Multiple intracranial aneurysm treatment

A combination of surgical operation and endovascular treatment, as well as simple surgical treatment, has been recommended for Multiple intracranial aneurysm treatment \(^1\) \(^2\).

Correct localization of the rupture aneurysm based on a comprehensive diagnosis is key to MIA treatment.

The decision regarding the type of surgery to be used (either one-stage or multiple-stage surgery) as an operation strategy for multiple aneurysms and the location of bilateral multiple aneurysms (either along the bilateral approach or the unilateral approach) are still not clearly elucidated.

All the aneurysms should be treated in one session whenever possible to protect the patient from rebleeding \(^3\).

Single-stage coil embolization of multiple unruptured intracranial aneurysms is technically feasible. The time required for such procedures and the rate of complications observed seem acceptable \(^4\) \(^5\).

Although a number of reports are available on occlusion of bilateral aneurysms in the middle cerebral artery bifurcation along the unilateral approach \(^6\) \(^7\), according to Oshiro’s study \(^8\), contralateral middle cerebral artery bifurcation is difficult to observe along the unilateral pterional approach when the contralateral M1 segment is >14 mm.


