Lumbar Cerebrospinal Fluid Drains for Thoracic Endovascular Aneurysm Repair

Common Practice or Standard of Care?

To the Editor:

The recent description by Awad *et al.*,[1] accurately reports an interesting, and thankfully rare, complication of a neuraxial subdural hematoma complicating lumbar cerebrospinal fluid (CSF) drain placement in a patient undergoing thoracic endovascular aortic aneurysm repair. It also states that CSF drain placement is indicated as "a standard of care" in open and thoracic endovascular aortic aneurysm repair cases in order to reduce the risk of spinal cord ischemia. Although there are published guidelines recommending the use of CSF drains in these surgical settings,[2] the evidence supporting their use is arguably rather weak (levels B and C)[3] and is either quite dated,[3] or based largely on expert opinion.[4] Accordingly, the uptake of lumbar CSF drain use is somewhat irregular and to suggest that it should be a "standard of care" (*i.e.*, what the average prudent practitioner should be practicing given similar circumstances) is probably inaccurate. Although lumbar CSF drain placement may be commonplace in many centers, to state that it is a standard of care, and thus implicitly suggest that it should routinely be done, probably overemphasizes the utility of CSF drains in these settings.

Competing Interests

The author declares no competing interests.

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