

Early Surgical Intervention In Large Mca Infarction: Meta-Analysis Report

Author

Abstract

Objective: To assess the effectiveness and safety of early surgical intervention, specifically decompressive craniectomy (DC), in patients with large middle cerebral artery (MCA) infarction.

Methods: A systematic review and meta-analysis of randomized controlled trials (RCTs) and observational studies comparing early surgical intervention with medical management.

Results: Early surgical intervention demonstrated a significant reduction in mortality and improved functional outcomes, particularly in younger patients. However, it was associated with increased complication rates.

Conclusion: Early surgical intervention can benefit select patients with large MCA infarctions, but careful patient selection is essential.

Date of Submission: 13-09-2024

Date of Acceptance: 23-09-2024

I. Introduction

Large MCA infarctions can lead to significant morbidity and mortality due to cerebral edema and increased intracranial pressure. Decompressive craniectomy (DC) has been proposed to alleviate pressure and improve outcomes. This meta-analysis evaluates the impact of early surgical intervention on mortality and functional recovery.

II. Methods

Literature Search: A comprehensive search of databases including PubMed, Cochrane Library, and Scopus was performed for studies published from 2000 to 2023. Keywords included "MCA infarction," "decompressive craniectomy," and "surgical intervention."

Inclusion Criteria: RCTs and observational studies that assessed outcomes of early surgical intervention in patients with large MCA infarctions were included.

Data Extraction: Data on demographics, timing of surgery, types of intervention, and clinical outcomes (mortality rates, functional outcomes assessed by the modified Rankin Scale [mRS], and complications) were extracted.

Statistical Analysis: Random-effects models were used to calculate odds ratios (OR) with 95% confidence intervals (CI) for dichotomous outcomes.

III. Results

Study Characteristics: A total of 10 studies were included (5 RCTs and 5 observational studies), encompassing 1,200 patients.

Mortality: Early surgical intervention reduced mortality significantly (OR = 0.60, 95% CI: 0.45-0.79).

Functional Outcomes: Patients undergoing DC had better functional outcomes (mRS 0-3) at 6 months (OR = 1.80, 95% CI: 1.20-2.70).

Complications: Complications were reported in 30% of surgical patients, with infections occurring in 12% and postoperative hemorrhage in 8%.

Heterogeneity: Moderate heterogeneity was noted ($I^2 = 45\%$).

IV. Discussion

The findings suggest that early surgical intervention in large MCA infarctions may significantly reduce mortality and improve functional outcomes, especially in patients under 60. However, the increased complication rates necessitate careful patient selection and timing for surgery.

Limitations: The variability in definitions of "early" and study designs may affect the generalizability of results. Long-term outcomes also require further investigation.

V. Conclusion

Early surgical intervention in large MCA infarctions can be beneficial, particularly in specific populations, but must be weighed against the risk of complications. Future studies should aim to refine patient selection criteria and evaluate long-term outcomes.

References

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