

# Hydrocephalus : personal recommendations for the surgical treatment.

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## INTRODUCTION:

The hydrocephalus is a very complex pathological condition.

It is very controversial, even its definition is differently appreciated.

There is no recognized definition, if the pathophysiological mechanism of secretion and circulation is largely accepted, the classification, the definition and the treatment are still subject to discussion.

## MATERIAL AND METHODS:

In Our experience, in the seventies the treatment was ventriculo-peritoneal shunt (VIP).

With the apparition of endoscopy in Our department in 1994, 75% 6 (VP shunt) & 25% endoscopic third ventriculostomy (ETV).

Currently the trend is reversed : 75% ETV & 25% VP shunt. Furthermore, since six years, we have introduced the choroid plexus coagulation in association with E N for the treatment of hydrocephalus in infants under one year of age.

## RESULTS:

Out of 1626 endoscopic pro

cedures, 991 were ETV, in 391 cases of hydrocephalus of infants under one year.

Since 2006 a prospective study was conducted between E N alone and RV+CPC, 138 were performed with ENT+CPC (35%), and 253 with ETV alone 65%.

The results were very satisfying (76% success), who have encouraged to apply the following algorithm.

Regardless of the type of hydrocephalus the ETV is performed initially, under one year of age we recommend ETV with coagulation of choroid plexus, if failure redo ETV, if the second one failed ETV third may be proposed, finally, if further failure, VP shunt is realized.

We don't know how it works but it works.

## DISCUSSION :

Hydrocephalus is a complicated neurologic disorder with many causes and method of treatment.

This one is controversial because our knowledge of the pathophysiological mechanisms

## CONCLUSION :

The aim for the future is to reach a consensus on a working definition and functional classification should be a high priority for us in the future.

We think that research in the venous side and arachnoid villi probably can bring positive results.