

# (6.3% CAGR) Cerebral Aneurysm Clips Market Growing at USD 81960 Thousand by 2028 – The Insight Partners

NEW YORK, UNITED STATES, April 26, 2023 /EINPresswire.com/ -- [Cerebral Aneurysm Clips Market Size, Share & Forecast to 2028 - COVID-19 Impact and Global Analysis By Material Type \(Pure Titanium and Titanium-Based Alloys, Cobalt-Chromium-Based alloys, Phynox, Others\), Indication \(Saccular Aneurysm, Fusiform Aneurysm, and Mycotic Aneurysm\), Condition \(Unruptured Aneurysm and Ruptured Aneurysm\), and End User \(Hospitals, Neurology Centers, Ambulatory Surgical Centers, and Others\)](#)

The report offers insights and in-depth analysis of the global cerebral aneurysm clips market, emphasizing various parameters including market trends, technological advancements, market dynamics, and competitive landscape analysis of global leading market players. It also includes the impact of the COVID-19 pandemic on the market across all major regions. The cerebral aneurysm clips market experienced the overall mixed impact of the COVID-19 pandemic, and hence, the market is still gaining traction and is expected to grow in the coming years. During this health emergency, delivering medical care to all patients became challenging for healthcare systems, which were overburdened due to the need to treat the vast number of COVID patients. Medical device companies also faced issues in managing their operations in 2020. However, with gradual relaxation in social restrictions and the resumption of elective procedures by hospitals, the demand for surgical procedures and related accessories has returned to normal levels.

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A brain aneurysm or cerebral aneurysm is the development of a bulge in the brain's blood vessels. The bulge puts pressure on the nerves or brain tissues, and rupture or burst can cause brain bleeding, which can be fatal to a patient. Factors such as genetic conditions, arteriovenous malformations, untreated high blood pressure, and smoking cause brain aneurysms. Microsurgical clipping is the more established method of treating aneurysms. The first aneurysm ever treated by surgical clipping was performed at Johns Hopkins Hospital on March 23, 1937. During microsurgical clipping, a small metal clip is used to stop blood flow into the aneurysm. A craniotomy is performed to create an opening in the skull to reach the aneurysm. The clip is placed on the neck (opening) of the aneurysm to obstruct the flow of blood and it is left inside the brain after the procedures.

Surge in Geriatric Population drives the Growth of the Cerebral Aneurysm Clips Market

Cerebral aneurysms are common among the elderly populations, making the need for noninvasive vascular imaging more evident. Inconsistencies in life expectancy, cognitive dysfunction, vasculopathy, comorbidities, and rupture risks associated with heterogenous endovascular and surgical treatments contribute to a surge in the use of cerebral aneurysm clips. As per a research study conducted at the University of Maryland School of Medicine in 2021, the proportion of individuals aged 65 or above will reach 21% by 2050 from 8.1%. Several autopsy studies have correlated the increased prevalence of unruptured cerebral aneurysms with advancing age. Inagawa et al. from Shimane Prefectural Central Hospital, Izumo, Japan, examined 10,259 autopsies performed in New York. They found the incidence of unruptured cerebral aneurysms highest in patients aged 60 and above, with a peak prevalence of 1.2% in people aged 70 and above. Iwamoto et al., Kyushu University, Fukuoka, Japan, assessed 1,230 autopsies in Japan, reporting an overall increased prevalence of unruptured aneurysms with advancing age in women, with a peak prevalence of 14.5% in Japanese women of age 60–69 years. When reviewing magnetic resonance angiography studies in 8,696 asymptomatic Japanese adults, Harada et al. identified unruptured cerebral aneurysms in 3.2% of cases, and the prevalence increased with age in both men and women.

Many potential studies have assessed the occurrence of aneurysm rupture and its connection with old age. The overall risk of rupture per patient-year risk in the general population is 0.6–1.3%. Additional pertinent risk factors include a history of subarachnoid hemorrhage (SAH), hypertension, smoking, multiple aneurysms, and irregular morphology in the geriatric population. Some studies state that aneurysm size may be related to patient age. The Unruptured Cerebral Aneurysm Study of Japan (UCAS Japan) evaluated 6,697 cerebral aneurysms; 39.7% of patients aged 80 years and above had a size of 7 mm, or larger aneurysms were found in 21.4% of patients of age 50–59 years. Therefore, the ideal management of cerebral aneurysms in elderly patients provides scope for further developments and advanced care. Management is currently individualized, requiring the precise knowledge of natural history and risk of rupture that must be weighed against an individual's comorbidities, life expectancy, treatment-related risks, and success possibilities. Thus, with the growing elderly population, having a greater prevalence of aneurysms, companies in the cerebral aneurysms market are likely to grab significant growth opportunities in the coming years.

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