

LEITUVOΣ SVEIKATOS MOKSLŲ UNIVERSITETAS

PATVIRTINTA
Kauno medicinos universiteto
2004 m. gruodžio 17 d.
Nutarimu Nr. 3-11

ATNAUJINTA
2022-06-01

CENTRINĖS NERVŲ SISTEMOS KRAUJAGYSLIŲ LIGOS

Dalyko programos koordinatorius:

Neurochirurgijos klinika, prof.. habil. dr. Arimantas Tamašauskas
padalinio pavadinimas, vadovo pareigos, pedagoginis vardas, mokslo laipsnis, vardas, pavardė _____ parašas

Padaliniai, dalyvaujantys dalyko programoje:

1. Neurochirurgijos klinika, prof.. habil. dr. Arimantas Tamašauskas
padalinio pavadinimas, vadovo pedagoginis vardas, mokslo laipsnis, vardas, pavardė _____ parašas

Kaunas, 2022

Dalyko programos duomenys

Mokslų sritis	Medicinos ir sveikatos mokslai
Mokslo kryptis (kodas)	Medicina – M 001
Dalyko pavadinimas	Centrinės nervų sistemos kraujagyslių ligos
Programos apimtis	160 val. (4 kreditai)
Paskaitos	60 val.
Seminarai	20 val.
Savarankiškas darbas	80 val.

Dalyko programos rengimo grupė

Eil. Nr.	Pedagoginis vardas, vardas, pavardė	Pareigos vadovas	Telefonas (darbo)	Elektroninio pašto adresas
1	Prof. Arimantas Tamašauskas	Klinikos vadovas	326472	arimantas.tamasauskas@kaunoklinikos.lt
2	Prof. Vytenis Pranas Deltuva	Galvos smegenų chirurgijos sk. vadovas	326549	vytenis.deltuva@kaunoklinikos.lt
3	Doc. Giedrimantas Bernotas	Neurochirurgas	326022	bernotas@kmu.lt
4	Doc. Algimantas Matukevičius	Vaikų neurochirurgijos sk. vadovas	326955	algimantas.matukevicius@kaunoklinikos.lt
5	Doc. Kazys Vytautas Ambrozaitis	Neurochirurgas	326577	kazys.ambrozaitis@kaunoklinikos.lt
6	Dr. Egidijus Marcinkevičius	Galvos smegenų chirurgijos sk. Kraujagyslių sektorius vadovas	326024	egidijus.marcinkevicius@kaunoklinikos.lt
7	Doc. Kęstutis Skauminas	Neurochirurgas	326883	kestutis.skauminas@lsmuni.lt
8	Doc. Rimantas Vilcinis	Galvos smegenų traumų sk. vadovas	326821	rimantas.vilcinis@kaunoklinikos.lt
9	Dr. Andrius Radžiūnas	Neurochirurgas	326164	andrius.radziunas@kaunoklinikos.lt
10	Dr. Gintautas Vaitkevičius	Neurochirurgas	326577	gintasva@one.lt

Dalyko programos aprašas:

1. Dalyko programos poreikis:

- Išanalizuoti naujausius mokslinės literatūros duomenis apie smegenų kraujagyslių susirgimus, jų etiopatogenezę, diagnostiką ir gydymą.
- Supažindinti su nagrinėjamų susirgimų epidemiologija
- Supažindinti su nagrinėjamos susirgimų profilaktikos galimybėmis
- Išmokyti atpažinti skirtingus CNS kraujagyslių susirgimus
- Išmokyti parinkti optimalią diagnostikos ir gydymo taktiką

- Išmokyti kritiškai vertinti moksliniuose straipsniuose pateiktus duomenis.
 - Išmokyti organizuoti CNS kraujagyslių susirgimų mokslinius tyrimus.
2. Dalyko programos tikslai: išanalizuoti etiopatogenetinius galvos ir nugaros smegenų kraujagyslių ligų faktorius, supažindinti su pagrindiniais tyrimo, gydymo taktikos pasikeitimais, naujausiais gydymo metodais bei rezultatais.
3. Dalyko programos sandara, turinys ir studijų metodai:

Apimtis – 4 kreditai (160 valandų):

- Paskaitos – 60 val.
- Seminarai – 20 val.
- Savarankiškos studijos – 80 val.

Dėstytojai:

A.Tamašauskas – prof., habil. dr., neurochirurgas

V.Deltuva – dr., neurochirurgas

G.Bernotas – dr., neurochirurgas

4. Metodinis dalyko programos aprūpinimas:

Ivertinimas Suminis balas: 100% balo sudaro: 40-50% auditorinio darbo + 20-30% savarankiško darbo + 20-40% baigiamojo teorinio ir praktinio patikrinimo.

