

## **Small unruptured intracranial aneurysms - to intervene or not?**

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Saccular unruptured intracranial aneurysms (UIAs) are increasingly detected as an incidental finding because of today's frequent use of cranial imaging. They have a prevalence of 3% in the adult population. When they are large the risk of rupture is substantial and calls for treatment. However, small UIAs (5 mm) have a low risk of rupture. Nevertheless some UIAs do rupture and cause subarachnoid hemorrhage. This indicates that rupture risk cannot be determined solely by their size or location. In addition to size and site of the aneurysm additional factors such as aneurysm growth, advanced patient age ( $\geq 70$  years), smoking, hypertension, previous SAH from another aneurysm, and the patient's ethnic origin may increase the risk of rupture. Scores like PHASES and UIATS help to predict aneurysm rupture risk, but surgery or endovascular preventive treatment carries a risk as well. Therefore, what strategy to choose, to treat or wait and see, and what strategy will save more quality adjusted life years for a given patient is often difficult to decide. Furthermore, anxiety caused by the awareness of having an aneurysm can make the decision for the best management of an individual patient even more complicated. In such a situation treatment approaches are debatable and often controversial. The speakers of this debate will address their points of view whether to treat an UIA or whether to wait with treatment and monitor the patient.