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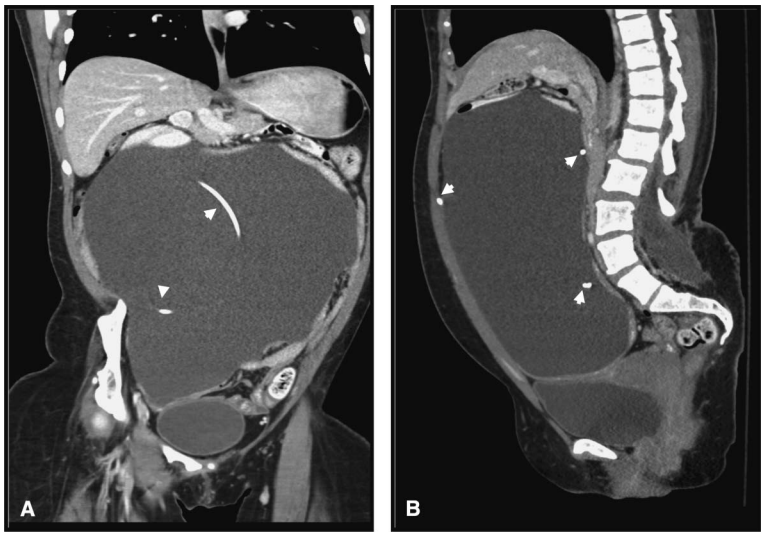
Mitchell S.V. Elkind, MD, MS

Teaching Neuro*Images*: Massive abdominal CSFoma

Jeffrey Forris Beecham Chick, MD
Nikunj Rashmikant Chauhan, MD
Katherine Marie Mullen, MD
Nirav Vikram Kamdar, MD
Bharti Khurana, MD

Correspondence to Dr. Chick: jchick@partners.org

Figure Imaging



(A) Coronal and (B) sagittal images from CT of the abdomen and pelvis with IV contrast material demonstrating the course of a ventriculoperitoneal shunt catheter with a massive, 25 × 24 × 12 cm, loculated, CSFoma, or CSF pseudocyst, surrounding the ventriculoperitoneal shunt catheter (arrowheads).

A 31-year-old woman with congenital hydrocephalus status post ventriculoperitoneal shunt placement 23 years earlier presented with abdominal distention. The patient denied fever, headache, or sensory or motor abnormalities. Examination was notable for a tense abdomen. CT of the abdomen and pelvis demonstrated a massive, loculated, CSFoma, or CSF pseudocyst (figure). Ventriculoperitoneal shunts are associated with a variety of complications including disruption of the tube, obstruction of the tip, infection, intestinal perforation, tip migration, and CSFoma development.[1] CSFoma is a rare complication, thought to be caused by low-grade shunt infection, chronic inflammation, increased CSF protein, or peritoneal adhesions, and is estimated to occur in 1.0% to 4.5% of cases, with a typical occurrence within 3 weeks to 5 years of shunt placement.[2,3] Treatment consists of external drainage or surgical excision followed by reconstruction of the shunt system.[4]

AUTHOR CONTRIBUTIONS

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From the Department of Radiology (J.F.B.C., N.R.C., K.M.M., B.K.), Brigham and Women's Hospital, Harvard Medical School; and Department of Anesthesia, Critical Care and Pain Medicine (N.V.K.), Massachusetts General Hospital, Harvard Medical School, Boston, MA.

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