

Craniofacial malformation

Surgical site infections (SSIs) after pediatric **intracranial surgery** for craniofacial malformations are relatively common and potentially serious nosocomial infections.

Retrospective chart review was performed on 254 patients who underwent 281 intracranial procedures during a 6-year period. Patients with SSIs (cases) were compared with those without SSIs (controls). National Nosocomial Infection Surveillance System criteria were used to identify cases of SSI.

SSIs occurred in 9 (3.2%) of 281 intracranial procedures that took place during the study period. Factors associated with an SSI included a complicated diagnosis comprising a diagnosis of syndromic craniosynostosis, frontonasal dysplasia, or oblique facial cleft (odds ratio [OR], 13.0; 95% confidence interval [CI], 2.6-64.4); duration of surgery longer than 426 minutes (OR, 12.1; 95% CI, 2.4-59.9); closure of skin under tension (OR, 12.5; 95% CI, 3.0-52.6); use of bovine pericardium (OR and 95% CI undefined); more than four surgeons present during surgery (OR, 6.3; 95% CI, 1.2-32); pediatric intensive care unit stay longer than 2 days (OR, 10.8; 95% CI, 2.2-53.3); and use of a ventilator after surgery (OR, 4.8; 95% CI, 1.2-18.6). **CONCLUSION:** In this study, the presence of a complicated diagnosis and a number of other factors were associated with an SSI after pediatric intracranial surgery for craniofacial malformations. We speculate that a complicated diagnosis may be a marker for other factors that contribute to the risk of an SSI. Future studies investigating SSIs after intracranial surgery should consider these factors ¹⁾.

¹⁾

Yeung LC, Cunningham ML, Allpress AL, Gruss JS, Ellenbogen RG, Zerr DM. Surgical site infections after pediatric intracranial surgery for craniofacial malformations: frequency and risk factors. *Neurosurgery*. 2005 Apr;56(4):733-9; discussion 733-9. PubMed PMID: 15792512.

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