

# Strangulated Ventral Hernia Causing Ventriculoperitoneal Shunt Occlusion

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## Case Presentation

- 39-year-old male with history of hydrocephalus, Bartter syndrome, 32 prior ventriculoperitoneal shunt (VPS) revisions who presented with an epigastric bulge
- Denied obstructive symptoms
- 5x5 cm partially reducible hernia, with overlying erythema
- CT head: enlargement of the ventricular system
- CT abd/pelvis: ventral hernia containing the VPS and omentum

## Operative Intervention

- Incision made over defect
- Hernia sac was opened, signs of strangulated omentum involving the VPS
- Omentum resected
- Neurosurgery ensured patency of VPS and collected CSF and VPS cultures
- VPS repositioned to the LLQ
- Fascia closed primarily

## Post-Operative Course

- Treated with broad-spectrum antibiotics until cultures resulted negative (POD #3)
- Progressed well and discharged home (POD #4)

## Discussion

- Acute on chronic ventral hernia with omental involvement
- Open ventral hernia repair and VPS repositioning can be successful in a complex surgical patient

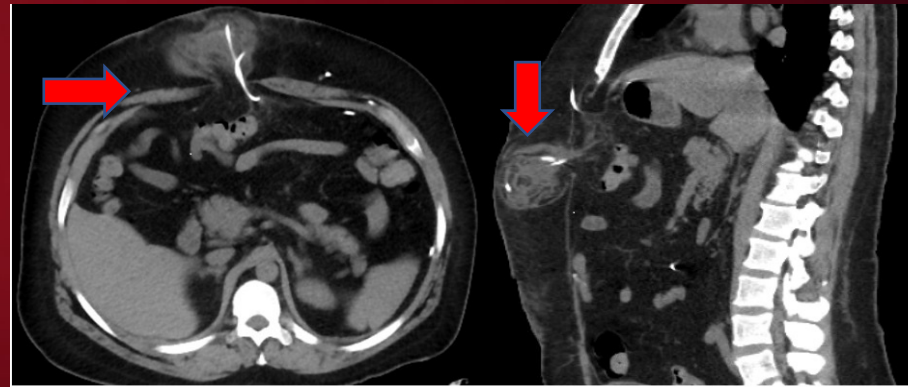


Figure 1: VP shunt within the incarcerated ventral hernia. (red arrow)

## References:

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- Popa F, Grigorean VT, Onose G, Popescu M, Strambu V, Sandu AM. Laparoscopic treatment of abdominal complications following ventriculoperitoneal shunt. *J Med Life*. 2009;2(4):426-36.

