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Abstract

Object: It has been controversial that cerebrospinal fluid shunt insertion simultaneously with repair of myelomeningocele might increase shunt complications. The purpose of this study was to evaluate shunt complication rates in patients treated simultaneously and those shunted in a separate procedure.

Methods: The authors retrospectively reviewed the shunt outcome in 127 myelomeningocele patients who were followed up at least for one year after shunt surgery. There were four groups of patients based on the order in which these two operations were done. Sixty five patients shunted sequentially after myelomeningocele repair and 46 treated simultaneously. Shunt surgery was the first surgery in 7 patients and it was the only procedure performed in 9 patients. The patients were evaluated for shunt complications.

Results: The age at which patients shunted was not statistically different between groups. The overall rate of shunt infection and malfunction were 16.5% and 39.4%, respectively. We had a high rate of shunt infection and mortality in those patients who were only shunted. There was no statistically significant difference between complication rates in patients shunted simultaneously with myelomeningocele repair and those who underwent separate operations.

Conclusion: The order in which myelomeningocele repair and shunting were carried out did not have significant effect on the rate of shunt complications. So when indicated these procedures can be done simultaneously with a comparable level of risk to delayed method.

Abbreviations

1. CIC clean intermittent catheterization
2. CSF cerebrospinal fluid
3. MMC Myelomeningocele
4. NTD Neural tube defect
5. RICP Rise in intracranial pressure
6. SD Standard Deviation
7. SF shunt failure
8. SI Shunt infection
9. SM Shunt malfunction
10. VP Ventriculoperitoneal

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