



## Ventriculoperitoneal Shunt in the Scrotum? Rare but Possible!

Suhasini Gazula\*, A Rajasekhar and N Narender Kumar

Department of Paediatric Surgery, Employees State Insurance Corporation (ESIC) Medical College & Superspeciality Hospital, Sanathnagar, Hyderabad, India

### Clinical Image

A 2-year-old male child with right Ventriculoperitoneal (VP) shunt insertion for obstructive hydrocephalous at 3 months age presented with left scrotal swelling since 2 months. Examination revealed a coiled tubular structure in the left scrotum (Figure 1). CT scan showed ventricular end of the VP shunt *in situ* with no hydrocephalous; the peritoneal part migrated through a left Patent Processus Vaginalis (PPV) and was lying coiled in the scrotum but its tip was lying in the peritoneal cavity (Figure 2 and 3) and hence continuing to drain CSF with no worsening of hydrocephalous. An open left herniotomy was done during which the PPV was opened (Figure 4), shunt uncoiled, lower end drainage confirmed and repositioned into the peritoneal cavity through the proximal end of PPV prior to its ligation (Figure 5).

Shunt migration can occur to the abdominal wall, mediastinum, bladder, and bowel and rarely to the scrotum via a PPV. Increased intraabdominal pressure by CSF accumulation is proposed as a causative factor for the prolonged patency of processus vaginalis in children with VP shunts.

### OPEN ACCESS

#### \*Correspondence:

Suhasini Gazula, Department of Paediatric Surgery, Employees State Insurance Corporation (ESIC) Medical College & Superspeciality Hospital, Sanathnagar, Hyderabad, Telangana 500038, India, E-mail: suhasinigazula@gmail.com

Received Date: 21 Aug 2017

Accepted Date: 10 Nov 2017

Published Date: 16 Nov 2017

#### Citation:

Gazula S, Rajasekhar A, Narender Kumar N. Ventriculoperitoneal Shunt in the Scrotum? Rare but Possible!. Clin Surg. 2017; 2: 1730.

Copyright © 2017 Suhasini Gazula.

This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.



Figure 1: Coiled tubular structure in the left scrotum.

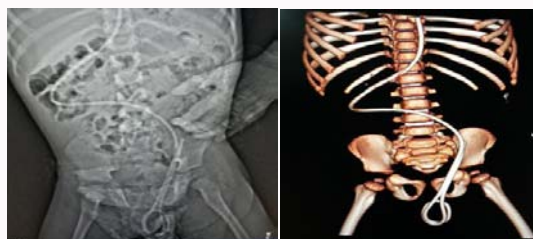


Figure 2 and 3: Left Patent Processus Vaginalis (PPV) and was lying coiled in the scrotum.



Figure 4: Open left herniotomy was done during which the PPV was opened.



**Figure 5:** Lower end drainage confirmed and repositioned into the peritoneal cavity through the proximal end of PPV.