HYPERFINE.

CT scan exposure in children with ventriculoperitoneal shunts: single-center experience and review of the literature¹

Abstract

Purpose: A computed tomography (CT) scan in childhood is associated with a greater incidence of brain cancer. CT scans are used in patients with ventriculo-peritoneal (VP) shunts in whom shunt dysfunction is suspected. We wanted to assess the CT scan exposure in a cohort of children with VP shunts and attempt to quantify their radiation exposure.

Methods: A single-centre retrospective analysis was performed recording CT head scans in children younger than 18 years with VP shunts. Hospital coding data was cross-referenced with electronic records and radiology databases both in our neurosurgery unit and in hospitals referring to it. **Results:** One hundred and fifty-two children with VP shunts were identified. The mean time with shunt in situ was 5.4 years (\pm 4.61). A mean of 3.33 CT scans (range 0–20) were performed on each child, amounting to 0.65 (\pm 0.87) CTs per shunt year. Based on 2 msv of radiation per scan, this equates to an average exposure of 1.31 msv per child per shunt year.

Conclusion: Children who have multiple CT head scans for investigation of possible shunt dysfunction are at a greater risk of developing cancer. We discuss the implications of this increased risk and discuss strategies to limit radiation exposure in children with VP shunts.

Highlighted Citations from Their Literature Review

Stone et al. Reported revision rates of 84.5%. 4.7% of patients requiring greater than ten revision procedures (**2.66 average revisions per patient**).

Lee et al. In a single-center retrospective review, over a fiveyear period, 25,000 CTs were performed on 13,800 children, 34.3% of whom were under one year at the time of the scan.

Florin et al. In a ten-year retrospective review of ED visits, 1,319 children with shunts were responsible for 6,636 visits. 49.4% resulted in a head CT head scan.

Mathews et al. A large cohort trial following 680,000 children in Australia reported a greater incidence of cancer diagnosis in children undergoing CT scans in childhood. They observed a 24% higher incidence of cancer when exposed to a single CT vs. those who never had a scan, with a subsequent 16% increase for each additional scan. Children in the cohort who received a head CT had a 44% greater risk of brain tumors compared to those who had never been **scanned**. There was an increased incidence ratio of 1.61 for patients developing radiation-induced malignancy.

Pearce et al. In the UK, a similar study estimated the risk of developing either leukemia or brain cancer in children who had undergone CT imaging before the age of 22. Children undergoing **two to three head CTs had triple the risk of developing brain tumors**, and those who had **five to ten head CTs had triple the risk of developing leukemia**.

Sheppard et al. Identified that a single CT head scan in childhood carries a 2.4-fold increased risk of developing a brain tumor compared to children who have not had a CT. The increased risk is significant, but the estimated risk of developing radiation-induced cancer corresponds to around one per 1800 pediatric head CTs.

Koral et al. A study focusing on head CTs reported that children with shunts were exposed to 2.1 scans per year, with the potential for 1 in 97 developing cancer.

¹ Dobson, G.M., et al. CT scan exposure in children with ventriculoperitoneal shunts: single centre experience and review of the literature. Childs Nerv Syst (2020). https://doi.org/10.1007/s00381-019-04345-3