Postoperative pseudomeningocele

Pseudomeningocele is a known operative complication of Chiari decompression with significant morbidity.

Case series

2015

A retrospective analysis of 150 consecutive patients from November 1991 to June 2011 was conducted. Symptomatic pseudomeningocele was defined clinically; to meet definition it must have required operative intervention. Variables evaluated included sex, age, use of graft, and use of operative sealant. The Chi-square, Fisher test, and the two-sample t-test were used as appropriate to determine significance. Multiple logistic regression was used to determine independent risk factors for complication.

A total of 67.3% of patients were female, with average age being 39.7 years. A total of 67.3% of patients had a graft placed with the most common being fascia lata. Only nine patients (6%) presented with pseudomeningocele. Factors observed to be significantly associated with pseudomeningocele development were age and use of sealant. Age and sealant use were also independent risk factors for complication. Adjusted for the significant effect of age, odds for complication among patients with sealant usage were 6.67 times those for patients without sealant. Adjusted for the significance of sealant usage, there is a 6% increase in odds for complication for every year increase in patient's age.

A statistically significant relationship exists between age and sealant use and the risk of developing a postoperative pseudomeningocele. Emphasis and attention must be placed on meticulous closure technique. This information can aide in preoperative planning and patient selection 1).

Case reports

2014

A postoperative pseudomeningocele was treated with lumbar drain and fibrin glue. Performed for persistent right pleural effusion, CT myelogram failed to show communication between the cerebrospinal fluid (CSF) and pleural space-even on 2-hour delayed images. Subsequent In DTPA cisternogram clearly demonstrated CSF leakage into the right pleural space at 2 hours, and surgical repair yielded good results. Radionuclide cisternography is a highly useful method to detect CSF leak, especially when it is occult on CT yet suspected clinically 2).

References


2) Howard BA, Gray L, Isaacs RE, Borges-Neto S. Definitive Diagnosis of Cerebrospinal Fluid Leak Into the

Operative Neurosurgery - https://operativeneurosurgery.com/
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