Intracranial aneurysm surgery

- Intracranial Aneurysm Predisposing to Terson's Syndrome: Insights From a Systematic Review
- A Case of a Non-giant Intracranial Aneurysm with Spontaneous Occlusion Directly Observed during Clipping Surgery
- A Review of Sports-Related, Life-Threatening Injuries Presenting to Emergency Departments, 2009-18
- Angiographic Occlusion After Flow Diversion of Ruptured and Unruptured Intracranial Aneurysms Using the Flow Redirection Endoluminal Device-X: A Multicenter Analysis
- Flow diverter with or without adjunctive coils in the treatment of large and giant intracranial aneurysms: a meta-analysis
- Association between triglyceride-glucose index and intracranial aneurysm rupture: findings from a retrospective study
- Development and validation of a nomogram for predicting intracranial infection after intracranial aneurysm surgery
- Treatment outcomes of successful M1 versus M2 thrombectomy for low-ASPECTS stroke patients

The idea of unruptured intracranial aneurysm screenings is interesting because, despite recent advances in surgical and endovascular treatment, the mortality related to aneurysmal subarachnoid hemorrhage reaches 30%.

In general, surgically managed patients include those with parenchymal hematoma and large aneurysm, while endovascular therapy is preferred in elderly, patients with significant co-morbidity, poor grades and basilar artery aneurysm [1].

Intravascular volume and electrolyte status should dictate the type and quantity of fluids, with a goal to maintain euvolemia and normal electrolyte function.

In aneurysmal subarachnoid haemorrhage, endovascular or surgical exclusion of the aneurysm responsible for the bleeding is mandatory to prevent re-bleeding.

The recent guidelines on management of aneurysmal subarachnoid hemorrhage (aSAH) advise pharmacological thromboprophylaxis (PTP) after aneurysm obliteration.

The initiation of PTP within 24 hours may be safe after the treatment of a ruptured aneurysm or in angiogram-negative SAH patients with diffuse aneurysmal hemorrhage pattern. We suggest caution with concomitant use of PTP and dual antiplatelet agents, because it possibly increases the risk for intracerebral hemorrhage [2].

Racial and socioeconomic factors are associated with delayed time to treatment in aSAH. Identification of factors underlying these delays and standardization of care may allow for more uniform treatment protocols and improved patient care [3].

Aneurysm occlusion can be performed in the daytime within 72 hours after ictus, instead of on an emergency basis. However, due to the retrospective, non-randomized design of the study of Oudshoorn et al., the results cannot be considered as definitive evidence [4].

Intracranial aneurysm clipping

see Intracranial aneurysm clipping.

1)
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2)
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4)
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