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Stent-Assisted Coiling in Acutely Ruptured Intracranial Aneurysms

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Stent-Assisted Coiling in Acutely Ruptured Intracranial Aneurysms

We read with interest the recent article entitled “Stent-Assisted Coiling in Acutely Ruptured Intracranial Aneurysms: A Qualitative, Systematic Review of the Literature” by Bodily et al.¹ The authors reviewed the literature to evaluate the safety and efficacy of stent-assisted coil embolization of acutely ruptured intracranial aneurysms. They collected 17 articles that included at least 5 patients each with ruptured aneurysms who were treated acutely with stents or stent-assisted coiling. However, among these 17 articles, Kim et al² reported only 1 patient with a ruptured intracranial aneurysm. Yahia et al³ reported 4 patients with ruptured wide-neck aneurysms. Moreover, Yahia et al³ used a staged stent placement procedure for these aneurysms. They first used coils to secure the aneurysm, followed by stent-assisted coiling 4–6 weeks after the initial procedure. It was not described in the paper by Bodily et al, “a single intervention for placement of an uncovered stent and coils.”

Bodily et al¹ also stated that none of the patients received antiplatelet therapy or heparin before the procedure. However, among the 17 articles, Tumialan et al⁴ reported that all patients in their series were given a loading dose of 325 mg of aspirin and 375 mg of clopi-

dogrel before undergoing common femoral artery sheath placement. We believe that the authors did not interpret the studies correctly, and we would like them to comment on this observation.

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