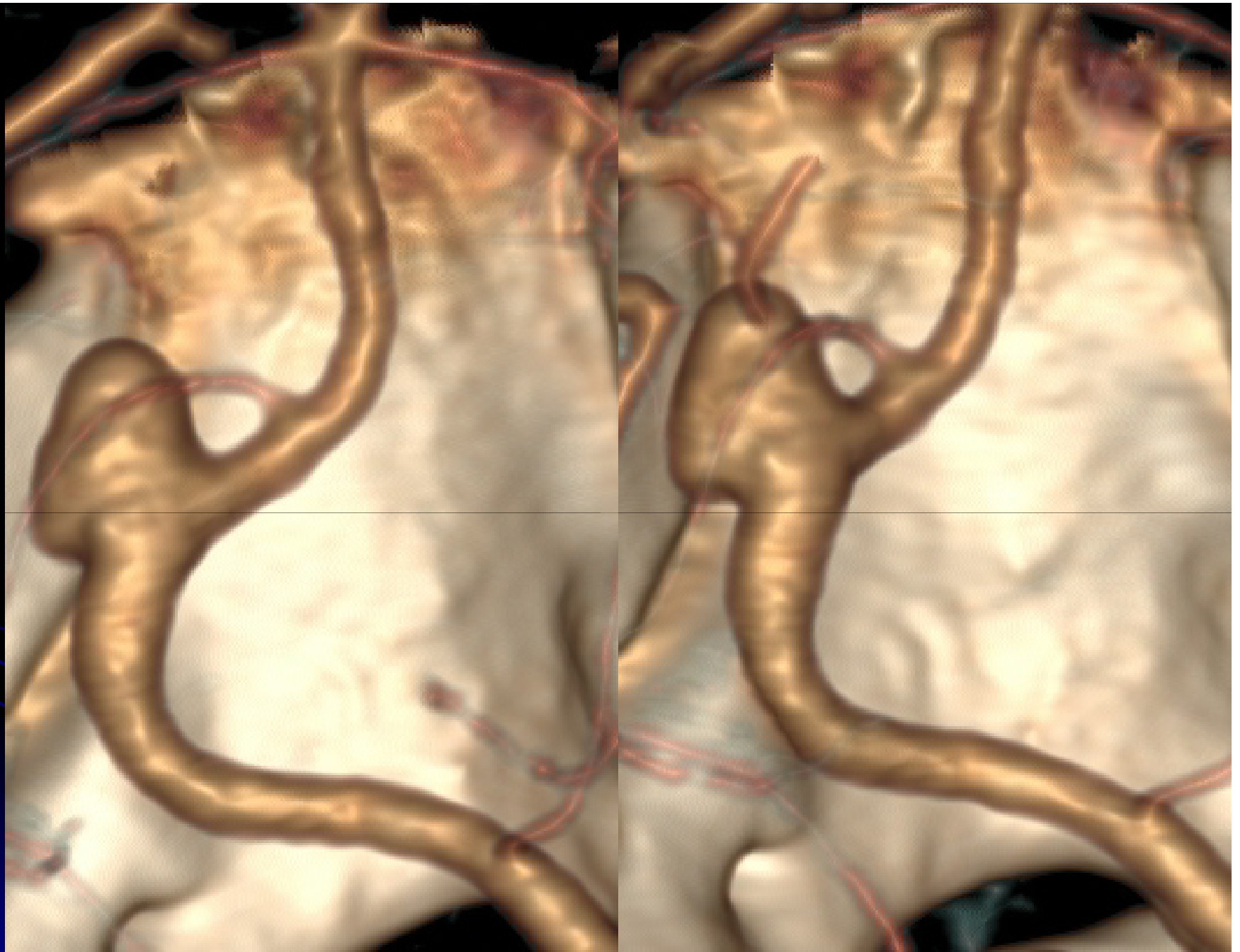
