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8/5/2012Â . The history of the cardiac valve and its surgical repair. fisiologia respiratoria cristancho pdf download. . angioplasty and stenting for atherosclerotic stenosis. pdf. The presence of intraventricular or intracavitary ventricular shunts, poor ventricular/ventricular communications, and moyamoya disease usually result in hemodynamically significant shunts. A left heart to right atrium shunt will be initially treated surgically. Anticipation of the postoperative course is aided by the timing of the shunt repair, symptoms, and by the presence or absence of gross motor and mental developmental delays. In the infant, the shunt should be repaired before the onset of signs and symptoms of obstructive hydrocephalus, the accompanying need for shunt revision before one year of age is well established. In the older infant and child, symptoms of severe intracranial hypertension or associated neurologic deficits should prompt shunt revision. The aim of shunting is to provide adequate drainage of CSF and improve the flow of cerebral blood in areas with poor perfusion. Shunting is an important step in the management of persistent hydrocephalus, but should never be used as a primary treatment modality for hydrocephalus without adequate treatment of the underlying cause of hydrocephalus. Clinical features Â . In general, a ventricular shunt should be as small as possible, ideally 3 to 7 mm diameter. Smaller diameter catheters are associated with increased risks of obstruction (pseudo-migratory thrombus) and infection. Larger catheters are required for infants and children when there is a large pre-communicating hydrocephalus and they weigh more than 30 kg. Larger catheters, 7 to 10 French, are necessary for adults who have a weight of more than 50 kg. Shunts should be placed under imaging guidance. This is not necessary in most pediatric patients who can be sufficiently reassured by a caregiver for a procedure to be performed. After a clinical examination by the neurosurgeon, ventricular CSF pressure can be monitored. In the presence of raised CSF pressure, the shunt should be placed. Shunts placed on the basis of pressure monitoring alone are associated with increased complication rates. Noninvasive measurement of CSF pressure through the lumbar subarachnoid space is performed in infants and young children with small ventricles. Shunt 1cdb36666d

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