

Intracranial aneurysm endovascular treatment

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Endovascular treatment is widely applied as the first-line treatment for intracranial aneurysms and includes simple [intracranial aneurysm coiling](#) (SC), [intracranial aneurysm stent-assisted coiling](#) (SAC), [intracranial aneurysm flow diversion](#), and [intracranial aneurysm flow disruption](#).

Intracranial aneurysm coiling

[Intracranial aneurysm coiling](#).

Intracranial aneurysm stent-assisted coiling

[Intracranial aneurysm stent-assisted coiling](#).

Intracranial aneurysm flow diversion

[Intracranial aneurysm flow diversion](#).

Intracranial aneurysm flow disruption

[Intracranial aneurysm flow disruption.](#)

Since the emergence of the [Guglielmi detachable coil](#) in the late 1980s and early 1990s, [intracranial aneurysm treatment](#) has entered an [endovascular](#) era which has served as a crucial adjunct to the gold standard of microsurgical [clipping](#). The International Subarachnoid Aneurysm Trial ([ISAT](#)) and International Study of Unruptured Intracranial Aneurysms ([ISUIA](#)) have established the exponential increase in the utility of endovascular procedures for aneurysms treatment. Results of the ISAT showed that 1-yr disability or death occurred in 30.9% of patients treated via clipping vs only in 23.5% of patients in the coiling group ¹⁾

With the increasing use of endovascular techniques in the treatment of both [ruptured intracranial aneurysm](#) and [unruptured intracranial aneurysms](#), the issue of obliteration efficacy has become increasingly important.

Endovascular therapy is for certain aneurysms the treatment of choice for [intracranial aneurysms](#) (IAs) for its efficacy and safety profile. Still, many [aneurysms](#) such as large, giant, [wide necked aneurysm](#), and fusiform aneurysms are considered more challenging and less amenable to traditional endovascular coiling ²⁾.

In addition to [coiling](#), [balloon remodeling technique](#) and [Stent-assisted coiling](#) have been employed for the endovascular treatment of wide-necked or otherwise morphologically challenging intracranial aneurysms, and each technique confers unique advantages. Flow-diverting stents may also be used as a primary treatment modality for complex aneurysms and have a number of benefits and limitations ³⁾.

see [Flow diverter](#)

see [Aneurysm Recanalization Stratification Scale](#).

Timing of endovascular treatment for aneurysmal subarachnoid hemorrhage

[Timing of endovascular treatment for aneurysmal subarachnoid hemorrhage.](#)

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³⁾

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