



Breast Capsular Cerebrospinal Fluid Collection from Migration of a Ventriculoperitoneal Shunt Catheter

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Summary: In this case report we have described an unusual complication of ventriculoperitoneal shunt migration into a breast implant capsule. The patient was appropriately diagnosed with computed tomographic imaging and successfully managed with shunt revision and cerebrospinal fluid aspiration. Given the high complication profile of ventriculoperitoneal shunt catheters, this case suggests an opportunity for improved perioperative communication between plastic surgeons and neurosurgeons in patients with breast implants. Coordination regarding the subcutaneous catheter tunneling may hopefully minimize the risk of this complication. (*Plast Reconstr Surg Glob Open* 2016;4:e640; doi: 10.1097/GOX.0000000000000590; Published online 17 March 2016.)

Breast reconstruction represents one of the most common operations performed by plastic surgeons in the United States. In 2013, nearly 100,000 breast reconstruction operations were performed with almost 80% utilizing implant-based techniques.¹ As our experience with this technique continues to increase, reconstruction is being offered to progressively comorbid patients.² With these trends, other surgical specialties have likely been increasingly exposed to patients with a history of implant-based breast reconstruction, which may impact surgical approaches. In this case report, we describe a fluid collection around a breast implant from the migration of a ventriculoperitoneal shunt

catheter. The goal of this case report is to present an unusual case of breast swelling and improve awareness of this potential problem.

CASE REPORT

The patient is a 47-year-old woman who previously underwent an immediate, 2-stage breast implant reconstruction for low-stage breast cancer. The patient underwent a right total mastectomy with sentinel lymph node biopsy in early 2011 with placement of a subpectoral Inamed 133MV 500cm³ tissue expander (Allergan, Santa Barbara, Calif.) and AlloDerm (LifeCell Corp, Bridgewater, N.J.) placement. After successful tissue expansion, the patient underwent exchange to an Inamed style 20 600cm³, smooth, round implant several months later. Unfortunately, the patient subsequently was diagnosed with left lung adenocarcinoma with lymph node involvement. Because of worsening headaches, a work-up was initiated, which revealed metastatic lesions in the brain in April 2015. Under the care of a neurosurgeon, the patient underwent a midoccipital craniotomy with resection of the metastatic lesions, which was complicated by hemorrhage requiring reoperation and

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