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Cerebral revascularization : microsurgical and endovascular techniques / [edited by] Eric S. Nussbaum, J. Mocco.

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Cerebral revascularization : microsurgical and ...

When we last published the Barrow Neurological Institute experience with revascularization for aneurysm surgery in 1996, 1 Guglielmi detachable coils had only recently been approved for use, and endovascular techniques were in their infancy. 2– 4 Over the past 2 decades, there has been rapid growth and advancements in the field of endovascular neurosurgery, and these techniques have become an alternative to microsurgery for the treatment of cerebral aneurysms. 5,, 6 During the same period ...

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zodat we verbeteringen kunnen aanbrengen, en om advertenties weer te geven.

Cerebral Revascularization: Microsurgical and Endovascular ...

Abstract. Revascularization of the extracranial vertebral artery has evolved significantly since the adoption of endovascular techniques. The current neurosurgical armamentarium includes microsurgical and endovascular approaches. The indications for each treatment modality, however, still need to be further delineated. In contrast to carotid artery endarterectomy and carotid artery angioplasty/stenting, there is limited comparative evidence on the efficacy of medical, open, and endovascular ...

Advances and innovations in revascularization of ...

Background The benefit of endovascular thrombectomy for acute ischemic stroke with M2 segment middle cerebral artery occlusion remains controversial, with uncertainty and paucity of data specific to this population. Objective To compare outcomes between M1 and M2 occlusions in the Analysis of Revascularization in Ischemic Stroke with EmboTrap (ARISE II) trial.

Benefit of endovascular thrombectomy for M2 middle ...

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Abstract: Objective: Treatment of middle cerebral artery (MCA) aneurysms has been historically considered as the almost exclusive domain of microsurgical clipping. This retrospective single-center study assesses whether microsurgical clipping or endovascular treatment (i.e. coiling and/or stenting) for MCA aneurysms yielded better occlusion rates and clinical outcome.

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