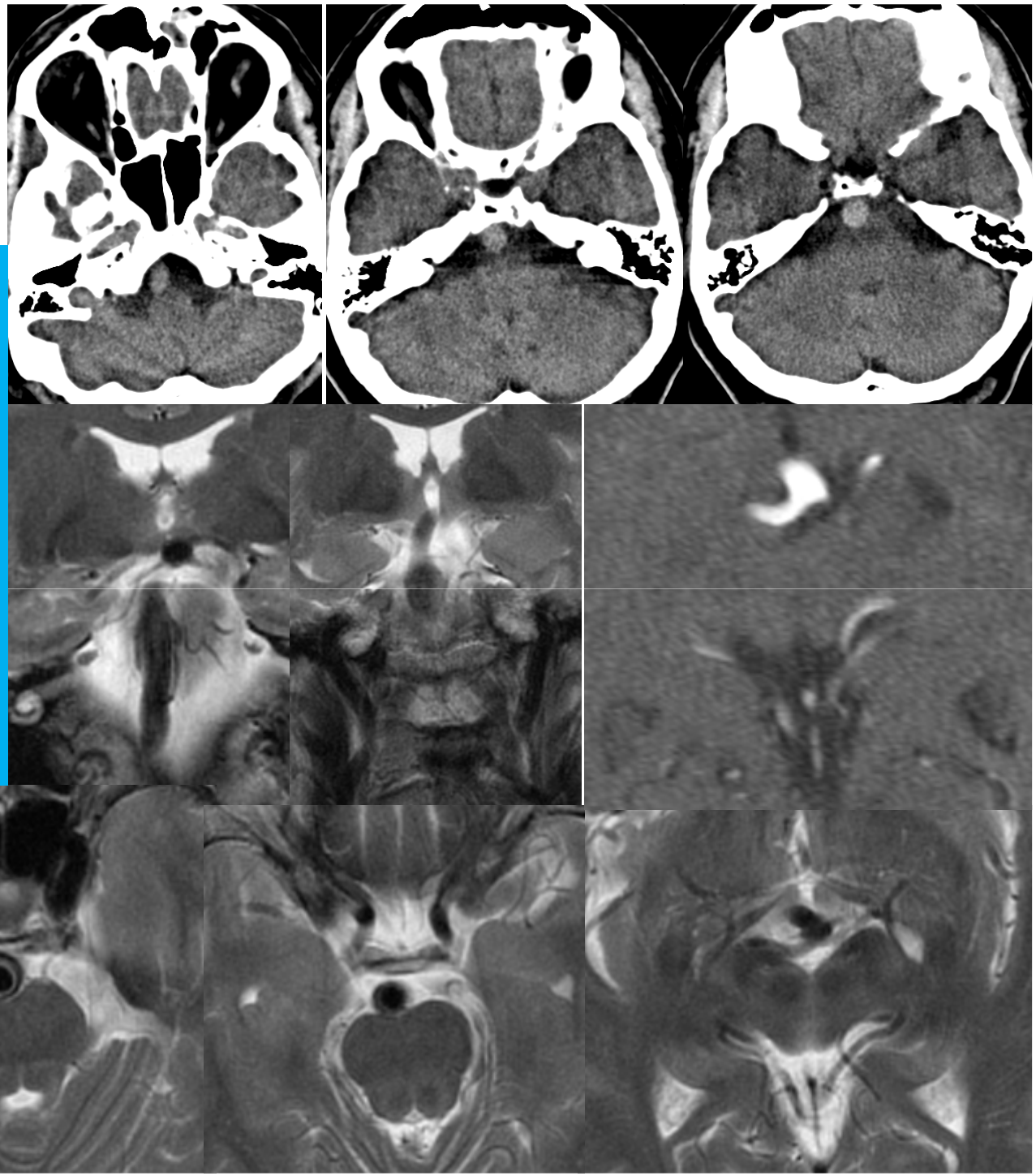
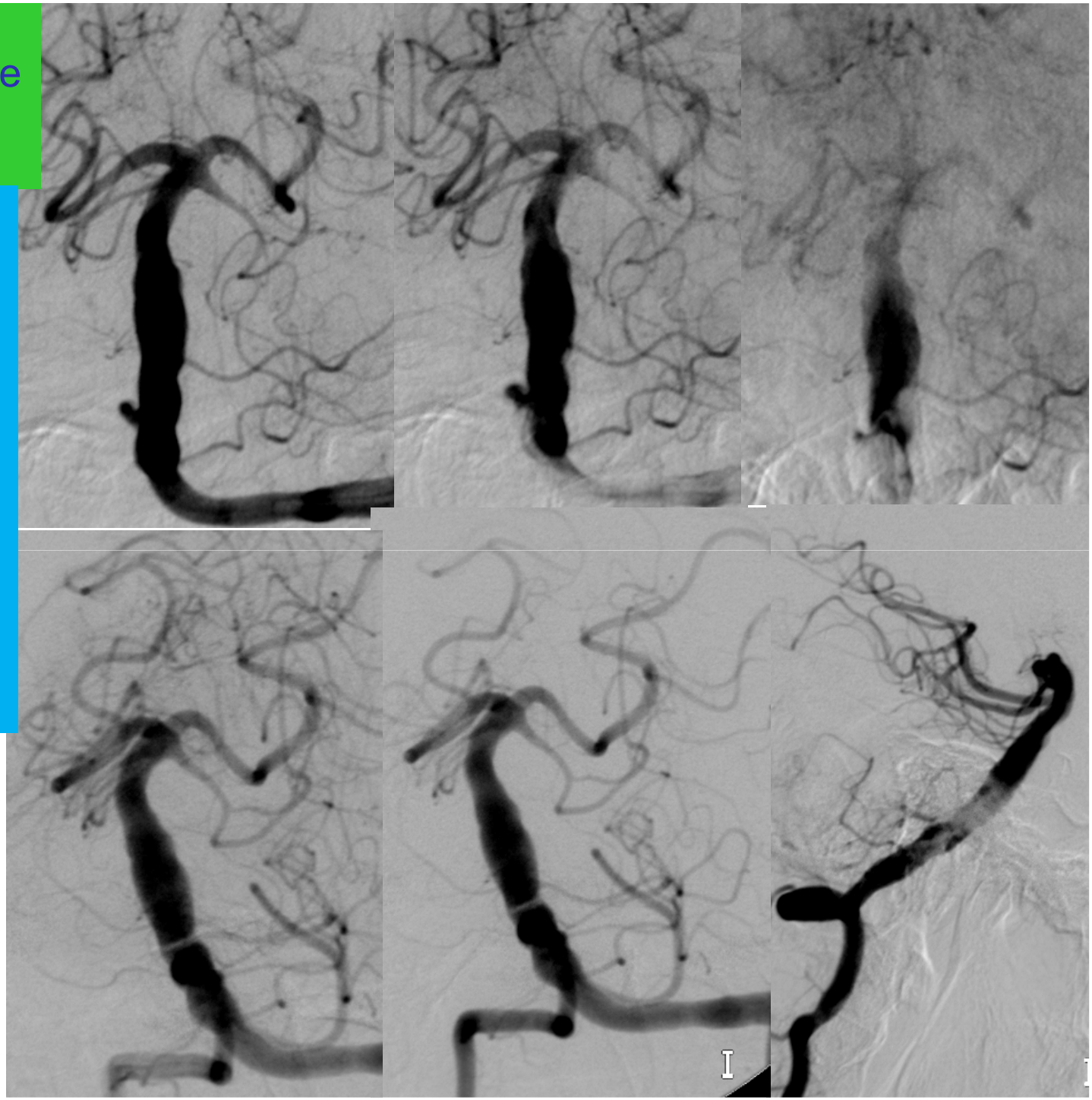
Aneurisma fusiforme del tronco basilar.

