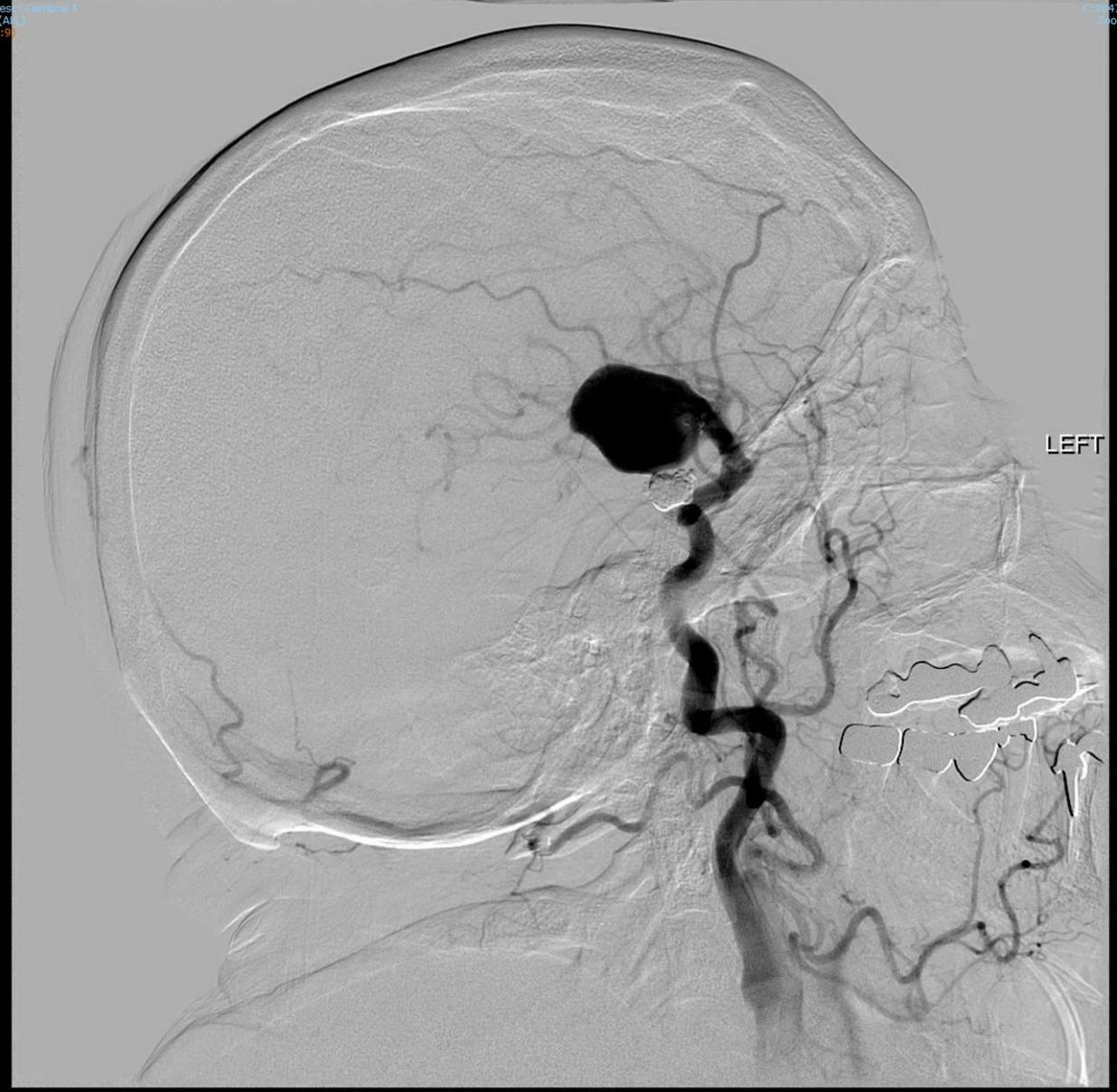


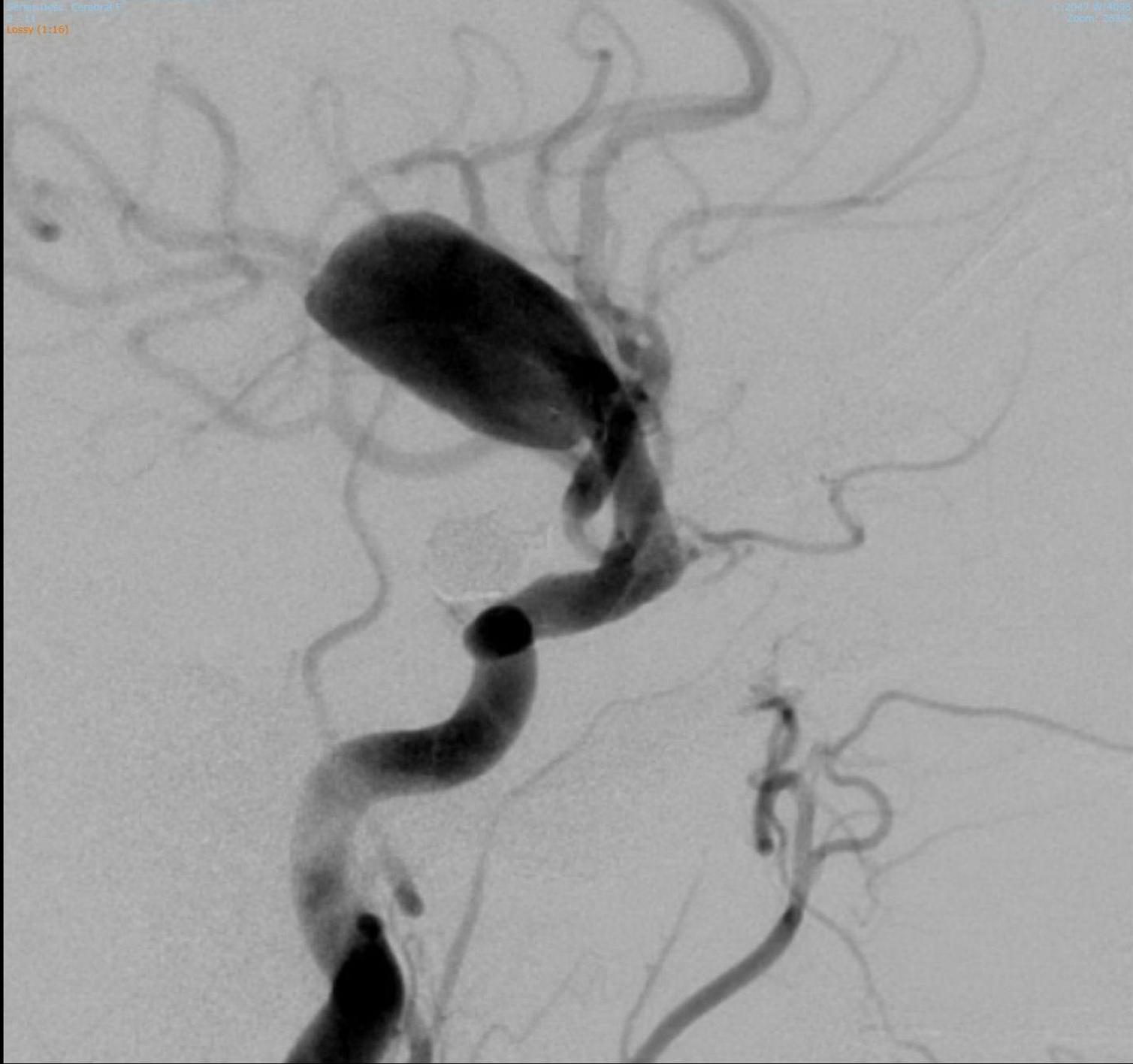
History

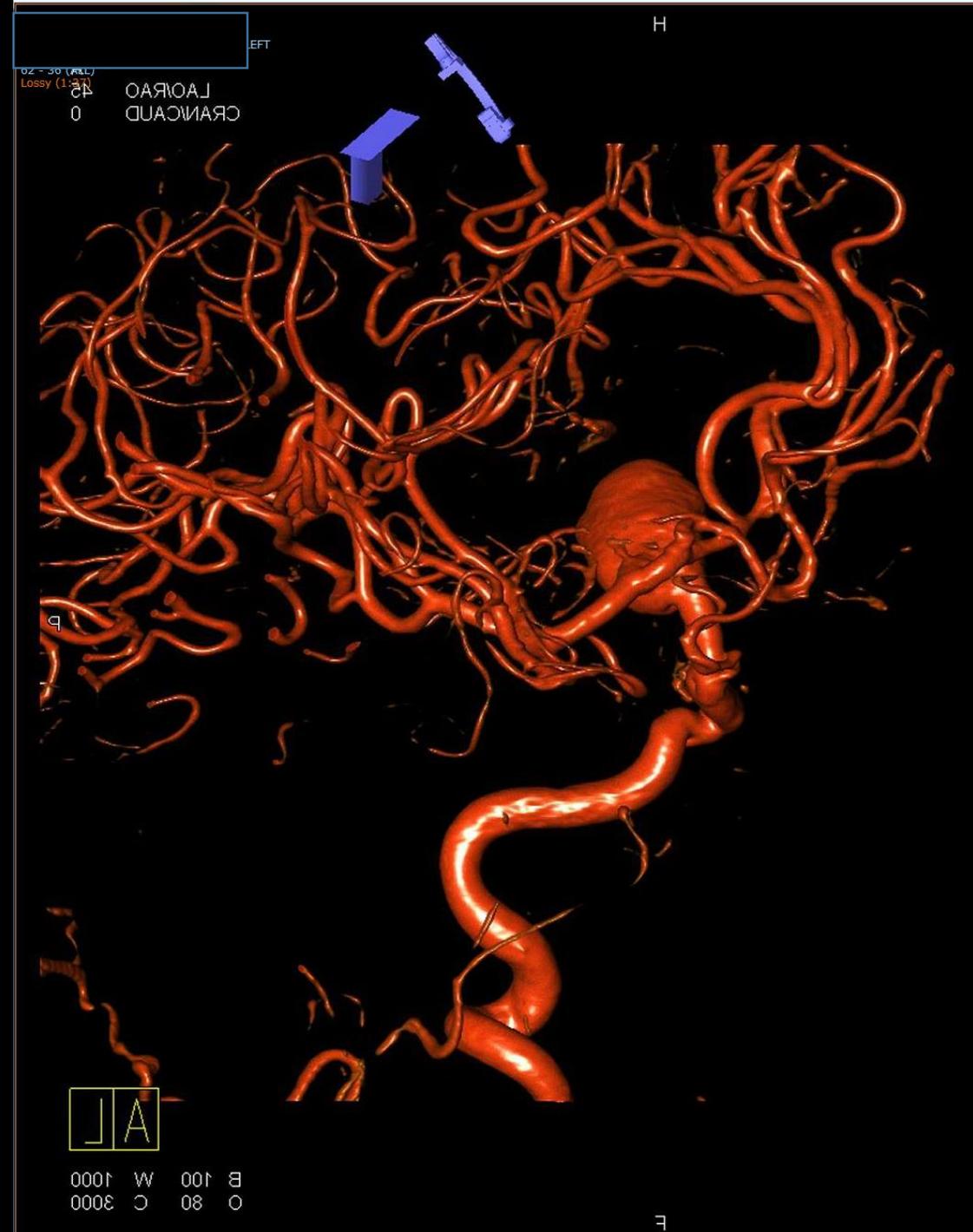
68 year old female referred for giant left ICA terminus aneurysm which had been expanding on serial imaging. The aneurysm was un-ruptured and the patient neurologically intact.

