



Giant Intracranial Aneurysms: Therapeutic Approaches

Yves Keravel, Marc Sindou

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The first aneurysms explored by such pioneers of neurosurgery as Cushing and Dandy were the giant intracranial aneurysms. These giant aneurysms present many therapeutic difficulties and, because of their unique anatomical features and size, may present in a multitude of ways. With the advent of specialized imaging techniques such as computed tomography (CT), magnetic resonance imaging (MRI) and selective angiography, preoperative diagnosis today is most often accomplished without difficulty. However, completely thrombosed giant aneurysms may mimic other lesions with mass effect (such as basilar meningiomas, chordomas or chondromas) and their true anatomical shapes and relations to other cranial structures can only be ascertained by direct operative inspection. Due to their morphological features (thrombosed, nonthrombosed, partially thrombosed, fusiform), anatomical variations and difficult locations, giant aneurysms present new challenges for the modern neurosurgeon. Although microsurgical techniques have rendered direct surgical treatment of giant intracranial aneurysms safer, elimination of the aneurysm without disturbing the hemodynamics continues to be problematic. Some of these lesions have relatively small necks and can therefore be clipped fairly easily. Others have large necks, are fusiform, or contain perforators; how best to treat these lesions is a question still unresolved by present-day neurosurgery.

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