

Oral Presentation

## **VP shunt infections – does antisepsis continue to work?**

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Shunt complications are serious problems when they occur and can be reduced significantly by taking great care during initial insertion. In 1984, we reported an incidence of 2.4% infection, following the introduction of an antiseptic technique based on Listerian principles. We wanted to review our latest infection rate. This is a 10 year retrospective study, reviewing all medical records of children who had their first VP shunt insertion between 1993 and 2003. A total of 94 children had 150 shunt insertions. Sixty seven out of the 94 children had spina bifida, 13 had progressive hydrocephalus due to intraventricular haemorrhage, 7 had aqueduct Stenosis, 3 had holoprocencephaly, 2 following encephalocoele resection, 1 post meningitis, and 1 with Dandy-Walker syndrome.

There were 3 deaths, two of which were in children with severe spina bifida who had been managed conservatively. These shunts were inserted for palliative reasons in the presence of significant myelomeningocoele infections. The third death was due to late arrival of a child with a blocked shunt.

There were 4 children with shunt infections (2.2%) and all were treated successfully. Though normal CRP levels at 6 weeks follow up was reassuring, raised levels did not always correlate with infections. In the 4 children who had shunt infections, it was picked up well before the 6 weeks CRP check. However, no patient with a normal CRP level at 6 weeks was subsequently shown to have shunt infection.

In conclusion, we feel that strict antisepsis is still one of the best ways to prevent shunt infections.