

Prophylactic antibiotics for temporal bone fracture

Prophylactic antibiotics in the setting of cerebrospinal fluid fistula is controversial; however, Diaz et al. advocated its use due to a dedicated meta-analysis of Cerebrospinal fluid fistula specific to the [lateral skull base](#) ¹⁾.

Given the low incidence of [meningitis](#) in this subgroup and the lack of evidence demonstrating any benefit to prophylactic [antibiotics](#) ^{2) 3) 4) 5) 6) 7) 8) 9) 10) 11)}

Villalobos et al. performed a formal systematic review of previously published studies after a computerized search with use of the MEDLINE data base (1970-1996). Fourteen studies were identified, and 12 studies met the criteria for inclusion. Study design and quality were assessed by two independent investigators with use of a predetermined protocol. A total of 1,241 patients with basilar skull fractures were included; 719 patients received antibiotics, and 522 patients did not receive antibiotics. Overall results suggest that antibiotic prophylaxis did not prevent [meningitis](#) among patients with [basilar skull fractures](#) (odds ratio [OR] = 1.15; 95% confidence interval [CI] = 0.68-1.94; P = .678). Patients with basilar [skull fractures](#) and [Cerebrospinal fluid fistula](#) were analyzed separately (OR = 1.34; 95% CI = 0.75-2.41; P = .358), as were children (OR = 1.04; 95% CI = 0.07-14.90; P = 1.000). [Antibiotic prophylaxis](#) after basilar skull fractures does not appear to decrease the risk of [meningitis](#) ¹²⁾.

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