

By the conclusion of this session, participants should be able to:

- 1) Describe the three main approaches to treatment of unruptured proximal carotid aneurysms.
- 2) Consider the pros and cons of each treatment modality with respect to patient outcomes.
- 3) Discuss the best treatment modality for individual patients with an enhanced understanding of the key factors that can best help guide this decision.

Aneurysms treated with flow diversion tended to be more complex ($p < 0.05$) including a larger size ($p < 0.01$). There was a significantly better clinical outcome at discharge in patients who underwent standard endovascular treatment compared to those who underwent microsurgery ($p < 0.01$). Outcome differences were no longer significant at 6 months.

The safety and efficacy of flow diversion has not been demonstrated to be superior to microsurgery or traditional endovascular treatment strategies . There was no difference in clinical outcomes between the three modalities by 6 months. Aneurysm treatment should be individualized.

[Default Poster]

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