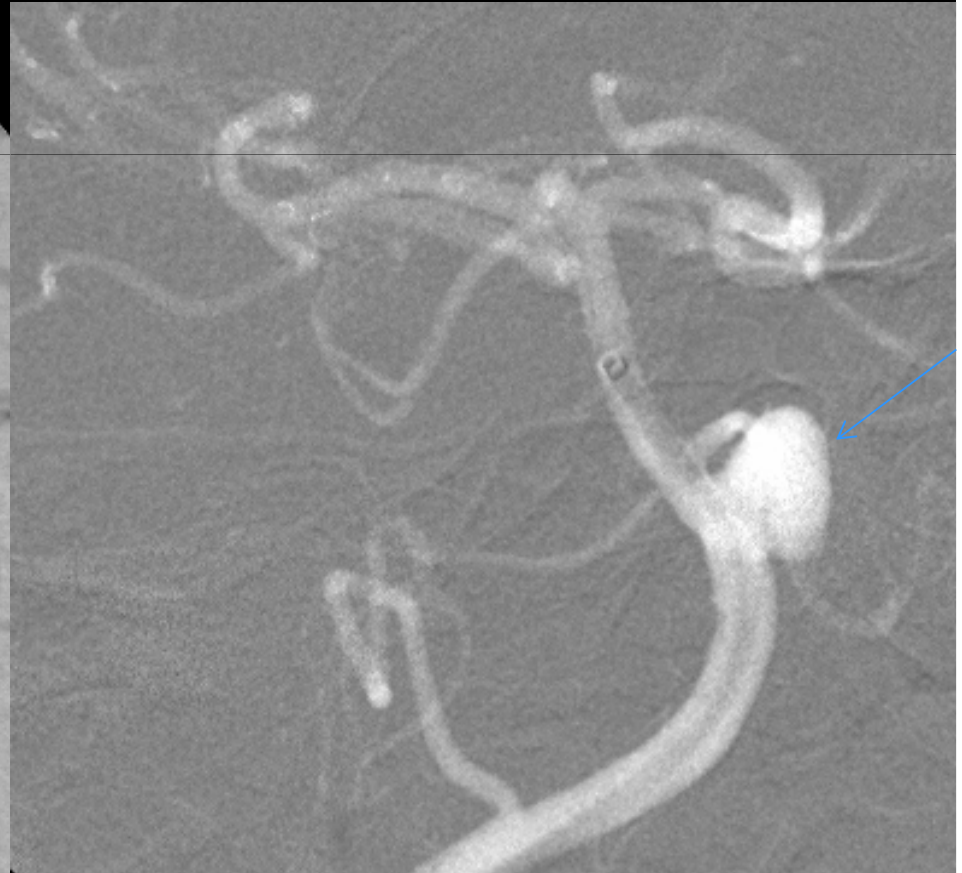


