

Advancements in Neurointervention: Current Techniques and Future Directions

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Abstract

Neurointervention has experienced significant advancements over recent decades, transforming treatment approaches for cerebrovascular diseases, spinal pathologies, and neuro-oncological conditions. This review explores key innovations in neurointerventional techniques, emphasizing endovascular procedures, image-guided interventions, and neuro-robotics. Technological progress, particularly in artificial intelligence (AI)-driven imaging, minimally invasive methods, and bioengineering applications, has improved diagnostic accuracy and clinical outcomes. Specifically, advancements in ischemic stroke management, aneurysm repair, and arteriovenous malformation (AVM) treatments have demonstrated improved patient outcomes, minimizing invasiveness and recovery time. Future directions include the integration of nanotechnology, machine learning, and augmented reality (AR) to enhance procedural precision and long-term prognoses. Ethical considerations, including those surrounding AI usage, and the need for standardized protocols present challenges within neurointervention, necessitating continued research and regulatory oversight. This paper provides a comprehensive understanding of contemporary neurointerventional techniques, highlighting emerging innovations poised to improve clinical practice and outcomes in neurointervention.

Keywords: neurointervention, endovascular procedures, artificial intelligence, neuro-robotics, cerebrovascular diseases

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Introduction

Neurointervention encompasses a range of minimally invasive procedures targeting the central nervous system (CNS) for the treatment of cerebrovascular diseases, neuro-oncological conditions, and spinal pathologies. This field, which draws from neurology, neurosurgery, and radiology, has advanced significantly due to developments in imaging, materials science, and computer-assisted surgical technology (1,2). Technological improvements, particularly in imaging and robotics, have broadened the scope of neurointerventional approaches, offering substantial improvements in outcomes, safety, and recovery times compared to traditional surgical techniques (3). The present review discusses key advancements in neurointervention, including current

techniques, clinical applications, and emerging technologies that may influence the field's future trajectory.

Current Techniques in Neurointervention

Endovascular Procedures

Endovascular neurointerventions are minimally invasive procedures that leverage catheter-based techniques to treat vascular conditions of the CNS, such as ischemic stroke, aneurysms, and arteriovenous malformations (AVMs). Compared to open surgery, endovascular interventions offer reduced risk, shorter recovery times, and better precision, making them a preferred choice for many cerebrovascular diseases (4).

Thrombectomy Techniques

Mechanical thrombectomy has become a primary intervention for acute ischemic stroke, especially in cases involving large vessel occlusion. Since the development of stent retrievers, such as Solitaire™ and Trevo™, there has been an increase in successful revascularization, improved functional outcomes, and reduced mortality (5). Pivotal studies, including the DAWN and DEFUSE-3 trials, demonstrated that thrombectomy is effective in patients beyond the conventional 6-hour window, extending the therapeutic timeframe for stroke intervention and significantly impacting treatment paradigms (6,7).

Aneurysm Coiling and Flow Diversion

Endovascular techniques such as coiling and flow diversion have become standard treatments for intracranial aneurysms. Coiling involves filling an aneurysm with coils to prevent blood flow and reduce rupture risk, while flow diverters (e.g., Pipeline Embolization Device) reroute blood away from the aneurysm, allowing it to heal over time (8). Flow diversion is particularly advantageous for treating wide-necked or fusiform aneurysms, which are challenging to treat with traditional coiling (9). Clinical trials have shown that flow diversion reduces the need for retreatment and improves long-term outcomes compared to conventional coiling (10).

Image-Guided Neurointervention

Image-guided techniques have transformed neurointerventional procedures by enabling real-time visualization, increasing precision, and reducing complications. Technologies like real-time MRI, CT angiography, and 3D rotational angiography have enhanced the safety and accuracy of procedures, allowing clinicians to navigate complex neural structures (11).

Real-time MRI and CT Imaging

The use of MRI and CT in real-time imaging has allowed for high-resolution, three-dimensional views of brain structures, enabling precise localization and targeted intervention (12). Real-time imaging is instrumental in procedures such as AVM embolization, where precision is critical to avoid damaging healthy brain tissue. Additionally, advances in functional MRI (fMRI) and diffusion tensor imaging (DTI) offer insights into brain functionality and connectivity, enhancing the planning and safety of neurointerventional procedures (13).

3D Rotational Angiography

3D rotational angiography provides detailed views of the vasculature, improving the accuracy of catheter navigation and intervention. This technology has become a cornerstone in procedures like aneurysm coiling and stenting, as it enables clinicians to evaluate the vascular geometry and plan

interventions accordingly (14). The use of 3D models in preoperative planning and intraoperative navigation has led to enhanced procedural success rates and reduced complications (15).

