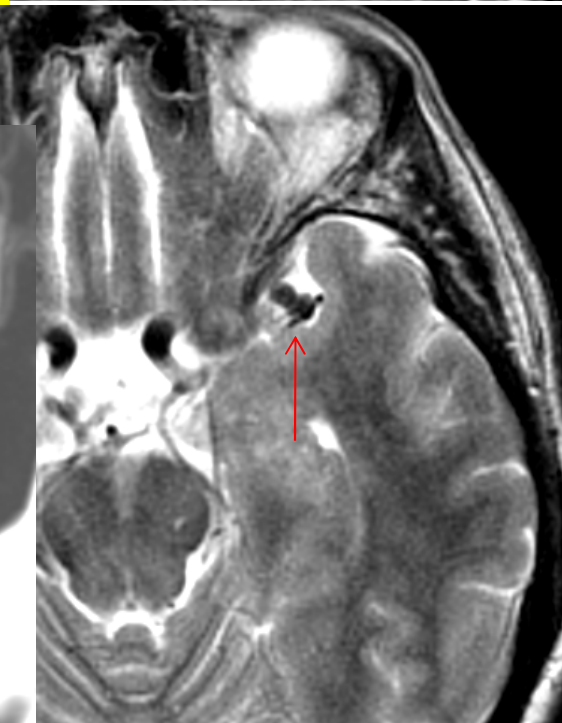
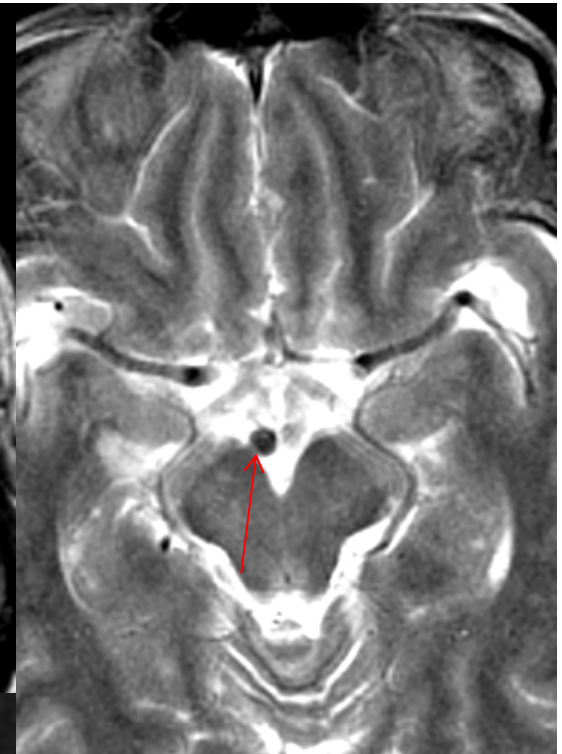
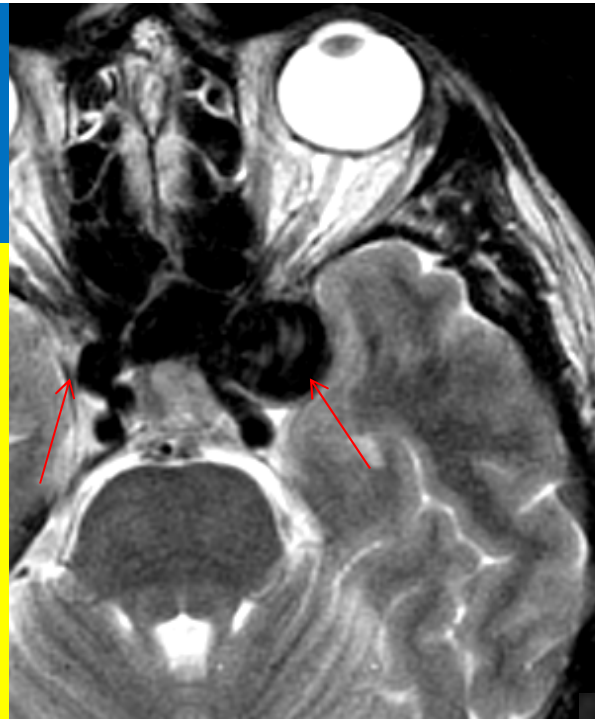


Aneurismas cerebrales múltiples.

- Mujer- 53 años.
- Cefaleas.
- Dioplopia .
- Parálisis del VI par (imposibilidad para la abducción).
- Parálisis del III par (ptosis leve y limitación al resto de posiciones de la mirada).
- TC –Angio Tc Craneal y Rm Craneal (9-2014).



Aneurismas cerebrales múltiples.