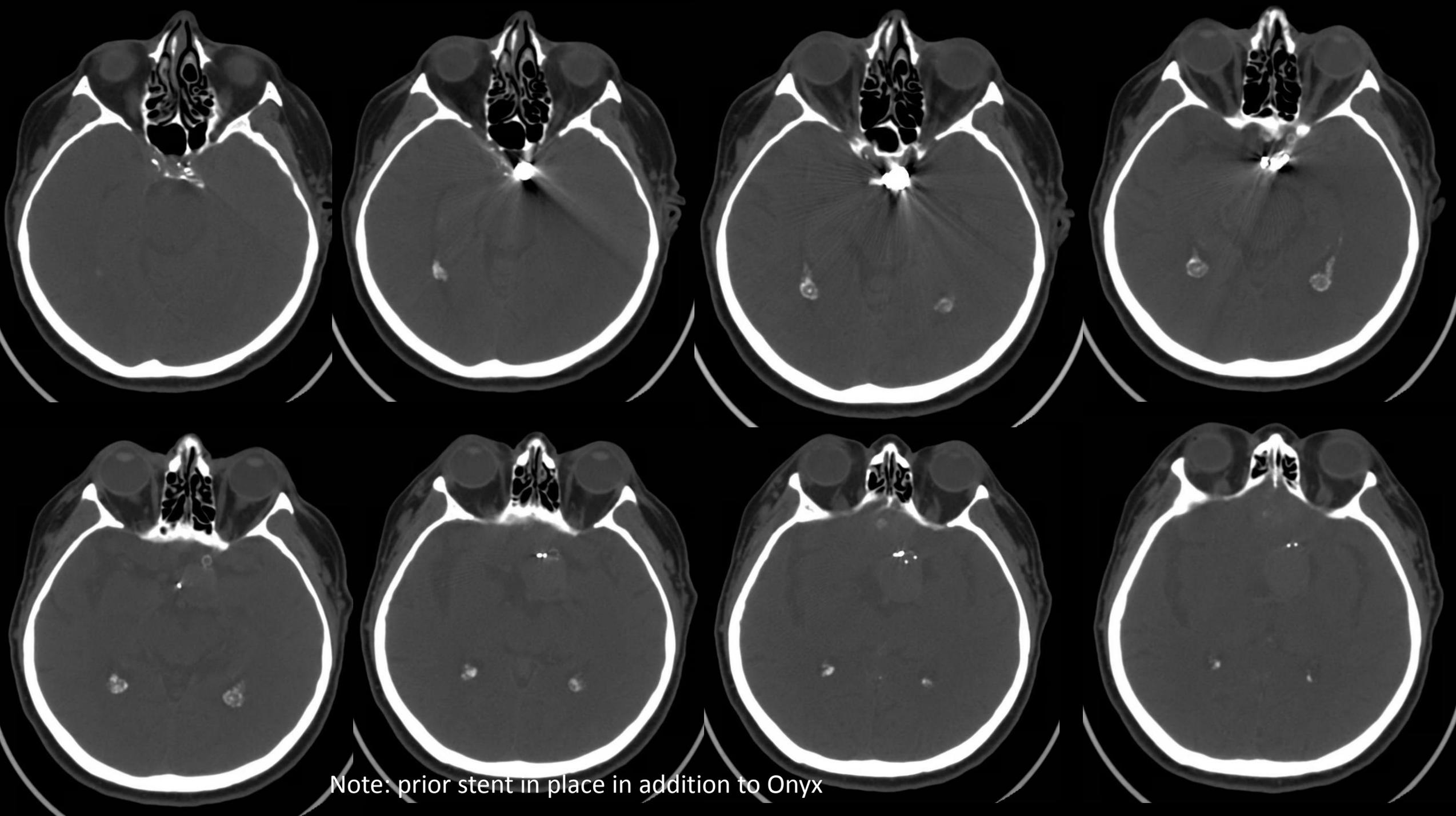
Patient had undergone previous treatment with stent and Onyx HD 500.



Angiogram under sedation only: can be difficult to fully assess anatomy, especially on 3D







