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Safety of aspirin use in patients with stroke and small unruptured aneurysms

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Abstract

Objective We initiated a multicenter, prospective cohort study to test the hypothesis that aspirin is safe for patients with ischemic cerebrovascular disease (ICVD) harboring unruptured intracranial aneurysms (UIAs) <7 mm.

Methods This prospective, multicenter cohort study consecutively enrolled 1866 eligible patients with ICVD harboring UIAs <7 mm in diameter from 4 hospitals between January 2016 and August 2019. Baseline and follow-up patient information, including the use of aspirin, were recorded. The primary endpoint was aneurysm rupture.

Results After a total of 4,411.4 person-years, 643 (37.2%) patients continuously received aspirin treatment. Of all included patients, rupture occurred in 12 (0.7%). The incidence rate for rupture (IRR) was 0.27 (95% CI 0.15–0.48) per 100 person-years. The IRRs were 0.39 (95% CI 0.21–0.72) and 0.06 (95% CI 0.010–0.45) per 100 person-years for the nonaspirin and aspirin groups, respectively. In the multivariate analysis, uncontrolled hypertension and UIAs 5 to <7 mm were associated with a high rate of aneurysm rupture, whereas, aspirin use was associated with a low rate of aneurysm rupture. Compared with other groups, the high-risk group (UIAs 5 to <7 mm with concurrent uncontrolled hypertension) without aspirin had higher IRRs.

Conclusion Aspirin is a safe treatment for patients with concurrent small UIAs and ICVD. Patients that are not taking aspirin in the high-risk group warrant intensive surveillance.

ClinicalTrials.gov identifier NCT02846259.

Classification of evidence This study provides Class III evidence that for patients harboring UIAs <7 mm with ICVD, aspirin does not increase the risk of aneurysm rupture.

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