TEORINĖ DALIS

Eil. Nr.	Paskaitos pavadinimas	Trukmė	Dėstytojas
1.	CNS kraujagyslių anatomija Smegenų kraujagyslių struktūra ir inervacija. Vilisijaus rato chirurginė anatomija, arterijų maitinamos smegenų zonas. Galvos smegenų veninė sistema. Nugaros smegenų kraujagyslių chirurginė anatomija.	3 val.	Dr. A.Radžiūnas
2.	CNS kraujotakos fiziologija Smegenų kraujotakos autoreguliacijos mechanizmai. Neurogeninė ir metabolinė CNS kraujotakos reguliacija. Kolateralinė kraujotaka. Hematoencefalinius barjeras.	3 val.	Prof. habil.dr. A. Tamašauskas
3.	Kritinės būklės, esant CNS kraujotakos sutrikimams Smegenų edema dėl smegenų kraujotakos sutrikimų. Koma. Intensyvi terapija. Prognozė.	3 val.	Doc. R.Vilcinis
4.	Smegenų kraujotakos sutrikimai eksperimente Eksperimentiniai smegenų insulto modeliai. Chirurginis ir medikamentinis insulto sukėlimo metodai. Tyrimų rezultatai ir tyrimų metodai.	3 val.	Prof. habil.dr. A. Tamašauskas
5.	CNS kraujagyslinių susirgimų epidemiologija Informacijos paieška. Pagrindinių CNS kraujagyslių susirgimų epidemiologiniai rodikliai. Sergamumas, mirtingumas, mirštamumas. Rizikos faktoriai.	3 val.	Prof. habil.dr. A. Tamašauskas
6.	Smegenų kraujagyslių aterosklerozė (Dr. Etiopatogenezė, klinikinė išraiška, diagnostika, rizikos faktoriai. Aterosklerozės įtaka galvos smegenų kraujagyslių susirgimams. Gydymas ir profilaktika.	3 val.	Prof. V.Deltuva
7.	CNS kraujagyslių tyrimo metodai Laboratoriniai tyrimai. Skaitmeninė angiografija, ultragarsinis kraujotakos tyrimas transkraniiniu doplieriu ir duplex skaneriu,	3 val.	Doc. Dr. A.Radžiūnas /dr.E.Marcinkevičius

	kompiuterinė tomografija, magnetinio rezonanso tyrimas, SPECT. Jų privalumai ir trūkumai nustatant galvos smegenų kraujagyslių susirgimus.		
8.	Extracerebrinių kraujagyslių susirgimai Miego arterijų asimptominė stenozė, kritinė stenozė, trombozė. Kolateralinė kraujotaka. Slankstelinių arterijų stenozė, trombozė aortos lanko srityje ir kaklo srityje. Retos smegenų išemiją sukeliančios priežastys: navikai, trauminiai pažeidimai, osteofitai, tarpslankstelinių diskų išvaržos, reti sisteminiai kaklo kraujagyslių susirgimai.	3 val.	Dr. A.Radžiūnas/dr. G.Vaitkevičius
9.	Galvos smegenų kraujagyslių patologija Aterosklerozė, amiloidinė angiopatija, cerebralinis angitas, trombembolija iš magistralinių smegenų kraujagyslių ir kardiogeninė embolizacija, reti susirgimai. Jų etiopatogenezė, paplitimas, diagnostika ir gydymas.	3 val.	Doc. G. Bernotas/dr.E.Marcinkevičius
10.	Smegenų infarkto klinika, diagnostika ir medikamentinis gydymas. Etiopatogenezė, paplitimas. Vilisijaus rato arterijų okliuzijos simptomatologija ir klinikiniai sindromai: Lakunarinių infarktų, ataksinė hemiparezė, disartrija, sensorikos sutrikimai, kalbos sutrikimai. Smegenų infarkto tipai: praeinantis išeminis neurologinis deficitas, RIND, stabilus infarktas, progresuojanis infarktas, multiinfarktinė būklė. Medikamentinio gydymo galimybės.	3 val.	Prof. V. Deltuva
11.	Smegenų infarkto chirurginis gydymas ir reabilitacija Indikacijos. Endarterektomija, Ekstra-intrakranialiniai mikronuosrūviai, kitos revaskuliarizacijos procedūros, embolektomija. Ankstyvoji ir vėlyvoji reabilitacija, prognozė.	3 val.	Doc. G. Bernotas/dr.E.Marcinkevičius
12.	Subarachnoidinė hemoragija. Epidemiologija. Patofiziologiniai smegenų ir kraujotakos ypatumai esant subarachnoidinei hemoragijai. Etiopatogenezė, klinika, diagnostika (neinvazinė, invazinė), gydymas (medikamentinis chirurginis). Indikacijos chirurginei intervencijai	3 val.	Doc. A.Matukevičius
13.	Maišinės smegenų arterijų aneurizmos Maišinių aneurizmų tipai ir lokalizacija, formavimosi teorijos, klinika. Kraujavimas, jo pobūdis. Tipinė ir atipinė eiga. Diagnostika. Gydymo taktika ir indikacijos chirurginiams gydymui. Chirurginio gydymo metodai ir prognozė.	3 val.	Prof. habil.dr. A. Tamašauskas
14.	Vasospazmas Etiopatogenezė, ankstyvieji ir vėlyvieji arterijų ir smegenų pokyčiai, klasifikacija, klinikinis pasireiškimas, gydymo metodai (medikamentinis, endovaskulinis, chirurginis).	3 val.	Doc. G. Bernotas/dr.E.Marcinkevičius

15.	Arterioveninės malformacijos Arterioveninių malformacijų tipai ir lokalizacija, formavimosi teorijos, klinika (asimptominė, apvogimo, epilepsija, galvos skausmas). Kraujavimas, jo pobūdis. Tipinė ir atipinė eiga. Diagnostika. Gydymo taktika ir indikacijos chirurgijai. Chirurginio gydymo metodai ir prognozė.	3 val.	Prof. habil.dr. A. Tamašauskas
16.	Retos galvos smegenų kraujagyslių ligos Dura mater AVM, fibromuskulinė displazija, venų trombozė, Moya-Moya liga, koaguliopatijos. Diagnostika, medikamentinis ir chirurginis gydymas.	3 val.	Prof. habil.dr. A. Tamašauskas/ doc. K.Skauminas
17.	Karotido-kaverninės fistulės. Etiologija ir klasifikacija, radiologinė klasifikacija. Patofiziologija, klinikinis sindromas. Diagnostika ir diferencinė diagnostika. Konservatyvaus ir chirurginio gydymo indikacijos, metodai, prognozė.	3 val.	Prof. V. Deltuva/doc. K.Skauminas
18.	Hemoraginiai insultai Epidemiologija, etiopatogenezė, patofiziologija, klinikinis pasireiškimas, chirurginė klasifikacija, diagnostika, konservatyvaus ir chirurginio gydymo indikacijos, metodai, prognozė.	3 val.	Dr. A.Radžiūnas
19.	Nugaros smegenų kraujagyslių susirgimai Išemija, etiopatogenezė, diagnostika, gydymo taktikos parinkimas. Igimtos nugaros smegenų kraujagyslių ligos, pasireiškimo tipai, etiopatogenezė, klinika, diagnostika, prognozė, ankstyvoji ir ilgalaikė reabilitacija.	3 val.	Doc. K.Ambrozaitys/dr. G.Vaitkevičius
20.	CNS kraujagyslių susirgimais sergančiųjų reabilitacija Bendrieji principai, Veiksnių, nulemiantys paciento sveikimą. Kalbos sutrikimų atstatymas. Judėjimo funkcijų atstatymas, esant stuburo ir galvos smegesės funkcijos sutrikimams.	3 val.	Prof. habil.dr. A. Tamašauskas/ Doc. R.Vilcinis