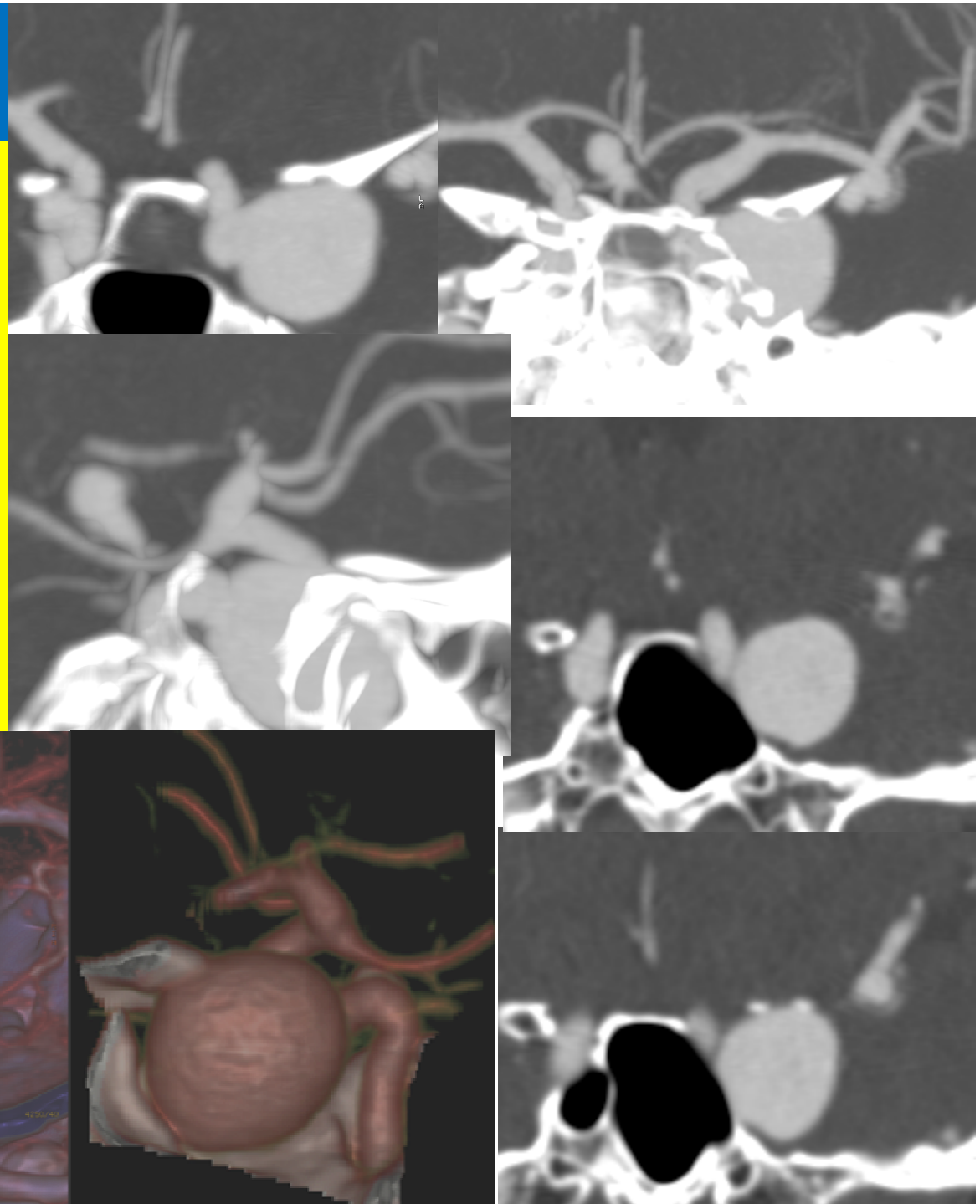
AngioTac :

Aneurismas saculares del tipo basilar, segmento cavernoso derecho, segmento cavernoso izquierdo (gigante) y de la bifurcación de la arteria cerebral media izquierda.

Quirúrgico: (art cerebral media)

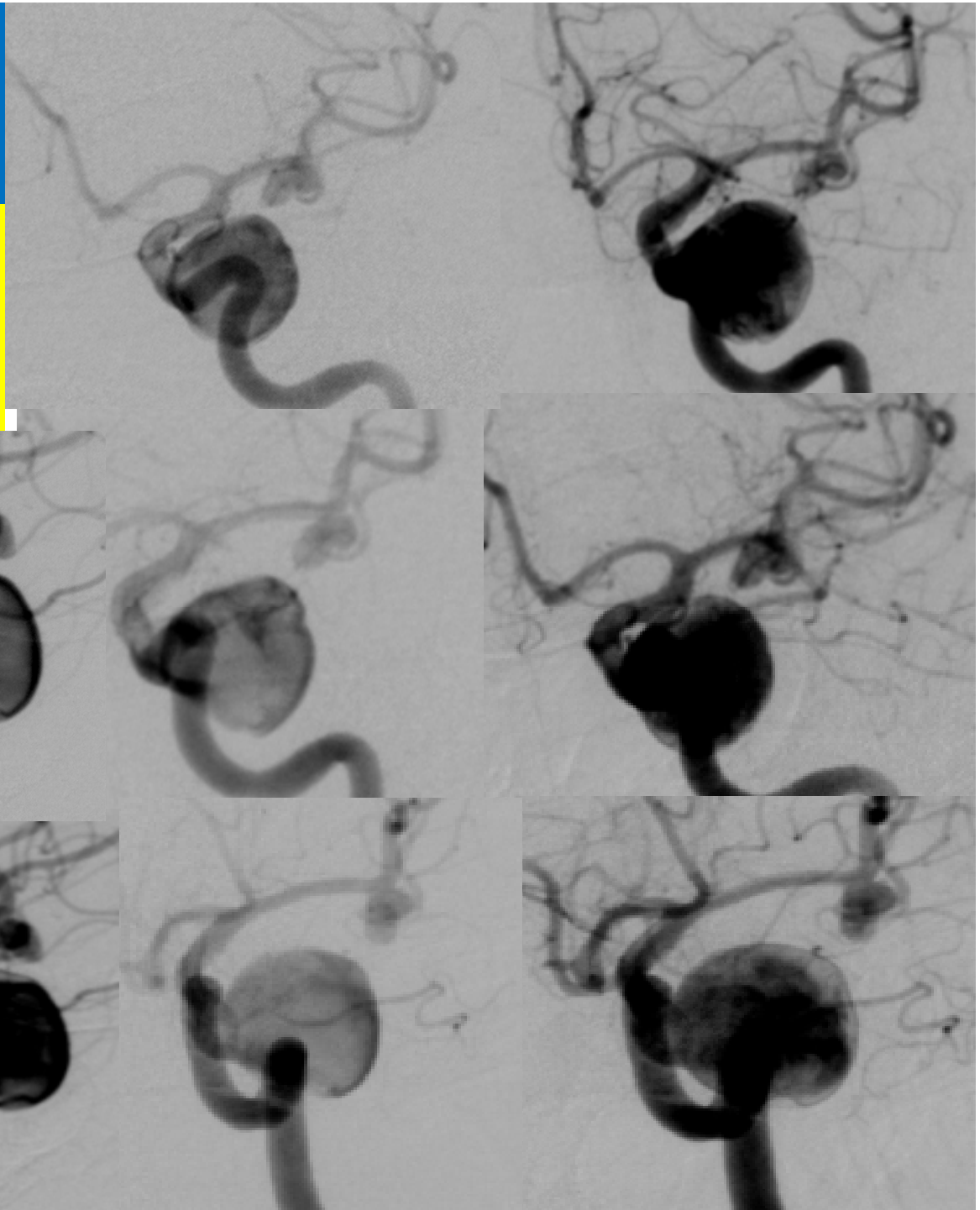
Endovascular:

