Wide necked unruptured aneurysm

In the endovascular treatment of wide-necked unruptured aneurysms, there is controversy over which adjunctive device (stent vs balloon) is appropriate. At the payer level it has been posited that stents and balloons treat the same aneurysms, and, as such, the more expensive stents should not be reimbursed.

One hundred six unruptured aneurysms were treated with an adjunctive device and followed for a mean of 24.5 months. Morphological analysis revealed a lower dome-to-neck ratio (1.5 vs 1.2) and aspect ratio (1.44 vs 1.16) in the aneurysms treated with stent assistance vs balloon assistance. Of the 15.3% that were worse on follow-up angiography, there was no statistical difference between those treated with a stent vs a balloon (17.1% vs 14.2%). The overall re-treatment rate was 10.2% and was not statistically different between the 2 groups (12.7% vs 5.7%).

Peterson et al., found that unruptured aneurysms selected for treatment with stent-assisted coiling are morphologically different from those selected for treatment with balloon assistance. Despite the more challenging morphology, [Raymond Roy occlusion classification]] and re-treatment rates at 1 year were not statistically different between the 2 groups, suggesting an important role for stents in the treatment of unruptured aneurysms ¹⁾

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Peterson E, Hanak B, Morton R, Osbun JW, Levitt MR, Kim LJ. Are aneurysms treated with balloon-assisted coiling and stent-assisted coiling different? Morphological analysis of 113 unruptured wide-necked aneurysms treated with adjunctive devices. Neurosurgery. 2014 Aug;75(2):145-51. doi: 10.1227/NEU.000000000000366. PubMed PMID: 24739363.

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