

Aneurysm treatment within 24 hours improves outcome in aneurysmal subarachnoid hemorrhage patients.

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Introduction

: The timing of definitive aneurysm treatment (coiling or clipping) in acute aneurysm subarachnoid hemorrhage (aSAH) was a subject of controversy. Most vascular neurosurgeons agreed on early aneurysm treatment (within the first 72 hours). However, though practiced in some neurosurgical centers, whether ultra-early aneurysm treatment (within the first 24 hours) was beneficial remained debatable. We aimed to investigate whether ultra-early aneurysm treatment is associated with better outcome.

Methods

Two-hundred and seventy-six (84%) patients had hemorrhage onset time and aneurysm treatment time available for analysis. P-values less than 0.05 were taken as statistically significant and P-values between 0.05 and 0.10 were considered to be a trend.

Learning Objectives

Aneurysm treatment as soon as feasible is beneficial to aneurysmal subarachnoid hemorrhage.

References

Ultra-Early (within 24 Hours) Aneurysm Treatment After Subarachnoid Hemorrhage. Wong GK, Boet R, Ng SC, Chan M, Gin T, Zee B, Poon WS. World Neurosurg. 2011 Nov 1. [Epub ahead of print]

Results

Ultra-early aneurysm treatment was associated with significantly better neurological outcome in mRS (mRS 0-1: OR 1.9 [95%CI 1.1 to 3.4], $p=0.020$), adjusted for age and admission WFNS grade. A reduction in clinical rebleeding was observed in poor grade patients undergoing ultra-early aneurysm treatment (9% vs 18%, $p=0.159$).

Conclusions

Aneurysm treatment performed within the 24-hour window may be associated with better outcome and halved the clinical rebleeding risk in poor grade patients.