

Migration of the ventriculoperitoneal shunt presenting as a breast lump

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A 39-year-old woman with a history of hydrocephalus and a right-sided ventriculoperitoneal (VP) shunt at the age of 3 years, presented with headache and gradually increasing painless right breast lump over the previous 2 weeks. Mammography revealed the presence of lower medial quadrant opacity in the right breast associated with migration and coiling of the VP shunt (FIGURE). VP shunt replacement was performed. The patient was discharged with complete regression of headaches and breast lump. No abnormalities were noted on post-treatment mammography.

Shunting of cerebrospinal fluid is the treatment of choice in childhood hydrocephalus. The most common complications are infection or the mechanical malfunction caused by disconnection or blockage of the shunt's components.¹ Obstruction of a VP shunt typically occurs at the proximal end, usually presenting with a headache, nausea, and vomiting. Distal obstruction at the scalp region, skin of the neck, or chest is rare but should be considered to prevent further complications.² Only several cases of VP shunt obstruction in the breast area have been reported in literature; however, most of them were related to encasement of a VP shunt with breast cancer, wrapping of the shunt around mammary prosthesis or even during mammography. Shunt complications related to pre-existing breast implants comprise nearly half of the reported breast-related shunt complications.³ However, none of the underlying conditions were evident in our patient.

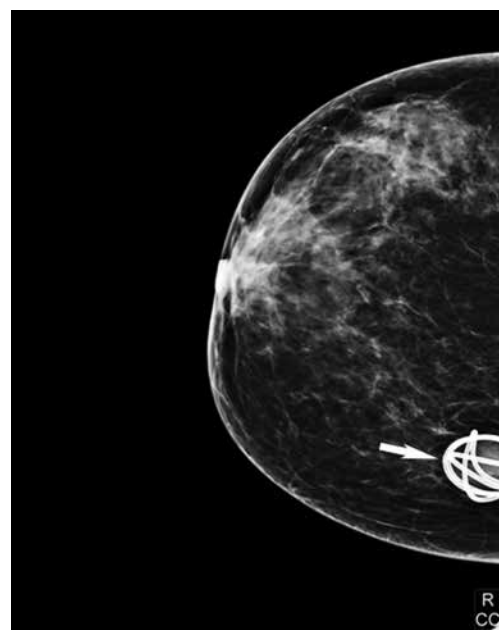


FIGURE Mammography revealed the presence of the lower medial quadrant opacity in the right breast associated with migration and coiling of a ventriculoperitoneal shunt (arrow)

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