

Cranial CSF fistula

Key concepts

- suspect in posttraumatic [otorrhea/rhinorrhea](#) or [recurrent meningitis](#)
- management strategy:
 - 1) confirm the [fluid](#) is [CSF](#)
 - 2) identify the site of origin of the [leak](#)
 - 3) determine the [etiology](#)/mechanism
- most bedside tests are unreliable and include: “reservoir sign,” target/halo sign, qualitative [glucose](#)
- the most accurate confirmatory test is β 2-[transferrin](#)
- CT [cisternography](#) is the test of choice for localizing site of the fistula

Non-traumatic CSF leak may be spontaneous in the absence of obvious cause, such as skull base abnormalities or bone erosion related to tumors or hydrocephalus ^{1) 2) 3)}.

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Ommaya AK. Cerebrospinal Fluid Rhinorrhea. Neurology. 1964;14:106–113.

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Clark D, Bullock P, Hui T, et al. Benign intracranial hypertension: a cause of CSF rhinorrhoea. J Neurol Neurosurg Psych. 1994;57:847–849.

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Yang Z, Wang B, Wang C, et al. Primary spontaneous cerebrospinal fluid rhinorrhea: a symptom of idiopathic intracranial hypertension? J Neurosurg. 2011;115:165–170.

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