TEORINĖ-PRAKTINĖ DALIS

Eil. Nr.	Seminaro temos pavadinimas	Trukmė	Dėstytojas
1.	Diferencinė diagnostika CNS kraujotakos sutrikimus primenančių susirgimų analizė ir tyrimo metodai, įgalinantys nustatyti diagnozę. Tyrimo metodų patikimumo vertinimas. Praktinės užduotys, vertinant CNS angiologinius susirgimus.	4 val.	Prof. V. Deltuva
2.	Chirurginių gydymo metodų apžvalga. Chirurginiai instrumentai, monitoravimas operacijos metu, pooperacinis sekimas ir tyrimai. Diagnostikos ir gydymo algoritmulų analizė.	4 val.	Dr. A.Radžiūnas, doc. K.Skauminas
3.	Video medžiagos analizė. Analizuojama CNS	4 val.	Dr.E.Marcinkevičius

	kraujagyslių operacijų videomedžiaga		
4.	Mokslinių medicininių straipsnių kritinė analizė Doktorantai pristato perskaitytų straipsnių analizę.	4 val.	Prof. habil.dr. A. Tamašauskas
5.	Mokslinių pranešimų bei tezių ruošimas. Doktorantai ruošia ir analizuoją tezių, pranešimų, paskaitų, pranešimų projektus iš savo vykdomo darbo srities ir medžiagos.	4 val.	Prof. habil.dr. A. Tamašauskas

SAVARANKIŠKAS DARBAS

Priedas Nr. 1

Rekomenduojama literatūra

Literaturos sarasas aneurizmomams

1. The International Study of Unruptured Intracranial Aneurysm Investigators. Unruptured intracranial aneurysms -- risk of rupture and risks of surgical intervention. *N Engl J Med* 1998; 339:1725-1733.
2. Wiebers DO, Whisnant JP, Huston J III, et al. Unruptured intracranial aneurysms: natural history, clinical outcome, and risks of surgical and endovascular treatment. *Lancet* 2003; 362:103-110
3. Schievink WI. Intracranial aneurysms. *N Engl J Med* 1997; 336:28-40.
4. Yanaka K, Nagase S, Asakawa H, Matsumaru Y, Koyama A, Nose T. Management of unruptured cerebral aneurysms in patients with polycystic kidney disease. *Surg Neurol* 2004; 62:538-545.
5. Connolly ES, Solomon RA. Management of unruptured aneurysms. In: Le Roux PD, Winn HR, Newell DW, eds. *Management of cerebral aneurysms*. Philadelphia: Saunders, 2004:271-85.
6. Wijdicks EF, Kallmes DF, Manno EM, Fulgham JR, Piepgras DG. Subarachnoid hemorrhage: neurointensive care and aneurysm repair. *Mayo Clin Proc* 2005; 80:550-559.
7. Stafp C, Mohr JP. Aneurysms and subarachnoid hemorrhage — epidemiology. In: Le Roux PD, Winn HR, Newell DW, eds. *Management of cerebral aneurysms*. Philadelphia: Saunders, 2004:183-7.
8. Greenberg MS. SAH and aneurysms. In: Greenberg MS, ed. *Handbook of neurosurgery*. 5th ed. New York: Thieme Medical, 2000:754-803.
9. Bederson JB, Awad IA, Wiebers DO, et al. Recommendations for the management of patients with unruptured intracranial aneurysms: a statement for healthcare professionals from the Stroke Council of the American Heart Association. *Stroke* 2000;31:2742-2750.
10. Sarti C, Tuomilehto J, Salomaa V, et al. Epidemiology of subarachnoid hemorrhage in Finland from 1983 to 1985. *Stroke* 1991; 22:848.
11. Johnston SC, Selvin S, Gress DR. The burden, trends, and demographics of mortality from subarachnoid hemorrhage. *Neurology* 1998;50:1413-1418.
12. Wiebers DO, Piepgras DG, Meyer FB, et al. Pathogenesis, natural history, and treatment of unruptured intracranial aneurysms. *Mayo Clin Proc* 2004; 79:1572.
13. Frösen J, Piippo A, Paetau A, et al. Remodeling of saccular cerebral artery aneurysm wall is associated with rupture: histological analysis of 24 unruptured and 42 ruptured cases. *Stroke* 2004; 35:2287.
14. Neil-Dwyer G, Bartlett JR, Nicholls AC, et al. Collagen deficiency and ruptured cerebral aneurysms. A clinical and biochemical study. *J Neurosurg* 1983; 59:16.
15. Pepin M, Schwarze U, Superti-Furga A, Byers PH. Clinical and genetic features of Ehlers-Danlos syndrome type IV, the vascular type. *N Engl J Med* 2000; 342:673.

