Letter to the Editor

A “Guided” technique for insertion of lumbar cerebrospinal fluid drains

Sir,

The role of lumbar cerebrospinal fluid (CSF) drainage following resection of skull base tumors is known.[1] Placement of these catheters can be challenging.[1] We present a “guided technique” for insertion of lumbar CSF drains, which was used, after failure of the conventional technique.

A young adult presented with cerebrospinal fluid rhinorrhea following endoscopic resection of sinonasal neuroendocrine tumor. Decision to place a CSF drain (Cellui, Surgiwear, India) was taken. Despite multiple attempts, two experienced anesthesiologists could not locate the spinal space with the 14-gauge metallic Tuohy needle. After consenting and adequate positioning, a reattempt was made the next day under sterile conditions. The spinal space was first located in L3–L4 space using a 25-gauge Quincke needle (BD, USA) by midline approach. Free flow of CSF confirmed accurate placement. Before the skin puncture with the 14-gauge Tuohy needle, a small nick was made using a 22-gauge hypodermic needle, after adequate local anesthesia.[2] The placement of the metallic needle was then facilitated using the direction and depth of space as determined by the 25-gauge Quincke needle. After confirming free flow of CSF, the drainage catheter was passed without any resistance. The drainage functioned safely, after removal of the 25-gauge spinal needle. Failure of clinical methods in the placement of lumbar drain is known, and use of fluoroscopy and ultrasound has been described.[4] Equipment availability and expertise in these techniques is essential.[4] The guided technique described is simple, effective, and beneficial in augmenting the standard technique of placement of lumbar drains.

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Conflicts of interest
There are no conflicts of interest.

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References


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