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Reply:

W. Brinjikji, V. Yamaki and G. Lanzino

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REPLY:

We thank Wu et al for their interest and commentary on our article “Endovascular Treatment of Very Small Intracranial Aneurysms: Meta-Analysis.”¹ The authors bring up a number of valid points regarding the treatment of small intracranial aneurysms. Overall, we agree with the authors that treatment of very small intracranial aneurysms should be reserved for those that are ruptured because the natural history of unruptured aneurysms measuring 3 mm or smaller is generally benign. Given the nature of the literature, it is difficult to determine the patient risk factors that led to the decision to treat the 261 very small unruptured aneurysms in our series.

As the authors aptly point out, the limitations to our meta-analysis are largely reflective of the lack of high-quality studies on the treatment of very small aneurysms. In general, studies had heterogeneous patient populations, lacked sufficient follow-up to


study long-term outcomes, and lacked independent assessment of angiographic and clinical outcomes as mentioned in the “Limitations” section of our study.

The purpose of our meta-analysis was to inform the interventional community of the risks and benefits of treating very small intracranial aneurysms. We hope that the information obtained from this study will be used in discussing the risks of treating such aneurysms with patients and their families.

REFERENCE

1. Yamaki VN, Brinjikji W, Murad MH, et al. **Endovascular treatment of very small intracranial aneurysms: meta-analysis.** *AJNR Am J Neuroradiol* 2016;37:862–67 [CrossRef Medline](#)

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