[PICTURES IN CLINICAL MEDICINE]

Ventriculoperitoneal Shunt-related Intrapelvic Abscess

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Picture 1.

Picture 2.

Picture 3.

A 74-year-old woman with a 12-year history of ventriculoperitoneal shunt implantation presented with a high fever. Neither neurological symptoms nor vital signs except for a fever of 38.2°C were remarkable; a physical examination indicated mild lower abdominal bulging without tenderness. A blood examination revealed an elevated C-reactive protein level (15.48 mg/dL) but normal white blood cell counts. Ab-

dominopelvic ultrasonography (Picture 1) and contrast-enhanced computed tomography (Picture 2) including three-dimensional image reconstruction (Picture 3) revealed a well-defined, lobulated, fluid-filled structure, circumferentially surrounding and spreading along the route of the catheter, suggesting an intrapelvic abscess. To prevent retrograde life-threatening infectious sequelae, shunt removal and open drainage were immediately performed. Culturing of the drained pus yielded *α-Streptococcus* and *Escherichia coli*, but such findings of the removed catheter were negative. The postoperative recovery was uneventful. Physicians should be aware of the characteristic features of abscess associated with ventriculoperitoneal shunt, which can develop via secondary infection of the cerebrospinal fluid-filled pseudocyst (1, 2), presenting with a skewered dumpling-like appearance.

The authors state that they have no Conflict of Interest (COI).

References

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