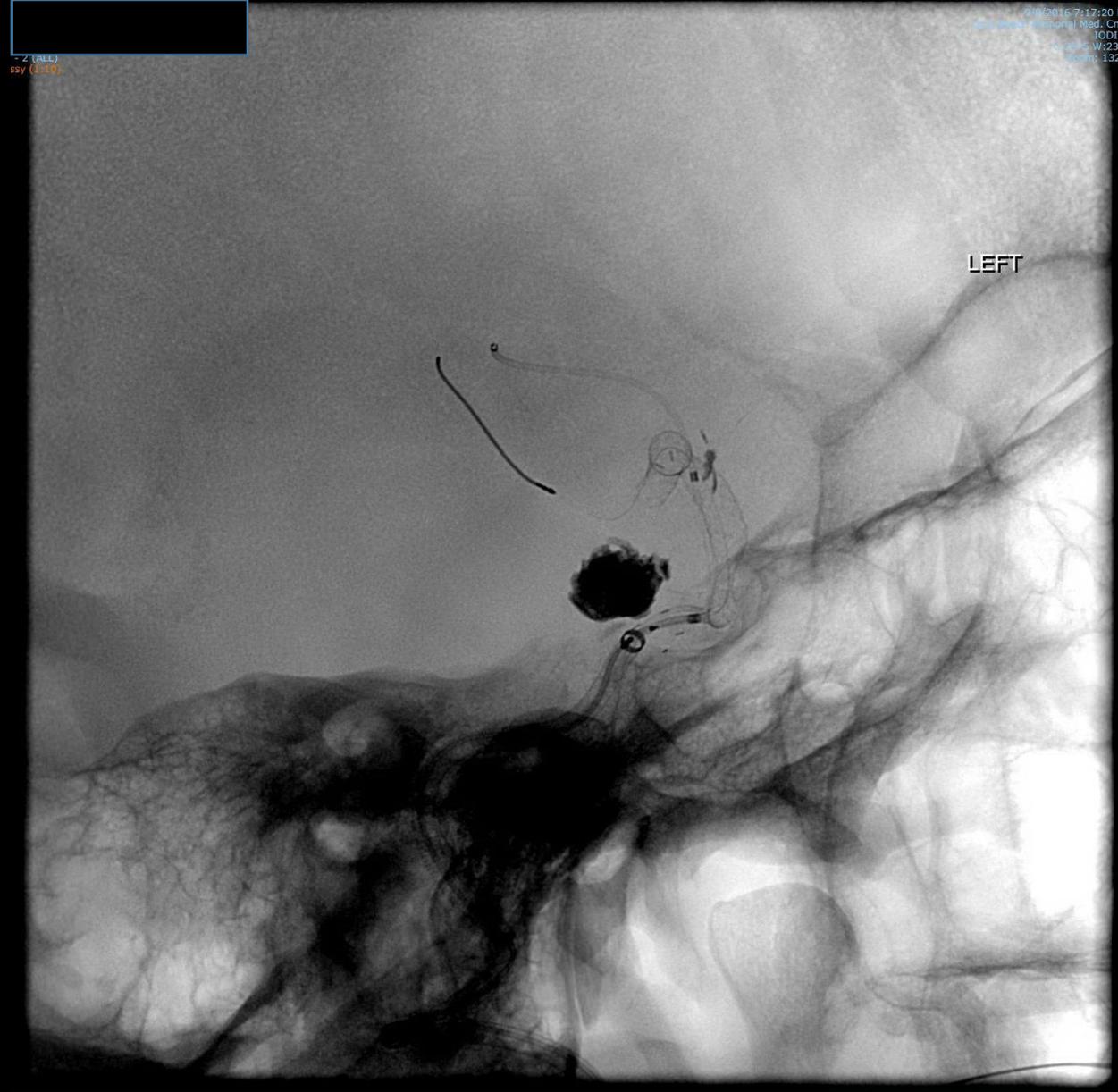
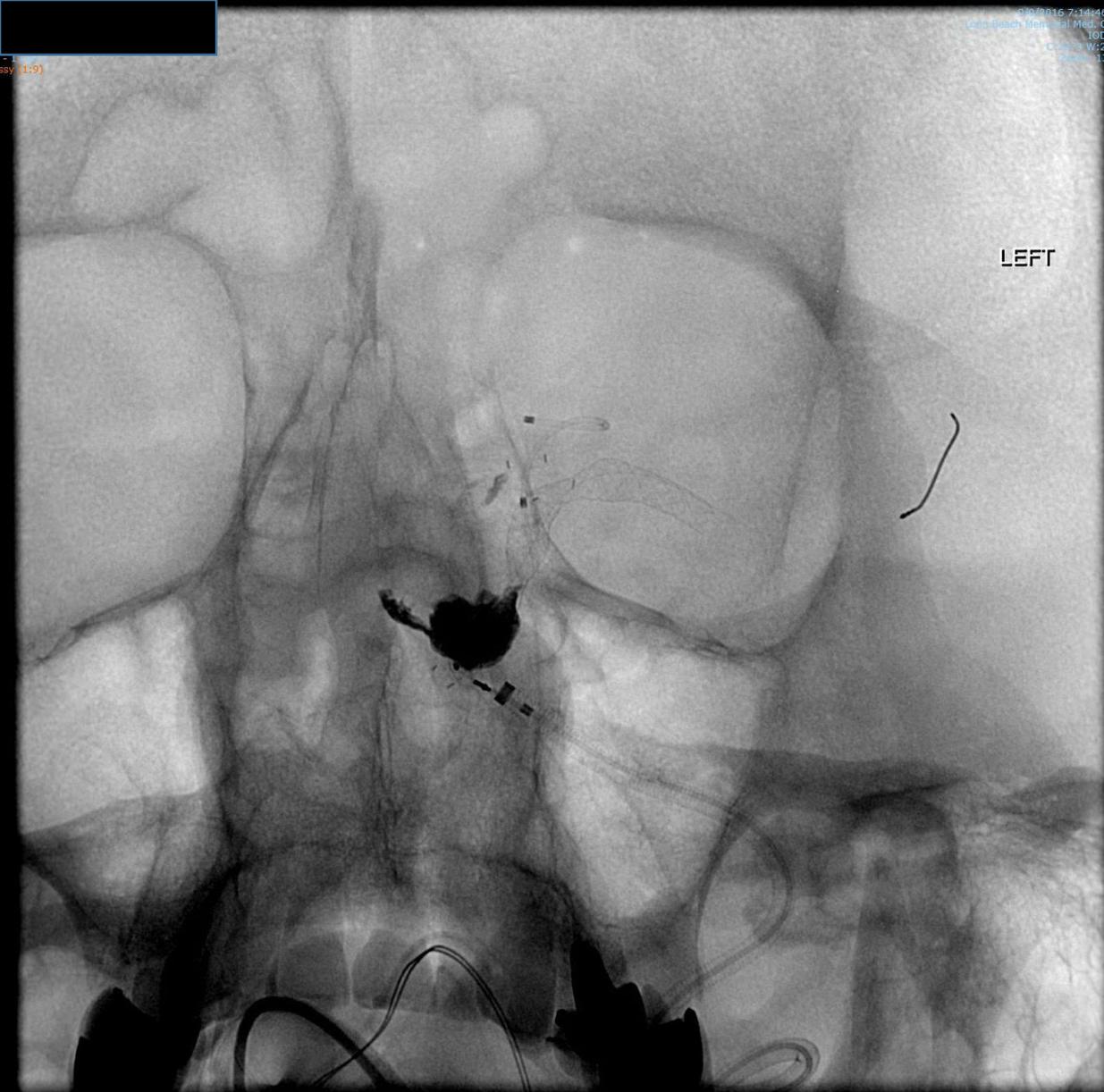
Note: prior stent in place in addition to Onyx

