

## Commentary

In the article,<sup>[1]</sup> it was rightly highlighted by the author's ventriculoperitoneal shunts have wide spectrum of complications; however, the diagnosis should always be considered even in the absence of neurological signs and symptoms.<sup>[2]</sup> Cerebrospinal fluid (CSF) shunts remain among the most failure-prone medical devices implanted in modern medical practice.<sup>[3]</sup>

Similar to this case report, peritoneal pseudocysts could be a manifestation of indolent low-grade VP shunt infections that often present with symptoms in keeping with functional shunt obstruction, often in association with abdominal complaints or gastrointestinal disturbances.

It is worth remembering that few previous articles estimated that pseudocysts are found to be associated with culture-positive infections in 30%–100%, namely *Propionibacterium acnes* or *Staphylococcus epidermidis*.<sup>[4-6]</sup>

In neurosurgery, it is highly unlikely that CSF shunting will be substituted in the near future, it is essential for pediatric and adult neurosurgeons and researchers to continue exploring better understanding and management strategies for shunt malfunctions and its related morbidity.

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There are no conflicts of interest.

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