

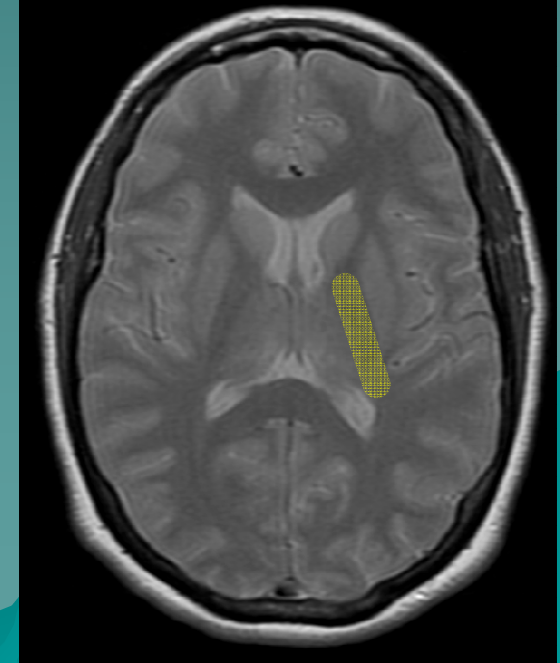
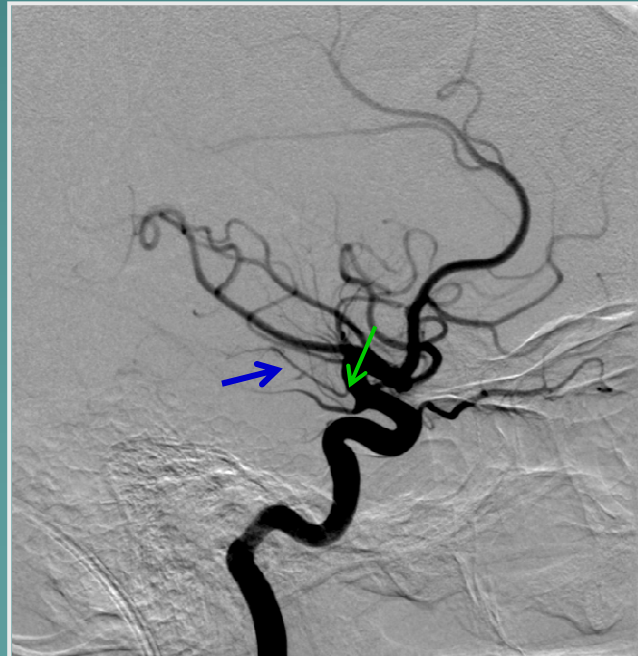
Aneurisma sacular de la arteria coroidea anterior

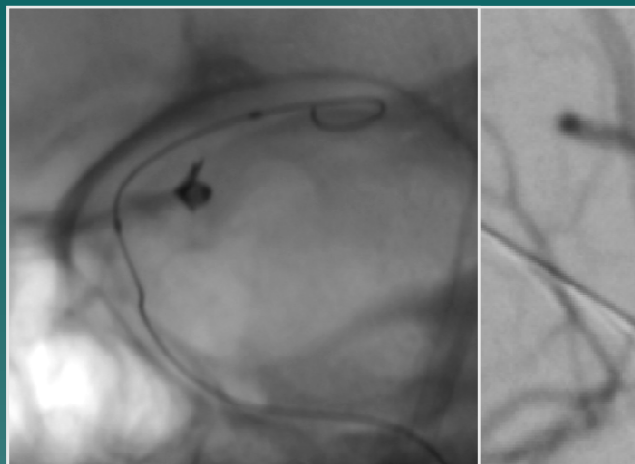
Historia clínica

- ◆ 45 años.
- ◆ Cefalea, rigidez de nuca.
- ◆ Tc Craneal.
- ◆ Hemorragia subaracnoidea .
- ◆ Arteriografía cerebral, aneurisma sacular de la arteria coroidea izquierda.
- ◆ Tratamiento:
- ◆ Embolización con coils y oclusión del aneurisma con permeabilidad de la arteria coroidea anterior

Arteria Coroidea Anterior

- Rama terminal de la arteria carótida interna
- Irriga la rodilla y brazo posterior de la cápsula interna
- Eventos isquémicos:
 - Hemiparesia contralateral
 - Sin afectación sensitiva ni del nivel de conciencia

