

Skull Base Injury



Skull Base Injury

- Incidence
 - ✓Should be <1% risk of CSF leak for ESS
- Treatment
 - ✓ If during surgery, immediate repair with mucosal graft with/without bone graft



Skull Base Injury

- Danger Areas
 - Lateral lamella of the cribriform plate
 - Middle turbinate attachment
 - ✓ Posterior ethmoid roof
 - Entering sphenoid too high
 - ✓ Frontal recess
 - Too posterior when entering frontal sinus

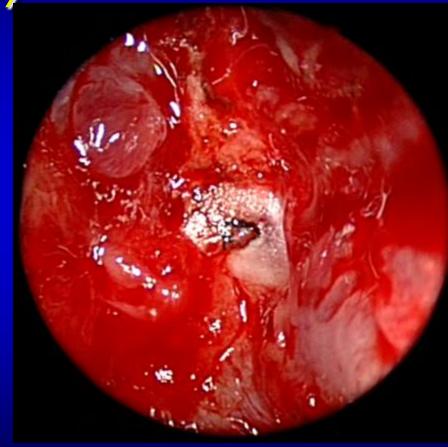


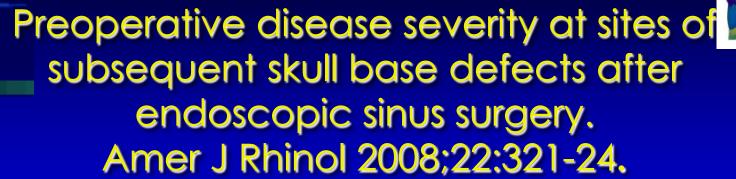


Recognition of Skull Base Injury

Washout sign (clean area in a blood-stained field)

- Bone violation
- Excessive bleeding at skull base





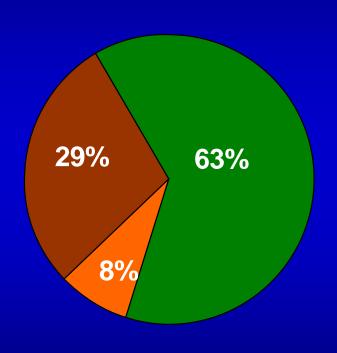
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Surgery







Amount of Disease at Subsequent Skull Base Defect Site



No Disease

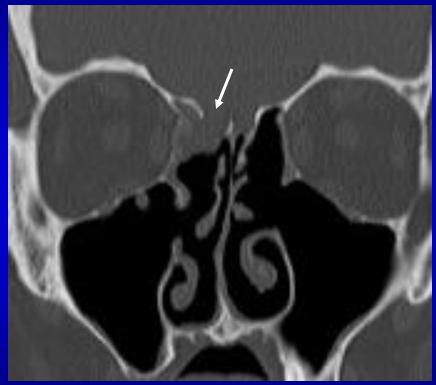
Minimal Disease

Complete
Opacification



Case 1





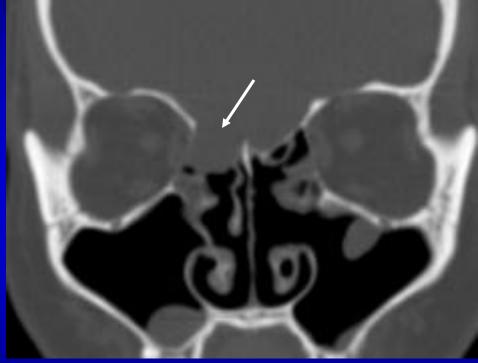
Baseline

Pre-repair



Case 2





Baseline

Pre-repair Emory Healthcare



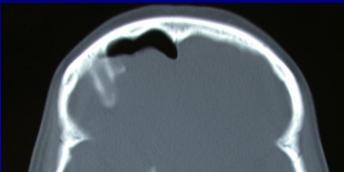


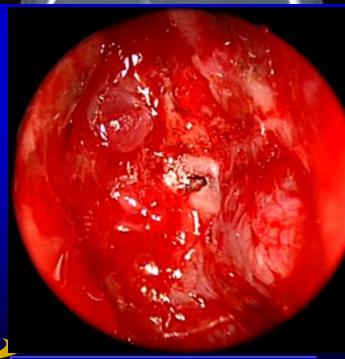


- Minimal mucosal disease
 - ✓ Thin mucosa
 - ✓ Strips more easily
 - Possibly exposing skull base
- Thin, non-osteitic bone
 - ✓ More easily damaged
 - ✓ Provides less resistance to manipulation
 - ✓ More transparent
 - ❖ Mistaken for another ethmoid cell