Discussion

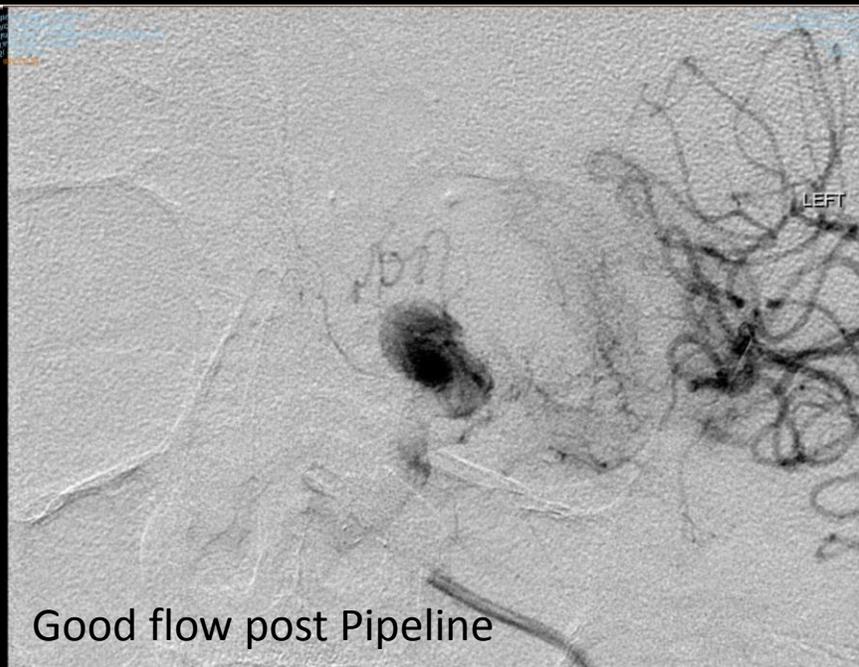
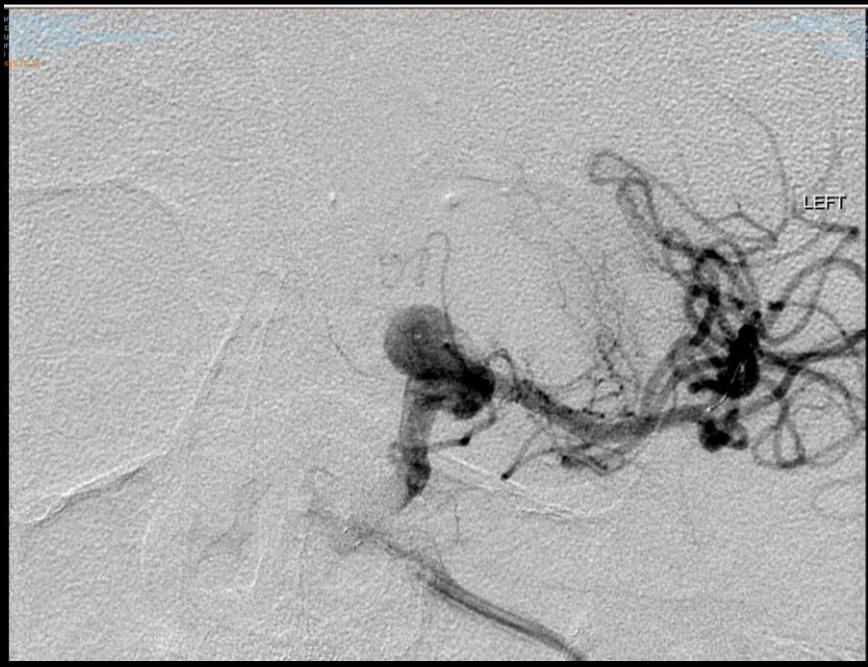
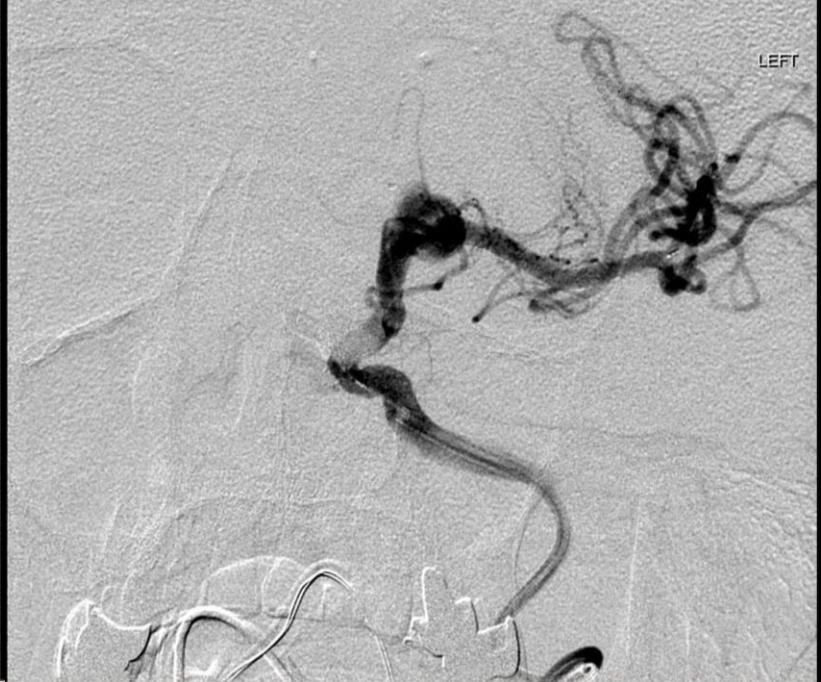
- Management options?
- Our plan

Angio under anesthesia: where is true lumen, can/should we Pipeline?