- coiling simple-an basilar.
- flow diverter stent- an cavernoso izquierdo (gigante).
- coils-stent : an cavernoso derecho



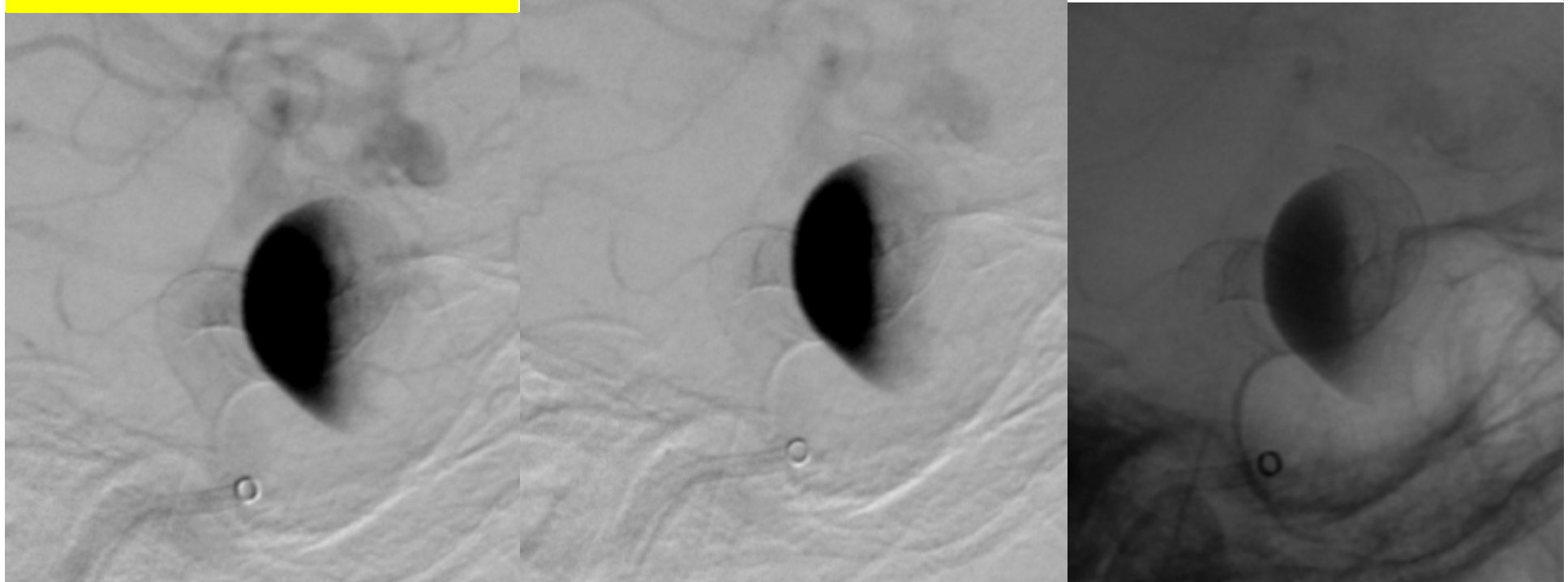
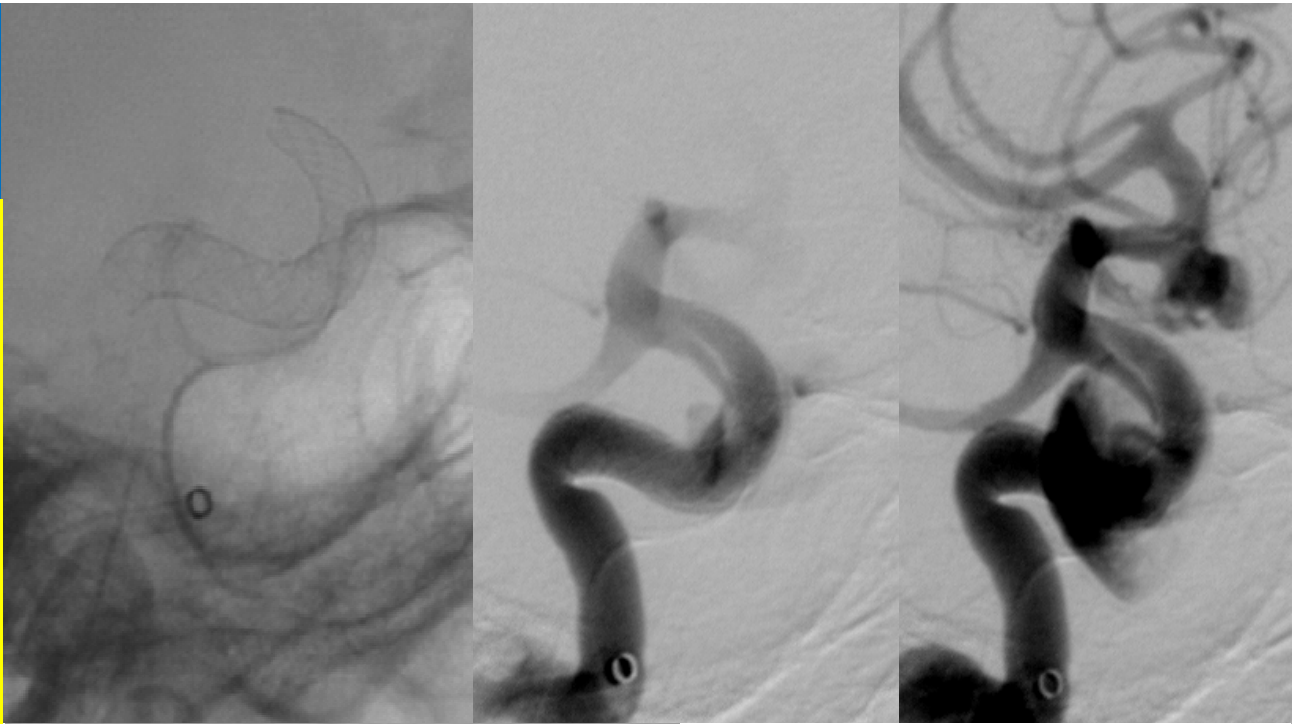
Aneurismas cerebrales múltiples.

