PP 8 - Scrotal Migration of Ventriculoperitoneal Shunt in an Infant: A Case Report

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Introduction: Ventriculoperitoneal (VP) shunt placement is the standard treatment for hydrocephalus but may be associated with mechanical complications, including rare distal catheter migration into the scrotum. This occurs via a patent processus vaginalis (PPV), particularly in infants.

Case presentation: A 6-month-old male with a history of neonatal meningitis and VP shunt placement presented with a non-transilluminant swelling in the left inguinal region. He was clinically stable with no signs of shunt malfunction. Physical examination suggested an inguinal hernia, and surgical intervention was planned. Intraoperatively, the distal VP shunt catheter was found to have migrated into the scrotum through a PPV. The catheter was gently reduced into the peritoneal cavity using a non-touch technique, and the hernia sac was ligated. Recovery was uneventful, and the patient was discharged the next day.

Discussion: Scrotal migration of a VP shunt catheter is a rare but potentially serious complication in infants, typically due to an unobliterated PPV. Early recognition and prompt surgical correction are crucial to prevent testicular injury, infection, or shunt dysfunction. This case highlights the need for high clinical suspicion and routine assessment for PPV during initial VP shunt placement in neonates.

Conclusion: Timely diagnosis and surgical management of VP shunt migration into the scrotum are essential for favourable outcomes. Multidisciplinary collaboration and continued reporting of such cases will aid in refining preventive strategies.

Keywords: Ventriculoperitoneal shunt, Scrotal migration, Inguinal hernia, Hydrocephalus complications