6-French shuttle sheath in CCA. 6 Fr Navien guide catheter in ICA
150 cm Marksman microcatheter and X-pedion 14 wire. 4 x 25 mm Pipeline
Positioning within 'true' lumen of pre-existing stent confirmed by X-Per CT



Good flow post Pipeline



Echelon 10 microcatheter, jailed. 3-D Axium coils (total of 12)

LEFT



LEFT



Discussion

- Management options?
- Our plan:



Solitaire Platinum 4 x 20

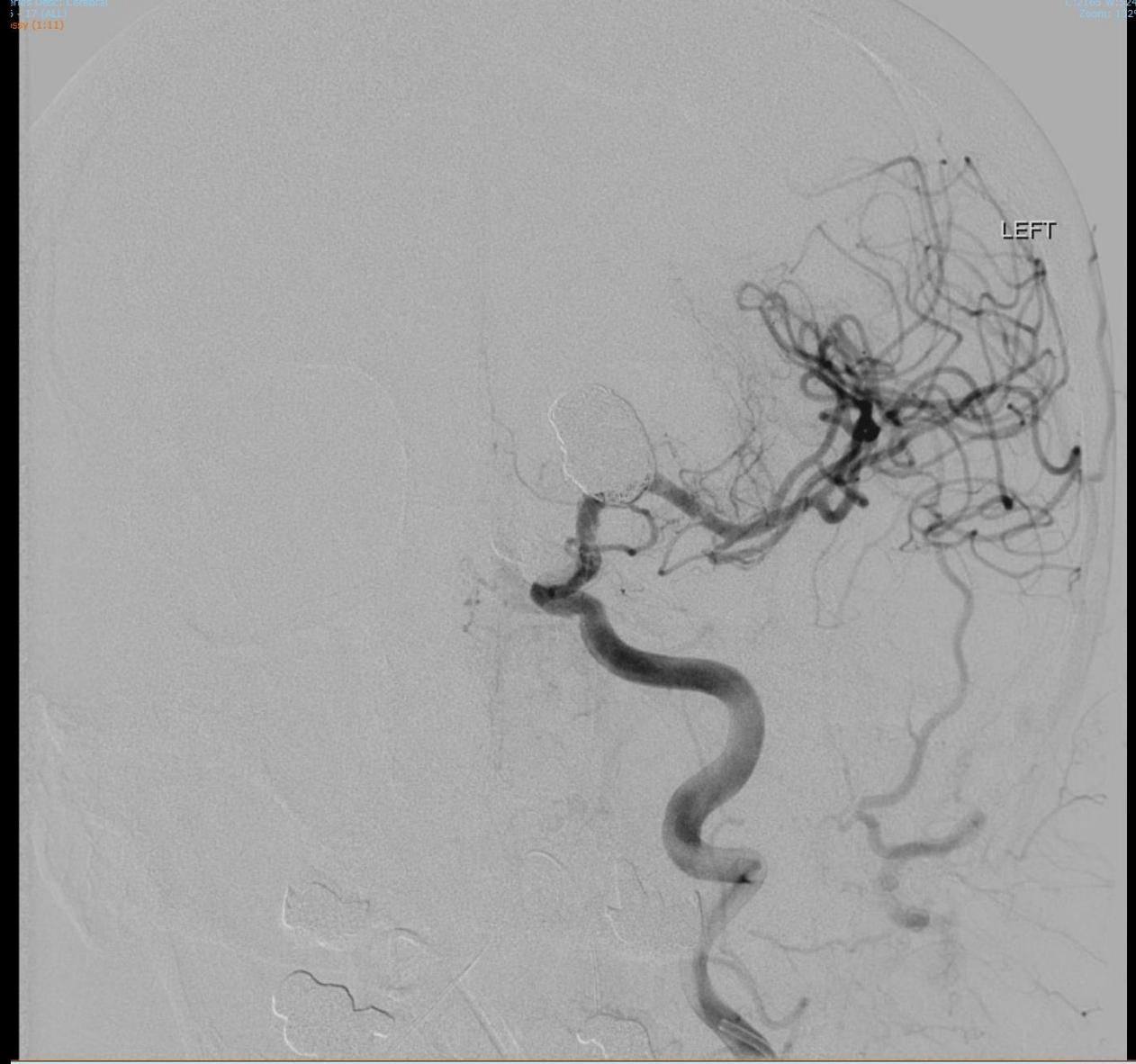


Hyperform Balloon

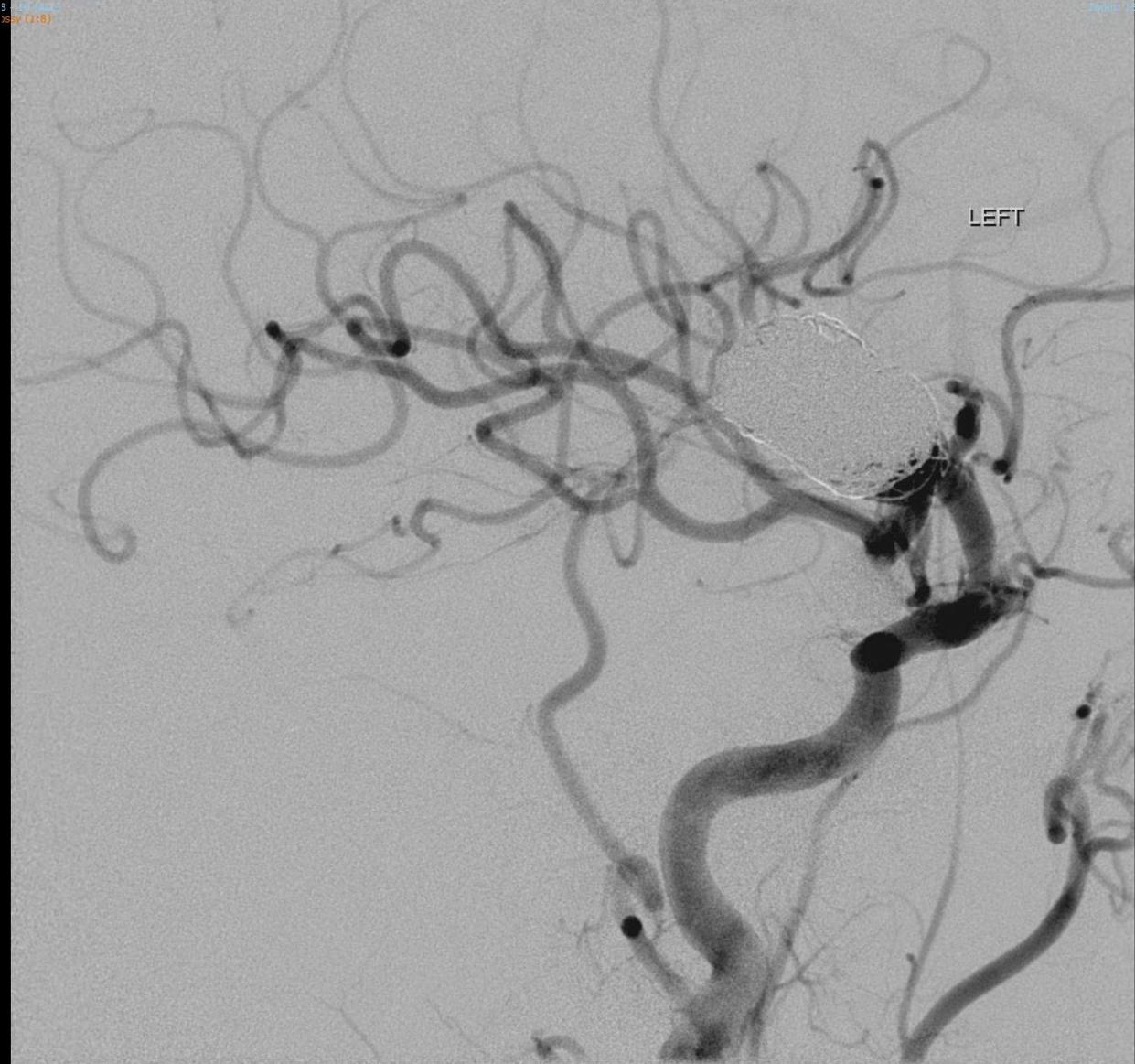
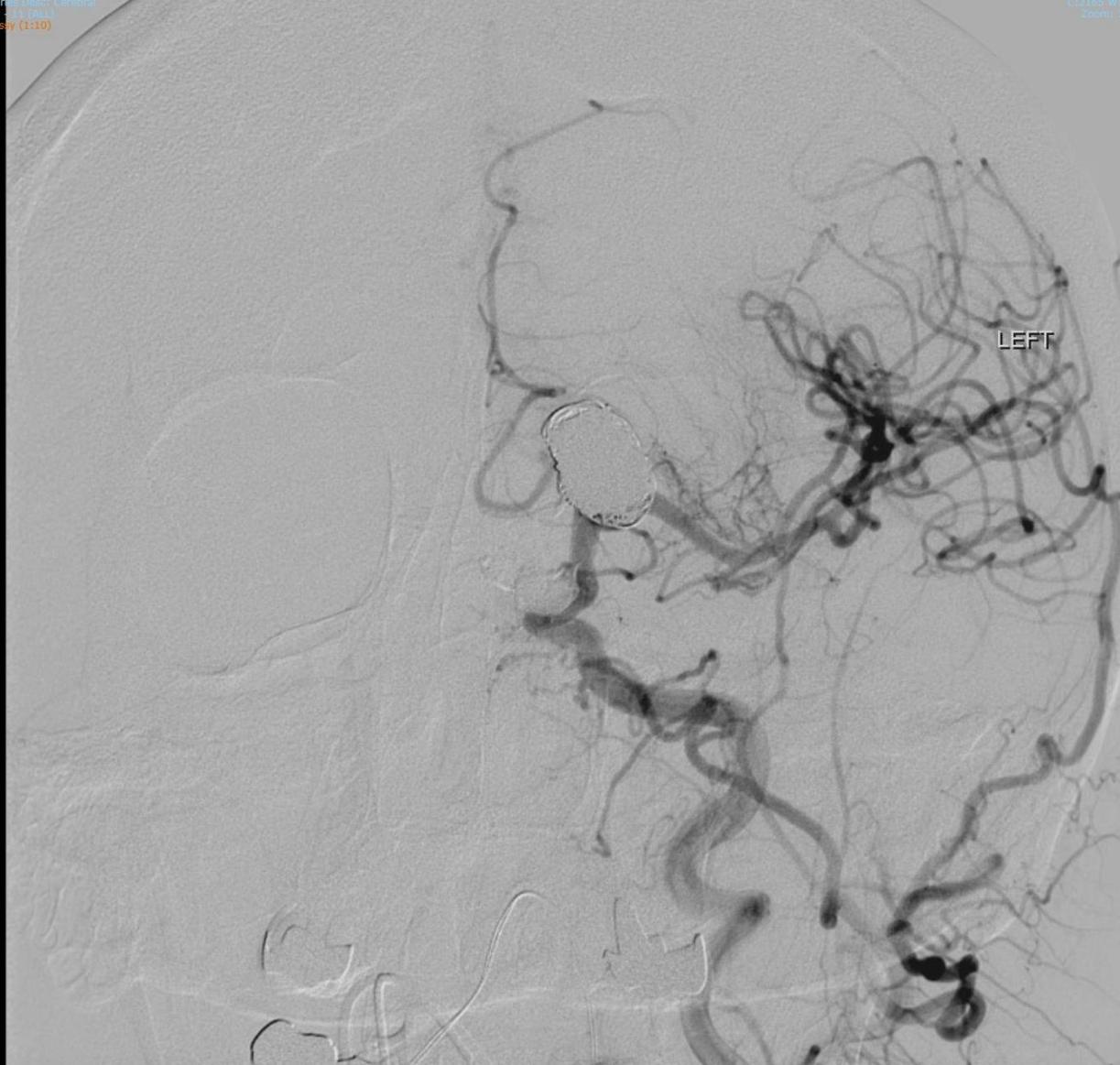
LEFT

