

# A Proposed-intention to Treat - Classification of Spinal Dural Tears

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### Introduction

Incidental dural tear is one of the most common intraoperative complications in lumbar spine surgery. Yet, its technical management for the prevention of CSF leak is controversial.

#### Methods

To determine outcome according to CSF fistula in a selective cohort with intraoperative spinal dural tear after different repairs in a comparative study, 62 consecutive patients underwent spinal dural repair after microdiscectomy (n=42) or lumbar spinal decompression (n=20). Group 1 consisted of 20 patients, with Type I or mild dural tear who had tissue-glue coated collagen sponge or fibrin glue application application. Group 2 comprised 21 patients with Type II or moderate dural tear who had both tissue-glue coated collagen sponge and fibrin glue application. Group 3 comprised 21 patients with Type III or severe dural tear who had polypropylene suture and tissueglue coated collagen sponge and/or fibrin glue application. Evident postoperative internal or external CSF leak was used to determine the patient's postoperative result.

# Results

Postoperative internal or external CSF leak was not evident during a minimum 1 year follow up in group 1. Internal CSF leak was evident in group 2 (n=3) and group 3 (n=3) during same follow up. No external CSF leak was disclosed. Three patients underwent re-do spinal surgery for CSF leak repair.

### Conclusions

Patients in all groups prevented satisfactorily CSF leak. According to the intraoperative findings of a distinct dural tear, patients can be treated adequately with a specific surgical technique.

## Learning Objectives

To disclose different types of dural tears of the spinal canal. To decide what approach is best according to its type.

### References

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