Basilar Artery Side-Wall Aneurysm

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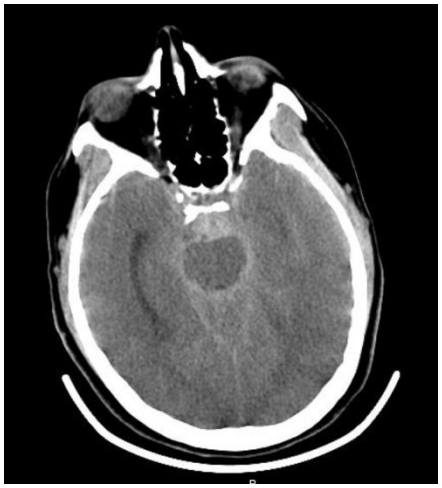
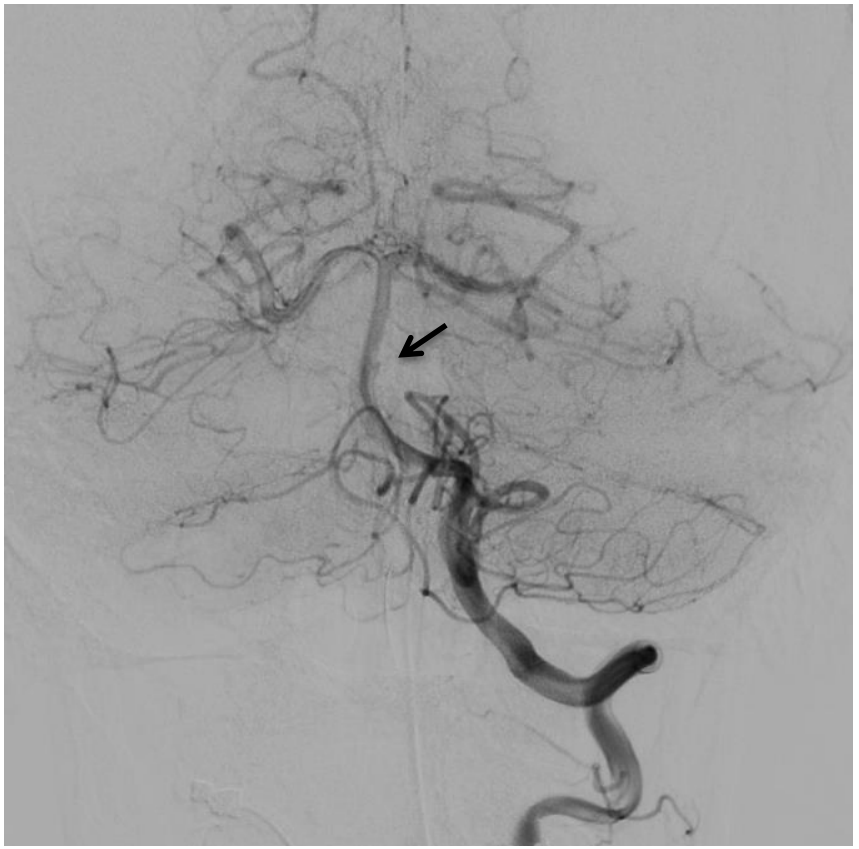
Case Presentation

- Previously healthy, 45 yof, presented with H&H grade IV, Fisher grade IV SAH.

- Intubated, EVD
- Initial CTA was negative
- 1st cerebral angiogram: Blister BA side wall aneurysm .