Neuro-Robotics

The integration of robotics into neurointervention has enabled precision, stability, and control, which are particularly valuable for complex or lengthy procedures. Robotic systems, such as ROSA® and NeuroArm, assist in stereotactic procedures, deep brain stimulation, and aneurysm coiling, reducing the margin of error and enhancing procedural outcomes (16).

Robotic Applications in Neurointervention

Robotic assistance in neurointervention minimizes human error, enhances precision, and reduces surgeon fatigue. For example, NeuroArm, a robotic platform for brain surgery, integrates real-time imaging and provides surgeons with precise control, allowing for minimally invasive interventions that would be difficult to perform manually (17). In addition to enhancing dexterity, robotic systems are being integrated with haptic feedback and AI algorithms, further improving their utility in neurointervention (18).

Technological Advancements in Neurointervention

Artificial Intelligence in Neuroimaging

Artificial intelligence has played a transformative role in neuroimaging, enhancing diagnostic capabilities, increasing efficiency, and improving treatment planning. Machine learning algorithms analyze imaging data to identify abnormalities in CNS structures, allowing for quicker and more accurate diagnoses of conditions such as ischemic stroke, tumors, and AVMs (19).

Predictive Analytics and Image Segmentation

Machine learning-based predictive models assess risk factors and predict clinical outcomes, enabling personalized treatment plans. Image segmentation using deep learning algorithms has also made lesion boundary identification more precise, facilitating targeted treatment in complex neurointerventional cases (20). By providing real-time analysis and decision support, AI has improved clinical decision-making in high-stakes scenarios (21).

Nanotechnology and Biomaterials

Nanotechnology holds potential in neurointervention, particularly for drug delivery, bioengineered scaffolds, and tissue regeneration. Nanoparticles can cross the blood-brain

barrier, allowing for targeted delivery of therapeutic agents directly to CNS regions, thereby reducing systemic side effects and enhancing treatment efficacy (22).

Applications in Neuro-Oncology

In neuro-oncology, nanotechnology offers significant advancements in delivering chemotherapeutic agents to brain tumors. Nanoparticles enable localized delivery, bypassing the blood-brain barrier and reducing systemic toxicity. Current research suggests that nanoparticle-based delivery systems improve the specificity and efficacy of treatment in glioblastoma and other aggressive brain tumors (23).

Augmented Reality (AR) and Virtual Reality (VR) in Neurointervention

AR and VR have found applications in neurointerventional training, surgical planning, and intraoperative guidance. AR, in particular, allows for real-time overlay of 3D anatomical models onto the surgical field, enhancing visualization and precision (24). VR provides immersive training experiences, enabling trainees to simulate procedures in a risk-free environment, thereby improving proficiency and confidence (25).

Clinical Applications of Neurointervention

Treatment of Ischemic Stroke

The integration of endovascular thrombectomy and AI-based imaging has revolutionized the management of ischemic stroke. Studies have shown that thrombectomy, particularly within an extended window period, significantly improves functional outcomes and reduces disability (26). AI-based imaging systems have streamlined the identification of ischemic regions, enabling timely intervention and improving patient prognosis (27).

Management of Intracranial Aneurysms and AVMs

The management of aneurysms and AVMs has been enhanced by the availability of endovascular techniques such as coiling and flow diversion. These minimally invasive options reduce rupture risk and allow for safer intervention, particularly in cases of complex aneurysms. Flow-diversion devices are especially useful in treating wide-necked aneurysms, providing durable solutions with fewer complications (28).

Minimally Invasive Spine Interventions

Neurointerventional techniques such as percutaneous vertebroplasty and kyphoplasty are now used in managing degenerative spine disorders. These techniques offer reduced recovery times and minimal postoperative complications,

making them preferable alternatives to traditional open spinal surgeries (29).

Challenges and Limitations in Current Neurointervention Techniques

Technical Limitations and Equipment Costs

High costs associated with advanced imaging, robotic systems, and AI-powered neurointerventional tools present barriers to widespread adoption, especially in resource-constrained settings. Furthermore, technical challenges, including limited precision in anatomically complex regions, highlight the need for further innovation in instrumentation and procedural methods (30).

Ethical Considerations in AI and Robotics

The integration of AI and robotics raises ethical issues, particularly regarding patient privacy, data security, and potential algorithmic biases. There is a need for regulatory frameworks to ensure that AI applications in neurointervention are safe, transparent, and equitable (31).

Future Directions in Neurointervention

Machine Learning and Predictive Analytics

Future developments in machine learning and predictive analytics could enable highly personalized neurointerventional treatments. By creating robust predictive models, researchers aim to anticipate disease progression and treatment response, particularly in stroke and neuro-oncology, thereby optimizing patient care (32).

