



## Comments on:

### Shunting for Normal Pressure Hydrocephalus (NPH) [Cochrane Review] By Esmonde T, Cooke S

Comments and responses are listed below. Click on the comment or response to jump to the text for that item  
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**a severe complication of shunt** Comment by Darko D.Lavrencic, MD (Author) (28/09/2002 12:08:03)

† Reply from Dymphna Hermans (CDCIG Coordinator) (17/02/2003 11:39:57)

† Reply from Dymphna Hermans (CDCIG Coordinator) (11/02/2003 10:57:45)

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Comment a severe complication of shunt  
Cite this comment as <http://www.update-software.com/ccng/ccng.exe?SourceID=CD003157#Content903>  
Sender Darko D.Lavrencic, MD  
Sender Description Author  
Sender Email darko.lavrencic@guest.arnes.si  
Sender Address Vrzdenc 90, 1354 Horjul, Slovenia  
Date Received 28/09/2002 12:08:03

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According to CSF hydrodynamic mechanism that I suggest on [www.med-lavrencic.si/raziskava.htm](http://www.med-lavrencic.si/raziskava.htm), there could be sever complication by using a shunt from CSF space to extracraniovertebral location for a patient with normal pressure hydrocephalus. Namely, most probably there is a last barrier starting at around 30 mmHg of ICP that prevents further progressive volume expansion of brain or its blood volume in pathophysiological phase of intracraniovertebral volume homeostasis. At this ICP the CSF formation and CSF removal stops while CSF stasis physically prevents any further decrease of CSF volume and further intracranial volumes unbalance. By applying a shunt that enables CSF drainage beyond 30 mm Hg of ICP, there is no ultimate barrier and extreme intracranial volume unbalance (at very high ICP) could cause severe consequences for example when a patient (with shunt) experience traumatic brain injury or stroke that causes higher ICP than 30 mm Hg. This complication differs from shunt over drainage syndrome with decreased ICP (a slit ventricles syndrome or a very low ICP syndrome).

I certify that I have no affiliations with or involvement in any organisation or entity with a direct financial interest in the subject matter of my criticisms.

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Sender Dymphna Hermans  
Sender Description CDCIG Coordinator  
Sender Email dymphna.hermans@geratology.ox.ac.uk  
Sender Address CDCIG, Dept. of Clin. Geratology, University of Oxford, Radcliffe Infirmary, Oxford

Date Received 17/02/2003 11:39:57

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"Dear Dr. Lavrencic,

Apologies for the delay in the response to your comments on the review of Shunts for NPH. This was an administrative mistake for which the authors of the reviews are in no way responsible. They have now replied that the high pressures in the CSF that you are concerned with do not occur in NPH and are therefore not dealt with in the review.

We appreciate your comment and are sorry that we cannot say more on this matter.

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Sender Dymphna Hermans

Sender Description CDCIG Coordinator

Sender Email [dymphna.hermans@geratology.ox.ac.uk](mailto:dymphna.hermans@geratology.ox.ac.uk)

Sender Address

Date Received 11/02/2003 10:57:45

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The authors of the review of 'Shunting for Normal Pressure Hydrocephalus' are now dealing with this comment.

I certify that I have no affiliations with or involvement in any organisation or entity with a direct financial interest in the subject matter of my criticisms.