HSA secundaria a bleb roto de A1 izquierda. Tratamiento con Flow Diverter.

Hemorragia subaracnoidea. GSC 15.

TC con HSA y hemorragia subdural.

Review and Case Report

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Mid A1 blister aneurysm presenting with subarachnoid hemorrhage: Case report and review

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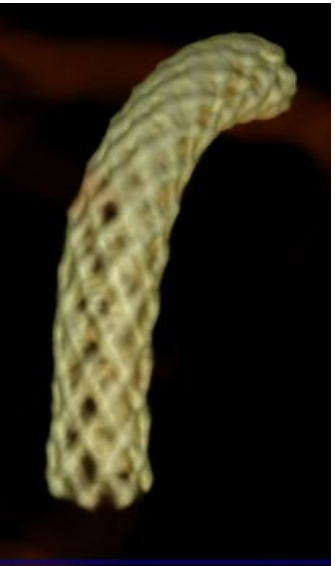
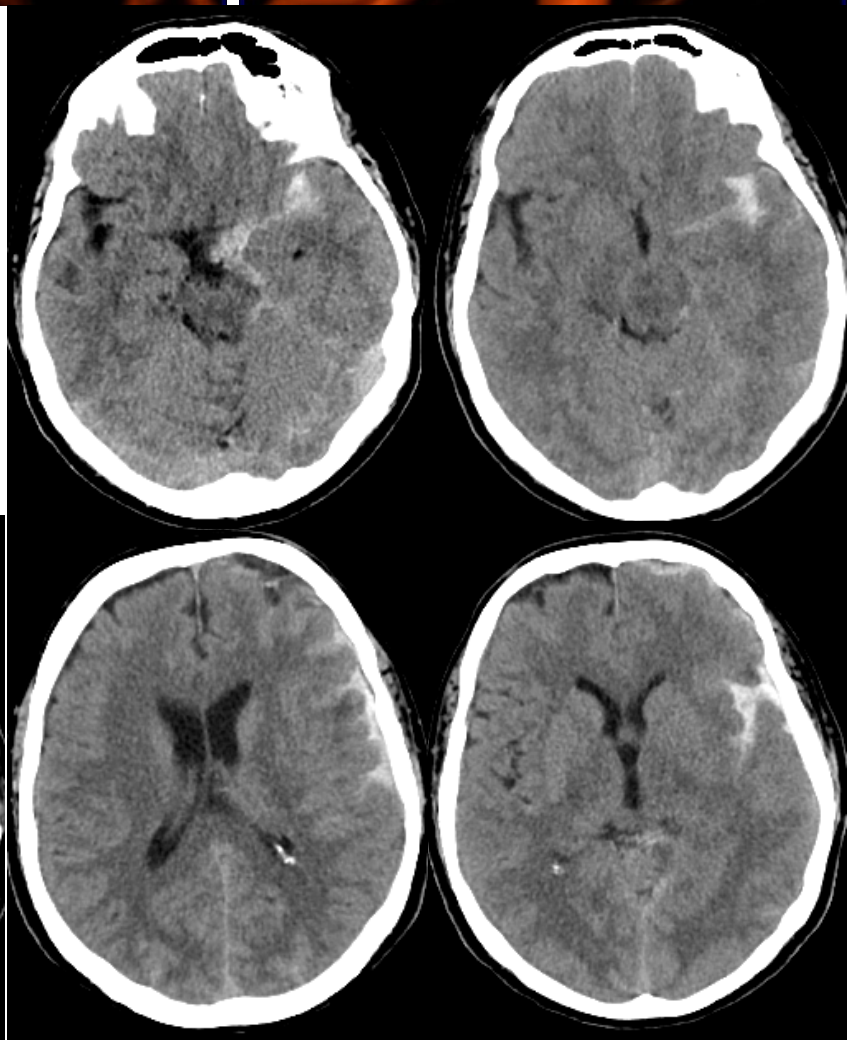
Abstract:

Blister aneurysms are uncommon and difficult-to-treat lesions. They are a substantial cause of morbidity and mortality when encountered. Here, we report a blister aneurysm of the mid A1 segment of the anterior cerebral artery presenting with diffuse basal subarachnoid hemorrhage (SAH). The aneurysm was treated by surgical clipping of the parent vessel. Postoperatively, there was no filling of the parent vessel or aneurysm. A treatment algorithm including direct surgical repair and flow diversion for ruptured blister aneurysms is described. A high level of suspicion should be maintained in the setting of angiographic-negative SAH with an asymmetrically diffuse pattern.

