Anterior communicating artery aneurysm epidemiology

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- The role of systemic inflammation in the formation and rupture of intracranial aneurysms in moyamoya disease: a retrospective cohort study
- A Review of Sports-Related, Life-Threatening Injuries Presenting to Emergency Departments, 2009-18
- Association between triglyceride-glucose index and intracranial aneurysm rupture: findings from a retrospective study
- External Validation of the ARISE Prediction Models for Aneurysmal Rebleeding After Aneurysmal Subarachnoid Hemorrhage
- Factors related to the prognosis of patients with cerebral aneurysms undergoing microsurgical treatment
- Complexity index of microsurgical treatment of unruptured cerebral aneurysms
- Risk factors for preoperative anxiety and depression in patients with unruptured intracranial aneurysms scheduled for endovascular embolization
- Association between intracranial artery stenosis and aneurysm rupture risk: Proximal stenosis as a potential protective factor

Anterior communicating artery aneurysms are the most frequent intracranial aneurysms.

They account for 23–40% of ruptured intracranial aneurysms and 12–15% of unruptured aneurysms and are the most common intracranial ruptured or unruptured aneurysms.

The single most common site of aneurysms presenting with SAH [1].

They cause aneurysmal subarachnoid hemorrhage, in about 21.0%~25.5% of spontaneous subarachnoid hemorrhage [2] [3] [4].

Saccular aneurysms are most common in the anterior communicating artery (ACoA).

Frequently it is a wide necked aneurysm with an irregular shape, incorporate parent vessels, and are associated with significant variations in vascular anatomy.

The most common site of rupture of very small intracranial aneurysms was the anterior communicating artery (ACoA). Rupture of small and very small aneurysms is unpredictable, and treatment may be considered in selected high-risk patients according to factors such as young age, ACoA location, and hypertension [5].

A1 segment hypoplasia of the anterior cerebral artery is frequently observed in patients with anterior communicating artery aneurysms. The effect of this anatomical variant on ACoA aneurysm morphology is not well understood [6].

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