Supplementary Comment on

“Analysis of Risk Factors for Infection in Coplacement of Percutaneous Endoscopic Gastrostomy and Ventriculoperitoneal Shunt”

This study in patients with severe neurological impairment provides a better experience for clinical practice. Until now, the occurrence rate of infection from ventriculoperitoneal shunt remains high, especially in severe coma patients. Among the patients who underwent only ventriculoperitoneal shunt, shunt obstruction might occur in about 10–20% of patients in 1–2 years after operation. After the gastrostomy, the ventriculoperitoneal shunt increased the risk factors for infection in such patients. It is obvious that this is related with the period between both operations and the relative location in ventriculoperitoneal shunt placement and gastrostomy. Above two factors should be considered while operating, to reduce the risk for infection. Meanwhile, administration of periprocedural prophylactic antibiotics is essential. It should be noted whether or not ventriculoperitoneal shunt following gastrostomy could increase the risk factors of shunt tube occlusion in the future.

Yazhuo Zhang, M.D.
Department of Neurosurgery
Beijing Neurosurgical Institute
Beijing, P.R.C.

This is a supplementary comment on an article published in Neurologia medico-chirurgica Vol. 46, No. 5, pp 226–230.