

Unruptured anterior communicating artery aneurysm treatment

see also [Anterior communicating artery aneurysm treatment](#).

The risk associated with treating [unruptured anterior communicating artery aneurysms](#) in patients [age](#) <65 years is low. Comparing [risk](#) with [natural history](#) studies, these patients can be expected to outperform natural history within 5 years. Recognizing the risk of smaller anterior communicating artery aneurysms, these findings suggest that treatment of even small lesions may be beneficial ¹⁾.

[Anterior communicating artery aneurysm treatment](#) requires more collaboration between microsurgical [clipping](#) and [endovascular therapy](#). Evaluation of patient and [anterior communicating artery aneurysm](#) characteristics by considering the [advantages](#) and [disadvantages](#) of both [techniques](#) could provide an optimal treatment modality. A [hybrid vascular neurosurgeon](#) is expected to be a proper solution for the management of these conditions ²⁾.

References

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Schmalz PGR, Enriquez-Marulanda A, Alturki A, Stapleton CJ, Thomas AJ, Ogilvy CS. Combined Outcomes of Endovascular or Surgical Treatment of Unruptured Anterior Communicating Artery Aneurysms: Is a More Aggressive Management Strategy Warranted? *World Neurosurg*. 2018 Jul;115:e331-e336. doi: 10.1016/j.wneu.2018.04.046. Epub 2018 Apr 17. PMID: 29673817.

²⁾

Moon JS, Choi CH, Lee TH, Ko JK. Result of coiling versus clipping of unruptured anterior communicating artery aneurysms treated by a hybrid vascular neurosurgeon. *J Cerebrovasc Endovasc Neurosurg*. 2020 Oct 6. doi: 10.7461/jcen.2020.E2020.06.005. Epub ahead of print. PMID: 33017881.

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