

Traumatic cerebrospinal fluid otorrhea treatment

see also [Traumatic cerebrospinal fluid fistula treatment](#)

Traumatic [cerebrospinal fluid otorrhea](#) is often managed conservatively with stool softeners, head-of-bed elevation, serial [lumbar punctures](#), or [lumbar drainage](#). Occasionally patients require operative management if conservative measures fail. Successful management in refractory cases often involves a combination of observation, CSF diversion, and/or extracranial and intracranial procedures ¹⁾.

The use of prophylactic antibiotics is controversial. Many believe the use of antibiotics in the absence of infection has the effect of selecting out resistant organisms among the normal flora, complicating the treatment of meningitis when it does arise. They believe antibiotics should be withheld unless signs and symptoms of meningitis occur and diagnosis is confirmed by spinal tap. Then, broad-spectrum antibiotics are instituted until cultures and sensitivities are returned.

Others believe that the routine use of prophylactic broad-spectrum antibiotics is advised in CSF otorrhea. The initial signs of meningitis may be subtle, and irreparable harm may occur to the CNS by the time obvious meningitic signs are present

The surgical approach is dictated by the fracture location and hearing status in patients with temporal bone trauma. Patients with little or no residual hearing can be managed with a transmastoid or [translabyrinthine approach](#), whereas patients with residual hearing can be managed with a middle fossa approach.

¹⁾

Bell RB, Dierks EJ, Homer L, Potter BE. Management of cerebrospinal fluid leak associated with craniomaxillofacial trauma. J Oral Maxillofac Surg. 2004 Jun;62(6):676-84. doi: 10.1016/j.joms.2003.08.032. PMID: 15170277.

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