

Skull base fracture treatment

NG tubes

✖ Caution: cases have been reported with [Skull base fracture](#) where an NG tube has been passed intracranially through the fracture and is associated with fatal outcome in 64% of cases. Possible mechanisms include a [cribriform plate](#) that is thin (congenitally or due to chronic [sinusitis](#)) or fractured (due to a frontal basal skull fracture or a comminuted fracture through the [skull base](#)).

Suggested contraindications to the blind placement of an NG tube include trauma with a possible basal skull fracture, ongoing or history of previous CSF rhinorrhea, [meningitis](#) with chronic sinusitis.

Prophylactic antibiotics/vaccination

[Prophylactic antibiotics for skull base fracture](#)

Treatment

Most do not require treatment by themselves. However, conditions that may be associated with BSF that may require specific management include:

1. "traumatic aneurysms"
2. posttraumatic [carotid-cavernous fistula](#)
3. CSF fistula: operative treatment may be required for persistent CSF rhinorrhea; see CSF fistula (cranial)
4. meningitis or cerebral abscess: may occur with BSF into air sinuses (frontal or mastoid) even in the absence of an identifiable Cerebrospinal fluid fistula. May even occur many years after the BSF was sustained; see Post craniospinal trauma meningitis / posttraumatic meningitis
5. cosmetic deformities
6. posttraumatic facial palsy

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