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Commentary

This article is relevant to the neuro-otologic and neurosurgical community, particularly because this complication is relatively uncommon. The authors elucidate possible pathophysiologic mechanisms and satisfactorily review the cases reported in the literature.

When working on a dural surface, it is essential that only bipolar cauterization be applied

because the dura is often exposed during surgery for chronic otitis media. A violation of the dura needs to be addressed at surgery. At discharge, all patients who have undergone extensive petrous bone microdissection for chronic otitis media with or without cholesteatoma should be educated about the signs and symptoms that can portend the onset of an intracranial complication. The value of this article is underscored by reminding all clinicians that while neurologic sequelae seldom follow ear surgery for chronic infections, they can occur and cause serious complications.

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