

Retrograde migration and expulsion of ventriculoperitoneal shunt from the neck



A 38-year-old man had a ventriculoperitoneal (VP) shunt placed for hydrocephalus due to tubercular meningitis. He had complete resolution on antitubercular treatment.

One year later, he had painless swelling at the right supraclavicular area with excoriation of the skin and a clear discharge. After 2 days, the distal end of the VP shunt was completely expelled from his neck. Clear cerebrospinal fluid was dripping from the expelled end (Fig. 1). CT head showed that the proximal end of the VP shunt was in place. To the best of our knowledge such an expulsion of the distal end of the VP shunt from the neck region has not been reported before.¹

Various mechanisms have been proposed to explain the upward migration of the shunt. Some of these are: loose or inadequate fixation of the tubing to the pericranium, lack of a reservoir, too long a catheter, faulty technique, excessive subcutaneous undermining, etc.² Dominguez *et al.* reported the complete coiling of an Orbis Sigma valve and attributed this to the retained ‘memory’ of the shunt material within its sterile package.³

Conflicts of interest. None declared

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