# Case Presentation: Pediatric Ruptured PCA Aneurysm

Ricardo A Hanel, MD PhD

Director, Stroke and Cerebrovascular Center
Endowed Chair, Stroke and CV Surgery
Cerebrovascular Fellowship Director
Lyerly Neurosurgery, Baptist Neurological Institute

Jacksonville, FL

rhanel@lyerlyneuro.com





#### Jacksonville, FL





#### Acknowledgements

- Eric Sauvageau, MD
- Nima Aghaebrahim, MD
- J Entwistle, DO CV Fellow
- Pedro Aguilar Salinas, MD Research Fellow
- Lyerly Baptist NeuroCCS Team and Stroke Neurology Team





#### Disclosures

- Consultant:
  - Medtronic
    - Pipeline Proctor
    - PI Premier Pipeline
  - Stryker
    - PI SCENT Trial
  - Codman
- Educational Grant
  - Microvention
- Investor: InNeuroCo
- I do clip and coil, bypass and FD





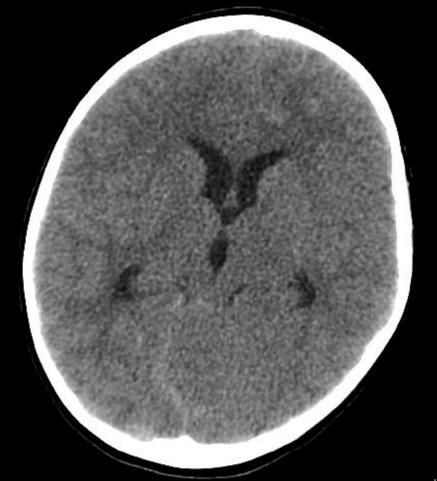
- 4 yo
- Sudden onset HA 36h before
- N/V
- LOC deterioration
- Bradichardia



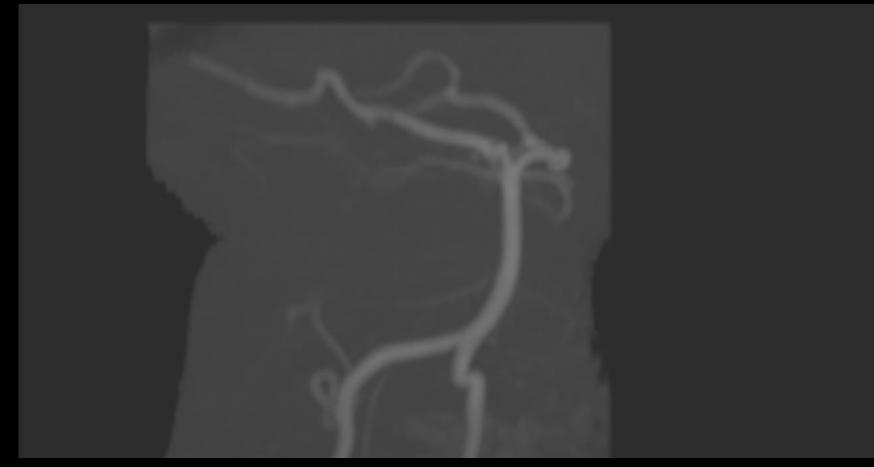




- Intubated at arrival
- EVD placement















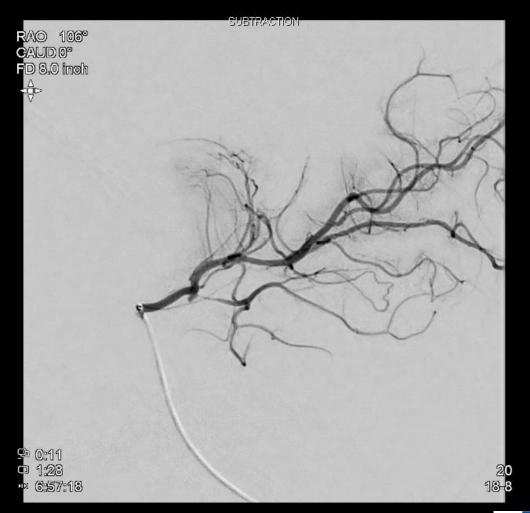
























#### **Options**

- Craniotomy
  - Clip
  - Clip/Wrapping
  - Parent vessel sacrifice and Bypass

- Endovascular
  - Coiling (balloon or Stent assisted)
  - Flow Diverter
  - Parent vessel sacrifice



