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C0184 - SURGICAL TREATMENT OF UNRUPTURED INTRACRANIAL ANEURYSMS. A SINGLE-CENTER CASE SERIES OF 146 ANEURYSMS IN 113 PATIENTS

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Resumen

Objectives: To study the indication, demographics, aneurysm anatomy, surgical technique, complications, angiographic results and neurological outcome.

Methods: Retrospective chart review of patients operated on by 3 different surgeons from year 2002 to 2016, conducted by another 3 not blinded investigators. Exclusion criterion for outcome measurement was a follow-up shorter than 12 months.

Results: We operated 144 aneurysms in 113 patients. Mean age was 55.3 years (27-77), with 60% of females and 40% males. 26 patients (23%) presented a previous SAH from another aneurysm. Most frequent aneurysm location was MCA (45.9%), followed by PComMA (17.1%), AComMA (15.8%) and Ophthalmic artery (5.5%). Aneurysm size was < 7 mm in 59.3% of cases, 7-12 mm in 31.1%, 13-24 mm in 5.9% and ≥ 25 mm in 3.8%. Intraoperative neurophysiological monitoring (IONM) was available in 71.6% of cases. Intraoperative videoangiography was used in 14.4% of aneurysms (67.7% since its introduction on 2014), and Doppler ultrasound in 6.16%. The intraoperative rupture rate was 4.8%. A 6.8% of patients presented an intraoperative seizure related to IONM. Surgical clipping or reconstruction was performed in 93.8% of aneurysms and 6.2% undergone aneurysm wrapping. 95.2% of aneurysms were completely occluded at control angiography. Among 4.8% of aneurysms that were partially occluded, only one (0.7%) had indication of reoperation. Ischemic lesions were identified in postoperative CT in 12.4% of the patients. At 12 months follow-up 108 cases were available, of which 94.4% showed good outcome (mRS 0-2) and 5.6% showed significant neurological worsening (mRS 3-6).

Conclusions: We describe our experience on unruptured aneurysm surgical management. This case series show results in line with previous publications, and reinforces the fact that clipping of unruptured aneurysms, in experienced high-volumes centers, is safe and effective.