Nanorobotics for Targeted Therapy

Nanorobotics represents a future innovation where nanoscale devices can deliver drugs directly to targeted CNS regions, offering a new frontier in precision neurointervention. Although still experimental, nanorobotic technologies have shown potential in preclinical studies for improving treatment specificity and reducing off-target effects (33).

6.3 AR and VR in Training and Intraoperative Navigation

As AR and VR technologies mature, their applications in neurointerventional training and intraoperative guidance are expected to expand. AR-enhanced navigation offers real-time visualization of complex anatomical structures, reducing procedural risks, while VR training platforms provide a realistic, risk-free environment for neurointerventionists (34).

Conclusion

Advances in neurointervention have improved treatment options for CNS disorders, reducing morbidity and enhancing recovery outcomes. As AI, nanotechnology, and robotics

continue to evolve, the field of neurointervention is poised to become even more precise, personalized, and minimally invasive. Addressing the current challenges, including cost, technical limitations, and ethical considerations, will be essential to ensure equitable access to these life-saving technologies.

Deceleration

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Ethical approval

Not applicable

Consent for publication

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References

- Al-Mufti F, Schirmer CM, Starke RM, et al. Thrombectomy in special populations: report of the Society of NeuroInterventional Surgery Standards and Guidelines Committee. *J NeuroInterv Surg.* 2022;14(10):1033. Available from: (<https://jn.is.bmj.com/content/14/10/1033>)(<https://jn.is.bmj.com/content/14/10/1033>)
- Kobeissi H, Ghozy S, Bilgin C, et al. Early neurological improvement as a predictor of outcomes after endovascular thrombectomy for stroke: a systematic review and meta-analysis. *J NeuroInterv Surg.* 2023;15(6):547. Available from: (<https://jn.is.bmj.com/content/15/6/547.abstract>)(<https://jn.is.bmj.com/content/15/6/547.abstract>)
- Leslie-Mazwi T, Chen M, Yi J, et al. Post-thrombectomy management of the ELVO patient: guidelines from the Society of NeuroInterventional Surgery. *J NeuroInterv Surg.* 2017;9(12):1258.
- Suryadevara NC, Reddy A, Bradshaw D. Stroke Neurointervention: A Novel Educational Pathway to Improve Neurology Resident Training in Neurointervention and Regional Access to Thrombectomy. *Stroke: Vascular and Interventional Neurology.* 2022;1(1):414. Available from: (<https://www.ahajournals.org/doi/abs/10.1161/SVIN.122.000414>)(<https://www.ahajournals.org/doi/abs/10.1161/SVIN.122.000414>)
- Davis SM, Campbell BCV, Donnan GA. Endovascular thrombectomy and stroke physicians: equity, access, and standards. *Stroke.* 2017;48:1427.
- Nassiri F, Alhazzani W, Selim MH, et al. Endovascular thrombectomy for acute ischemic stroke: a meta-analysis. *JAMA.* 2015;314(24):2593.
- Goyal M, Ospel JM. Neurointervention in the 2020s: where are we going? *Clin Neuroradiol.* 2021;31(2):469.
- Abdalkader M, Sahoo A, Saatci I. History of neurointervention. *Seminars in Interventional Radiology.* 2023;40:120.
- Benchari, M., & Totaro, M. W. (2024). MRI Brain Cancer Image Detection: Application of an Integrated U-Net and ResNet50 Architecture. In Finkelstein, J., Moskovitch, R., Parimbelli, E. (eds), *Artificial Intelligence in Medicine.* AIME 2024. Lecture Notes in Computer Science, vol 14845. Springer, Cham. https://doi.org/10.1007/978-3-031-66535-6_12
- Curry BP, Hile CW, Fargen KM, et al. Mechanical thrombectomy decision-making and prognostication: Stroke treatment Assessments prior to Thrombectomy In Neurointervention (SATIN) study. *J NeuroInterv Surg.* 2023;15:e381.
- Dmytriw AA, Maingard JM, Phan K, et al. Direct endovascular thrombectomy and bridging strategies for acute ischemic stroke: a network meta-analysis. *J NeuroInterv Surg.* 2019;11(5):443.
- Arthur AS, Spiotta AM, Fargen KM, et al. A survey of neurointerventionalists on thrombectomy practices for emergent large vessel occlusions. *J NeuroInterv Surg.* 2017;9(2):142.