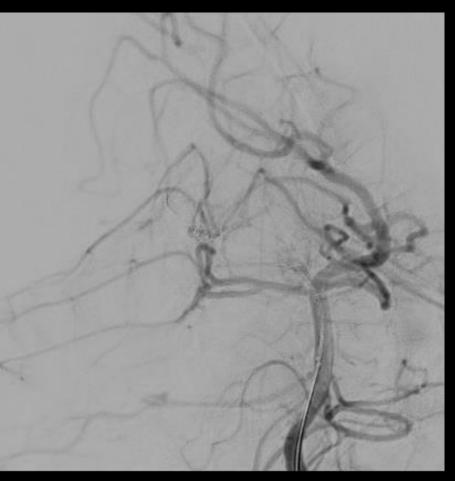


- Attempt Balloon assisted coiling
  - 5/6F sheath (OD 5F ID 6F)
  - Neuron L Vert





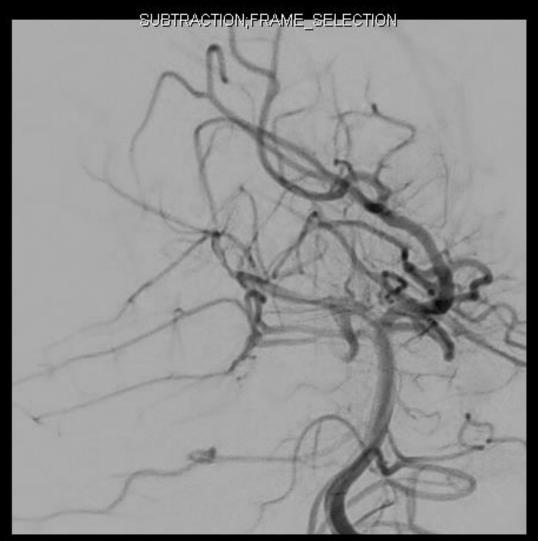
## With coil in position... lost flow into R PCA







### Coil removed – Flow reestablished





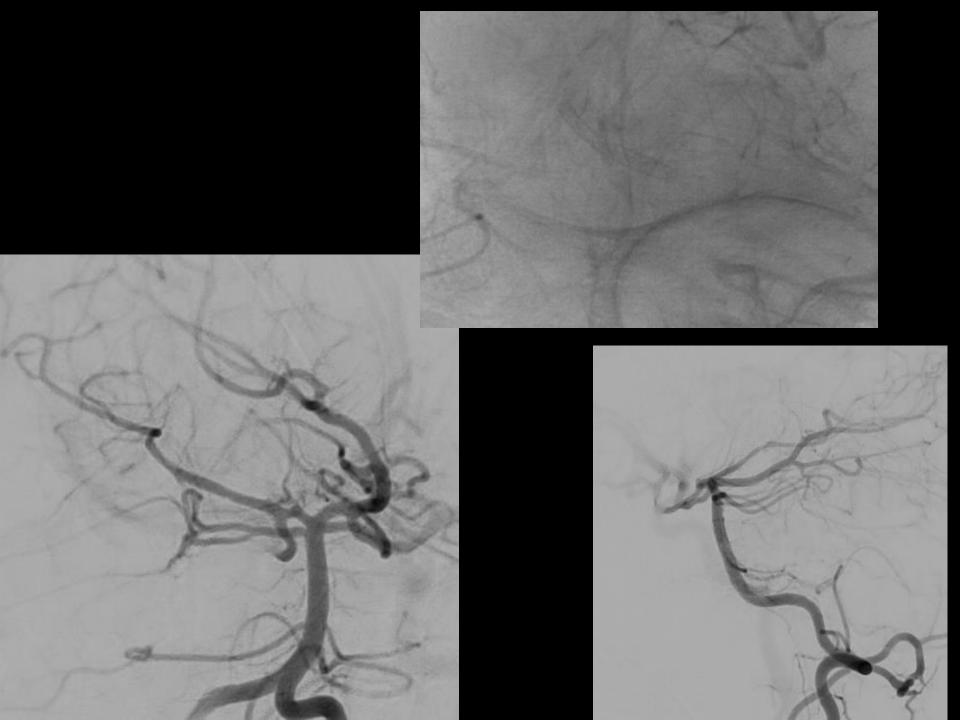


## Decision made for FD PED 2.5x10mm

- IV Integrillin bolus
  - −½ cardiac dose
- Loaded on plavix and aspirin after procedure