16. Conway JE, Hutchins GM, Tamargo RJ. Marfan syndrome is not associated with intracranial aneurysms. *Stroke* 1999; 30:1632.
17. Vlak MH, Algra A, Brandenburg R, Rinkel GJ. Prevalence of unruptured intracranial aneurysms, with emphasis on sex, age, comorbidity, country, and time period: a systematic review and meta-analysis. *Lancet Neurol* 2011; 10:626.
18. Onda H, Kasuya H, Yoneyama T, et al. Genomewide-linkage and haplotype-association studies map intracranial aneurysm to chromosome 7q11. *Am J Hum Genet* 2001; 69:804.
19. Ronkainen A, Hernesniemi J, Puranen M, et al. Familial intracranial aneurysms. *Lancet* 1997; 349:380.
20. Raaymakers TW. Aneurysms in relatives of patients with subarachnoid hemorrhage: frequency and risk factors. MARS Study Group. Magnetic Resonance Angiography in Relatives of patients with Subarachnoid hemorrhage. *Neurology* 1999; 53:982.
21. Bromberg JE, Rinkel GJ, Algra A, et al. Familial subarachnoid hemorrhage: distinctive features and patterns of inheritance. *Ann Neurol* 1995; 38:929.
22. Wills S, Ronkainen A, van der Voet M, et al. Familial intracranial aneurysms: an analysis of 346 multiplex Finnish families. *Stroke* 2003; 34:1370.
23. Hashikata H, Liu W, Inoue K, et al. Confirmation of an association of single-nucleotide polymorphism rs1333040 on 9p21 with familial and sporadic intracranial aneurysms in Japanese patients. *Stroke* 2010; 41:1138.
24. van der Voet M, Olson JM, Kuivaniemi H, et al. Intracranial aneurysms in Finnish families: confirmation of linkage and refinement of the interval to chromosome 19q13.3. *Am J Hum Genet* 2004; 74:564.
25. Deka R, Koller DL, Lai D, et al. The relationship between smoking and replicated sequence variants on chromosomes 8 and 9 with familial intracranial aneurysm. *Stroke* 2010; 41:1132.
26. St Jean P, Hart B, Webster M, et al. Alpha-1-antitrypsin deficiency in aneurysmal disease. *Hum Hered* 1996; 46:92.
27. Broderick JP, Brown RD Jr, Sauerbeck L, et al. Greater rupture risk for familial as compared to sporadic unruptured intracranial aneurysms. *Stroke* 2009; 40:1952.
28. Bonita R. Cigarette smoking, hypertension and the risk of subarachnoid hemorrhage: a population-based case-control study. *Stroke* 1986; 17:831.
29. Stober T, Sen S, Anstätt T, et al. Direct evidence of hypertension and the possible role of post-menopause oestrogen deficiency in the pathogenesis of berry aneurysms. *J Neurol* 1985; 232:67.
30. Taylor CL, Yuan Z, Selman WR, et al. Cerebral arterial aneurysm formation and rupture in 20,767 elderly patients: hypertension and other risk factors. *J Neurosurg* 1995; 83:812.
31. Longstreth WT, Nelson LM, Koepsell TD, van Belle G. Subarachnoid hemorrhage and hormonal factors in women. A population-based case-control study. *Ann Intern Med* 1994; 121:168.
32. Mhurchu CN, Anderson C, Jamrozik K, et al. Hormonal factors and risk of aneurysmal subarachnoid hemorrhage: an international population-based, case-control study. *Stroke* 2001; 32:606.
33. Perloff JK. The Clinical Recognition of Congenital Heart Disease, 4th, WB Saunders, Philadelphia 1994.
34. Hodes HL, Steinfeld L, Blumenthal S. Congenital cerebral aneurysms and coarctation of the aorta. *Arch Pediatr* 1959; 76:28.
35. Austin G, Fisher S, Dickson D, et al. The significance of the extracellular matrix in intracranial aneurysms. *Ann Clin Lab Sci* 1993; 23:97.
36. Raps EC, Rogers JD, Galetta SL, et al. The clinical spectrum of unruptured intracranial aneurysms. *Arch Neurol* 1993; 50:265.

