

Clinical study

Gravitational shunt management of long-standing overt ventriculomegaly in adult (LOVA) hydrocephalus

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Summary Objectives: Recently a new subtype of chronic hydrocephalus was described: long-standing overt ventriculomegaly in adults (LOVA). Experience to date has indicated that shunt therapy was contraindicated, due to over-drainage. Therefore we investigated whether this problem could be overcome using gravitational shunts. **Materials and methods:** Thirty macrocephalic adults (17–72 years of age), suffering from progressive hydrocephalus were managed with two different gravitational shunts. The post-operative observation period was 5–87 months. **Results:** Only two patients developed hygromas, and only one of these required surgical shunt revision. Eighty-seven percent of patients had a long-lasting clinical improvement. Ventricular size was only slightly reduced in 29 patients. There was no correlation between reduction in ventricular size and clinical improvement. **Conclusion:** Contrary to clinical guidelines issued to date, we demonstrate that LOVA can be treated reliably with gravitational shunts, making them a genuine alternative to endoscopic third ventriculostomy (ETV).

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