

Spontaneous intraventricular pneumocephalus

Dowd et al., report on an elderly woman in whom a intraventricular [spontaneous pneumocephalus](#) occurred because of a congenital defect in the left [tegmen tympani](#). Eustachian tube closure and middle ear exclusion were used to obliterate the fistulous connection. This case illustrates both an unusual cause and a unique treatment for spontaneous otogenic pneumocephalus ¹⁾.

A 84-year-old man presented with [dysarthria](#) and incontinence. Computed tomography revealed an intraventricular pneumocephalus, thinning in the petrous bone, fluid in the air cells, and cleft in temporal lobe. A right subtemporal extradural approach was taken to detect bone-/dural defects, and a reconstruction was performed using a musculo-pericranial flap.

This is the first patient of an isolated spontaneous [intraventricular pneumocephalus](#) without any other site air involved. Surgical approaches to repair such bone and dura defects should be considered an appropriate option ²⁾.

¹⁾

Dowd GC, Molony TB, Voorhies RM. Spontaneous otogenic pneumocephalus. Case report and review of the literature. J Neurosurg. 1998 Dec;89(6):1036-9. Review. PubMed PMID: 9833834.

²⁾

Arai N, Tabuse M, Nakamura A, Miyazaki H. Spontaneous Intraventricular Pneumocephalus. J Craniofac Surg. 2017 Jan 12. doi: 10.1097/SCS.00000000000003392. [Epub ahead of print] PubMed PMID: 28085764.

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