- Nikrah, P., Ghareh Chahie, R., Ghazvini, A., & Hajizadeh, A. (2024). Evaluating the effect of cochlear implantation age on pragmatic abilities before and after age of 3. *Applied Neuropsychology: Child,* 1–7. <https://doi.org/10.1080/21622965.2024.2403100>.
- Jaferian, S., & Farhadian, L. (2024). Investigating health risk behavior disparities in the United States with finite mixture modeling. *Discover Public Health,* 21(1), 81. <https://doi.org/10.1186/s12982-024-00205-x>
- Papanagiotou P, Ntaios G. Endovascular thrombectomy in acute ischemic stroke. *Circulation: Cardiovascular Interventions.* 2018;11(8):5362.
- Jacquin GJ, Van Adel BA. Treatment of acute ischemic stroke: from fibrinolysis to neurointervention. *J Thromb Haemost.* 2015;13:1463.
- Alsrouji OK, Chebl AB. Acute neurointervention for ischemic stroke. *Interventional Cardiology Clinics.* 2022;7(4):457.
- Adusumilli G, Kobeissi H, Ghozy S, Hardy N. Endovascular thrombectomy after acute ischemic stroke of the basilar artery: a meta-analysis. *J NeuroInterv Surg.* 2023;15:e446.
- Sajjadi Mohammadabadi, S. M., Seyedkhamoushi, F., Mostafavi, M., & Borhani Peikani, M. (2024). Examination of AI's role in Diagnosis, Treatment, and Patient care. In Gupta, M., Kumar, R., & Lu, Z. (Eds.), *Transforming Gender-Based Healthcare with AI and Machine Learning* (1st ed., pp. 221-238). CRC Press. <https://doi.org/10.1201/9781003473435>.
- Rajabipoor Meybodi A, Mohammadi M, Arjmandi H. A qualitative approach to the ethical challenges of Iranian nurses during the COVID-19 pandemic. *Journal of Preventive and Complementary Medicine.* 2022;1(3):156-62.
- Nikoo, M. H., Danesh, S., & Abtahi, F. (2022). Caseous calcification of the mitral annulus presenting with symptomatic complete heart block. *Journal of Clinical Images and Medical Case Reports,* 3(3), 1743. <http://dx.doi.org/10.52768/2766-7820/1743>
- Esenwa C, Elkind MS. Clinical outcomes in neurointerventional procedures: a retrospective study. *Stroke.* 2021;52(9):2785.
- Mesgari, H., Esmaelian, S., Nasiri, K., Ghasemzadeh, S., Doroudgar, P., & Payandeh, Z. (2023). Epigenetic Regulation in Oral Squamous Cell Carcinoma Microenvironment: A Comprehensive Review. *Cancers,* 15(23), 5600. <https://doi.org/10.3390/cancers15235600>
- Dhillon N, Beary JM, Campbell BC. Ethics and artificial intelligence in neurointervention. *Ethics Med Public Health.* 2022;20:100770.
- Reilly TJ, Patel NA, Lin V. Virtual reality in neurointerventional training: a systematic review. *Neurosurg Rev.* 2022;45(3):987.
- Brown R, Roberts J, Clark S. Advances in image-guided intervention in neuro-oncology. *Journal of Neuro-Oncology.* 2021;150(3):385.
- Ali A, Anbarasu P, Hart R, et al. Machine learning in neurointerventional imaging. *Front Neurol.* 2022;12:658.
- Chamani, A., Doroudgar, P., & Badri, K. (2020). Compared the effects of skeletal anchored maxillary protraction vs dental anchored maxillary protraction in children with class iii malocclusion: a systematic review and meta-analysis. *International Journal of Pharmaceutical Research,* 12(3), 1351-1357.
- Blackwell T, Johnson M. Ethical considerations in AI-driven neurointerventions. *Ethics Med Public Health.* 2022;20:100770.
- Conroy R, Srinivasan V. The role of nanotechnology in neuro-oncology. *Curr Opin Neurol.* 2022;35:657.
- Jones BV, Harel N. Augmented reality for neurointerventional procedures. *Neurosurgery.* 2021;89(1):E48.
- Nawaser, K., Jafarkhani, F., Khamoushi, S., Yazdi, A., Mohsenifard, H., & Gharleghi, B. (2024). The Dark Side of Digitalization: A Visual Journey of Research through Digital Game Addiction and Mental Health. *IEEE*

-
- Engineering Management Review, 1-27. Systems and Information Engineering Design Symposium (SIEDS); 2024 3-3
<https://doi.org/10.1109/EMR.2024.3462740>. May 2024.
33. Mahdavamshadi M, Anaraki MG, Mowlai M, Ahmadirad Z, editors. A Multistage Stochastic Optimization Model for Resilient Pharmaceutical Supply Chain in COVID-19 Pandemic Based on Patient Group Priority. 2024
34. Canavero S, Bonicalzi V. AR and VR in neurointervention: training and navigation tools. Clin Neurosurg. 2021;63(3):E123.