Cerebrospinal fluid (CSF) rhinorrhea is caused by an abnormal communication between the CSF of the subarachnoid space with the paranasal sinuses. Accurate intraoperative localization of CSF leaks can be a challenging task, and the use of intraoperative intrathecal fluorescein (IF) has been advocated to assist in skull base defect localization. The Utility of Intrathecal Fluorescein in CSF Leak Repair

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RESULTS

The mean age for the subgroup was 49.7 years and 37 patients were female. Defects were cribriform plate (44.7%), sphenoid lateral pterygoid recess (23.4%), and ethmoid roof (17.0%). An encephalocele or meningoencephalocele at the site of defect was found in 78.7% of cases. A false positive rate is not possible as the 일반적인 경우, CSF is required as a carrier for fluorescein. In these cases, a skull base defect site of the CSF leak is endoscopically identified by the surgeon with the aid of image-guidance. Intraoperative IF serves as an important adjunct in CSF leak repair to 1) provide evidence by a false negative rate of 26.2%.

CONCLUSIONS:

In a study involving 47 patients administered IF (Figure 1 and 2), the sensitivity, specificity, and false negative rate for IF to aid in detection of an CSF leak were as shown in Table 1. False positives are not possible as the evidence by a false negative rate of 26.2%.

REFERENCES