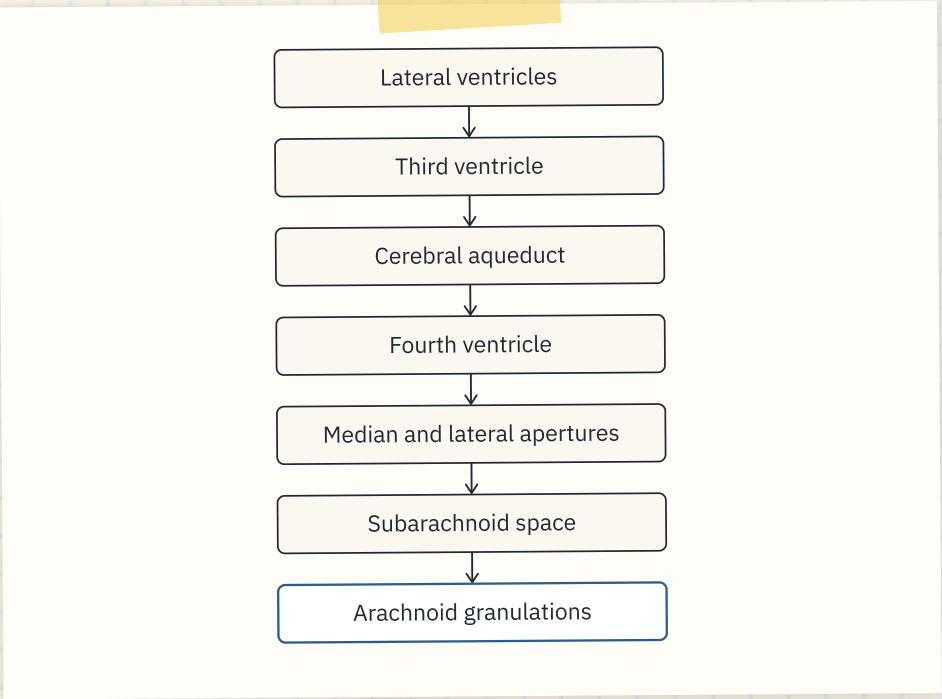
CSF flow and hydrocephalus

Where does the flow fail?



Step by step

1. Made by the choroid plexus: about 500 mL a day
2. Only about 150 mL present at one time
3. Ask: is the block inside the ventricles or after?
4. Inside: upstream dilates. After: all four dilate (an outlet block does too)
5. NPH: gait, cognition, bladder; a shunt can help

Type	Where flow fails	Ventricles dilated
Non-communicating	Block inside the ventricles	Upstream of the block
Communicating	Reabsorption	All four
Normal pressure	Reabsorption (communicating), older adults	Big; pressure normal or slightly up
Ex vacuo	Nowhere: the brain has shrunk	Large, CSF not the problem

Types of hydrocephalus

Rule of thumb

Upstream of a block dilates; downstream does not

NPH triad: wobbly, wacky and wet

500 mL made a day ÷ 150 mL held ≈ 3.3 turnovers a day

Exam traps

- Failed reabsorption dilates all four ventricles, not just some.
- A normal lumbar puncture pressure does not rule out hydrocephalus: NPH has big ventricles with normal or slightly raised pressure.
- Ex vacuo is shrinkage; the CSF is not the problem.

For exam study only, not medical advice. Follow local guidelines and your lab's ranges.
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