2025/06/25 17:57 1/2 Greece

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Spontaneous subarachnoid hemorrhage

Management and outcome data on spontaneous subarachnoid hemorrhage (SAH) in Greece are scarce. We analyzed 13-year (2002-2014) retrospective data on all first-ever SAH patients referred to one of the largest neurosurgical academic departments. METHODS: Patient demographic/clinical status, length-of-hospital stay (LOS) and hospital outcome was determined. Outcome in different treatment categories was compared and prognostic factors identified.

719 patients were identified (mean age 55 ± 12 years; men/women ratio = 1/1.4). Angiography (DSA) was performed in 88% of patients (N=632); it was positive in 77.5% (N=490). DSA was not performed in the remaining cases mainly due to early deaths (67 of 87; 77%). 74.9% of DSA positive patients (367 of 490; 51% of the total sample) underwent treatment; it comprised predominantly of coiling (81.5%) and to a lesser extent of clipping (18.5%). Lack of treatment on DSA positive patients was largely due to early deaths (66 of 123; 53.7%). Favorable outcome was recorded in 45.6% overall (328 of 719). Favorable outcome or mean LOS did not differ significantly between coiling (51.2%/24.7 \pm 49 days) and clipping (48.8%/ 28.8 \pm 28 days). Nevertheless, the surgery group had a significantly higher proportion of dead patients. Advanced age and poor clinical presentation were independent risk factors for bad outcome.

Predominance of coiling over time is consistent with current trends in Western Europe and the US. Outcome of clipping or coiling was comparable to previous salient series. Early treatment/centralization of care remain prerequisites for extending treatment options and further improving SAH outcome ¹⁾.

1)

Stranjalis G, Loufardaki M, Kalamatianos T. Trends in the management and hospital outcome of spontaneous subarachnoid hemorrhage in the post-ISAT era in Greece: analysis of 719 patients during a 13-year period. World Neurosurg. 2015 Dec 24. pii: S1878-8750(15)01726-X. doi: 10.1016/j.wneu.2015.11.103. [Epub ahead of print] PubMed PMID: 26724622.

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