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**Optimization and analysis for Endovascular treatment of ruptured aneurysms in acute phase**

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An untreated ruptured aneurysm is at high risk of rebleeding. This new rupture may occur very early even before the patient has arrived at the hospital, but it usually happens several days later. Risk increases over time and without intervention the cumulative risk at 4 weeks is 40%. In addition, rebleeding is associated with a poor prognosis and high morbidity and mortality. In the ISAT trial, 59% of patients who suffered an early rebleed died. It is therefore important to occlude the aneurysm promptly. Because of the estimated risk of recurrence of 4.1% within 24 hours after the initial rupture, ultra-early treatment of a ruptured aneurysm has been proposed. But on the other hand, the advantages of this strategy are controversial, particularly in view of the increased risk of complications during procedures performed in the middle of the night, and also because there is currently no consensus on ultra-early treatment. According to current guidelines, the aneurysm should be excluded promptly, within 72 hours and if possible within 48 hours. The ISAT trial is the only randomized multicenter international trial that has compared surgery to endovascular coiling for ruptured intracranial aneurysms. Its results supported endovascular treatment and showed a significant reduction in the risk of dependency or death at 1 year, although the population in this study included a great majority of young patients in good clinical state, with anterior circulation aneurysms under 10 mm in size. The results of this study led to a large and unrestricted increase in endovascular treatment for ruptured intracranial aneurysms. These results have also been confirmed in other studies. Currently, EVT is considered to be the first line treatment for intracranial aneurysms by most groups.

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