Predicting the outcome of shunt surgery in normal pressure hydrocephalus

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Kilic et al. presented a very interesting study about 270 patients who were referred to the Departments of Neurosurgery in Nancy, France and in Istanbul, Turkey for suspected normal pressure hydrocephalus. Following all shunt procedures, postoperative assessments verified high grades of improvements. This underline the accurate diagnostic procedures of these departments. The authors studied the effectiveness of the repeated lumbar CSF tap test (RTT), lumbar external CSF drainage (LED) and radioisotope cisternography (RIC) in predicting the outcome of shunt surgery, as well as the diagnostic and prognostic value of the classic clinical triad in normal pressure hydrocephalus and describe the effectiveness of RTT and LED.

For this reason, the statement of the authors, that clinical and radiological findings alone may need no further diagnostic tools for indication of shunt implantation, seems to me controversial, and I cannot fully agree with this opinion.

We have, in contrast to their study, in our series not only patients with at least two cardinal symptoms of normal pressure hydrocephalus. We had also patients, as other authors, who suffered from gait disturbances or cognitive dysfunctions alone. Especially for these patients, an additional diagnostic tool is necessary for improvement of prediction of the surgical effort of a shunt implantation.

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