
Hydrocephalus

HYDROCEPHALUS

Increased content of liquor at those sites in which it is normally contained

Onset: Congenital / acquired

Sites: Internal (intra-ventricular)
External (subarachnoideal)

Non-communicating (internal only)

Communicating (internal + external)

Clinical presentation:

Hypertensive (headache, vomiting, oedema of the papilla)

Normotensive (*ex vacuo*)

HYDROCEPHALUS

Patogenesis

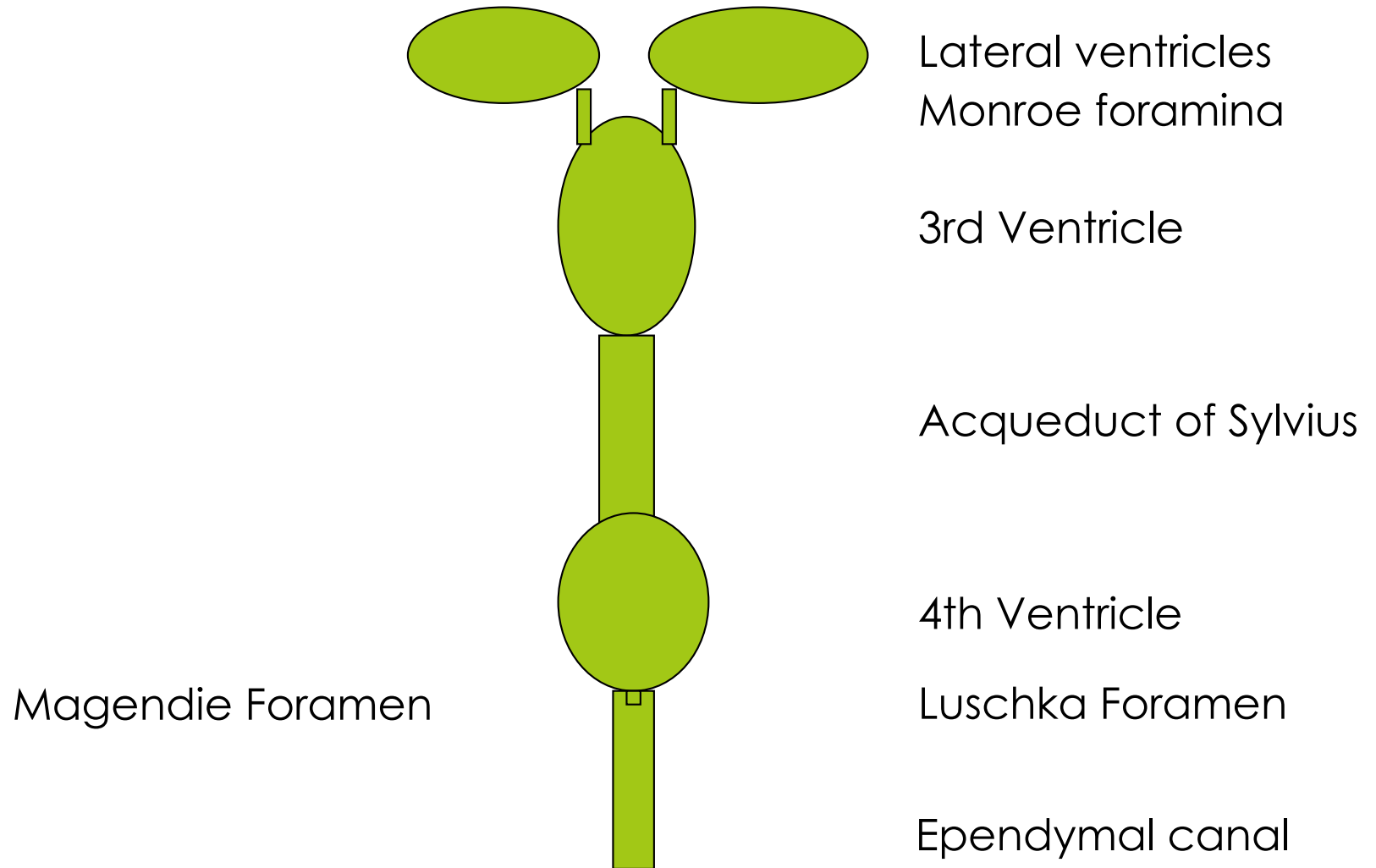
- Increased production
- Altered circulation
- Decreased resorption



Cephalo-rachidean liquor

Secretion: choroid plexuses

Resorption: Pacchioni's granules & arachnoideal villi



HYDROCEPHALUS

Congenital → Malformations

Stenosis

Atresia

- Aqueductus of Sylvius
- Magendie & Luschka foramina



CHARACTERISTIC FACIES—CRANIAL ENLARGEMENT—WITH NORMAL ALERTNESS

BILATERAL SUBDURAL HEMATOMA



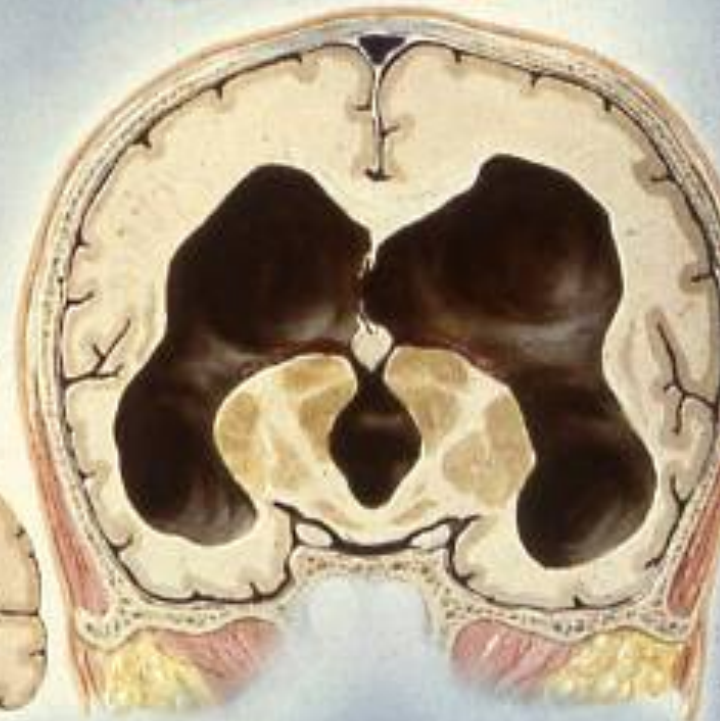
ASPIRATION

F. Netter M.D.
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CLINICAL APPEARANCE IN
ADVANCED HYDROCEPHALUS

PLACES OF OBSTRUCTION IN
INTERNAL HYDROCEPHALUS,
Interatrial foramina (Morgagni)
Aqueduct of Sylvius
Foramina of Luschka
Foramen of Magendie



SECTION THROUGH BRAIN SHOWING MARKED
DILATATION OF LATERAL AND THIRD VENTRICLES

F. Netter
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HYDROCEPHALUS

Acquired:

- Post-inflammatory (encephalitis, abscess)
- Post-ischaemic (infarct, haemorrhage)
- Neoplastic
 - Hyperproduction = plexus papilloma
 - Obstructive = ventricular-paraventricular neoplasms (astrocytoma, haemangioblastoma, medulloblastoma)
- Degenerative (*ex vacuo*) = brain atrophy

