

Suboccipital pseudomeningocele treatment

Suboccipital pseudomeningocele treatment options (up to 67% require permanent [cerebrospinal fluid drainage](#) ¹⁾):

1. noninvasive measures: expectant [management](#), [fluid restriction diet](#), head wrapping, keeping [HOB](#) elevated, [acetazolamide](#). [Steroids](#) may be used if [aseptic meningitis](#) is suspected
2. percutaneous aspiration: "tap and wrap." Risks introducing [bacteria](#), causing [infection](#)
3. direct surgical exploration with multilayer re-closure
4. [lumbar drainage](#): effective only if pseudomeningocele communicates with the subarachnoid space.
✖ May produce acute [posterior fossa syndrome](#) (H/A, [nausea](#), vomiting, ataxia...) ²⁾ especially if the pseudomeningocele doesn't communicate. Symptoms usually resolve with prompt discontinuation of lumbar drainage ^{3) 4)}. Other potential complications: vagal nerve palsy, tonsillar herniation, subdural hematoma, kinking of PCA → stroke. Drainage options:

a) [External lumbar cerebrospinal fluid drainage](#) (temporary)

b) [Lumboperitoneal shunt](#) (permanent)

5. [Ventricular drainage](#)

a) [EVD](#) (temporary)

b) [shunt](#) (permanent)

¹⁾

Culley DJ, Berger MS, Shaw D, et al. An Analysis of Factors Determining the Need for Ventriculoperitoneal Shunts After Posterior Fossa Tumor Surgery in Children. Neurosurgery. 1994; 34:402-408

²⁾ ³⁾

Manley GT, Dillon W. Acute posterior fossa syndrome following lumbar drainage for treatment of suboccipital pseudomeningocele. Report of three cases. J Neurosurg. 2000; 92:469-474

⁴⁾

Roland PS, Marple BF, Meyerhoff WL, et al. Complications of lumbar spinal fluid drainage. Otolaryngol Head Neck Surg. 1992; 107:564-569

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