

Modified Raymond-Roy Occlusion Classification

- [Assessing Occlusion and Recovery in Large and Giant Intracranial Aneurysms: A Comparative Retrospective Study of Flow Diversion Alone Versus Combined With Coiling and the Role of Packing Density](#)
- [Interdependence of First-coil and Global volume embolization ratios \(VERs\) calculated by Sim&Size in predicting aneurysm occlusion outcomes](#)
- [Comparative analysis between stent-assisted coiling and Woven EndoBridge embolization for unruptured wide-necked bifurcation intracranial aneurysms: A propensity score matching study](#)
- [Comparison of Woven EndoBridge and stent-assisted coiling for treatment of acutely ruptured wide-neck bifurcation aneurysms: Single-center experience](#)
- [Retrospective multicenter analysis of the Trenza Embolization Device for endovascular therapy of intracranial aneurysms: initial results and short-term follow-up](#)
- [The ELVIS study: Medium and long-term Efficacy of LVIS EVO stent-assisted coil embolisation for unruptured saccular intracranial aneurysms-A tertiary single-centre experience](#)
- [Postoperative Time-of-Flight Magnetic Resonance Angiography Classification is a Predictor of Postoperative Recanalization of Unruptured Cerebral Aneurysms](#)
- [Use of the Neuroform Atlas Stent or LVIS Jr Stent for Treatment of Unruptured Intracranial Aneurysms in Parent Arteries of <2 mm in Diameter: A Multicenter Experience](#)

Mascitelli et al.¹⁾ in 2015 proposed a modified [Raymond-Roy Occlusion Classification](#) (MRRC) or modified Montreal scale, where class III is subdivided to reflect [progression to occlusion](#):

class IIIa: contrast [opacification](#) within the [coil](#) interstices of a [residual aneurysm](#)

class IIIb: contrast opacification outside the coil interstices, along the residual [aneurysm wall](#)

The study from Mascitelli et al. found that class IIIa aneurysms progress to complete occlusion more than class IIIb aneurysms.

A [validation study](#) by Stapleton et al. confirmed that the predictive capability of the RROC was improved by the MRRC, showing not only that IIIa occluded more often (53.6% vs 19.2%) but that IIIb lesions would also further recanalize more frequently (65.1% vs 27.4%)²⁾

1)

Mascitelli JR, Moyle H, Oermann EK, Polykarpou MF, Patel AA, Doshi AH, Gologorsky Y, Bederson JB, Patel AB. An update to the Raymond-Roy Occlusion Classification of intracranial aneurysms treated with coil embolization. J Neurointerv Surg. 2015 Jul;7(7):496-502. doi: 10.1136/neurintsurg-2014-011258. Epub 2014 Jun 4. PMID: 24898735.

2)

Stapleton CJ, Torok CM, Rabinov JD, Walcott BP, Mascitelli JR, Leslie-Mazwi TM, Hirsch JA, Yoo AJ, Ogilvy CS, Patel AB. Validation of the Modified Raymond-Roy classification for intracranial aneurysms treated with coil embolization. J Neurointerv Surg. 2016 Sep;8(9):927-33. doi: 10.1136/neurintsurg-2015-012035. Epub 2015 Oct 5. PMID: 26438554.

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