- Arteriografía cerebral:
- Aneurisma gigante de la arteria carótida interna cavernosa.
- Aneurisma sacular bilobulado en arteria cerebral media izquierda



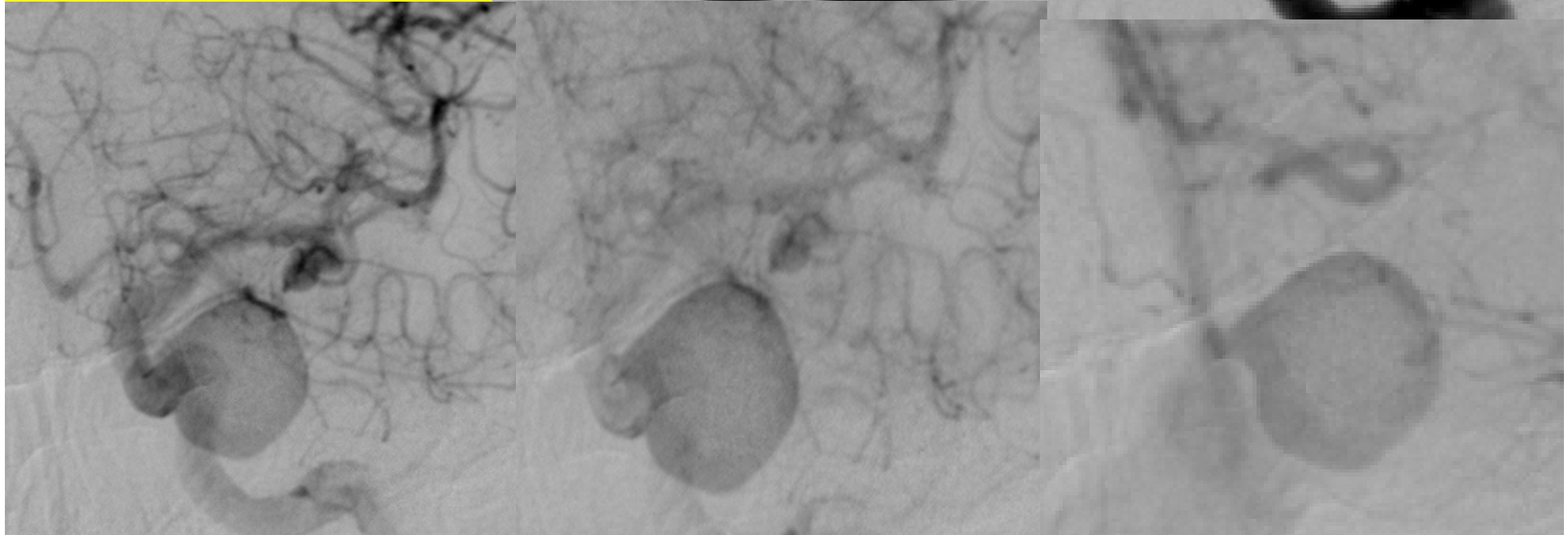
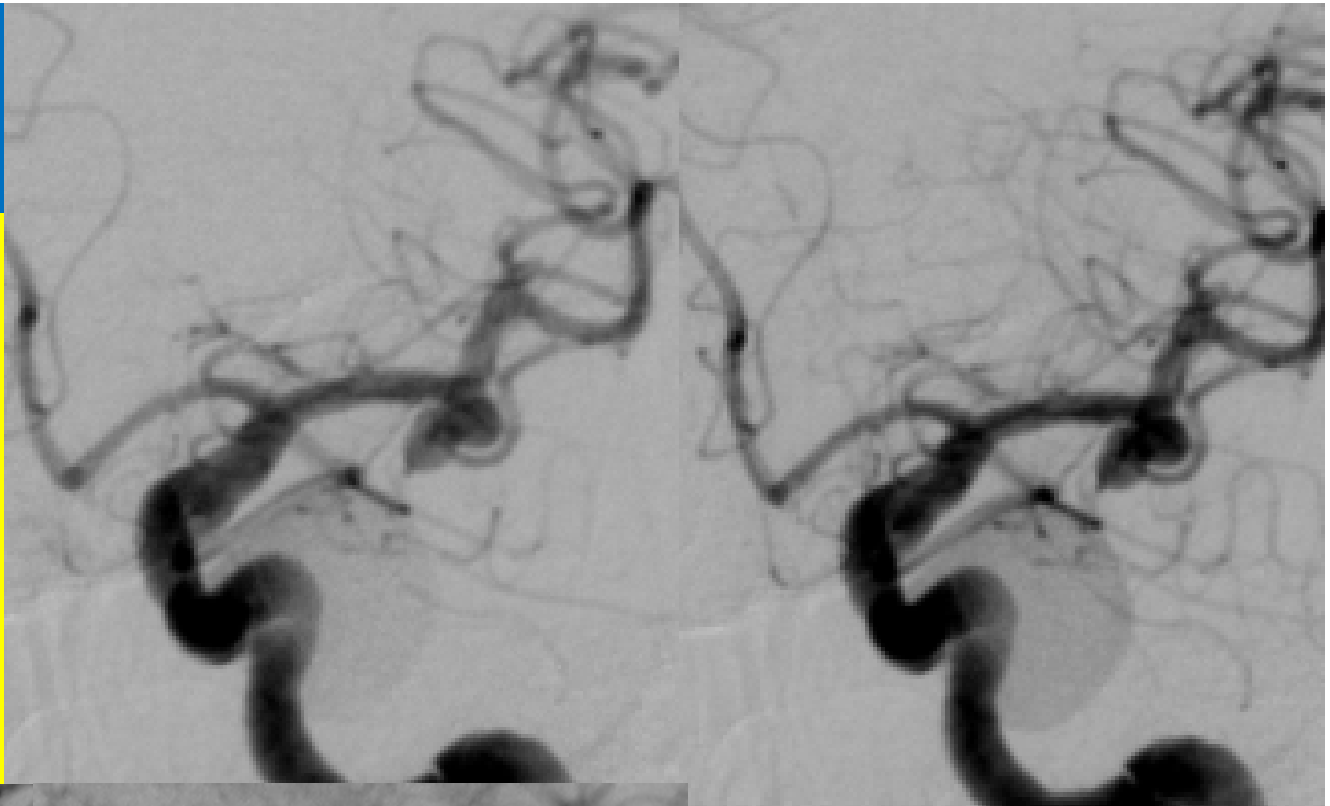
Aneurismas cerebrales múltiples

