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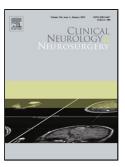
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ACCEPTED MANUSCRIPT

Rupture during coiling of intracranial aneurysms: predictors and clinical outcome.

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Highlights

- Posterior communicating artery aneurysm location is an independent predictor for IPR.
- IPR is associated with significant clinical deterioration in patients with initially unruptured aneurysms.
- In patients with ruptured aneurysms IPR does not markedly alter the clinical outcome.

Abstract

Introduction

The intraprocedural aneurysm rupture (IPR) is one of the most feared adverse effect associated with the coil embolization therapy. The aim of the study was to identify predisposing factors for IPR, as well as to define patient groups with worse clinical outcome following IPR.

Patients and methods

From February 2008 to March 2015 273 consecutive patients were treated at our institution via endovascular coil embolization. Patient medical records were reviewed with emphasis on procedure description, potential risk factors and clinical outcomes related to IPR. The IPR occurred in 14 (5.13%) cases. Multivariate logistic regression models were used to determine independent predictors of IPR. Clinical outcome was analyzed using the Glasgow Outcome Scale (GOS).

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