- Varón 57 años
- Antecedentes de infarto de miocardio en 2004 y de Acva protuberencial derecho en 2005.
- Hemiparesia espástica derecha residual.
- Tac Craneal-Rm Craneal.
- Dilatación fusiforme de la arteria basilar.



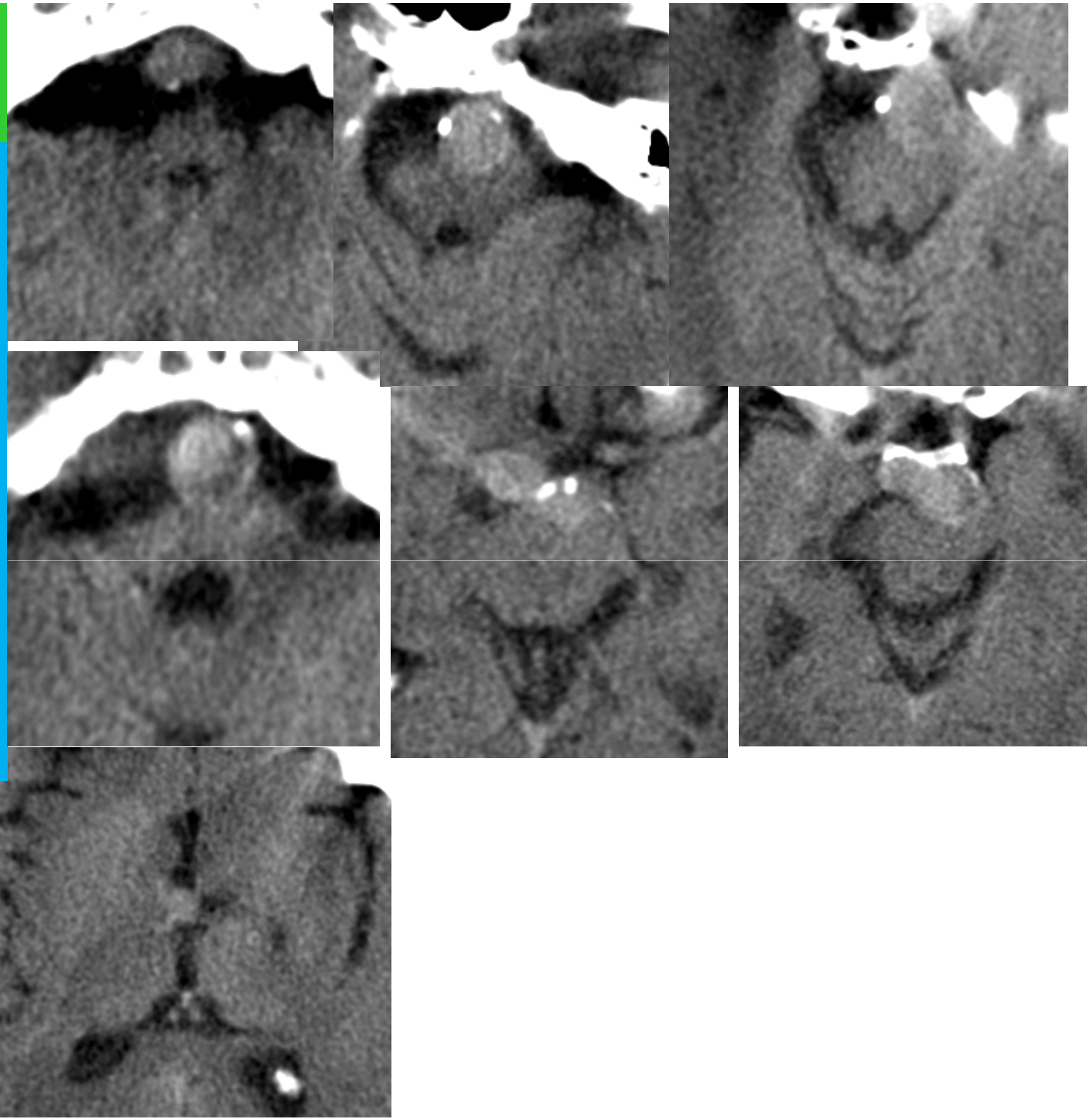
Aneurisma fusiforme del tronco basilar

- Arteriografía cerebral en año 2004.
- Aneurisma fusiforme del tronco de la arteria basilar-arteria vertebral derecha.
- Consulta en Toledo para tratamiento endovascular año 2004.
- Se desestima el tratamiento.

