

IMAGEM EM NEUROLOGIA/IMAGE IN NEUROLOGY

Distal Ventriculoperitoneal Catheter Migration Revealed by Radionuclide Shuntogram**Migração de Cateter Ventriculoperitoneal Distal Revelada por Cisternoventriculografia de Radionuclídeos**

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Case

A 37-year-old woman with a history of idiopathic intracranial hypertension and ventriculoperitoneal (VP) shunt placement 12 years before, presented with right upper abdominal pain and occasional pulsatile headache. As a shunt malfunction was suspected, a radionuclide shuntogram was performed following the injection of 1mCi sodium pertechnetate ($^{99m}\text{TcO}_4$) into the reservoir.

The early images demonstrated activity in the reservoir and distal tube (Fig. 1), and an absence of free diffusion of the tracer in the peritoneal cavity with a kink at the distal limb could be seen on the 2-hour images (Fig. 2).¹⁻² The 4-hour single-photon emission computed tomography/

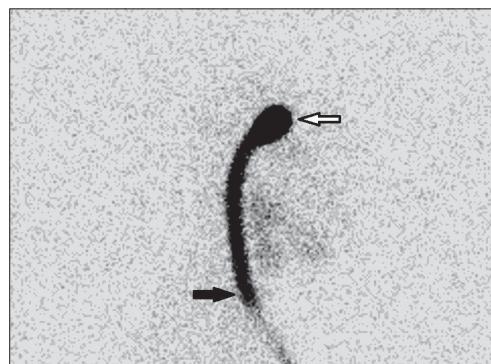


Figure 1. Right lateral planar scintigraphy of the head performed 10 minutes after injection of 1 mCi of $^{99m}\text{TcO}_4$ showed activity in the reservoir (white arrow) and in the distal tube (black arrow).

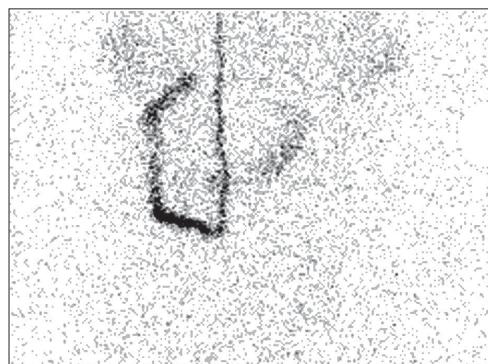


Figure 2. The 2-hour anterior planar scintigraphy of the abdomen demonstrated no activity diffusion in the peritoneal cavity with kink at the distal limb.

computed tomography (SPECT/CT) images of the abdomen confirmed distal shunt obstruction, due to migration of the distal catheter to the subphrenic space (Fig. 3).³

After surgical replacement of the VP shunt, the patient symptoms promptly improved.

Discussion

Idiopathic intracranial hypertension, also known as pseudotumor cerebri, is a condition due to elevated intracranial pressure (ICP) without a detectable cause. The most common

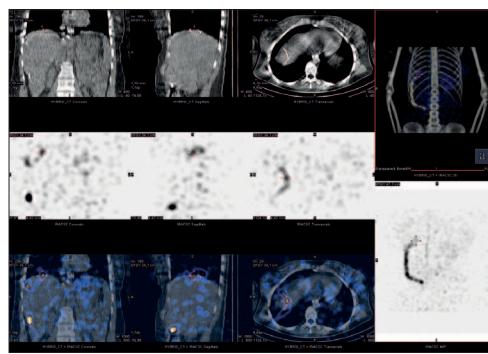


Figure 3. The 4-hour SPECT/CT images of the abdomen revealed that the distal tip of the shunt migrated into the subphrenic space.

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Palavras-chave:

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symptoms include headaches, visual disturbances and nausea. These patients benefit from a cerebrospinal fluid shunting.⁴

The recurrence of symptoms related to increased ICP in a patient submitted to a previous therapeutic shunting may indicate shunt malfunctioning or obstruction. A radionuclide shuntogram with $^{99m}\text{TcO}_4$ is useful in the assessment of shunt patency and obstruction site.

This unusual case highlights the utility of radionuclide shuntogram in the evaluation and management of patients presenting with shunt-related problems. ■

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