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Abstract

We report a rare case of a traumatic aneurysm which developed after clipping surgery with review of the relevant literature. Endovascular treatment using coiling and stent assistance taking into account tec-Cccountin ptocur(6w0(d -323(i)-24(n (6w0((01

Case Report

A 57-year old woman suffering from subarachnoid hemorrhage from a large internal carotid artery (ICA) aneurysm with a broad neck detected by computed tomography (CT) followed by three dimensional CT angiography in the local hospital, who was emergency transferred to our institute. Neurological status on admission was grade I on the H&H scale. This patient had had a past history of subarachnoid hemorrhage 14 years previously, undergoing surgery for a basilar artery ruptured aneurysm arising from the superior cerebellar artery (BA-SCA aneurysm) in other hospital. During the clipping surgery, the right internal carotid artery was injured, but fortunately it was repaired by further clipping. She and her family were Jehovah's Witness, rejecting the blood transfusion during the operation on grounds of religion.

(Figure 2B). However, follow-up angiography 4 months thereafter again showed reopening of the aneurysm (Figure 3A). Therefore, endovascular surgery for adding coils with stent emplacement was advocated. A 7F sheath was inserted into the right femoral artery and thereafter a 7F catheter (Brite tip guiding catheter, Cordis, J & J, USA) preceded by a 5F catheter (Cathex, Japan) with a coaxial system was introduced into the right internal carotid artery. Initially, an attempt was made to advance a microcatheter (Prowler Select Plus, Codman, J & J, USA) was advanced into the middle cerebral artery (MCA) beyond the aneurysm but this failed and a second microcatheter (Excelsior SL 10, Striker, Boston) was therefore introduced into

At our institute, endovascular surgery was selected for the large traumatic aneurysm. Two clips were made, one completely dislocated from the internal carotid artery and the other for BA-SCA aneurysm, which disturbed the therapeutic window (Figure 1A) but endovascular surgery could be successfully performed (Figure 1B) and the immediate clinical course was uneventful. Follow-up angiography one month after the treatment showed opening of the aneurysm by coil compaction (Figure 2A) so additional coil embolization was performed

Citation: Kurata A, Suzuki

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