LEFT





Gateway balloon

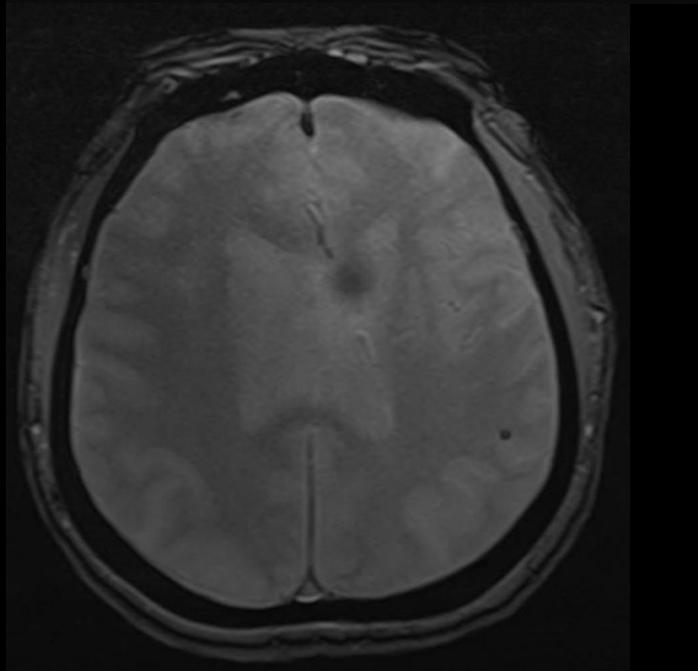
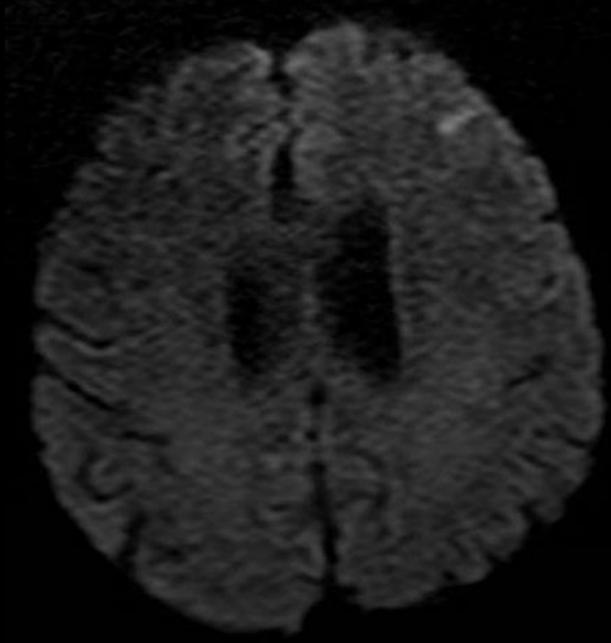
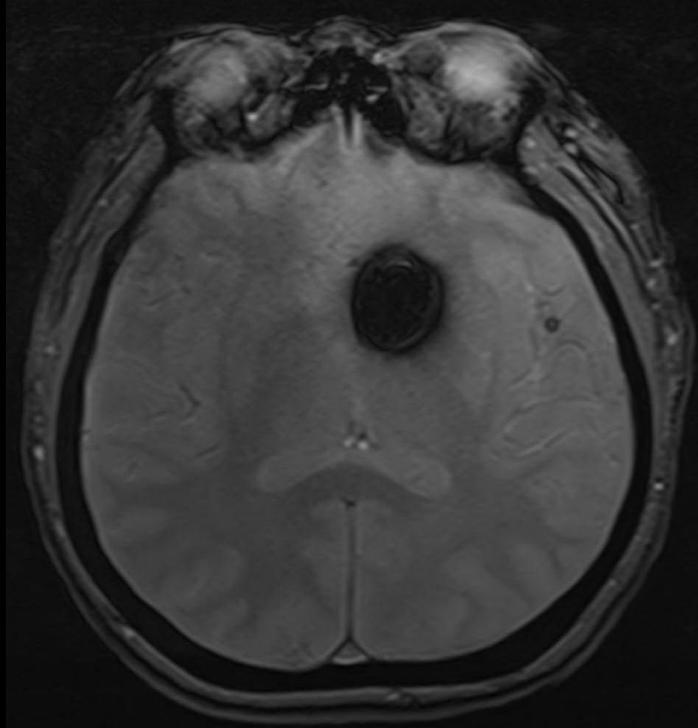
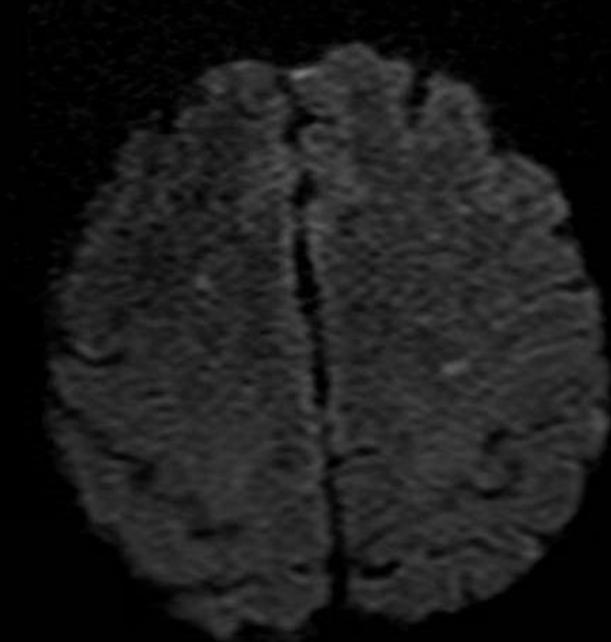


Post IV Integrilin bolus

Discussion

Component	Value	Ref Range & Units
Plat ADP Inhib	228	194 - 418 PRU

- Patient was on Aspirin 325 mg and Plavix 75 mg pre-op
- Transitioned to Aspirin 81 mg and Prasuguel 10 mg post-op



MRI POD#1 showed:

1. TINY FEW FOCI OF ACUTE INFARCTION IN THE LEFT CEREBRAL HEMISPHERE.
2. FOUR TINY FOCI OF BLOOMING ARTIFACT IN THE LEFT CEREBRAL HEMISPHERE SUGGESTIVE OF MICROHEMORRHAGES.

Patient initially had expressive aphasia and mild RUE weakness, which resolved prior to discharge home on POD#2.

At 1 month follow-up clinic appointment, patient continued to do well, all peri-procedural stroke-like symptoms resolved.

