

Assessment of Endovascular volute versus Neurosurgical Clipping of Intracranial Aneurysms in Patients with Subarachnoid Hemorrhage

Mujahid Alizada1 *, Yang Fuyi1 , Ngwayi James Reeves Mbori2 and Shahid Alam3

Email: alizadamujahid@gmail.com

ABSTRACT:

To guage the result and length of hospitalization of Endovascular volute and Surgical Clipping strategies within the treatment of intracranial aneurysms in patients with subarachnoid hemorrhage. Method: a complete of two hundred (n=200) intracranial aneurysms patients with subarachnoid hemorrhage were studied in an exceedingly retrospective study. The patients were every which way divided into 2 teams, type A (n=100) World Health Organization were treated with neurosurgical clipping and type B (n=100) World Health Organization were treated with endovascular volute. each teams were followed up throughout their keep within the hospital and six months postoperatively, their clinical outcome was evaluated supported changed politician Scale rating system six months once operation. Results: The length of hospitalization for type A patients was median \pm IQR (18 ± 14) days and for type B patients was median \pm IQR (14 ± 13). the result for type A patients, 61(61%) achieved smart clinical outcome, thirty one (31%) dependency and eight (8%) death. type B patients, seventy three (73%) achieved smart short term clinical outcome, twenty two (22%) dependency and five (5%) death once six months follow up. Conclusion: Our study shows that endovascular volute treatment of burst intracranial aneurysms has short length of hospitalization and higher clinical outcome with a comparatively low mortality, low dependency and better smart outcome rates than surgical clipping in patients possible for either technique.

Cerebral aneurysm could be a vas disorder during which weakness within the wall of arteria} or vein leads to a localized dilation or flying of blood vessel Most unruptured aneurysms stay undetectable. A minority of aneurysms ar detected whenstay within the hospital and 6 months postoperatively.clinical outcome was evaluated supported changed politician Scale rating system once six months of operation. All patients ar stratified per the Hunt and Hess (H&H) scale and city Coma Scale (GCS) . customary CT, CTA and DSA were performed for participants and site of harm decided.

All the patients or their attendants provided written consent before treatment with either technique. changed

politician Score was use to see clinical outcome [2].
●score 0-2: smart outcome ●score 3-5: Dependency (cannot attend own bodily desires and perform daily activities while not help. ●score 6: Death.Even though clipping was considered golden customary for burst intracranial aneurysms, a second new technique of endovascular volute has been more and more used for treatment of aneurism from the time this technique was made-up that was 1990. temporal arrangement of surgical measures applying remains a disputed issue even thought totally different temporal arrangement frames are chosen with time.surgery ought to be done ten days post raptus afterward it had been determined to possess immediate or early surgery. The patients determined to possess Subarachnoid Hemorrhage (SAH) because of associate degree aneurism that was burst and there identification was confirmed with CT, CTA and specially DSA that is that the golden customary and provided consent by themselves or their attendant wherever chosen as candidates for the procedure. a complete of two hundred (n=200) intracranial aneurysms patients with subarachnoid hemorrhage were studied in an exceedingly retrospective study from January 2012 to January 2015 in our hospital. The patients were every which way divided into 2 teams, type A (n=100) World Health Organization were treated with neurosurgical clipping and type B World Health Organization were treated with endovascular volute. each teams pretreatment clinical standing were recorded and each teams were followed up throughout

Keywords: Endovascular coiling; Neurosurgical clipping; Intracranial aneurysm; Subarachnoid hemorrhage; Clinical outcome