- Arteriografía cerebral:
- Aneurisma gigante de la arteria carótida interna cavernosa .
- Reconstrucción con stent flow diverter (surpass 4mm x 20 mm).
- Signo de retención de contraste intraaneurismático.
- Signo del eclipse.



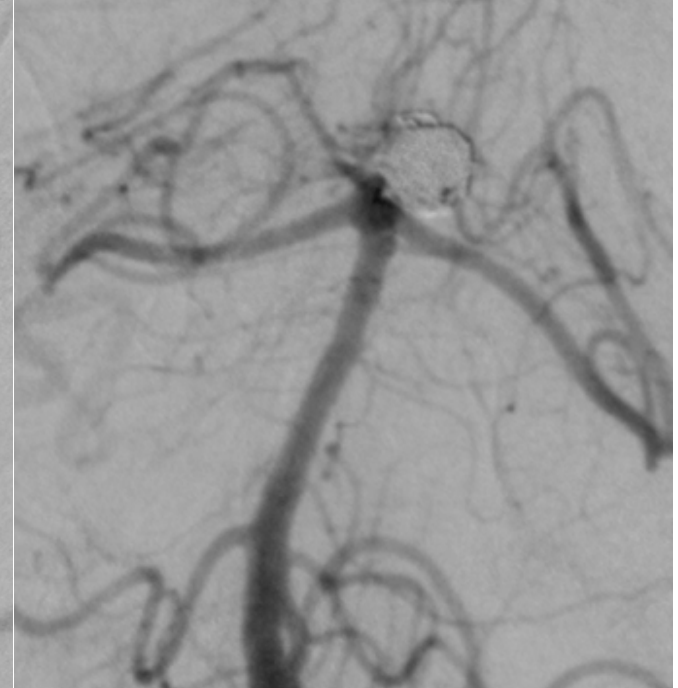
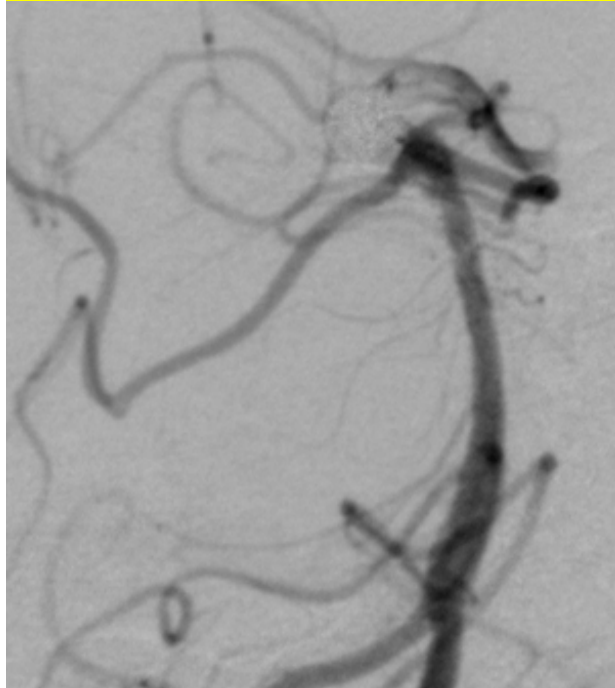
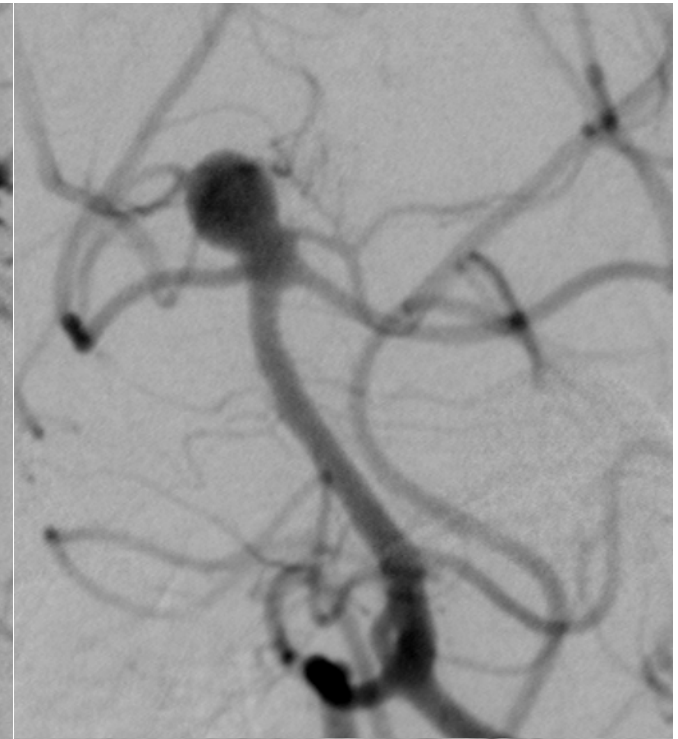
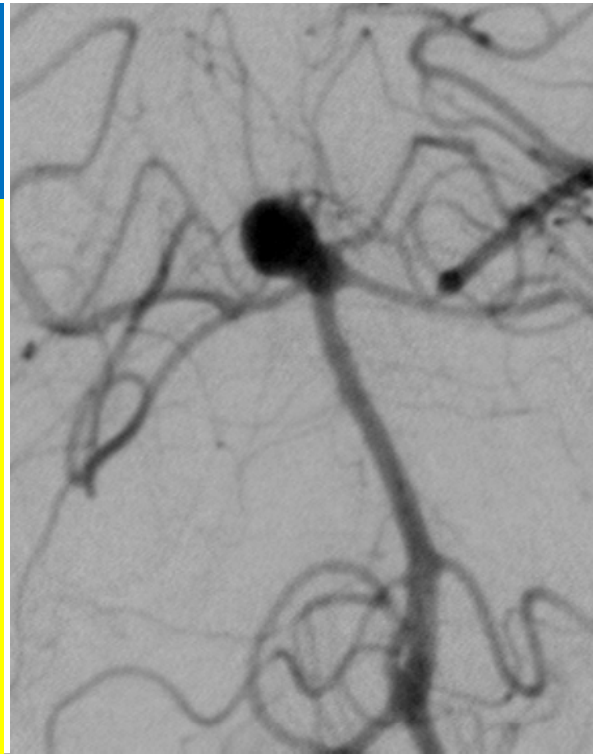
Aneurismas cerebrales múltiples

- Arteriografía cerebral:
- control 30 minutos tras finalización del procedimiento
- Reconstrucción con stent flow diverter (surpass 4mm x 20 mm).
- Signos de trombosis aneurismática.



