



# Letter: embolization of the middle meningeal artery in patients with chronic subdural hematoma—a systematic review and meta-analysis

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Dear Editor,

I have read the article by Haldrup et al., “Embolization of the middle meningeal artery in patients with chronic subdural hematoma—a systematic review and meta-analysis” [2]. They collected 191 cases from 18 studies and found recurrence rate of 4.1% for primary cases, while it was 2.4% for recurrent cases. In 2005, we conducted a study in which 27 cases of unilateral convexity chronic subdural hematoma were treated with burr hole evacuation and closed drainage [1]. In 14 of the cases, ipsilateral middle meningeal artery was surgically ligated or clipped via a temporal burr hole. Drainage duration, total drainage volume, and total protein albumin globulin levels of drainage material were lower in the cases with clipped middle meningeal artery. No recurrence was found in both groups. Nevertheless, the results were not statistically significant, likely due to low number of patients. Lower protein levels suggested that surgical ligation or clipping of the middle meningeal artery was effective in the treatment of chronic subdural hematoma [3, 5]. I think surgical middle meningeal artery ligation is a good alternative to embolization and can be performed especially in patients with risk factors for recurrence such as advanced age, midline shift, and mixed density on CT [4].

## Compliance with ethical standards

**Conflict of interest** The author declares that he has no conflict of interest.

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