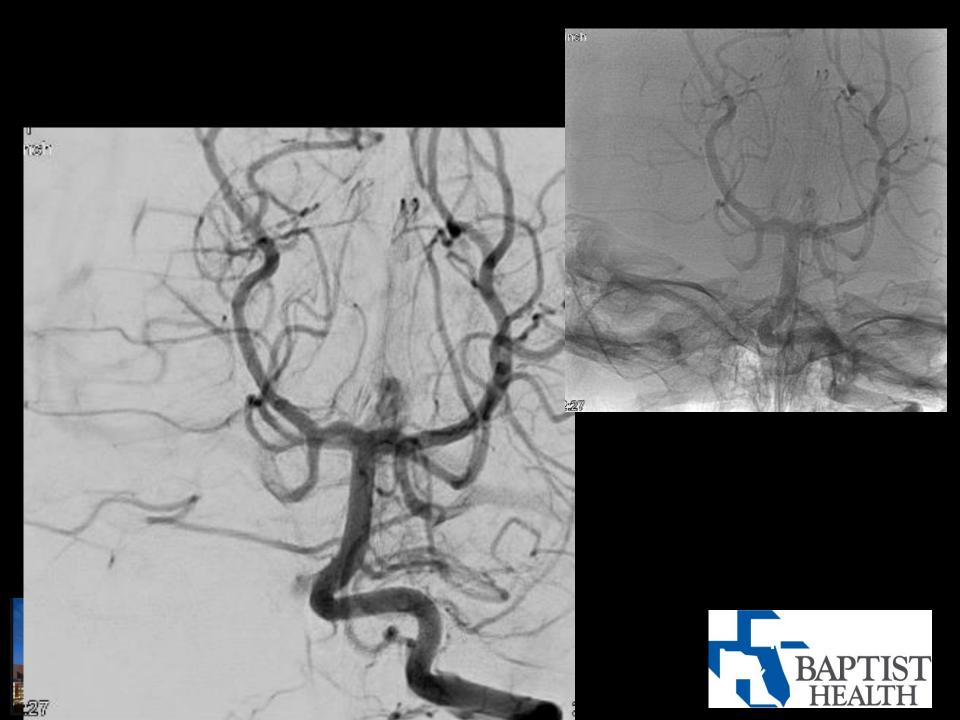


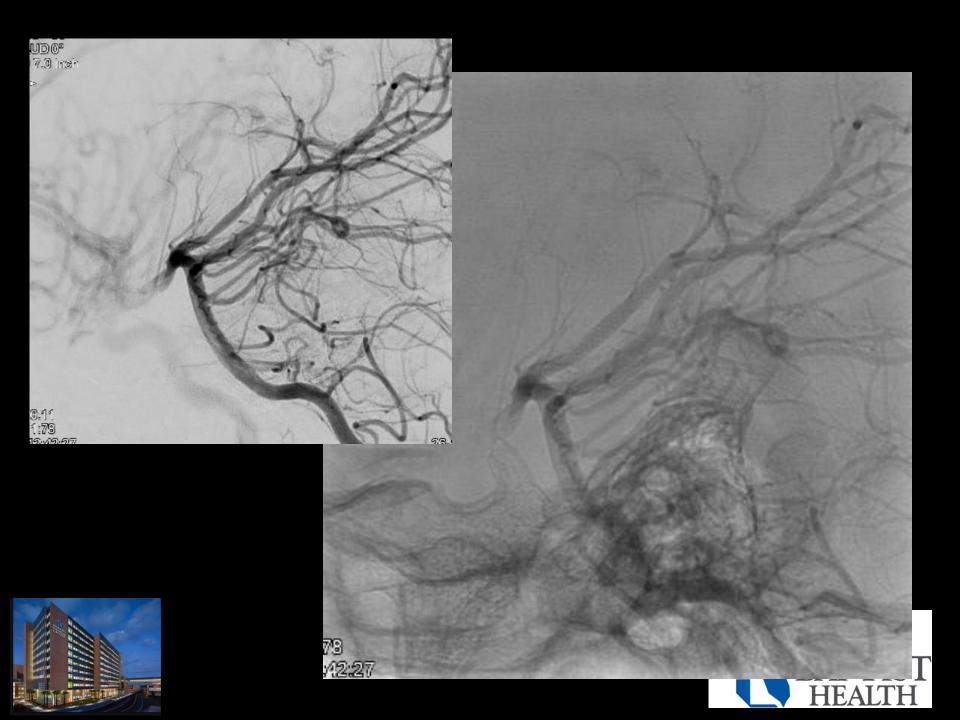
### 3-month FU Angio Neuro Intact











### Off plavix Continue baby aspirin