37. Friedman JA, Piegras DG, Pichelmann MA, et al. Small cerebral aneurysms presenting with symptoms other than rupture. *Neurology* 2001; 57:1212.
38. Butler WE, Barker FG II, Crowell RM. Patients with polycystic kidney disease would benefit from routine magnetic resonance angiographic screening for intracerebral aneurysms: a decision analysis. *Neurosurgery* 1996;38:506-515.
39. The Magnetic Resonance Angiography in Relatives of Patients with Subarachnoid Hemorrhage Study Group. Risks and benefits of screening for intracranial aneurysms in first-degree relatives of patients with sporadic subarachnoid hemorrhage. *N Engl J Med* 1999;341:1344-1350.
40. Dammert S, Krings T, Moller-Hartmann W, et al. Detection of intracranial aneurysms with multislice CT: comparison with conventional angiography. *Neuroradiology* 2004; 46:427-434.
41. Chappell ET, Moure FC, Good MC. Comparison of computed tomographic angiography with digital subtraction angiography in the diagnosis of cerebral aneurysms: a meta-analysis. *Neurosurgery* 2003; 52:624-631.
42. White PM, Wardlaw JM, Easton V. Can noninvasive imaging accurately depict intracranial aneurysms? A systematic review. *Radiology* 2000; 217:361-370.
43. White PM, Teasdale EM, Wardlaw JM, Easton V. Intracranial aneurysms: CT angiography and MR angiography for detection prospective blinded comparison in a large patient cohort. *Radiology* 2001; 219:739-749.
44. Kouskouras C, Charitanti A, Giavroglou C, et al. Intracranial aneurysms: evaluation using CTA and MRA: correlation with DSA and intraoperative findings. *Neuroradiology* 2004; 46:842-850.
45. Okahara M, Kiyosue H, Yamashita M, et al. Diagnostic accuracy of magnetic resonance angiography for cerebral aneurysms in correlation with 3D-digital subtraction angiographic images: a study of 133 aneurysms. *Stroke* 2002; 33:1803-1808.
46. Harrison MJ, Johnson BA, Gardner GM, Welling BG. Preliminary results on the management of unruptured intracranial aneurysms with magnetic resonance angiography and computed tomographic angiography. *Neurosurgery* 1997; 40:947-955.
47. Kangasniemi M, Makela T, Koskinen S, Porras M, Poussa K, Hernesniemi J. Detection of intracranial aneurysms with two-dimensional and three-dimensional multislice helical computed tomographic angiography. *Neurosurgery* 2004; 54:336-340.
48. van Gelder JM. Computed tomographic angiography for detecting cerebral aneurysms: implications of aneurysm size distribution for the sensitivity, specificity, and likelihood ratios. *Neurosurgery* 2003; 53:597.
49. Menke J, Larsen J, Kallenberg K. Diagnosing cerebral aneurysms by computed tomographic angiography: meta-analysis. *Ann Neurol* 2011; 69:646.
50. Tipper G, U-King-Im JM, Price SJ, et al. Detection and evaluation of intracranial aneurysms with 16-row multislice CT angiography. *Clin Radiol* 2005; 60:565-572.
51. Fisher CM, Kistler JP, Davis JM. Relation of cerebral vasospasm to subarachnoid hemorrhage visualized by computerized tomographic scanning. *Neurosurgery* 1980; 6:1-9.
52. Huston J 3rd, Nichols DA, Luetmer PH, et al. Blinded prospective evaluation of sensitivity of MR angiography to known intracranial aneurysms: importance of aneurysm size. *AJNR Am J Neuroradiol* 1994; 15:1607.
53. Schwartz RB, Tice HM, Hooten SM, et al. Evaluation of cerebral aneurysms with helical CT: correlation with conventional angiography and MR angiography. *Radiology* 1994; 192:717.
54. White PM, Teasdale E, Wardlaw JM, Easton V. What is the most sensitive non-invasive imaging strategy for the diagnosis of intracranial aneurysms? *J Neurol Neurosurg Psychiatry* 2001; 71:322.
55. Li MH, Li YD, Tan HQ, et al. Contrast-free MRA at 3.0 T for the detection of intracranial aneurysms. *Neurology* 2011; 77:667.

56. Hoh BL, Cheung AC, Rabinov JD, Pryor JC, Carter BS, Ogilvy CS. Results of a prospective protocol of computed tomographic angiography in place of catheter angiography as the only diagnostic and pretreatment planning study for cerebral aneurysms by a combined neurovascular team. *Neurosurgery* 2004; 54:1329-1340.
57. Heiserman JE, Dean BL, Hodak JA, et al. Neurologic complications of cerebral angiography. *AJNR Am J Neuroradiol* 1994; 15:1401-1407.
58. Dion JE, Gates PC, Fox AJ, Barnett HJ, Blom RJ. Clinical events following neuroangiography: a prospective study. *Stroke* 1987; 18:997-1004.
59. Connors JJ III, Sacks D, Furlan AJ, et al. Training, competency, and credentialing standards for diagnostic cervicocerebral angiography, carotid stenting, and cerebrovascular intervention: a joint statement from the American Academy of Neurology, the American Association of Neurological Surgeons, the American Society of Interventional and Therapeutic Neuroradiology, the American Society of Neuroradiology, the Congress of Neurological Surgeons, the AANS/CNS Cerebrovascular Section, and the Society of Interventional Radiology. *Neurology* 2005; 64:190-198.
60. Le Roux PD, Winn HR. Management of the ruptured aneurysm. In: Le Roux PD, Winn HR, Newell DW, eds. *Management of cerebral aneurysms*. Philadelphia: Saunders, 2004:303-33.
61. Hunt WE, Hess RM. Surgical risk as related to time of intervention in the repair of intracranial aneurysms. *J Neurosurg* 1968;28:14-20.
62. Polin RS, Coenen VA, Hansen CA, et al. Efficacy of transluminal angioplasty for the management of symptomatic cerebral vasospasm following aneurysmal subarachnoid hemorrhage. *J Neurosurg* 2000; 92:284-290.
63. Edlow JA, Caplan LR. Avoiding pitfalls in the diagnosis of subarachnoid hemorrhage. *N Engl J Med* 2000; 342:29-36.
64. Wiebers DO, Whisnant JP, Sundt TM Jr, O'Fallon WM. The significance of unruptured intracranial saccular aneurysms. *J Neurosurg* 1987; 66:23.
65. Wiebers DO, Whisnant JP, O'Fallon WM. The natural history of unruptured intracranial aneurysms. *N Engl J Med* 1981; 304:696.
66. Sonobe M, Yamazaki T, Yonekura M, Kikuchi H. Small unruptured intracranial aneurysm verification study: SUAVe study, Japan. *Stroke* 2010; 41:1969.
67. Matsubara S, Hadeishi H, Suzuki A, et al. Incidence and risk factors for the growth of unruptured cerebral aneurysms: observation using serial computerized tomography angiography. *J Neurosurg* 2004; 101:908.
68. Burns JD, Huston J 3rd, Layton KF, et al. Intracranial aneurysm enlargement on serial magnetic resonance angiography: frequency and risk factors. *Stroke* 2009; 40:406.
69. Sato K, Yoshimoto Y. Risk profile of intracranial aneurysms: rupture rate is not constant after formation. *Stroke* 2011; 42:3376.
70. Morita A, Fujiwara S, Hashi K, et al. Risk of rupture associated with intact cerebral aneurysms in the Japanese population: a systematic review of the literature from Japan. *J Neurosurg* 2005; 102:601.
71. Becker H. Consequences of a Nonrecognized Subarachnoid Hemorrhage. *Klin Neuroradiol*. Nov 20 2009.
72. Yaşargil MG: Microneurosurgery. I. Microsurgical anatomy of the basal cisterns and vessels of the brain, diagnostic studies, general operative techniques and pathological considerations of the intracranial aneurysms. Stuttgart/New York, Georg Thieme Verlag/Thieme Stratton, 1984.
73. Kassell NF, Peerless SJ, Durward QJ, Beck DW, Drake CG, Adams HP. Treatment of ischemic deficits from vasospasm with intravascular volume expansion and induced arterial hypertension. *Neurosurgery* 1982; 11: 337-43.