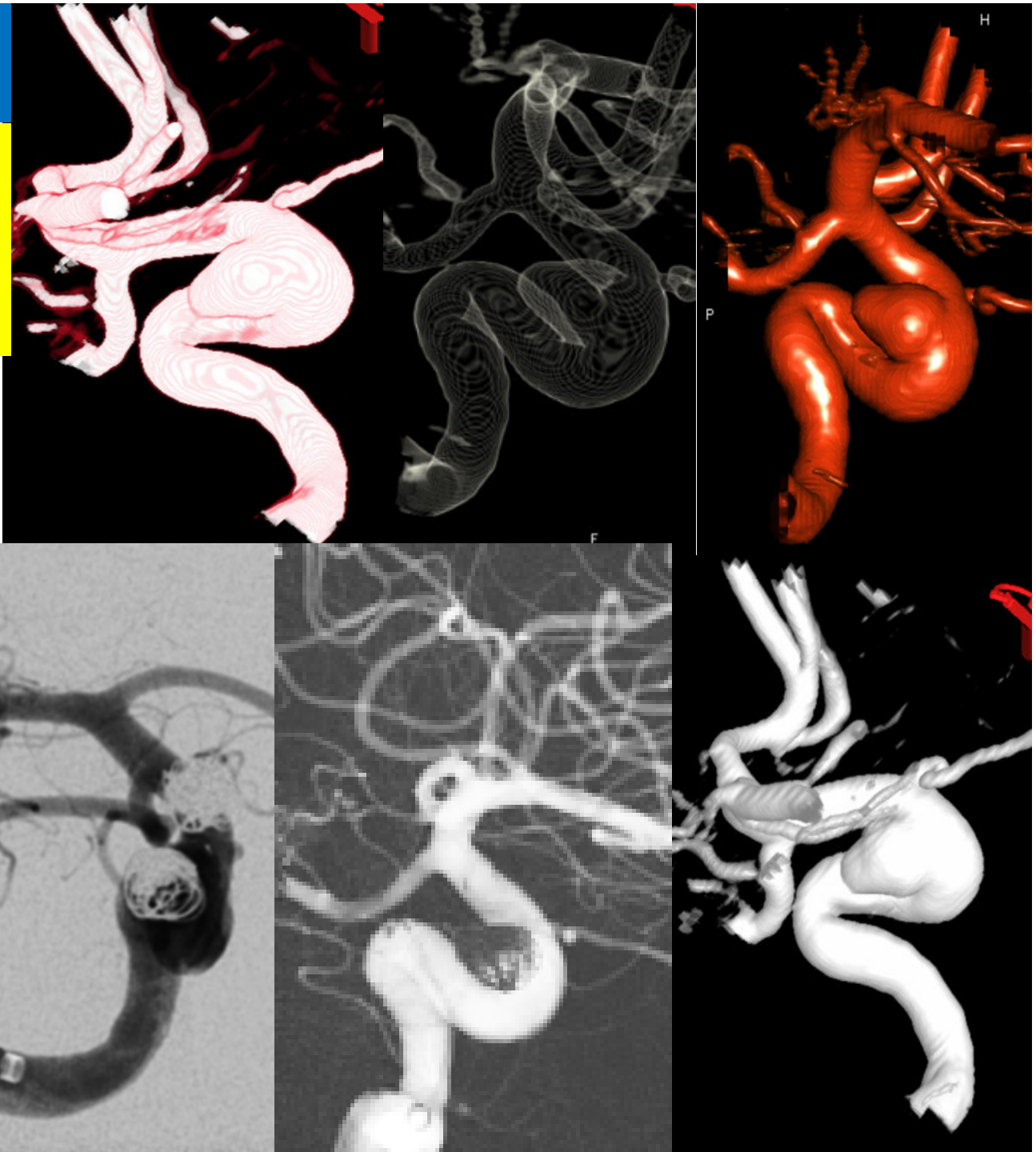
Aneurismas cerebrales múltiples

- Arteriografía cerebral:
- Aneurisma sacular del tipo basilar con ramas