- Presents postoperatively after a forceful activity
 - ✓ Sneeze, cough, strain, vomit
- Headache
- Mental status change

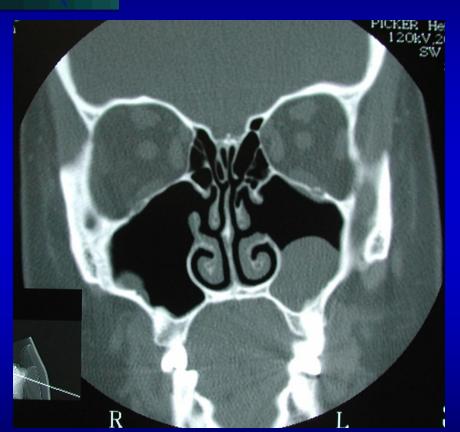


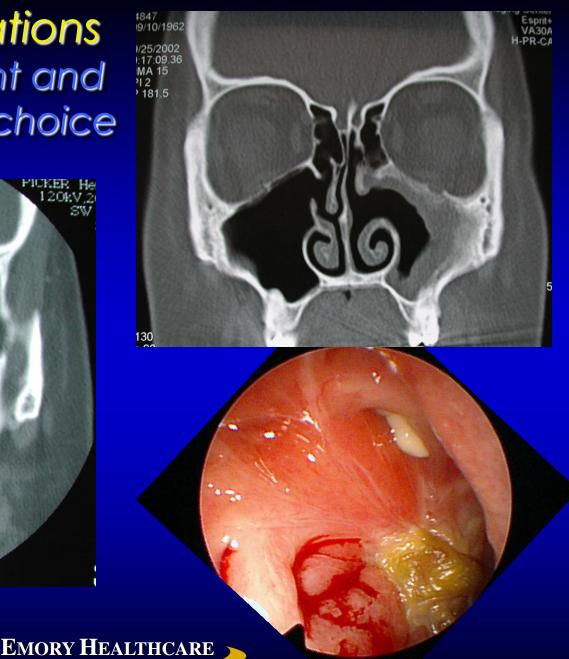




Preventable Complications Poor Judgement or Technique



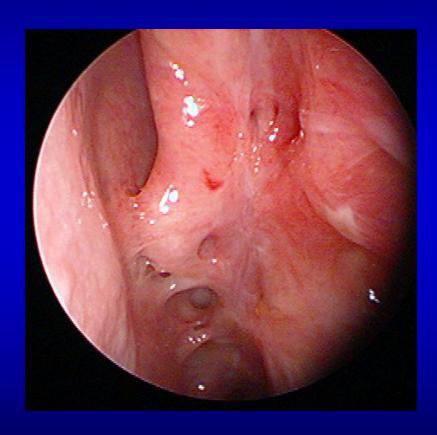






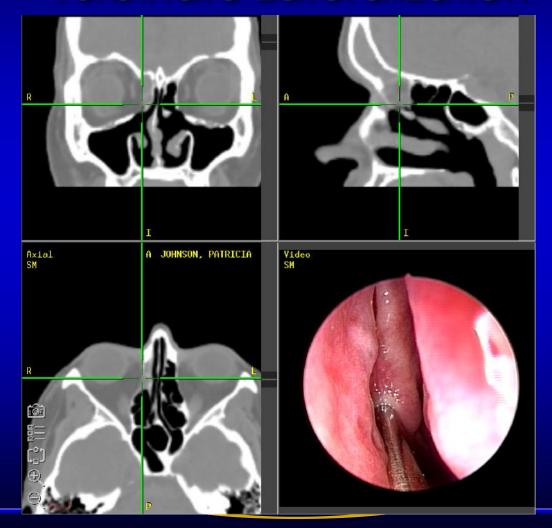
Complications Synecchiae

- Result of:
 - ✓ Mucosal trauma
 - Middle turbinate destabilization
 - ✓ Inadequate access
- **Solution:**
 - ✓ Atraumatic technique
 - Mucosal preservation
 - Middle turbinate medialization





Frontal Mucocele from Middle Turbinate Lateralization





Conclusions

- Complications happen
- Surgeon needs to be able to:
 - ✓ Avoid
 - ✓ Recognize
 - ✓ Treat to resolve or minimize morbidity



THANK YOU