



Outcome of the Microsurgical Treatment of 221 Paraclinoid Aneurysms

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Introduction

We present our experience with the management of 325 paraclinoid aneurysms. 62 out of 325 (19%) were treated conservatively.

Methods

A pretemporal predominantly extradural approach and wide exposure of the paraclinoid region was used in each patient. The microsurgical outcome of 221 clipped aneurysms was evaluated including Rankin scales and visual outcome obtained post-operatively, 6 months and one year. Data was prospectively collected and retrospectively analyzed.

Results

263 patients received treatment (clipping = 221, wrapping = 17, trapping = 4, endovascular = 32, EC-IC bypass = 5). Female/male ratio = 6.5/1. Median age 54 (average 53.7). 55% were superior 26% inferior 9% lateral, 10% medial). 30 of the microsurgically clipped patients presented with rupture and 191 with unrupture. Perioperative mortality was 7% for the ruptured group and 0% for the unruptured. mRs 0-1 was 93% at DC and 99% at six months to one year for the unruptured group for an average hospital stay of 3.5 with +/- 1. Residual aneurysm due to calcification occurred in 3 with no regrowth or recurrence. Visual changes occurred in 8 patients with significant deficit in only 2 of the first 100 cases and with improvement in the others six of which needed re-exploration for technical reasons with an overall excellent visual outcome in all but 2 patients.

Conclusions

In depth understanding of the anatomy of the clinoid region makes microsurgical clipping of paraclinoid aneurysms safe and presents the most durable treatment modality.

Learning Objectives

Identify a paraclinoid aneurysm.

Understand the anatomy of the clinoid region.

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