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O-VAS-21 - SHOULD RUPTURED ANEURYSMS BE TREATED EARLIER?

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Resumen

Objectives: Based in our clinical results and in the recent literature we intend to discuss arguments in favor of an ultra-early treatment policy and a formal protocol proposal.

Material and methods: A 12-year database of consecutive ruptured and surgically treated intracranial aneurysms was analysed. Outcome was measured by the Glasgow Outcome Scale. Baseline characteristics were analysed by chi-square and one-way ANOVA tests. The more recent relevant literature was reviewed.

Results: 213 patients who were submitted to surgery in the first 72 hours post-ictus were included, 54 of whom have undergone ultra-early surgery. The demographics and pre-operative characteristics of ultra-early and early surgery patients are homogeneous. Overall outcome results are similar for both groups. For the good-grade patients (WFNS grading scale 1 and 2) submitted to ultra-early surgery, a statistically significant ($p = 0.047$) improved 6-month GOS outcome was verified. A trend towards good 6-month GOS outcome was also achieved on Fisher grade 4 patients who were submitted to ultra-early surgery ($p = 0.052$). A low rebleeding rate was observed on the studied population (1.9%). The recent literature on this matter tends to advise treatment of ruptured aneurysms on an emergency basis.

Conclusions: Based in our previously reported results and in the literature review a formal protocol for urgent treatment will be discussed bearing in mind local and general restrictions.