INTRODUCTION

- Otogenic cerebrospinal fluid leaks can be managed via transmastoid, transcranial or combined approaches.
- The transmastoid approach avoids the complications of transcranial approaches as resulting from brain retraction, dural entry and the craniotomy.
- Up to 50% of patients present with bacterial meningitis where definitive surgical management usually occurs after resolution of the infection.
- Temporalis fascia, autologous fat, hydroxyapatite, ossicular bone grafts, bone wax can be used for defect closure.

CONCLUSION

- Average age at presentation was 51.43 years. 44% of ears had spontaneous leaks, 28% traumatic, 22% iatrogenic, 8% congenital.
- Hearing loss was the most common presenting symptoms, with significant conductive component usually present.
- Tegmen mastoidae and tegmen tympani were the most common location for CSF leakage.
- There were 21 encephaloceles identified at the time of surgery, but only 10 were recognized preoperatively on cross-sectional imaging.
- All ears underwent mastoid obliteration and fat grafting and only ten ears required removal of at least one ossicle.
- Average largest diameter of skull base defect was 7.18 mm ± 4.76 (Range 2.5 mm - 20 mm).
- There were no major complications as the result of surgery.
- There were 4/26 ears that recurred. Of those that followed up, 1 (5%) presented with meningitis.

REFERENCES