Turk Neurosurg, 2026
DOI: 10.5137/1019-5149.JTN.47579-24.0

Letter to Editor

Received: 13.09.2025
Accepted: 25.10.2025
Published Online: 16.01.2026

Critique of the Case Report on Multiple Intracranial Aneurysms Concurrent with a Clinoid Meningioma

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Dear Editor,

I have been keenly interested in the case report entitled "Multiple Intracranial Aneurysms Simultaneously Presenting with a Clinoid Meningioma," authored by Zhou et al. published in your journal (1). Although this case report is quite unique and holds clinical relevance, I wish to present an elaborate critique considering the CARE guidelines for emphasizing areas of improvement that could be done in the report.

The introduction effectively portrays the rarity of the coexistence of intracranial aneurysms with a meningioma but could be strengthened by citing more recent literature to situate the report better within the current body of knowledge.

The report simply mentioned a 53-year-old male with hypertension for 20 years. There are no further insights into the demographic information of the patient—past medical history, medication use, family history, and environmental factors such as tobacco, alcohol use—all of which may result in serious implications for the pathogenesis of two aneurysms and meningiomas. This lack of specific information regarding the patient limits comprehensiveness with respect to understanding the case in its context and reduces the educational value of the report.

The report describes the clinical picture of sudden headache and vomiting, but it is not very clear on a timeline of events: it is vague when the patient first noticed symptoms, how rapidly they developed, and the time from onset of symptoms to admission to the hospital. A well-structured timeline, following the CARE guidelines, will enable readers to understand and appreciate the clinical course and the acuity of the situation.

All diagnostic work-up has been comprehensively documented regarding CT, CTA, and DSA findings. However, the report states that the meningioma of the left clinoid was not seen preoperatively, which makes one wonder how comprehensive the interpretation of the imaging study was. A critical evaluation of this diagnostic oversight is required. The report could have been enriched with the inclusion of a discussion on the differential diagnoses that were entertained while making the diagnosis and also the possibility of misinterpretation of radiological findings, especially when other pathologies coexist.

The surgical management has been well described with the technical details of the procedure. However, some of the negative aspects of the report are that it does not outline alternative therapeutic options, such as endovascular treatment, and it also does not justify why such an option was not chosen in this specific case. Greater transparency in decision-making is required, more so in complex cases where several treatment modalities can be adopted. It also does not address perioperative care or the complications that may occur, features considered by the CARE guidelines to be key.

The patient progressed well through the intervention without any neurological deficits in the follow-up period. No duration of follow-up was mentioned, though, and long-term results along with recurrence were not indicated. Long-term follow-up is necessary in such cases, especially with complex neurosurgical interventions, to evaluate the durability of the treatment in relation to quality of life. It would have been more enhanced if it were to record the treatment and recovery experience and perspective from the patient as per CARE recommendations.

The discussion section adequately reflects how unusual this case is but could have been more elaborate in the mechanisms of pathophysiology that may be coexistent between intracranial aneurysms and meningiomas. The authors only elaborate on the possibility of increased local blood flow or mechanical

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pressure from the meningioma, but they fail to go one step further in thinking about other hypotheses such as shared genetic or environmental risk factors. Moreover, an enriched discussion could be further enhanced with a critical appraisal of the literature, including possible biases and limitations in the cited studies.

The conclusion was very well done in bringing together the case but lacked the expression of the larger insights, including how this might impact or change clinical practice and recommendations. Considering that cases of multiple concurrent intracranial pathologies are very challenging, further detailed insights would be appropriate in the report for the sake of other clinicians who might come across this in the future.

Sincerely,

Declarations

Funding: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Availability of data and materials: The datasets generated and/or analyzed during the current study are available from the corresponding author by reasonable request.

Disclosure: The authors declare no competing interests.

Declaration of generative AI in scientific writing: During the preparation of this work the authors used GPT 4.0 to improve the overall language and check for grammatical errors after writing the manuscript. After using this, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

AUTHORSHIP CONTRIBUTION

Study conception and design: MI
Data collection: MI, MU, SI
Analysis and interpretation of results: MI
Draft manuscript preparation: MI, MU, SI
Critical revision of the article: MI, MU, SI
Other (study supervision, fundings, materials, etc...): MI, MU, SI
All authors (MI, MU, SI) reviewed the results and approved the final version of the manuscript.

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