

Moyamoya disease treatment

- A Machine Learning-Based Diagnostic Nomogram for Moyamoya Disease: The Validation of Hypoxia-Immune Gene Signatures
- Moyamoya disease in a 10-year-old male patient in the Middle East with the outcome of the surgery: A case report and literature review
- Development and validation of a predictive model for perioperative low-density lipoprotein as a risk factor for postoperative cerebral infarction in Moyamoya disease
- The Orbital Grading system yields higher precision than the Matsushima grading system in assessing angiographic outcomes after EDAS for Moyamoya disease: an interrater reliability analysis
- Long-Term Outcomes in Patients With Hemorrhagic Moyamoya Disease Combined With Hypertension After Encephaloduroarteriosynangiosis
- Moyamoya syndrome in a 6-year-old beta-thalassemia major patient: A case report
- Moyamoya Disease in a Patient With Cerebral Palsy Presenting With Intraventricular Hemorrhage and Hydrocephalus Requiring Ventriculoperitoneal Shunt Placement: A Case Report
- The Role of Encephaloduroarteriosynangiosis in Moyamoya Disease: A Consecutive Case Series From Pakistan

Endothelial progenitor cells (EPCs) contribute to the recovery of neurological function after ischemic stroke. Indirect revascularization has exhibited promising effects in the treatment of cerebral ischemia related to moyamoya disease and intracranial atherosclerotic disease. The role of EPCs in augmenting the revascularization effect is not clear. The results of a study suggested that indirect revascularization ameliorated the cerebral ischemic changes. EPCs played a key role in augmenting the effect of indirect revascularization in the treatment of chronic cerebral ischemia ¹⁾.

Based on combined meta-analysis (43 articles) and pooled analysis (143 articles), the existing literature indicates that combined and direct bypasses have significant benefits for patients suffering from late stroke and hemorrhage versus indirect bypass. Combined bypass was favored over indirect bypass for favorable outcomes. This is a strong recommendation based on low-quality evidence when utilizing the Grades of Recommendation, Assessment, Development, and Evaluation system. These findings have important implications for bypass strategy selection ²⁾.

Direct, Indirect, and Combined Extracranial-to-Intracranial Bypass.

Revascularization

Revascularization for Moyamoya disease treatment.

¹⁾

Wang KC, Yang LY, Lee JE, Wu V, Chen TF, Hsieh ST, Kuo MF. Combination of indirect revascularization and endothelial progenitor cell transplantation improved cerebral perfusion and ameliorated tauopathy in a rat model of bilateral ICA ligation. Stem Cell Res Ther. 2022 Nov 12;13(1):516. doi: 10.1186/s13287-022-03196-1. PMID: 36371197.

²⁾

Nguyen VN, Motiwala M, Elarjani T, Moore KA, Miller LE, Barats M, Goyal N, Eliovich L, Klimo P, Hoit

DA, Arthur AS, Morcos JJ, Khan NR. Direct, Indirect, and Combined Extracranial-to-Intracranial Bypass for Adult Moyamoya Disease: An Updated Systematic Review and Meta-Analysis. *Stroke*. 2022 Sep 22;101161STROKEAHA122039584. doi: 10.1161/STROKEAHA.122.039584. Epub ahead of print. PMID: 36134563.

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