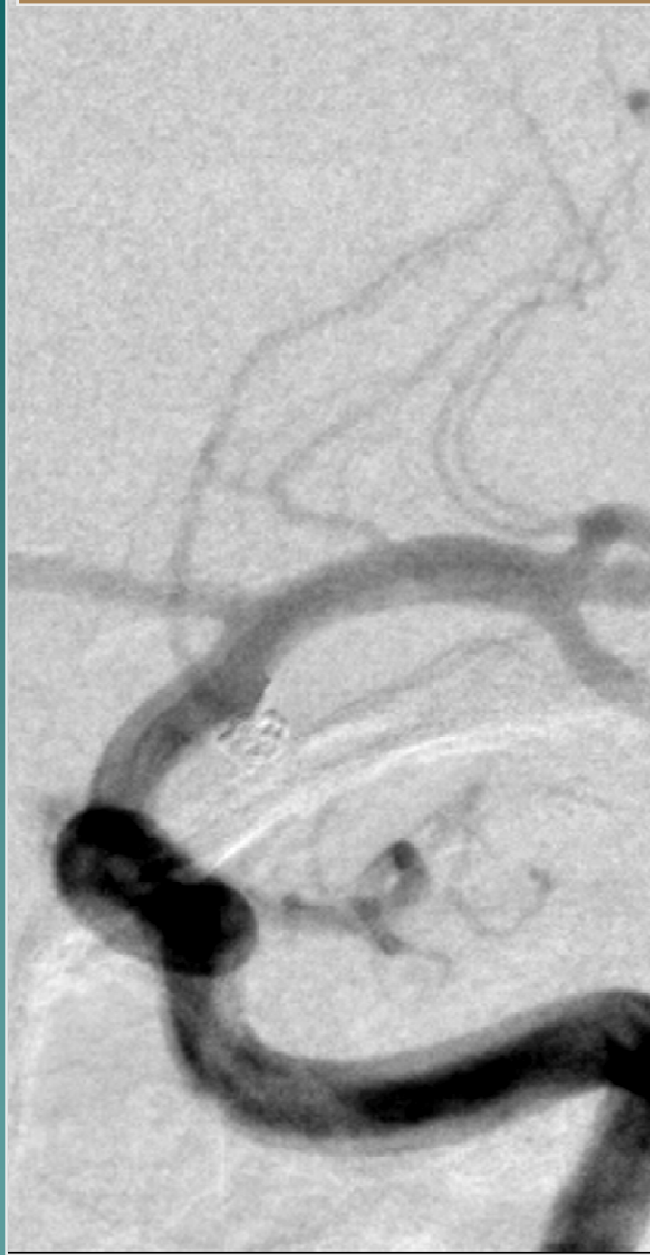




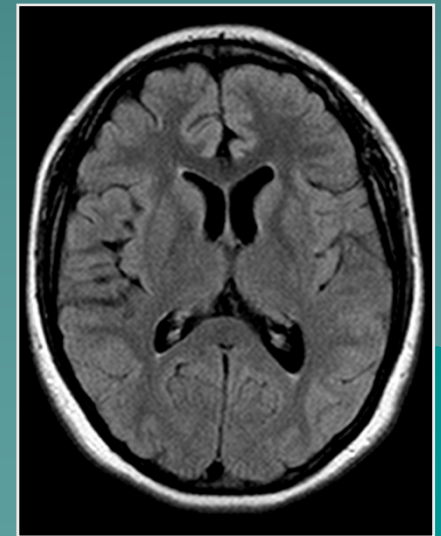
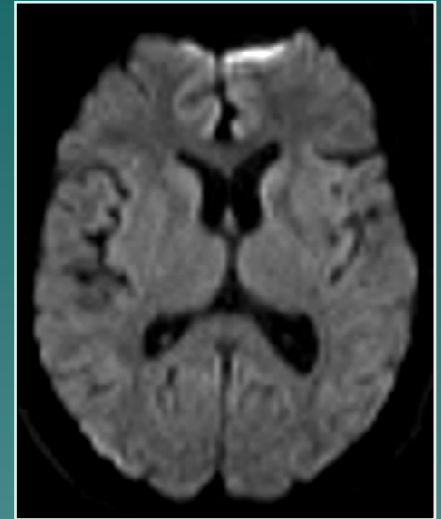
TRATAMIENTO



CONTROL 4 MESES



CONTROL
6 MESES



Clinical article

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Abstract

Object

Anterior choroidal artery (AChA) aneurysms are difficult to treat, and the clinical outcome of patients is occasionally compromised by ischemic complications after clipping operations. The purpose of this study was to document the outcome and follow-up results of endovascular coil embolization in patients with AChA aneurysms.

Methods

Between July 1999 and March 2008, 88 patients with 90 AChA aneurysms (31 ruptured and 59 unruptured aneurysms) were treated with endovascular coil embolization in 91 sessions. There were 87 small aneurysms (< 10 mm) and 3 large aneurysms, with a mean aneurysm volume of $60.9 \pm 83.3 \text{ mm}^3$. Preprocedural oculomotor nerve palsy associated with AChA aneurysms was noted in 8 patients. Efficacy and safety were evaluated based on the degree of initial occlusion, procedure-related complications, patient outcome based on the Glasgow Outcome Scale score, and follow-up results.

Results

The degree of angiographic occlusion of the aneurysms was complete for 15 aneurysms (17%), near complete for 69 aneurysms (77%) and partial for 6 aneurysms (7%). There were 4 (4.4%) symptomatic procedure-related complications (3 thromboembolic events and 1 procedural hemorrhage). The procedural hemorrhage resulted in death; however, the thromboembolic events only caused transient deficits. A favorable outcome (Glasgow Outcome Scale score of 5 or 4) was achieved in 90% (79 of 88) of the patients at the time of discharge. No patient showed signs of bleeding or rebleeding during the follow-up period (mean 25 months). Major aneurysm recanalization occurred in 2 cases. The AChA aneurysm-associated oculomotor nerve palsy tended to become aggravated transiently after coil embolization and then completely recovered over the course of 2–9 months.