74. Hijdra A, Vermeulen M, van Gijn J, van Crevel H. Rerupture of intracranial aneurysms: a clinicopathologic study. *J Neurosurg* 1987; 67: 29–33.
75. Fujii Y, Takeuchi S, Sasaki O, Minakawa T, Koike T, Tanaka R. Ultra-early rebleeding in spontaneous subarachnoid hemorrhage. *J Neurosurg* 1996; 84: 35–42.
76. Winn HR, Richardson AE, Jane JA. The long-term prognosis in untreated cerebral aneurysms: I. The incidence of late hemorrhage in cerebral aneurysm: a 10-year evaluation of 364 patients. *Ann Neurol* 1977; 1:358.
77. Inagawa T, Kamiya K, Ogasawara H, Yano T. Rebleeding of ruptured intracranial aneurysms in the acute stage. *Surg Neurol* 1987; 28:93.
78. Naidech AM, Janjua N, Kreiter KT, et al. Predictors and impact of aneurysm rebleeding after subarachnoid hemorrhage. *Arch Neurol* 2005; 62:410.
79. Lord AS, Fernandez L, Schmidt JM, et al. Effect of rebleeding on the course and incidence of vasospasm after subarachnoid hemorrhage. *Neurology* 2012; 78:31.
80. Beck J, Raabe A, Szelenyi A, et al. Sentinel headache and the risk of rebleeding after aneurysmal subarachnoid hemorrhage. *Stroke* 2006; 37:2733.
81. Bederson JB, Connolly ES Jr, Batjer HH, et al. Guidelines for the management of aneurysmal subarachnoid hemorrhage: a statement for healthcare professionals from a special writing group of the Stroke Council, American Heart Association. *Stroke* 2009; 40:994.
82. Kassell NF, Sasaki T, Colohan AR, Nazar G. Cerebral vasospasm following aneurysmal subarachnoid hemorrhage. *Stroke* 1985; 16:562.
83. Kreiter KT, Mayer SA, Howard G, et al. Sample size estimates for clinical trials of vasospasm in subarachnoid hemorrhage. *Stroke* 2009; 40:2362.
84. Charpentier C, Audibert G, Guillemin F, et al. Multivariate analysis of predictors of cerebral vasospasm occurrence after aneurysmal subarachnoid hemorrhage. *Stroke* 1999; 30:1402.
85. Badjatia N, Topcuoglu MA, Buonanno FS, et al. Relationship between hyperglycemia and symptomatic vasospasm after subarachnoid hemorrhage. *Crit Care Med* 2005; 33:1603.
86. Hop JW, Rinkel GJ, Algra A, van Gijn J. Initial loss of consciousness and risk of delayed cerebral ischemia after aneurysmal subarachnoid hemorrhage. *Stroke* 1999; 30:2268.
87. Qureshi AI, Sung GY, Razumovsky AY, et al. Early identification of patients at risk for symptomatic vasospasm after aneurysmal subarachnoid hemorrhage. *Crit Care Med* 2000; 28:984.
88. Singhal AB, Topcuoglu MA, Dorer DJ, et al. SSRI and statin use increases the risk for vasospasm after subarachnoid hemorrhage. *Neurology* 2005; 64:1008.
89. van Gijn J, van Dongen KJ. The time course of aneurysmal haemorrhage on computed tomograms. *Neuroradiology* 1982; 23: 153–6.
90. Hauerberg J, Eskesen V, Rosenorn J. The prognostic significance of intracerebral haematoma as shown on CT scanning after aneurysmal subarachnoid haemorrhage. *Br J Neurosurg* 1994; 8: 333–9.
91. Brandt L, Sonesson B, Ljunggren B, SOElig;veland H. Ruptured middle cerebral artery aneurysm with intracerebral hemorrhage in younger patients appearing moribund: emergency operation? *Neurosurgery* 1987; 20: 925–9.
92. Heiskanen O, Poranen A, Kuurne T, Valtonen S, Kaste M. Acute surgery for intracerebral haematomas caused by rupture of an intracranial arterial aneurysm. A prospective randomized study. *Acta Neurochir (Wien)* 1988; 90: 81–3.
93. O'Sullivan MG, Whyman M, Steers JW, Whittle IR, Miller JD. Acute subdural haematoma secondary to ruptured intracranial aneurysm: diagnosis and management. *Br J Neurosurg* 1994; 8: 439–45.
94. van Gijn J, Hijdra A, Wijdicks EF, Vermeulen M, van Crevel H. Acute hydrocephalus after aneurysmal subarachnoid hemorrhage. *J Neurosurg* 1985b; 63: 355–62.

