**Supplementary Comment on
“Computed Tomography Evaluation of Air Cells in the Petrous Bone
—Relationship With Postoperative Cerebrospinal Fluid Rhinorrhea—”**

One of the most devastating complications of skull base surgery is CSF rhinorrhea. It is imperative that during the planning stages of an operation, diligent attention is focused on identifying individual aberrations in patient anatomy that could lead to this potential complication. Continued improvements in modern imaging techniques have facilitated preoperative identification of anatomical variations.

In this study, Yamakami et al. investigated the anatomy of air cells using thin-slice computed tomography in 168 petrous bones in 84 patients. Their incidence of eburnated mastoid was 11% and pneumatized was 89%. Based on their relationship to the sigmoid sulcus, the mastoid cells were classified into presinusoidal (14%), sinusoidal (44%), and postsinusoidal (42%). Perilabyrinthine cells were divided into supralabyrinthine and infralabyrinthine cells. Air cells in the petrous apex were found in 31% of bones.

The classification scheme reported in this paper is not new. The true significance of this paper is that it once again reinforces the fact that variations in temporal bone anatomy can be anticipated preoperatively. This increased anticipation may prevent inadvertently overlooking opened air cells. Without meticulous surgical techniques, however, this increased anticipation is of no value. Intraoperative sealing of all exposed air cells is mandatory. This can be done with fat or muscle.

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