incorporadas al saco.
- Embolización simple con coils Gdc.

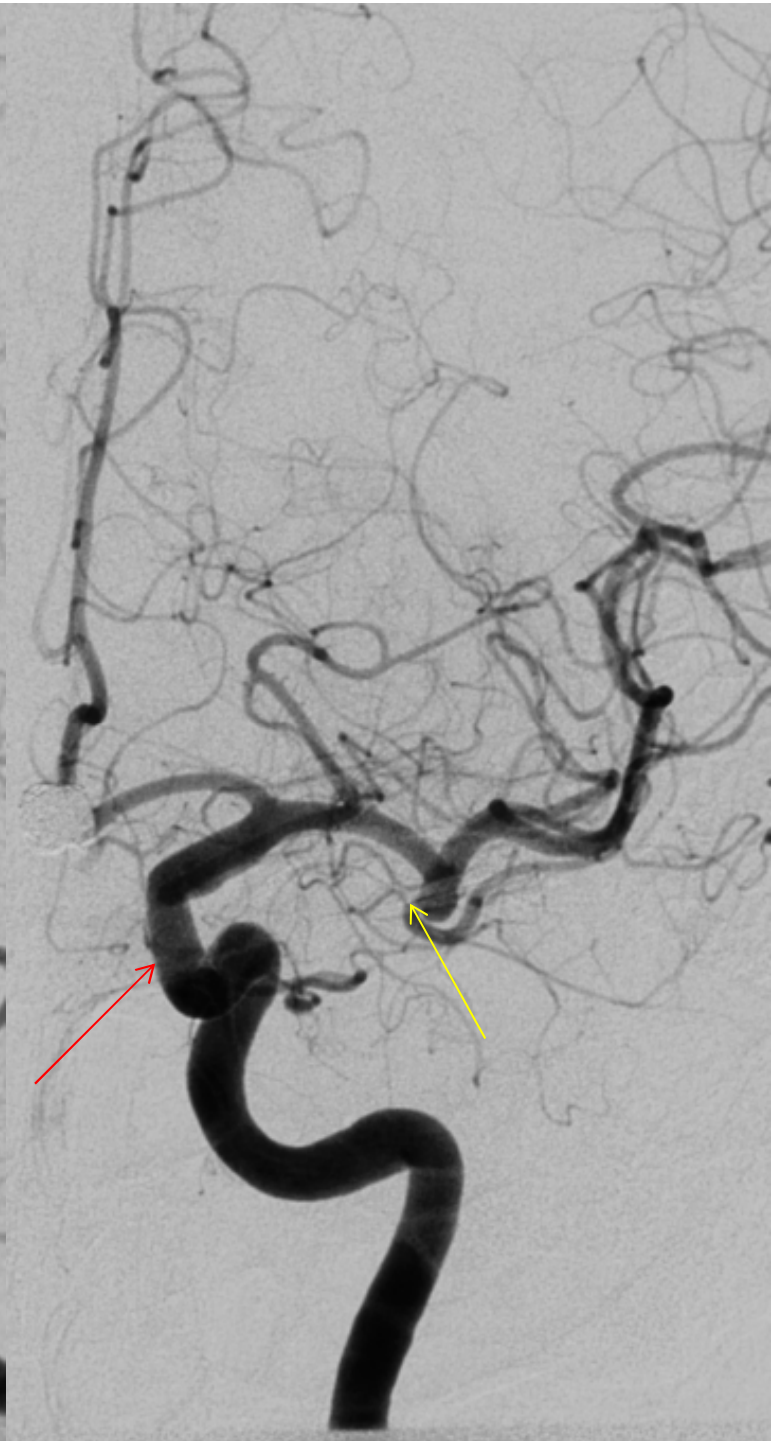
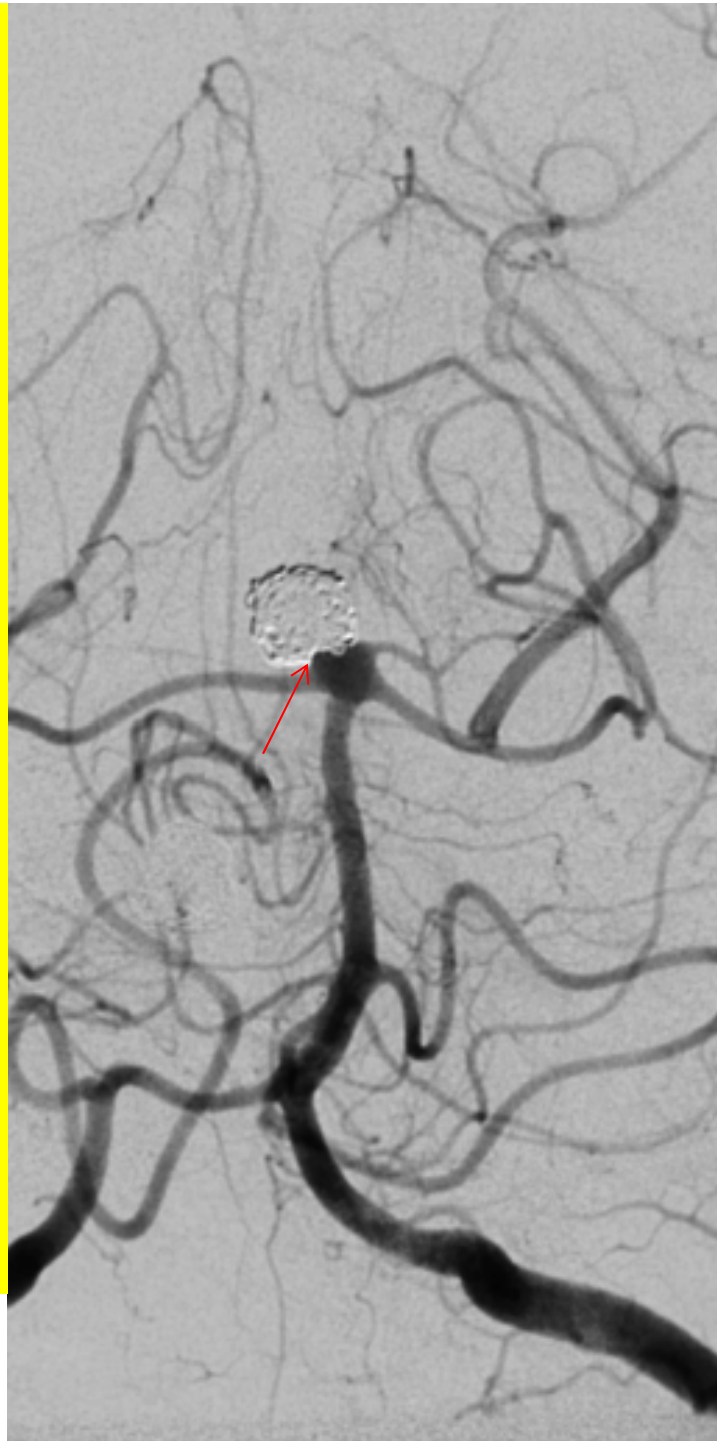