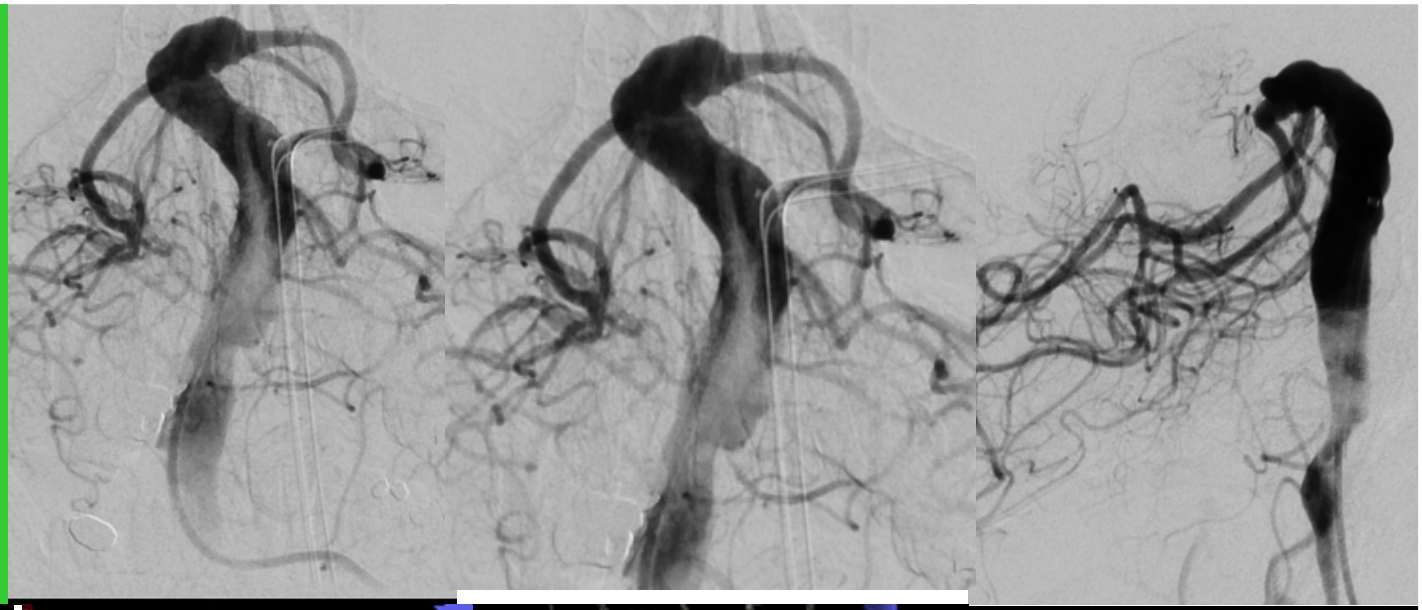


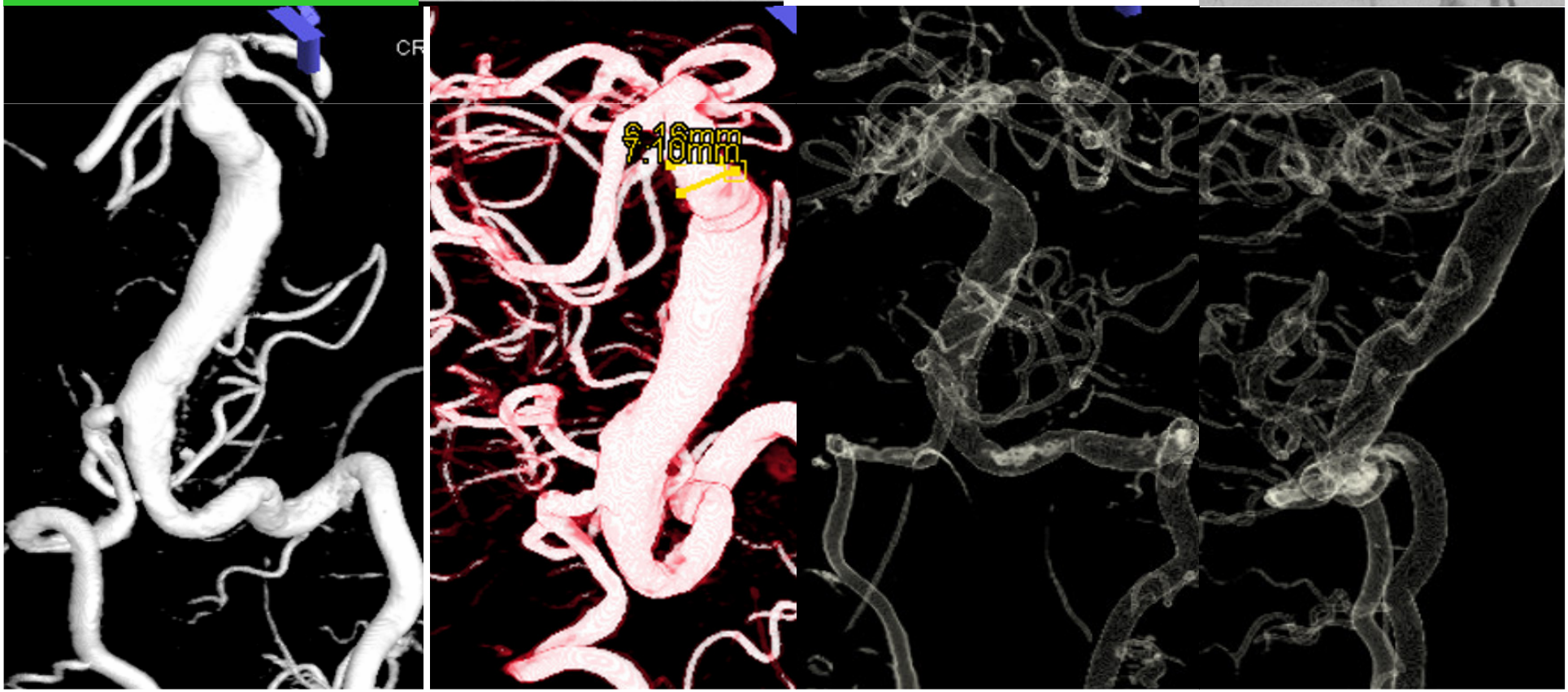
Aneurisma fusiforme del tronco basilar

- Ingreso en el 2015-Código ictus.
- Disminución de nivel de consciencia y en la articulación del lenguaje. Intubación-GSC 8
- Hemiparesia izquierda.
- Tc Multimodal
- No se objetiva infarto en la perfusión o áreas de penumbra. No se visualiza hemorragia o oclusión arterial.
- Aneurisma fusiforme de la arteria basilar con saco trombótico que comprime el tronco encefálico.
- Embolismo arterio-arterial.



Arteriografía cerebral 3D-Pre tratamiento. Aneurisma fusiforme con extensión vertebrobasilar, diámetro de 7-8 mm.

