Poland

Society

https://neurochirurgia-polska.org/

Journals

Polish Journal of Neurology and Neurosurgery

Hospitals

Bialystok. Gdańsk Opole. Łódź. Lublin. Olsztyn. Tarnów. Warsaw Wrocław. Zgierz.

A analysis of treatment of IAs performed in Poland between 2009-2012. Patients' records were crossmatched by ICD-9 codes for ruptured SAH (430) or unruptured cerebral aneurysm (437.3) along with codes for clipping (39.51) and coiling (39.79, 39.72, or 39.52). Multivariable logistic regression was used to compare in-hospital deaths, hospital length of stay (LOS), therapy allocation and aneurysm locations in unruptured vs. ruptured and clipped vs. coiled groups. Differences in the number of procedures between 16 administrative regions were standardized per 100,000 people.

11,051 procedures were identified, including 5,968 ruptured and 5,083 unruptured aneurysms. Overall increase was 2.3 % in clipping and 13.1 % in coiling; a significant trend was found in endovascular procedures (p = 0.044). Ruptured aneurysms were clipped more frequently (OR = 1.66;); in unruptured IAs, endovascular procedure was preferred 3.5 times more than clipping. The annual inhospital mortality was 7.6 % in clipping and 6.7 % in endovascular treatment. LOS was two times longer after clipping in unruptured aneurysms (OR = 2.013). After the procedures were standardized per 100,000 people, the average for Poland was established as 9.09 in 2009, 10.86 in 2010, 10.55 in 2011, and 11.49 in 2012. This index had the highest values in Mazovia (12.9, 2009; 15.4, 2010; 17.4, 2011; 18.6, 2012.

Data analysis revealed an increase in overall number of IAs treated in Poland between 2009-2012. A significant upward trend of endovascular procedures was found, whereas the number of clipped aneurysms remained relatively steady over the study period ¹⁾.

Impact of COVID-19 on incidence and treatment of intracranial aneurysms

The COVID-19 pandemic greatly disrupted the national healthcare system in Poland, resulting in the implementation of new protocols allowing only patients with severe diagnoses to receive immediate treatment. Given that an intracranial aneurysm (IA) is regarded as one of the most severe diagnoses, Miękisiak et al. planned to assess whether the current protocol has successfully provided the standard intracranial aneurysm treatment.

Data on all IA cases treated from 2015 to 2020 was extracted from the JGP (a homogeneous group of patients) catalog provided by the National Health Index of Poland (NFZ, Narodowy Fundusz Zdrowia). Poisson regression was used to determine the significance of the change in hospital admissions, and differences between proportions were analyzed using the "N-1" Chi-squared test.

A total of 21,801 IA patients treated during 2015-2020 were included in this study. The overall number of hospitalizations due to IAs fell in the open surgery group, but not in the endovascular cohort. Mortality rates following IA treatment increased significantly by 21% in 2020 compared to preceding years. The demographics changed as well; the patients were significantly younger during the pandemic.

The findings show that the current strategy for optimal care for patients diagnosed with IAs in Poland during the pandemic is failing to maintain high-quality treatment. New methods to improve the current plan should be implemented to address future crises ².

1)

Tykocki T, Kostyra K, Czyż M, Kostkiewicz B. Four-year trends in the treatment of cerebral aneurysms in Poland in 2009-2012. Acta Neurochir (Wien). 2014 Feb 6. [Epub ahead of print] PubMed PMID: 24499992.

Miękisiak G, Fercho J, Pettersson SD, Szmuda T, Słoniewski P. Impact of COVID-19 on incidence and treatment of intracranial aneurysms in Poland: a national study. Neurol Neurochir Pol. 2022 Jan 11. doi: 10.5603/PJNNS.a2022.0006. Epub ahead of print. PMID: 35014691.

From: https://neurosurgerywiki.com/wiki/ - **Neurosurgery Wiki**

Permanent link: https://neurosurgerywiki.com/wiki/doku.php?id=poland

Last update: 2024/06/07 02:51

