Fate of non-operated false aneurysms after acute carotid dissection: How should they be managed

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I have no conflicts of interest

aim
what is the fate of the non-operated false aneurysm after carotid dissection

methods
Systematic Review
PubMed / Medline, Embase & Cochrane databases

results
166 false aneurysms
40 followed definite trauma
126 were ‘spontaneous’
mean follow-up 39 months (1mth – 15y)
<table>
<thead>
<tr>
<th>Author</th>
<th>Group</th>
<th>Trauma</th>
<th>Trauma (%)</th>
<th>FA increased (%)</th>
<th>Sympt. during FU</th>
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**Note:** The data includes information on the number of patients with and without trauma, as well as the percentage of patients with and without FA increased symptoms during the follow-up (FU) period. The table also indicates the presence of symptoms such as embolic occlusion (occln) and improved intervention (intervn) during FU.

**11/18/2016**
5/166 (3%) increased in size
86/166 (52%) unchanged
35/166 (21%) decreased in size
32/166 (19%) resolved
3/166 (2%) thrombosed + ICA
161/166 (97%) either remained unchanged or regressed/resolved

4/166 (2%) developed late symptoms all from one series of 8 trauma cases
no symptoms in 126 spontaneous FAs

11/166 (6%) underwent intervention
excision and interposition bypass (n=5)
EC-IC bypass (n=1)
carotid ligation (n=3)
stented (n=2)

the vast majority of patients who develop a false aneurysm following acute internal carotid dissection will remain the same or will regress/resolve
fewer than 5% will develop symptoms
false aneurysms should be managed conservatively unless symptomatic