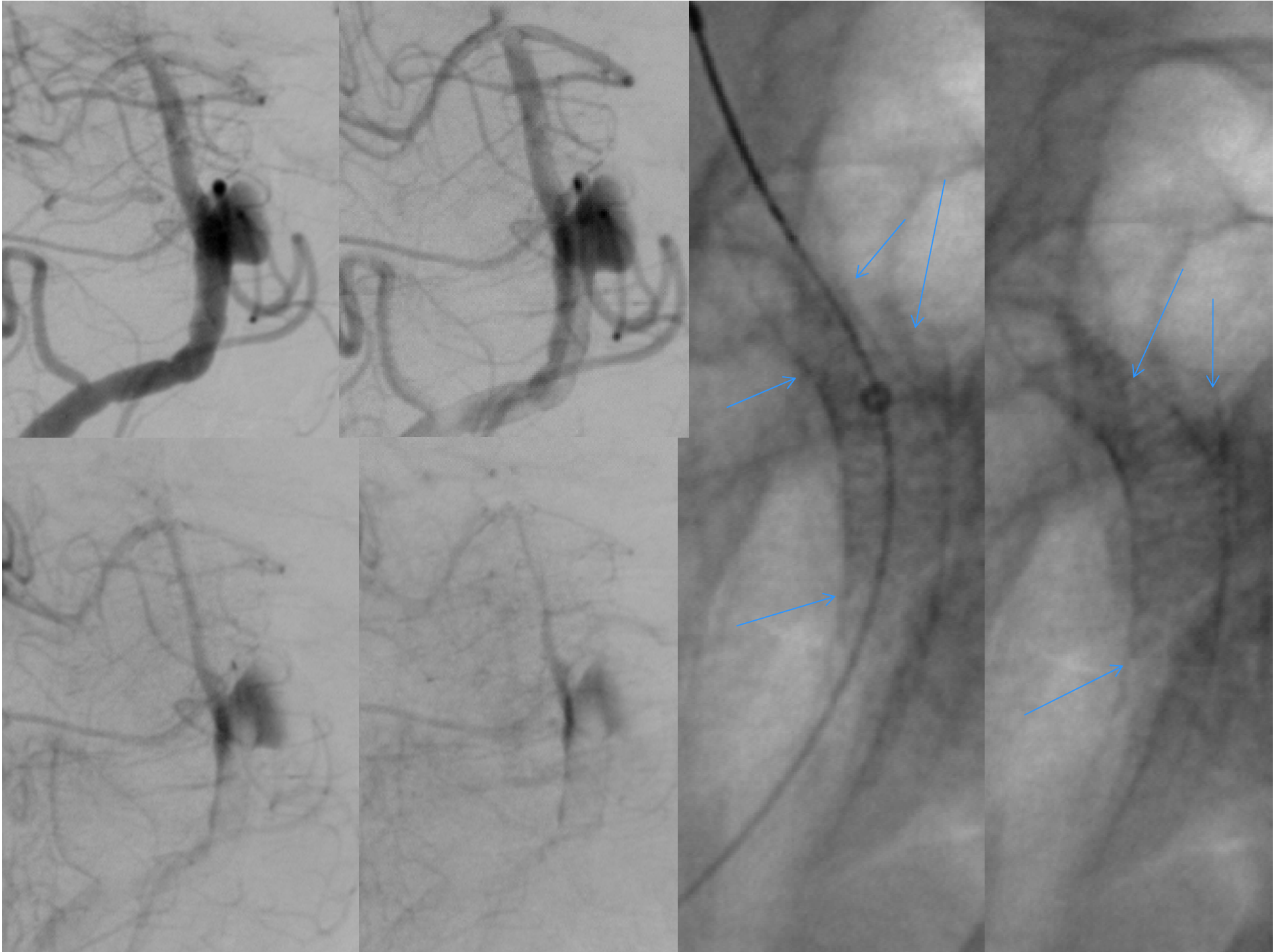
Stent flow diverter en tratamiento de aneurisma basilar.

