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P256 - Intracranial aneurysms treated by microsurgery

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Resumen

Introduction: Two types of treatment could be use for patients with intracranial aneurysms: endovascular treatment or craniotomy and clipping. Endovascular embolization of cerebral aneurysms has evolved rapidly worldwide within the last decade, and has gained more popularity at the expense of surgical clipping. Following the International Subarachnoid Aneurysm Trial (ISAT) study results, most centres across Europe and the USA switched to a “coil first” policy.

Objectives: The purpose of this study is to evaluate our experience in the last years treating intracranial aneurysms by surgery.

Material and methods and results: We retrospectively review the data of the patients who underwent surgical clipping at our institution in the last five years. Patients were divided into two groups: group 1, patients who had confirmed subarachnoid haemorrhage; group 2, patients with unruptured cerebral aneurysms. Patients belonging to the first group were evaluated according to the Hunt and Hess and WFNS scales with their CT scan evaluated according to Fisher scale. Short-term outcome was measured with Glasgow Outcome Scale for both groups. We determined the rate of intraoperative rupture and the relationship with the duration of transitory clippage and vasospasm.

Conclusions: With rapidly evolving technology of endovascular embolization and accumulated experience, the frequency of the surgical clipping in the treatment of both ruptured and unruptured aneurysms is lowering. However, a multidisciplinary team, bearing in mind the higher occlusion rate and longevity of the surgical treatment, should make the decision about the treatment strategy.