Keywords:

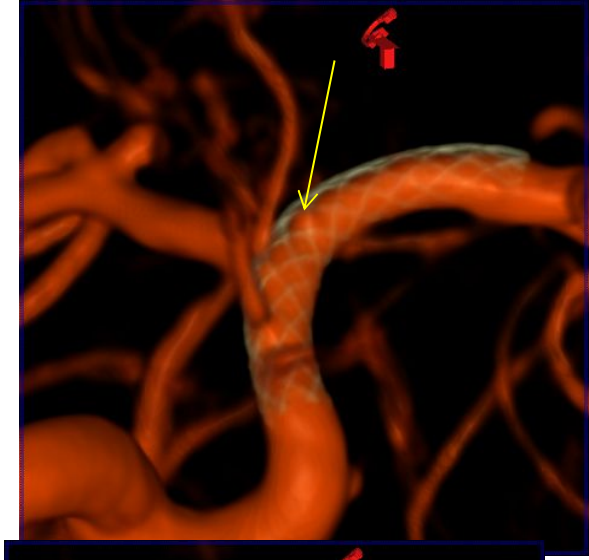
Angiography, blister aneurysm, subarachnoid hemorrhage

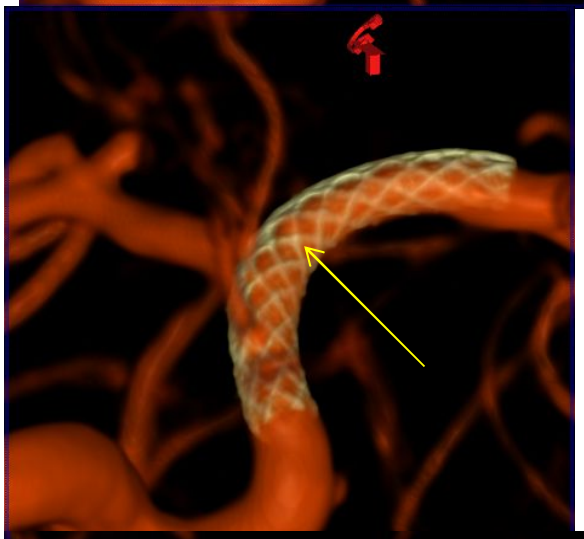


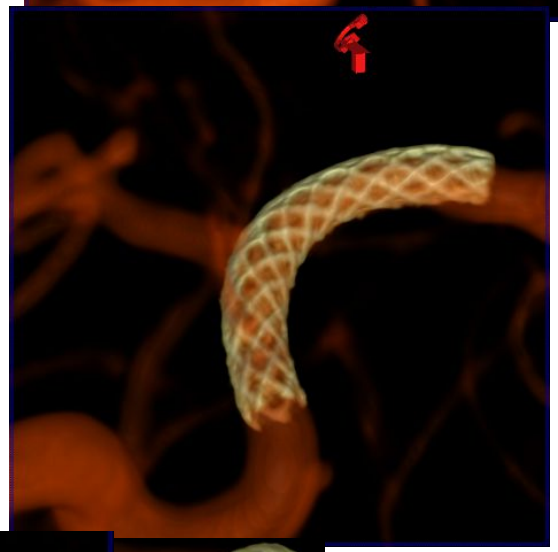


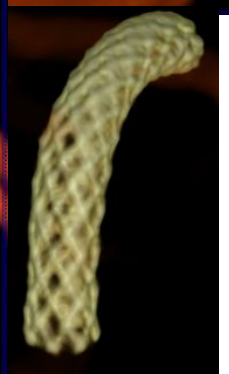
HSA secundaria a bleb roto de A1 izquierda. Tratamiento con Flow Diverter.

Aneurisma tipo bleb en la porción posterior de A1 izquierda. Flow diverter Surpass 3 mm x 20 mm.









Hemorrhagic stroke

OPEN ACCESS

CASE SERIES

Use of flow diverters in the treatment of unruptured saccular aneurysms of the anterior cerebral artery

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ABSTRACT

Background Few publications have dealt exclusively with the use of flow diverter stents for the treatment of aneurysms of the anterior cerebral artery (ACA).

Objective To determine the efficacy of flow-diverting stents in the treatment of small, unruptured aneurysms of the ACA.

Methods We retrospectively reviewed our database of prospectively collected information for all patients treated with flow diversion for an unruptured saccular aneurysm of the ACA between September 2009 and July 2016. The aneurysm fundus size, neck size, number and type of flow-diverting stent (FDS), complications, and follow-up data were recorded.

Results In total 26 patients, with 27 aneurysms were identified that matched our inclusion criteria (11 male and 15 female). The average age of the patients was 59.3 years (range 27–77 years). All patients, except one, had a single aneurysm affecting the ACA. Fourteen aneurysms were located on the left (51.9%). The average aneurysm fundus size was 2.9 mm (range 2–6 mm). Twenty patients had follow-up angiographic studies. In total, 16 aneurysms were completely excluded, 1 aneurysm showed a very small remnant, and no follow-up angiographic data are available for the remaining patients. One patient had a treatment-related complication.

Conclusions Treatment of aneurysms arising from the ACA with flow diverters is technically feasible and carries a high degree of success with low complication rate.