

1000례 뇌동맥류 수술에 임상적 분석

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본 가톨릭의과대학 신경외과학교실에서는 1978년부터 1991년까지 1000례의 뇌동맥류 수술을 임상분석 하였다.

남자 426명, 여자 576명으로 여자가 58%로 많았으며, 환자의 60% 이상이 40-60대였다.

동맥류의 호발부위는 A-comm/ACA 441(40%), ICA 282(28%), MCA 229(23%), V-BA 48(5%)였다.

수술시기는 보통 H-H I-III였다.

IVH는 134, Hydro는 128

동맥류의 크기는 96%에서 15mm 이하였다.

수술후 결과는 Excellent : 21%, Good : 27%, Fair : 35%, Poor : 11%, Dead : 6%

좋은 예후를 위해 수술시기는 임상적, 신경학적, 방사선학적 조건에 기초를 둔다.

우리의 경험과 결과에서 조기 수술보다 후기 수술에 좋은 경과를 보았기에 이를 보고하는 바이다.

Clinical Analysis of 1000 Cases of Intracranial Aneurysmal Surgery

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We have reviewed our experience from 1978 to 1991 at department of neurological surgery, catholic university medical college with 1000 cases of intracranial aneurysmal surgery and report our experience with usually operated on within 2 weeks.

The patient population consisted of 426 males and 574 females giving females predominance of 58%.

The peak of incidence occurred in the 5th decade.

60% of the patient were between the 4th and 6th decade.

The location of the aneurysm consisted of 441 aneurysm (44%) in the A-comm/ACA, 282 aneurysm (28%) in the ICA, 229 (23%) aneurysm in the MCA and 48 aneurysm (5%) in the posterior circulation.

Hunt grade at the time of surgery was I-III.

In addition to SAH, 134 had intraventricular hemorrhage and 128 acute hydrocephalus.

96% of our case were less than 15mm in diameter.

Angiographically or symptomatically documented vasospasm occurred in 29% patients.

Vasospasm was improved with increasing the brain perfusion blocker, intraperative irrigation with or without calcium channel blocker.

Postoperative results were classfnd into 5 categories :

Exellent : 21%, Good : 27%, Fair : 35%, Poor : 11%, Expire : 6%

For the better prognosis, surgical timing was based on the clinical condition, neurologic grade and radiologic finding.

In our experience and data, delayed surgery should better prognosis than early surgery.