Ruptured intracranial aneurysm

- Angiographic Occlusion After Flow Diversion of Ruptured and Unruptured Intracranial Aneurysms Using the Flow Redirection Endoluminal Device-X: A Multicenter Analysis
- Protective Effect of Resveratrol Against Intracranial Aneurysm Rupture in Mice
- Risk factors for rupture of intracranial aneurysms in patients with autoimmune diseases
- Statin versus no statin after treatment with pipeline embolization device for intracranial aneurysms: a meta-analysis
- Early experience with Target Tetra coils for treatment of small and very small ruptured intracranial aneurysms
- Flow diversion for treatment of acutely ruptured intracranial aneurysms: Comparison of complications and clinical outcomes with coil embolization
- Endovascular treatment of posterior circulation aneurysms with flow diverters with hydrophilic polymer coating in patients receiving prasugrel single antiplatelet therapy: a multicenter case series presenting complication and occlusion rates
- Association between triglyceride-glucose index and intracranial aneurysm rupture: findings from a retrospective study

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see also Unruptured intracranial aneurysm.

see Intraoperative aneurysm rupture.

see Intraprocedural aneurysm rupture.

Degenerative cerebral aneurysm walls are associated with aneurysm rupture and subarachnoid hemorrhage. Thin walled regions (TWRs) represent fragile areas that may eventually lead to aneurysm rupture. Previous computational fluid dynamics (CFD) studies reported the correlation of maximum pressure (Pmax) areas and TWRs; however, the correlation with aneurysm rupture has not been established.

see Computational fluid dynamics for thin walled region.

Risk factors

Aneurysm rupture risk factors.

Outcome

Ruptured intracranial aneurysm outcome

Complications

see Ruptured intracranial aneurysm complications

Prevention

Intracranial Aneurysm Rupture Prevention.

Treatment

see Ruptured intracranial aneurysm treatment.

Bibliometrics

16468 global papers were identified that were cited 273500 times until 2013-08-15. The United States accounted for 31.497% of the articles, 58.64% of the citations, and the highest h-index (127). Japan and Germany followed in frequency. China's articles ranked eighth (third in 2012) in total number, with most of the contributions occurring since 2002 (91.33%). China was at the early stage of the logic growth curve (exponential growth), with the citation frequency and h-index per year increasing. The quality of the publications was low. The main research centers were located in Beijing, Shanghai, Taiwan, and Hong Kong. The main Asian funding body was the National Natural Science Foundation of China. The number of publications and frequency of citations of papers from mainland China was greater than that of Taiwan or Hong Kong.

Global intracranial aneurysm research has been developing swiftly since 1991, with the United States making the largest contribution. Research in China started later, in 2002. Since then, China has increased its rate of publication, and became the third largest contributor by 2012 [1)].

Case series

Ruptured intracranial aneurysm case series.

1)
Jia ZJ, Hong B, Chen DM, Huang QH, Yang ZG, Yin C, Deng XQ, Liu JM. China's Growing Contribution to Global Intracranial Aneurysm Research (1991-2012): A Bibliometric Study. PLoS One. 2014 Mar 12;9(3):e91594. doi: 10.1371/journal.pone.0091594. eCollection 2014. PubMed PMID: 24622581.