95. Rinkel GJ, Wijdicks EF, Ramos LM, van Gijn J. Progression of acute hydrocephalus in subarachnoid haemorrhage: a case report documented by serial CT scanning. *J Neurol Neurosurg Psychiatry* 1990b; 53: 354–5.
96. Nieuwkamp DJ, de Gans K, Rinkel GJ, Algra A. Treatment and outcome of severe intraventricular extension in patients with subarachnoid or intracerebral hemorrhage: a systematic review of the literature. [Review]. *J Neurol* 2000; 247: 117–21.
97. Smith B. Cerebral pathology in subarachnoid haemorrhage. *J Neurol Neurosurg Psychiatry* 1963; 26: 535–9.
98. Grote E, Hassler W. The critical first minutes after subarachnoid hemorrhage. *Neurosurgery* 1988; 22: 654–61.
99. Marcio L, Tostes Santos, Antonio Ronaldo Spotti, Rosangela M. Giant intracranial aneurysms: morphology and clinical presentation. *Neurosurgical Review* 36:1, 117-122.
100. Juvela S, Porras M, Heiskanen O. Natural history of unruptured intracranial aneurysms: a long-term follow-up study. *J Neurosurg* 1993;79:174-182.
101. Mount LA, Brisman R. Treatment of multiple aneurysms -- symptomatic and asymptomatic. *Clin Neurosurg* 1974;21:166-170.
102. Winn HR, Almaani WS, Berga SL, Jane JA, Richardson AE. The long-term outcome in patients with multiple aneurysms: incidence of late hemorrhage and implications for treatment of incidental aneurysms. *J Neurosurg* 1983;59:642-651.
103. Raaymakers TW, Rinkel GJ, Limburg M, Algra A. Mortality and morbidity of surgery for unruptured intracranial aneurysms: a meta-analysis. *Stroke* 1998;29:1531-1538.
104. King JT Jr, Berlin JA, Flamm ES. Morbidity and mortality from elective surgery for asymptomatic, unruptured, intracranial aneurysms: a meta-analysis. *J Neurosurg* 1994;81:837-842.
105. Solomon RA, Fink ME, Pile-Spellman J. Surgical management of unruptured intracranial aneurysms. *J Neurosurg* 1994;80:440-446.
106. Murayama Y, Nien YL, Duckwiler G, et al. Guglielmi detachable coil embolization of cerebral aneurysms: 11 years' experience. *J Neurosurg* 2003;98:959-966.
107. Shanno GB, Armonda RA, Benitez RP, Rosenwasser RH. Assessment of acutely unsuccessful attempts at detachable coiling in intracranial aneurysms. *Neurosurgery* 2001;48:1066-1072.
108. Johnston SC, Wilson CB, Halbach VV, et al. Endovascular and surgical treatment of unruptured cerebral aneurysms: comparison of risks. *Ann Neurol* 2000; 48:11.
109. Alshekhlee A, Mehta S, Edgell RC, et al. Hospital mortality and complications of electively clipped or coiled unruptured intracranial aneurysm. *Stroke* 2010; 41:1471.
110. Johnston SC, Zhao S, Dudley RA, et al. Treatment of unruptured cerebral aneurysms in California. *Stroke* 2001; 32:597.
111. Johnston SC, Dudley RA, Gress DR, Ono L. Surgical and endovascular treatment of unruptured cerebral aneurysms at university hospitals. *Neurology* 1999;52:1799-1805.
112. Ogilvy CS, Carter BS. Stratification of outcome for surgically treated unruptured intracranial aneurysms. *Neurosurgery* 2003; 52:82.
113. Pierot L, Barbe C, Spelle L, ATENA investigators. Endovascular treatment of very small unruptured aneurysms: rate of procedural complications, clinical outcome, and anatomical results. *Stroke* 2010; 41:2855.
114. Thornton J, Bashir Q, Aletich VA, Debrun GM, Ausman JI, Charbel FT. What percentage of surgically clipped intracranial aneurysms have residual necks? *Neurosurgery* 2000; 46:1294-1298.
115. David CA, Vishteh AG, Spetzler RF, Lemole M, Lawton MT, Partovi S. Late angiographic follow-up review of surgically treated aneurysms. *J Neurosurg* 1999; 91:396-401.

