

## **"CEREBROSPINAL FLUID RHINORRHEA"**

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Cerebrospinal fluid (CSF) rhinorrhea occurs from the breakdown of the barriers separating the nasal cavities from subarachnoid spaces: skull base, dura mater and arachnoid membrane. Etiologically, the causes of CSF rhinorrhea can be classified as: surgical traumatic, non-surgical traumatic, congenital, neoplastic and idiopathic. The main symptom is the constant and unstoppable unilateral watery rhinorrhea. Surgical treatment is advised since such a pathology significantly increases the risk of meningitis and encephalitis.<sup>1</sup>

Since 1981, when Wigand<sup>2</sup> employed a transnasal endoscopic approach for the first time to repair anterior cranial base CSF rhinorrhea, a growing number of authors have performed the technique reporting a satisfactory success rate.<sup>3</sup> A key point in this kind of surgery is the correct identification of the site of the CSF leak, and the intraoperative use of intrathecal fluorescein is often used for this.

In the literature, a variety of materials have been used for endoscopic endonasal repair: septal mucoperiosteal or mucoperichondrial grafts, free<sup>4</sup> or peduncolated,<sup>5</sup> middle turbinate,<sup>6</sup> temporalis fascia,<sup>7,8</sup> fascia lata,<sup>9</sup> or septal cartilage<sup>10</sup> grafts.

A retrospective report of surgical activity covering the last 15 years is presented, comprising 38 patients who underwent endoscopic endonasal repair of CSF leak performed using a mucoperichondrial graft from the septum, and without the use of intrathecal fluorescein.