

Commentary

By reviewing a recent case, the authors have taken the opportunity to review treatment options for aneurysms of the cavernous carotid segment. The viewpoint of the authors is one from outside the United States (India), where many of these lesions are not being treated by flow diversion. The authors' site cost as a reason that flow diversion was not considered for this case but one could argue that a more balanced look at the treatment of such lesions is being provided outside of the US due to the need to carefully consider cost. Aneurysms of the cavernous internal carotid artery can present in a variety of clinical situations. The severity and duration of the clinical complaints as well as the anatomy of the aneurysm typically govern the management of these lesions. It is important to emphasize the authors' statement that the recovery of cranial nerve deficit is inversely proportional to the duration of the symptoms. Although endovascular strategies dominate current treatment preferences, it is necessary to understand the microsurgical adjuncts that may provide a more durable treatment. Our own decision to provide therapy is based on an evaluation of complexity, cost, comorbidity, and counseling. Despite a low risk of rupture, cavernous aneurysms will increase in prevalence and continue to present a treatment dilemma. The current generation of comprehensive cerebrovascular surgeons will have the ability to provide complex care to the most complex vascular lesions of the skull base. As we learn many times, however, the question to answer is not "could you?" but "should you?"

Babu G. Welch, ¹H. Hunt Batjer

Departments of Neurological Surgery and ¹Radiology, The University of Texas Southwestern, Dallas, Texas, USA

Address for correspondence: Dr. H. Hunt Batjer,
Department of Neurological Surgery and
Department of Radiology, The University of Texas
Southwestern, Dallas, Texas, USA.
E-mail: hunt.batjer@utsouthwestern.edu

This is an open access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:



Website:

www.ruralneuropractice.com

DOI:

10.4103/jnpr.jnpr_506_16

How to cite this article: Welch BG, Batjer HH. Commentary. J Neurosci Rural Pract 2017;8:287.

© 2017 Journal of Neurosciences in Rural Practice | Published by Wolters Kluwer - Medknow