

# Review of: "Screening of unruptured intracranial aneurysms in 50 to 60-year-old female smokers: a pilot study"

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The authors presented an interesting pilot study on the screening of UIAs in a group of patients (currently smoker females between 50 and 60 years of age, in the Finnish population) with reported higher incidence rate due to their risk factors. They reported a slightly higher incidence of verified UIAs (9.3%), mostly of small size, thus compared to the current literature data. This may be due to the study ethnicity which has been showed to have increased rate of SAH (PHASES 2 Study). One patient (2.3%) with a 7-mm MCA aneurysm was preventively treated with clipping, another patient (2.3%) was found to have a DAVF and her treatment was scheduled in 2021.

This interesting study points out a very known dilemma about the costs and implication of such kind of screenings on a larger scale. The average cost per diagnosed patient was above 3K Euros, while the total costs of active treatment of the preventively clipped patient were almost 50K Euros. Like the authors state, postulating a spontaneous rupture of the preventively treated aneurysm, costs of likely prolonged hospitalization in case of SAH for this patient are certainly higher (not to mention the impact on clinical outcome). On the other hand, at the moment it seems difficult to justify such costs in other countries with reported lower incidence of UIAs. A common sense rule would imply promoting a healthy life style especially (but not only) for this population group, independently from a formal (and unfortunately costly) screening as advocated by the authors. In this sense, this article should work as a strong evidence to promote a healthy life style, including quitting smoking, controlling BP, and in case, as reported in few pilot studies, preventively administering ASA to reduce arterial wall inflammation in particular in groups of patients with high risk of developing UIAs.