116. Friedman JA, Nichols DA, Meyer FB, et al. Guglielmi detachable coil treatment of ruptured saccular cerebral aneurysms: retrospective review of a 10-year single-center experience. *AJNR Am J Neuroradiol* 2003;24:526-533.
117. Tummala RP, Chu RM, Madison MT, Myers M, Tubman D, Nussbaum ES. Outcomes after aneurysm rupture during endovascular coil embolization. *Neurosurgery* 2001;49:1059-1066.
118. Cloft HJ, Kallmes DF. Cerebral aneurysm perforations complicating therapy with Guglielmi detachable coils: a meta-analysis. *AJNR Am J Neuroradiol* 2002;23:1706-1709.
119. Brisman JL, Niimi Y, Song JK, Berenstein A. Aneurysmal rupture during coiling: low incidence and good outcomes at a single large volume center. *Neurosurgery* 2005; 57:1103-1109.
120. Henkes H, Fischer S, Weber W, et al. Endovascular coil occlusion of 1811 intracranial aneurysms: early angiographic and clinical results. *Neurosurgery* 2004;54:268-280.
121. Brilstra EH, Rinkel GJ, van der Graaf Y, van Rooij WJ, Algra A. Treatment of intracranial aneurysms by embolization with coils: a systematic review. *Stroke* 1999;30:470-476.
122. Takao H, Nojo T. Treatment of unruptured intracranial aneurysms: decision and cost-effectiveness analysis. *Radiology* 2007; 244:755.
123. Thornton J, Debrun GM, Aletich VA, Bashir Q, Charbel FT, Ausman J. Follow-up angiography of intracranial aneurysms treated with endovascular placement of Guglielmi detachable coils. *Neurosurgery* 2002;50:239-249.
124. Wiebers DO, Torres VE. Screening for unruptured intracranial aneurysms in autosomal dominant polycystic kidney disease. *N Engl J Med* 1992; 327:953.
125. Héman LM, Jongen LM, van der Worp HB, et al. Incidental intracranial aneurysms in patients with internal carotid artery stenosis: a CT angiography study and a metaanalysis. *Stroke* 2009; 40:1341.
126. Hasan DM, Mahaney KB, Brown RD Jr, et al. Aspirin as a promising agent for decreasing incidence of cerebral aneurysm rupture. *Stroke* 2011; 42:3156.
127. Vallee JN, Aymard A, Vicaut E, et al. Endovascular treatment of basilar tip aneurysms with Guglielmi detachable coils: predictors of immediate and long-term results with multivariate analysis 6-year experience. *Radiology* 2003; 226:867.
128. Raftopoulos C, Goffette P, Vaz G, et al. Surgical clipping may lead to better results than coil embolization: results from a series of 101 consecutive unruptured intracranial aneurysms. *Neurosurgery* 2003; 52:1280.
129. Zacharia BE, Ducruet AF, Hickman ZL, et al. Technological advances in the management of unruptured intracranial aneurysms fail to improve outcome in New York state. *Stroke* 2011; 42:2844.
130. Zaroff JG, Rordorf GA, Newell JB, Ogilvy CS, Levinson JR. Cardiac outcome in patients with subarachnoid hemorrhage and electrocardiographic abnormalities. *Neurosurgery* 1999;44:34-39.
131. Jain R, Deveikis J, Thompson BG. Management of patients with stunned myocardium associated with subarachnoid hemorrhage. *AJNR Am J Neuroradiol* 2004;25:126-129.
132. Deibert E, Barzilai B, Braverman AC, et al. Clinical significance of elevated troponin I levels in patients with nontraumatic subarachnoid hemorrhage. *J Neurosurg* 2003;98:741-746.
133. Bulsara KR, McGirt MJ, Liao L, et al. Use of the peak troponin value to differentiate myocardial infarction from reversible neurogenic left ventricular dysfunction associated with aneurysmal subarachnoid hemorrhage. *J Neurosurg* 2003;98:524-528.
134. Tung P, Kopelnik A, Banki N, et al. Predictors of neurocardiogenic injury after subarachnoid hemorrhage. *Stroke* 2004;35:548-551.
135. Khush K, Kopelnik A, Tung P, et al. Age and aneurysm position predict patterns of left ventricular dysfunction after subarachnoid hemorrhage. *J Am Soc Echocardiogr* 2005;18:168-174.

136. Zaroff JG, Rordorf GA, Ogilvy CS, Picard MH. Regional patterns of left ventricular systolic dysfunction after subarachnoid hemorrhage: evidence for neurally mediated cardiac injury. *J Am Soc Echocardiogr* 2000;13:774-779.
137. Barker FG II, Ogilvy CS. Efficacy of prophylactic nimodipine for delayed ischemic deficit after subarachnoid hemorrhage: a metaanalysis. *J Neurosurg* 1996;84:405-414.
138. Wijdicks EF, Kallmes DF, Manno EM, Fulgham JR, Pieprgas DG. Subarachnoid hemorrhage: neurointensive care and aneurysm repair. *Mayo Clin Proc* 2005;80:550-559.
139. Elliott JP, Newell DW, Lam DJ, et al. Comparison of balloon angioplasty and papaverine infusion for the treatment of vasospasm following aneurysmal subarachnoid hemorrhage. *J Neurosurg* 1998;88:277-284.
140. Rosenwasser RH, Armonda RA, Thomas JE, Benitez RP, Gannon PM, Harrop J. Therapeutic modalities for the management of cerebral vasospasm: timing of endovascular options. *Neurosurgery* 1999;44:975-979.
141. Rabinstein AA, Friedman JA, Nichols DA, et al. Predictors of outcome after endovascular treatment of cerebral vasospasm. *AJNR Am J Neuroradiol* 2004;25:1778-1782.
142. 62
143. Eskridge JM, McAuliffe W, Song JK, et al. Balloon angioplasty for the treatment of vasospasm: results of first 50 cases. *Neurosurgery* 1998;42:510-516.
144. Subarachnoid Hemorrhage (Traumatic) [Internet] 2010 [Cited 2013 June 10]. Available from: <http://www.mdguidelines.com/subarachnoid-hemorrhage-traumatic>.
145. Clinchot MD, Kaplan P, Murray DM, et al. Cerebral aneurysms and arteriovenous malformation: implications for rehabilitation. *Arch Phys Med Rehabil* 1994;75:1342-51.
146. Kaplan CP, Corrigan JD. The relationship between cognition and functional independence in adults with traumatic brain injury. *Arch Phys Med Rehabil* 1994;75:643-7.
147. Hutter BO, Kreitschmann-Andermahr I, Mayfrank L, et al. Functional outcome after aneurysmal subarachnoid hemorrhage. *Acta Neurochir Suppl (Wien)* 1999;72:157-74.
148. Saciri BM, Kos N. Aneurysmal subarachnoid haemorrhage: outcomes of early rehabilitation after surgical repair of ruptured intracranial aneurysms. *J Neurol Neurosurg Psychiatry*. 2002;3:334-37.

Priedas Nr. 2

Numatomų dėstytojų sąrašas:

1. Dalyko programoje dėstysiantys profesoriai arba vyriausieji mokslo darbuotojai;
Prof. habil. dr. A.Tamašauskas
Prof. dr. V.Deltuva
2. Dalyko programoje dėstysiantys docentai;
Doc. G.Bernotas
Doc. K.V.Ambrozaitis
Doc. K.Skauminas
Doc. A.Matukevičius
Doc. R.Vilcinis
3. Kiti dalyko programos dėstytojai:
Dr. E.Marcinkevičius
Dr. G.Vaitkevičius
Dr. A.Radžiūnas