

Acutely ruptured blister
aneurysm –Prasugrel loading
followed FD placement

Case series

Vipul Gupta

Medanta, The Medicity

New Delhi, India

A 63-year-old female patient presented with Fisher grade 2 subarachnoid hemorrhage.

DSA – Blister aneurysm of left ICA

Antiplatelet protocol:

Ecosprin 150 mg

Prasugrel 50 mg

2 hrs prior to stent deployment

Heparin 3000 IU at start of procedure

1000 IU to 2000 IU prior to stent deployment

ACT 300 (x 2 upper limit of normal)

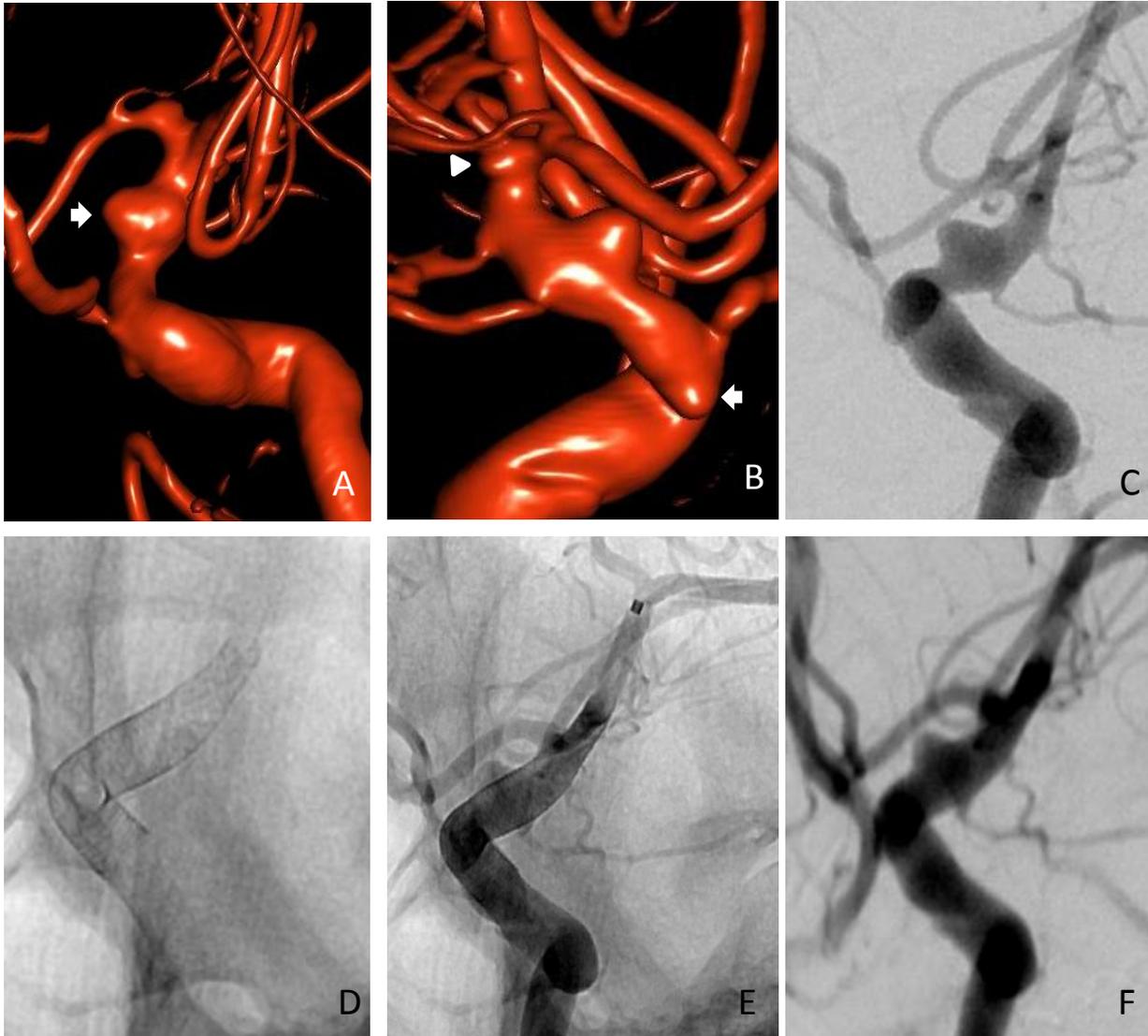


Fig. 1 A & B – 3D reconstructed images show a fusiform aneurysm of supraclinoid ICA at the level of PCOM with a prominent ventral bulge (arrow, A). Another very small aneurysmal bulge seen from A1 segment of right ACA (arrowheads, A, B). Small aneurysm also seen in right ICA paraclinoidal segment pointing medially (arrow, B). C- DSA in working projection. D- Pipeline reconstruction device. E-



Fig. 2 Follow-up angiogram. A- DSA shows complete occlusion of the fusiform aneurysm. Minimal filling of left ACA seen. B- Native image of DSA shows intimal growth over the stent. C & D – 3D reconstructed images shows complete occlusion of the ICA aneurysms

Blister Aneurysm

Subarachnoid hemorrhage with blister aneurysms: Endovascular management

Swati Dayanand Chinchure, Vipul Gupta, Gaurav Goel, Aditya Gupta¹, Ajayanand Jha¹

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17 patients: SS, ODS, SS+Coil
1 rebleed (died)
Good outcome on f/u – 82%
Mortality – 18%

Our experience with FD vs non FD

Table 3: Single center experience of flow diverter and non-flow diverter reconstructive techniques in ruptured Blister aneurysm

Submitted for publication

	Flow diverter reconstruction	Traditional reconstructive technique [∞]
No.	9	17
Technique	Pipeline embolization device	SS, ODS, SS +Coils
Antiplatelet	Prasugrel & Aspirin	Clopidogrel or Prasugrel with Aspirin
Thromboembolism	None	2 (both in clopidogrel arm)
Partial/ No occlusion & regrowth	1 (11.1%)	5 (29 %)
Regrowth needing repeat treatment	None	2 (11.7%)
Rebleed resulting in mortality	None	1 (5.8%)
Morbidity	1 (11.1%) (mRS of 5)	3 (17.6%) (mRS of 3 in all 3 patients)
Mortality	None	2 (11.7%)

[∞] previously published series; SS- single stent; ODS –overlapping double stent

Complete occlusion – 89% vs 71% i.f.o FD

Repeat treatment – none vs 11.7% i.f.o FD

Rebleed resulting in death – none vs 5.8% i.f.o FD

Learning points

- In our series loading with Prasugrel and Ecosprin was safe and effective for flow diverter placement in acutely ruptured blister aneurysms
- Timing is critical, we loaded two hours before the procedure
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- FD was safe and effective in these aneurysms and compared favorably with our previously reported results with stent(single/overlapping) and coiling