having a greater cost.