

In Reply: Outcome After Clipping and Coiling for Aneurysmal Subarachnoid Hemorrhage in Clinical Practice in Europe, USA, and Australia

To the Editor:


We would like to thank the authors for their comments¹ on our article “Outcome After Clipping and Coiling for Aneurysmal Subarachnoid Hemorrhage in Clinical Practice in Europe, USA, and Australia.”²

We agree that inclusion of additional data, such as clinical condition, on admission and location of the ruptured aneurysm would have improved our article, but unfortunately these data were not available for the administrative dataset.

Randomized trials in patients with aneurysmal subarachnoid hemorrhage (aSAH) showed that endovascular coiling is associated with better outcomes than neurosurgical clipping if the patient is admitted in a good clinical condition and if the aneurysm is suitable for both coiling and clipping.³ However, evidence is lacking for some patient groups, such as patients with a poor clinical condition on admission. Therefore, in our opinion microsurgical clipping remains to have an important place in treatment of patients with aSAH. To achieve optimal outcomes, both treatment modalities need to be readily available in institutions treating patients with aSAH and treatment decisions should be made case-by-case in timely interdisciplinary discussions. Ideally, patients with aSAH should be referred to tertiary care centers with high case volumes, since treatment in a high-volume center is associated with lower case-fatality.⁴

Disclosure

The authors have no personal, financial, or institutional interest in any of the drugs, materials, or devices described in this article.

Antti Lindgren, MD, PhD *‡

Timo Koivisto, MD, PhD‡

Juha E. Jääskeläinen, MD, PhD‡

Mervyn D.I. Vergouwen, MD, PhD*

Gabriel J.E. Rinkel, MD, PhD*

*Department of Neurology and Neurosurgery
University Medical Centre Utrecht
Utrecht, the Netherlands

‡Department of Neurosurgery
NeuroCenter
Kuopio University Hospital
Kuopio, Finland

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