A 53-year-old patient suffered severe head trauma after falling down stairs. After a month of coma, the patient progressed towards a state of minimal consciousness. Because of the lack of neurological improvement and the radiological aspect of hydrocephalus, a VPS was inserted. A month later, the patient presented an infectious syndrome, clinically and biologically, associated with vomiting and worsening consciousness. The abdominal scar of the VPS changed from a hardened aspect to that of a subcutaneous liquid collection. The collection was drained leading to the identification of Corynebacterium striatum. The abdomino-pelvic CT showed a subcutaneous thickening. The brain CT showed increased hydrocephalus. The next day, the distal tip of the VPS came out through the abdominal scar. The shunt was surgically removed. The microbiological culture of the cerebrospinal fluid and the shunt identified the same germ as in the collection. After an adapted antibiotic treatment, the outcome was favorable.

**Discussion.**—To our knowledge, no earlier case of percutaneous exposure of the distal tip of a VPS through the abdominal scar has been reported. Some cases of umbilical exposure or displacement through abdominal-pelvic organs (bladder, womb, appendix, and scrotum) or through the urethra or anus have been described. Other abdominal complications of the VPS were described (peritonitis, pseudo-cyst), the prevalence of which is increased with a history of abdominal surgery. Considering the frequency of complications, early diagnosis is crucial. An attentive examination of the abdomen both clinically and radiologically (including the surgical scar) is necessary in all patients with a ventriculoperitoneal shunt that present an infectious syndrome.

**References**


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