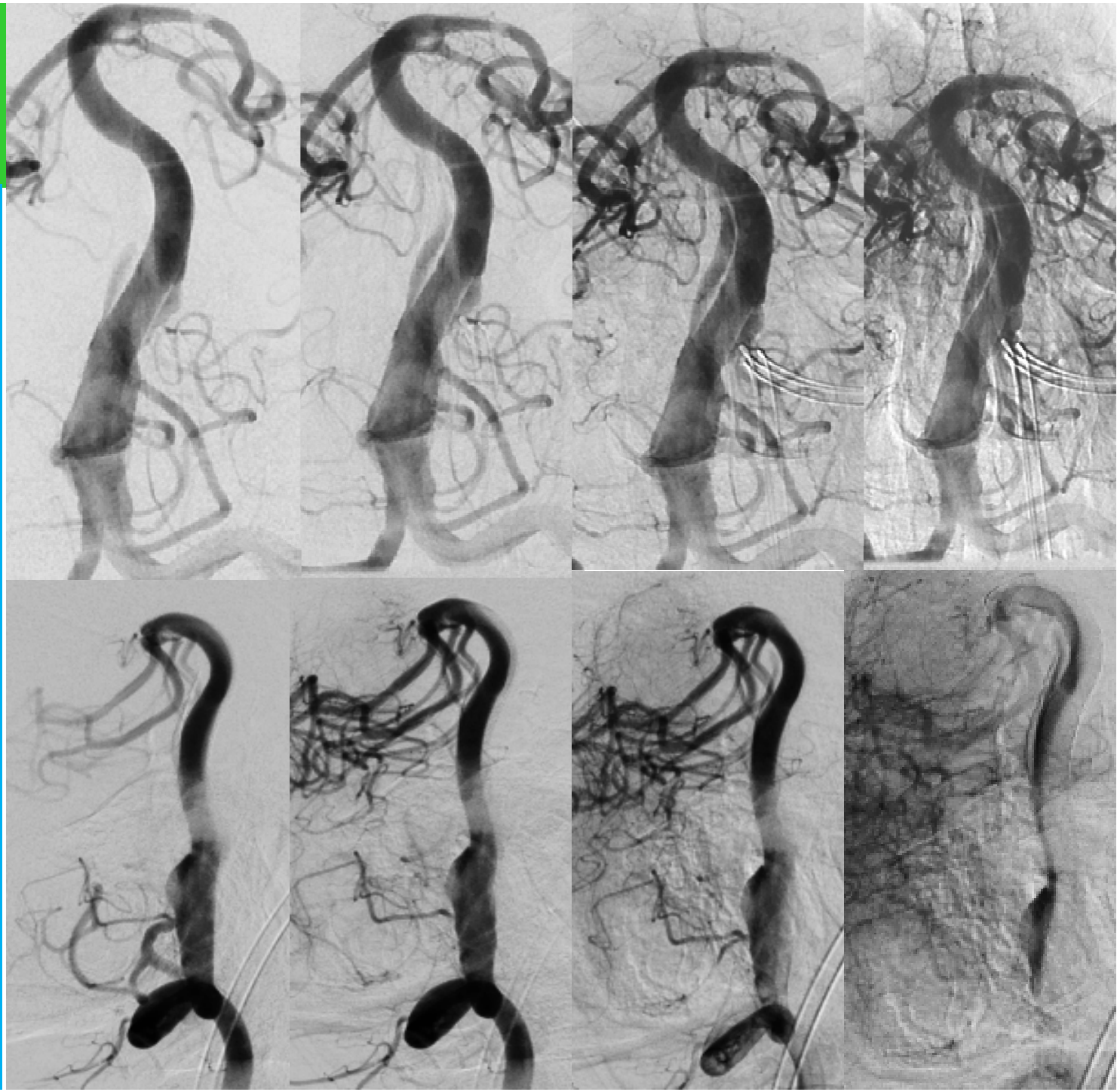


