

CEREBROSPINAL FLUID FISTULA AFTER VESTIBULOCOCHLEAR SCHWANNOMA SURGERY

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A 77-year-old woman, with a history of vestibulo-cochlear nerve schwannoma surgery 16 years ago, presented with persistent dizziness. She had no additional medical conditions and was otherwise well. On clinical examination, no otorrhea or significant symptoms were observed. Given the patient's surgical history, an MRI was requested, which revealed a discontinuity in the posterior and superior wall of the right internal auditory canal in its lateral portion (Fig. 1 A), establishing communication with the cerebrospinal fluid space of the right pontocerebellar cistern (Fig. 1 B), consistent with a fistulous tract. The patient was referred for neurosurgical evaluation, and surgical intervention was recommended to repair the fistula.

Cerebrospinal fluid (CSF) fistulas occur due to abnormal communication between the subarachnoid space and adjacent structures, most commonly through the nasal cavity or ear. They can result from trauma, malformations, tumors, infections, or iatrogenic causes like surgeries. CSF fistulas may cause symptoms such as headache, dizziness, hearing loss, rhinorrhea, or otorrhea, and untreated cases may lead to recurrent meningitis and neurological complications. Diagnosis often requires imaging, including CT and MRI, with surgical intervention being essential when spontaneous resolution does not occur. This case highlights the importance of evaluating patients with surgery or trauma for CSF fistulas.

Figure 1 |