- Hombre de 40 años.
- Antecedentes de cefaleas y accidentes isquémicos transitorios.
- Se realiza una Rm Craneal-Angio Rm y se objetiva un aneurisma incidental de la arteria Basilar.
- Aneurisma de cuello ancho de la pared lateral del tercio proximal de la Arteria basilar sin ramas incorporadas al saco.
- Se decide tratamiento endovascular con Stent flow diverter.

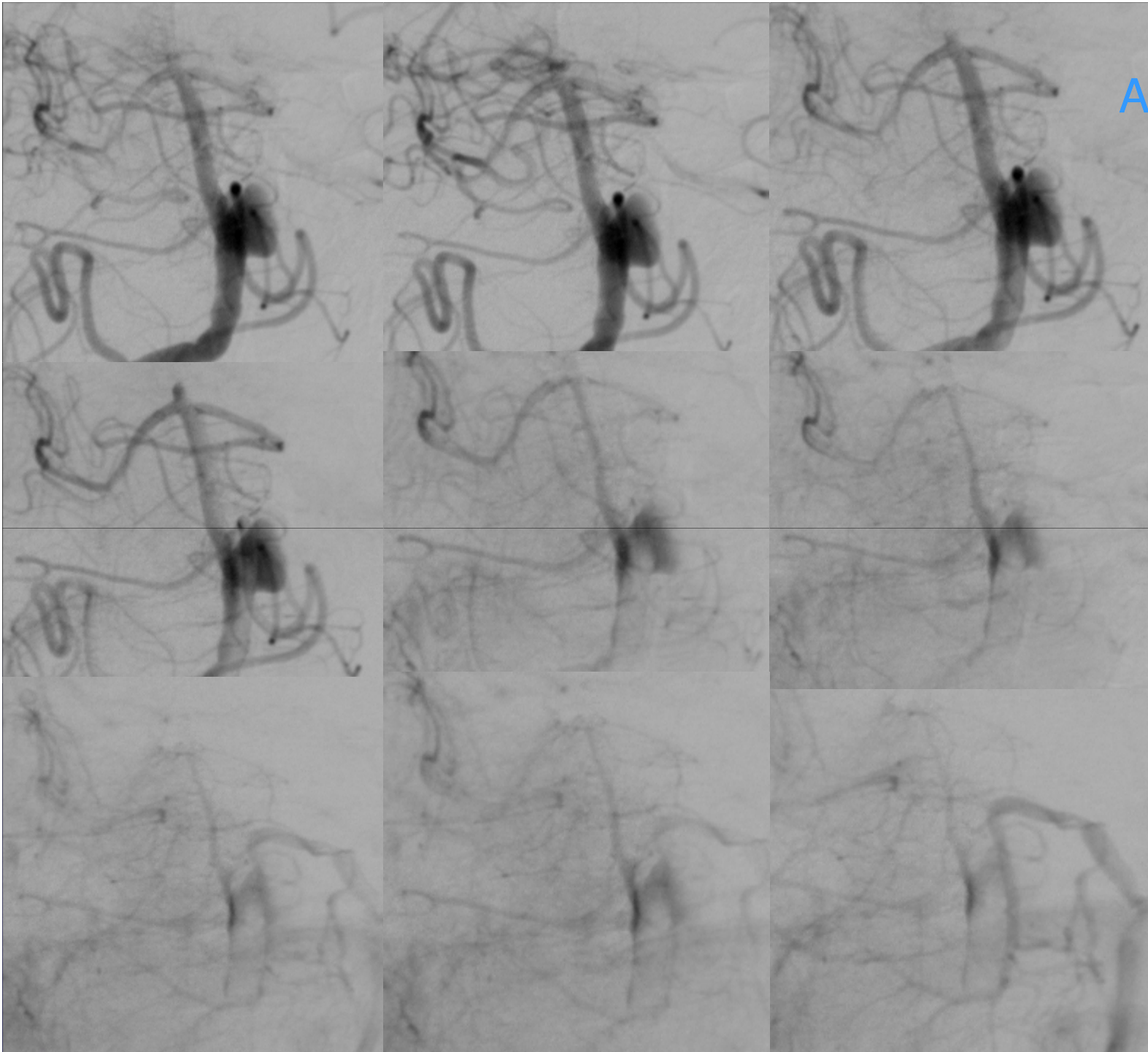


- Aneurisma incidental del tronco de la arteria basilar .
- Introdutor y cateter 6 F, colocación de 2 stents flow diverter SURPASS 4 mm x 20 mm.
- Heparina 5000 u y esquema de doble antiagregacion (75 mg de clopidogrel y 300 mg de aspirina durante 7 dias previos).
- Series angiográficas pre procedimiento del eje vertebrobasilar.





Arteriografía
Control



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

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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.

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Endovascular Treatment of Basilar Aneurysms



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KEYWORDS

- Basilar apex aneurysm • PCA aneurysm • SCA aneurysm • AICA aneurysm • Stent-assisted coil
- Balloon remodeling

KEY POINTS

- Posterior circulation aneurysms constitute 15% of intracranial aneurysms. Between 50% and 80% of these are located at the basilar artery apex.
- Most basilar apex aneurysms are wide-necked and require specialized techniques for treatment to ensure patency of the parent vessel and successful lesion embolization.
- Treated basilar artery aneurysms should be followed closely to monitor for delayed recanalization.
- In addition to basilar apex aneurysms, aneurysms of the basilar artery may involve the posterior cerebral artery, superior cerebellar artery, and the anterior inferior cerebellar artery.

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