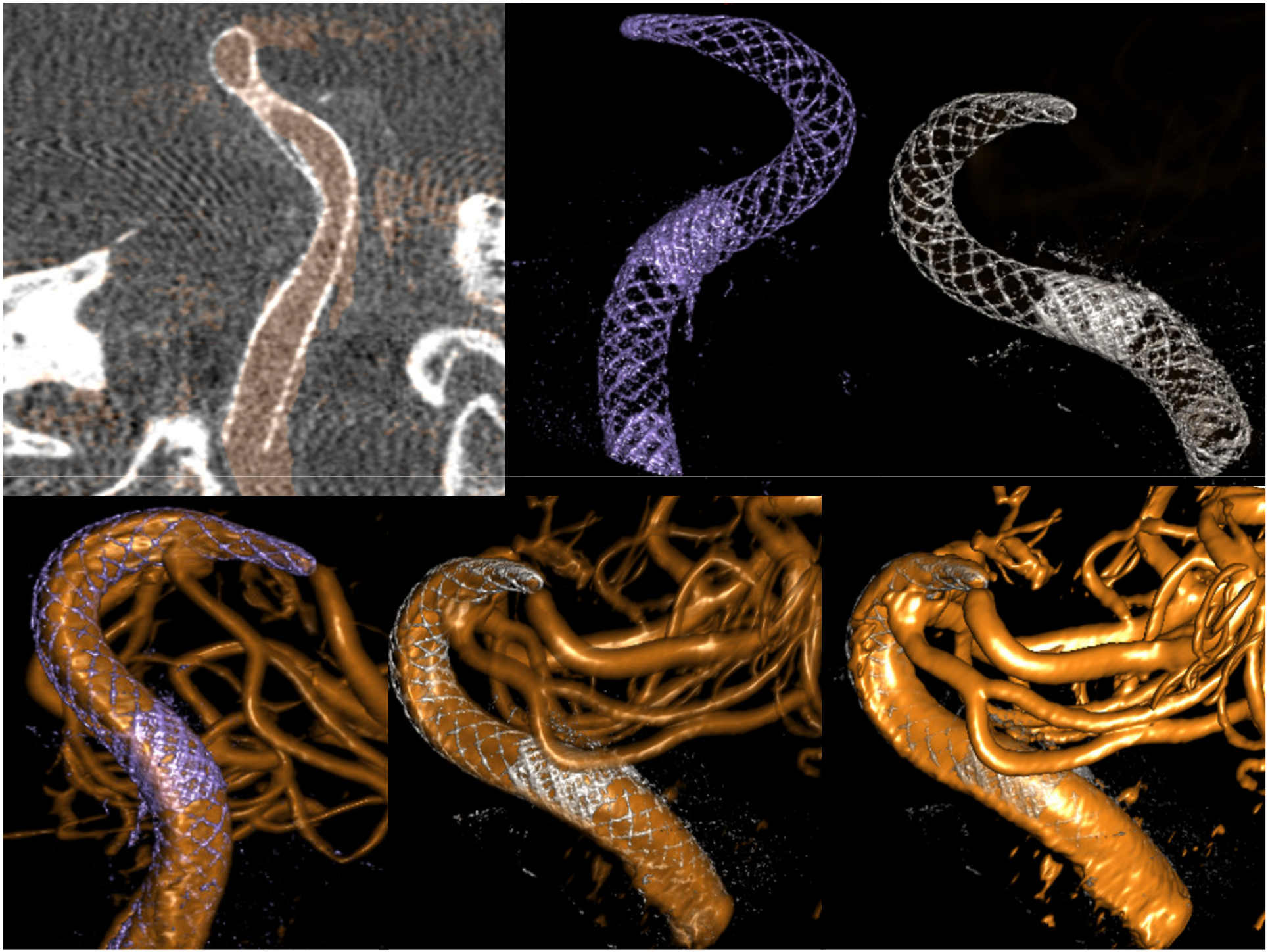


Arteriografía control post stenting.

