Case Report:

Chronic Bilateral Calcified Subdural Empyema: an Unusual Complication of a Ventriculoperitoneal Shunt

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Citation: Diop A, Faye M, Roger M.I, Ba MC, Badiane S.B. Chronic Bilateral Calcified Subdural Empyema: an Unusual Complication of a Ventriculoperitoneal Shunt. Iran J Neurosurg. 2020; 6(4)

A B S T R A C T

Background and Importance: Subdural empyema is a rare complication of ventriculoperitoneal shunts. The ventriculoperitoneal shunt is a common technique used in the treatment of hydrocephalus. It is often plagued with multiple complications, especially infectious ones. However, the appearance of infectious complications related to ventriculoperitoneal shunt remotely from surgery is rather unusual.

Case Presentation: Through this observation, we are reporting an unusual case of chronic bilateral calcified subdural empyema which occurred 8 years after ventriculoperitoneal shunt surgery. The child underwent a bilateral craniotomy in order to evacuate the empyema and meanwhile remove the valve. One month later, the empyema relapsed along with active hydrocephalus. Consequently, the implementation of an external ventricular shunt was performed and the child benefited from adapted antibiotic therapy. After the infection was treated, a second ventriculoperitoneal shunt valve was implemented. Afterwards, the evolution was favorable, the child retained a discrete left hemiparesis as a sequel.

Conclusion: This observation is reporting the existence of late morbidity due to the insertion of a ventriculoperitoneal valve; which shows that a regular and prolonged follow-up is necessary in children with a ventriculoperitoneal shunt valve.

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