Aneurismas cerebrales múltiples

Arteriografía cerebral:
Aneurisma sacular, cuello ancho, de segmento cavernoso de la arteria carótida interna derecha.
Embolización con coils y técnica asistida de stent neuroform 4,0 mm



- Arteriografía cerebral control 12 meses que muestra:
- -Aneurisma de la arteria basilar embolizado sin signos de repermeabilización.
- -Aneurisma de arteria cerebral media izquierda clipado sin resto de aneurisma .
- -Stent flow diverter en arteria carótida interna cavernosa izquierda con signos de trombosis aneurismática.





Treatment of Multiple Intracranial Aneurysms with 1-Stage Coiling

P. Jeon, B.M. Kim, D.J. Kim, D.I. Kim, and S.H. Suh

ABSTRACT

BACKGROUND AND PURPOSE: Although multiple intracranial aneurysms are frequent, determining treatment strategy and methods for them is often complicated. The aim of this study was to evaluate the safety and effectiveness of 1-stage coiling for multiple intracranial aneurysms.

MATERIALS AND METHODS: All patients who underwent 1-stage coiling for ≥ 2 aneurysms were identified from a prospectively registered neurointerventional data base during 10 years. The patient characteristics and clinical and angiographic outcomes at discharge and follow-up were retrospectively evaluated.

RESULTS: One hundred sixty-seven patients (male/female ratio, 30:137; mean age, 58 years) with multiple aneurysms (418 aneurysms; mean, 2.5 aneurysms/patient) underwent attempted 1-stage coiling for ≥ 2 aneurysms (359 aneurysms; mean, 2.1 aneurysms/patient). In 131 patients (78.4%), all detected aneurysms were treated with coiling only. Treatment-related morbidity and mortality at discharge were 1.8% and 0.6% per patient, respectively. Of the 132 patients without subarachnoid hemorrhage, 129 (97.7%) had favorable outcomes (mRS 0–2) at discharge; of the 35 patients with SAH, 27 (77.1%) had favorable outcomes at discharge. Of the 162 patients (97%) for whom clinical follow-up was available (mean, 35.8 months), 154 patients (95.1%) had favorable outcomes. Immediate posttreatment angiography showed complete occlusion in 186 (51.8%) aneurysms, neck remnants in 134 (37.3%), sac remnants in 33 (9.2%), and failure in 6 (1.7%). Of the 262 (73.9%) aneurysms that underwent follow-up imaging (mean, 24.8 months), 244 (93.1%) showed a stable or improved state, with 12 (4.6%) minor and 6 (2.3%) major recurrences.

CONCLUSIONS: One-stage coiling of multiple aneurysms seems to be safe and effective, with low morbidity and mortality.

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