Aneurisma basilar tratado con 2 Stent diversores de flujo Surpass de 5mm x 30 mm solapados ,con extensión desde el segmento P1 de la arteria cerebral posterior izquierda hasta la unión vertebrobasilar izquierda.

En las series de control se objetiva la arteria basilar permeable ,con la presencia de un éstasis de contraste entre la pared del stent y el aneurisma ,que predispone a la formación de trombo y un tto reconstrucctivo de la arteria.





[1]Department of Neurology and Psychiatry, Endovascular Neurosurgery/Interventional Neuroradiology, 'Sapienza' University of Rome, Rome, Italy
[2]Department of Neurology and Psychiatry, Neurosurgery, 'Sapienza' University of Rome, Rome, Italy
[3]Department of Radiology–Neuroradiology, Ospedale SS Annunziata ASL Taranto, Taranto, Italy
[4]Department of Neuroradiology, Ospedale Niguarda Ca' Granda, Milano, Italy
[5]Department of Neurologic Surgery, Mayo Clinic, Rochester, Minnesota, USA

CASE SERIES

Flow diverter stent treatment for ruptured basilar trunk perforator aneurysms

Simone Peschillo,[1] Alessandro Caporlingua,[2] Delia Cannizzaro,[2] Mariachiara Resta,[3] Nicola Burdi,[3] Luca Valvassori,[4] Guglielmo Pero,[4] Giuseppe Lanzino[5]

ORIGINAL RESEARCH
INTERVENTIONAL

Reconstructive Endovascular Treatment of Fusiform and Dissecting Basilar Trunk Aneurysms with Flow Diverters, Stents, and Coils

L.I. van Oel, W.J. van Rooij, M. Sluzewski, G.N. Beute, P.N.M. Lohle, and J.P.P. Peluso

ABSTRACT

BACKGROUND AND PURPOSE: Patients with fusiform basilar trunk aneurysms have a poor prognosis. Reconstructive endovascular therapy is possible with modern devices. We describe the clinical presentation, radiologic features, and clinical outcome of 13 patients with fusiform basilar trunk aneurysms treated with flow diverters, stents, and coils.

MATERIALS AND METHODS: Of the 13 patients, 7 were men and 6 were women with a mean age of 59.7 years. Clinical presentation was SAH in 3 patients, mass effect on the brain stem in 4 patients, vertebral artery dissection in 1 patient, and the aneurysm was an incidental finding in 5 patients. Mean aneurysm size was 21 mm. All except 1 were large or giant aneurysms. Nine aneurysms were partially thrombosed.

RESULTS: Stents were used in all 13 patients, in 2 patients with additional flow diverters and in 11 patients with additional coils. In 4 patients, 1 vertebral artery was subsequently occluded with coils to decrease flow into the aneurysm. Of 13 patients, 9 had a good outcome with adequate aneurysm occlusion and stable size on follow-up of 6–72 months. One of 3 patients who presented with SAH died of a rebleed 1 month later. One other patient died soon after treatment of in-stent thrombosis, and another patient became mute after treatment. In 2 of 3 patients who presented with symptoms of mass effect, there was improvement at a follow-up of 6–24 months.

CONCLUSIONS: Reconstructive endovascular therapy of fusiform and dissecting basilar trunk aneurysms is feasible but carries substantial risks. The safety and effectiveness in relation to natural history has not yet been elucidated.

Received March 28, 2012; accepted after revision May 29.

From the Departments of Radiology (L.I.v.O., W.J.v.R., M.S., P.N.M.L., J.P.P.P.) and Neurosurgery (G.N.B.), St. Elisabeth Ziekenhuis, Tilburg, the Netherlands.

Please address correspondence to W.J. van Rooij, MD, Department of Radiology, St. Elisabeth Ziekenhuis, Hilvarenbeekseweg 60, 5022 GC Tilburg, the Netherlands; e-mail: radiol@eztilburg

Indicates article with supplemental on-line table.

http://dx.doi.org/10.3174/ajnr.A3255