

# Neurosurgery in occlusive vascular disease

## Neurosurgery in occlusive vascular disease

- In a subgroup of patients with completed ischaemic strokes, generally in the middle cerebral artery territory or posterior fossa, there is a role for decompressive craniectomy in the 2–3 days after ictus to manage brain swelling and raised ICP associated with the infarct. There is class 1 evidence for the role of carotid endarterectomy in reducing the risk of stroke in patients with symptomatic carotid stenosis, and a debatable role for the procedure in patients with no previous transient ischaemic episodes. Moyamoya disease entails the progressive obliteration of otid arteries, thought to represent an one or both internal car autoimmune process. The development of external carotid tion collaterals produces the angiographic ‘pu ff of circula smoke’ appearance from which the term derives. It presents in youth or early middle age with ischaemia or haemorrhage. Untreated, the majority of patients su ff er major deficit or die within 2 years. Ischaemia may be addressed by a variety of bypass techniques, for example by anastomosing the super - ficial temporal artery (arising from the external carotid) to the middle cerebral artery . Neurosurgery in occlusive vascular disease
- In a subgroup of patients with completed ischaemic strokes, generally in the middle cerebral artery territory or posterior fossa, there is a role for decompressive craniectomy in the 2–3 days after ictus to manage brain swelling and raised ICP associated with the infarct. There is class 1 evidence for the role of carotid endarterectomy in reducing the risk of stroke in patients with symptomatic carotid stenosis, and a debatable role for the procedure in patients with no previous transient ischaemic episodes. Moyamoya disease entails the progressive obliteration of otid arteries, thought to represent an one or both internal car autoimmune process. The development of external carotid tion collaterals produces the angiographic ‘pu ff of circula smoke’ appearance from which the term derives. It presents in youth or early middle age with ischaemia or haemorrhage. Untreated, the majority of patients su ff er major deficit or die within 2 years. Ischaemia may be addressed by a variety of bypass techniques, for example by anastomosing the super - ficial temporal artery (arising from the external carotid) to the middle cerebral artery . Neurosurgery in occlusive vascular disease
- In a subgroup of patients with completed ischaemic strokes, generally in the middle cerebral artery territory or posterior fossa, there is a role for decompressive craniectomy in the 2–3 days after ictus to manage brain swelling and raised ICP associated with the infarct. There is class 1 evidence for the role of carotid endarterectomy in reducing the risk of stroke in patients with symptomatic carotid stenosis, and a debatable role for the procedure in patients with no previous transient ischaemic episodes. Moyamoya disease entails the progressive obliteration of otid arteries, thought to represent an one or both

internal carotid artery stenosis. The development of external carotid artery collaterals produces the angiographic 'puff of smoke' appearance from which the term derives. It presents in youth or early middle age with ischaemia or haemorrhage. Untreated, the majority of patients suffer major deficit or die within 2 years. Ischaemia may be addressed by a variety of bypass techniques, for example by anastomosing the superficial temporal artery (arising from the external carotid) to the middle cerebral artery.

---

Revision #1

Created 2025-12-31 15:17:56 UTC by Omar Ayman

Updated 2025-12-31 15:17:56 UTC by Omar Ayman