

E-Posters

Friday, April 4th, 2014 5:00pm - 5:00pm

1327. The Association of Cerebellar Tonsil Position and BMI.

Introduction: It is unclear if there is a relationship between Chiari I malformation and BMI. The aim of this study is to identify the relationship between BMI and tonsil position in a random sample.

Methods: A group of 2400 randomly selected subjects were measured for tonsil position. Subjects were excluded if they had a posterior fossa mass or prior posterior fossa decompression. Height and weight information within one year of MRI were obtained from the electronic medical record.

Results: 1299(54%) of the subjects had BMI records from within one year of the measured scan. There were 529(40.7%) males and 770(59.3) females. The average BMI of the group was 26.4 yrs, and the average tonsil position was 0.88mm above the level of the foramen magnum. There were 46(3.5%) subjects with a tonsil position of 5mm or greater below the level of the foramen magnum. Examining the group as a whole, there was no correlation($R^2=.004$) between BMI and tonsil position.

Conclusion: It has been raised that Chiari I malformation, and therefore position of the cerebellar tonsils, are related to BMI. However, in this examination of 1299 randomly selected subjects with both BMI and tonsil position data, it appears that there is no relationship between BMI and the level of the cerebellar tonsils.

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ADVANCING
NEUROSURGERY



Friday, April 4th, 2014 5:00pm - 5:00pm

April 5-9, 2014 San Francisco, California

1329. Tip of VP Shunt peritoneal catheter in scrotum; a rare pediatric complication.

Introduction: VP Shunt is a routine operation in childhood age, which lead to several complications and their management would be challenging due to very young age.

Methods: A 12 months old infant underwent VP Shunt insertion due to hydrocephalus. He developed enlargement and fluid accumulation at Right hemiscrotum. Ultrasonography detected Hydrocele with tip of peritoneal catheter in right hemiscrotum. Patient did not suffer from any fever or hydrocephalus presentation.

Results: pediatric surgery consult was performed. CSF analysis detected no bacteria and the profile was normal. The patient underwent revision of the peritoneal catheter tip with repeated scalp incision over the attachment of catheter to pump and the length of catheter was reduced. At the same session the repair of Hydrocele was performed with excellent outcome.

Conclusion: herniation of peritoneal catheter tip should be assessed regarding infection and surgical aspects. Multidisciplinary approach leads to achieve best results.

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