

Spontaneous cerebrospinal fluid leak in idiopathic intracranial hypertension

Idiopathic intracranial hypertension (IIH) is increasingly recognized as a cause of **spontaneous cerebrospinal fluid leak** in the otolaryngological and neurosurgical literature. The diagnosis of IIH in patients with spontaneous CSF leaks typically is made a few weeks after surgical repair of the leak when symptoms and signs of elevated intracranial pressure (ICP) appear.

In most cases, they occur in the ethmoid region and the sphenoid bone which is much less affected. Regardless of their etiology, the clinical manifestation of skull base fistulas is usually the same and includes a **rhinorrhea** and less frequently an **otorrhea** ¹⁾.

CSF leak occasionally may keep IIH patients symptom-free; however, classic symptoms and signs of intracranial hypertension may develop after a CSF leak is repaired, exposing these patients to a high risk of recurrence of the leak unless an ICP-lowering intervention is performed ²⁾.

Evaluation and intervention for elevated ICP in spontaneous CSF leaks is associated with significantly improved success rates following primary endoscopic repair ³⁾.

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