



Spirit. Breakthrough & Hope

Spina Bifida & Hydrocephalus
Association of Ontario

Hydrocephalus Fast Facts

Q: What is hydrocephalus?

A: Hydrocephalus comes from the Greek words “hydro” (water) and “cephalus” (head). It is a neurological condition that exists when excess cerebrospinal fluid (CSF) builds up in cavities, called ventricles, inside the brain. This happens when the body produces more CSF in a day than it can reabsorb, causing enlargement of the ventricles. Hydrocephalus can cause permanent brain damage and, in severe cases, death.

Q: Who can have hydrocephalus?

A: Hydrocephalus can develop in the womb or after birth. It can also develop as “acquired hydrocephalus” in children and young and middle-aged adults and during the senior years, referred to as “adult onset hydrocephalus,” in either the common form that involves high intracranial pressure or as normal pressure hydrocephalus (NPH). More than 25,000 children, adults, parents and caregivers are affected in Ontario.

Q: What causes hydrocephalus?

A: Hydrocephalus can occur at birth as a result of a congenital defect or complications associated with premature birth. It may be accompanied with spina bifida, aqueductal obstruction, arachnoid cysts or Dandy-Walker Syndrome. Acquired hydrocephalus can take place any time during a person's life as a result of intraventricular hemorrhage, meningitis, head injury, tumours or other unknown causes. About 85% of individuals with spina bifida also have hydrocephalus.

Q: How is NPH different from other forms of hydrocephalus?

A: NPH affects more than 1 in every 200 adults over the age of 55 and is neither a genetic nor an inherited condition. It is often misdiagnosed as Alzheimer's or Parkinson's disease. For information regarding symptoms, diagnosis and treatment, visit www.sbhao.on.ca.

Q: What are the symptoms of hydrocephalus?

A: Symptoms vary depending on age and can include head enlargement (in infants and toddlers), vomiting, seizures, impaired motor performance, visual disturbance and personality change. For a comprehensive list, visit www.sbhao.on.ca.

Q: How is hydrocephalus treated?

A: Treatment involves surgically implanting a shunt into the brain ventricles to drain away excess CSF or another surgical procedure called Endoscopic Third Ventriculostomy (ETV) that makes a small hole in the thinned floor of the third ventricle, allowing CSF to flow from the blocked ventricular system into the interpenducular cistern (a normal CSF space).

Q: Can hydrocephalus be cured?

A: No, unless it is the result of a brain tumour that can be removed and allow the CSF to flow.

www.sbhao.on.ca

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