Medical Image of the Week: 'CSFoma'

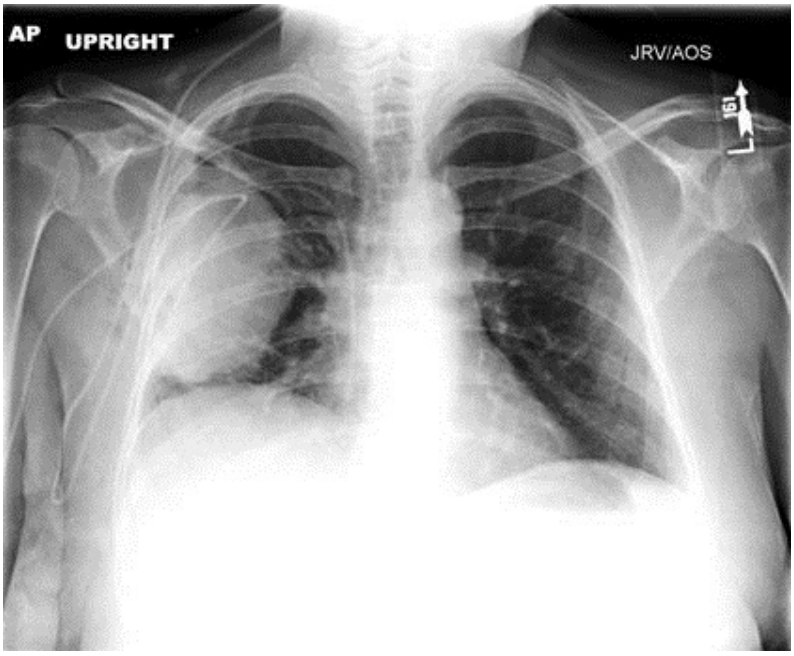

Figure 1. Chest X-ray showing the ‘CSFoma’ in the right pleural space. The shunt can be traced to the lesion. Also seen is a right-sided peripherally inserted central catheter (PICC) line.

A 34 year old woman with a history of CNS coccidiodomycosis leading to hydrocephalus treated with a ventriculo-peritoneal (V-P) shunt along with antifungal treatment was admitted for a post abdominal surgery wound infection. The V-P shunt was revised due to concerns of infection to a ventriculo-pleural shunt. This lead to a collection of cerebrospinal fluid (CSF) in the pleural cavity in a loculated fashion appearing as a pleural ‘CSFoma’.

V-P shunts are placed to drain excessive CSF which otherwise can lead to hydrocephalus and increased intracrnaial pressures. ‘CSFoma’ is a pseudocyst usually seen in the abdomen since most ventricular drains are placed in the peritoneal cavity. Adhesions, blockages or inadequate absorption can lead to collection of the CSF at the distal end of the catheter. These usually self resolve by reabsorption or can be treated by repositioning the catheter or draining the fluid percutaneuosly.

Our patient had a self resolution once the VP drain was repositioned to the peritoneal cavity after the infection was treated.

Sohail Habibi MD[1], Craig Jenkins DO[1] and Bhupinder Natt MD[2]
[1]Department of Internal Medicine
[2]Division of Pulmonary, Critical Care, Allergy and Sleep Medicine
Banner-University Medical Center
Tucson, AZ