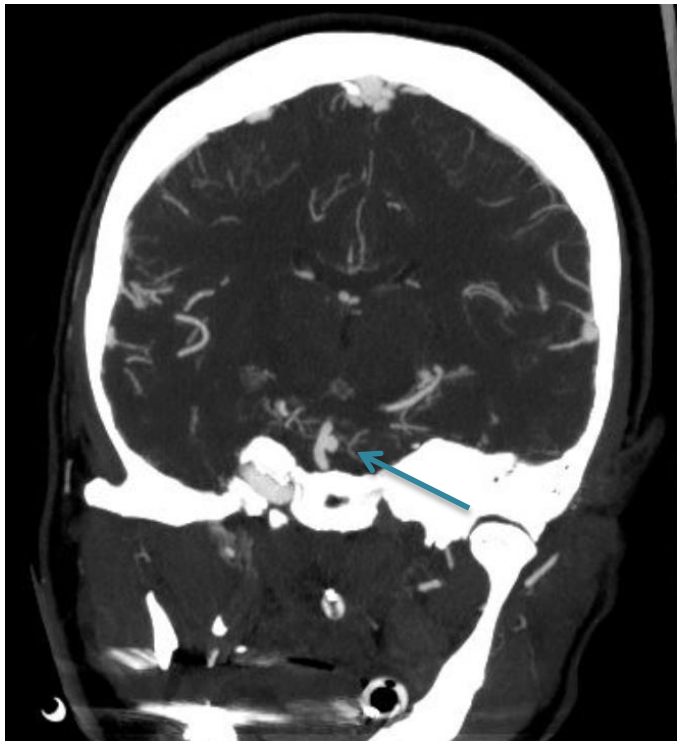


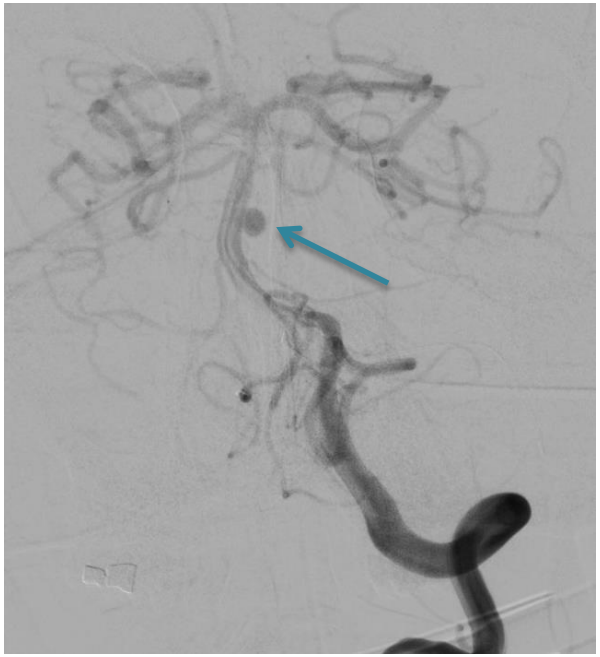
Day#3 imaging

- Repeat CTA at day 3: 4mm

Basilar side wall aneurysm

- We proceeded with cerebral angiogram and coil embolization





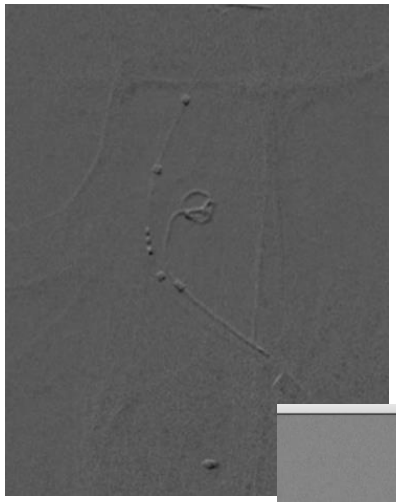
Initial coil Embolization

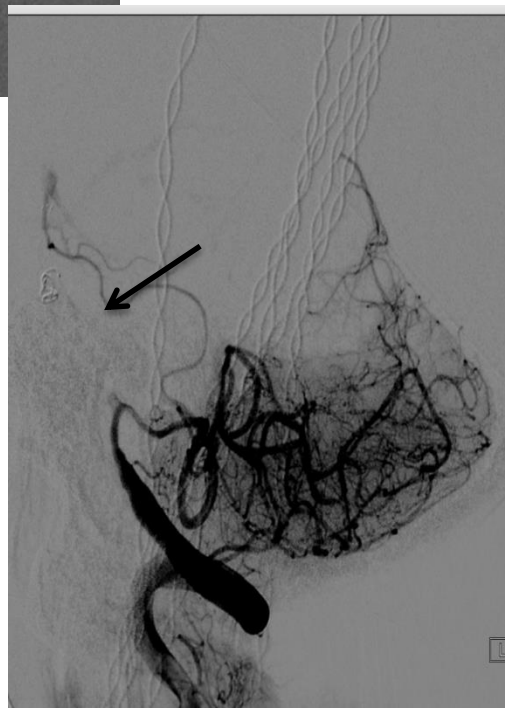
- Scepter Balloon- assisted coil embolization using SL-10 microcatheter (pre-shaped J tip)
- Microcatheter was unstable, small filling defect formed on framing coil.

- Loading dose: Plavix 600 mg, aspirin 325 and Heparin IV 4000 Units

- One hour later: LVIS 3.5 mm X 18 mm across the aneurysm neck with two filling coils

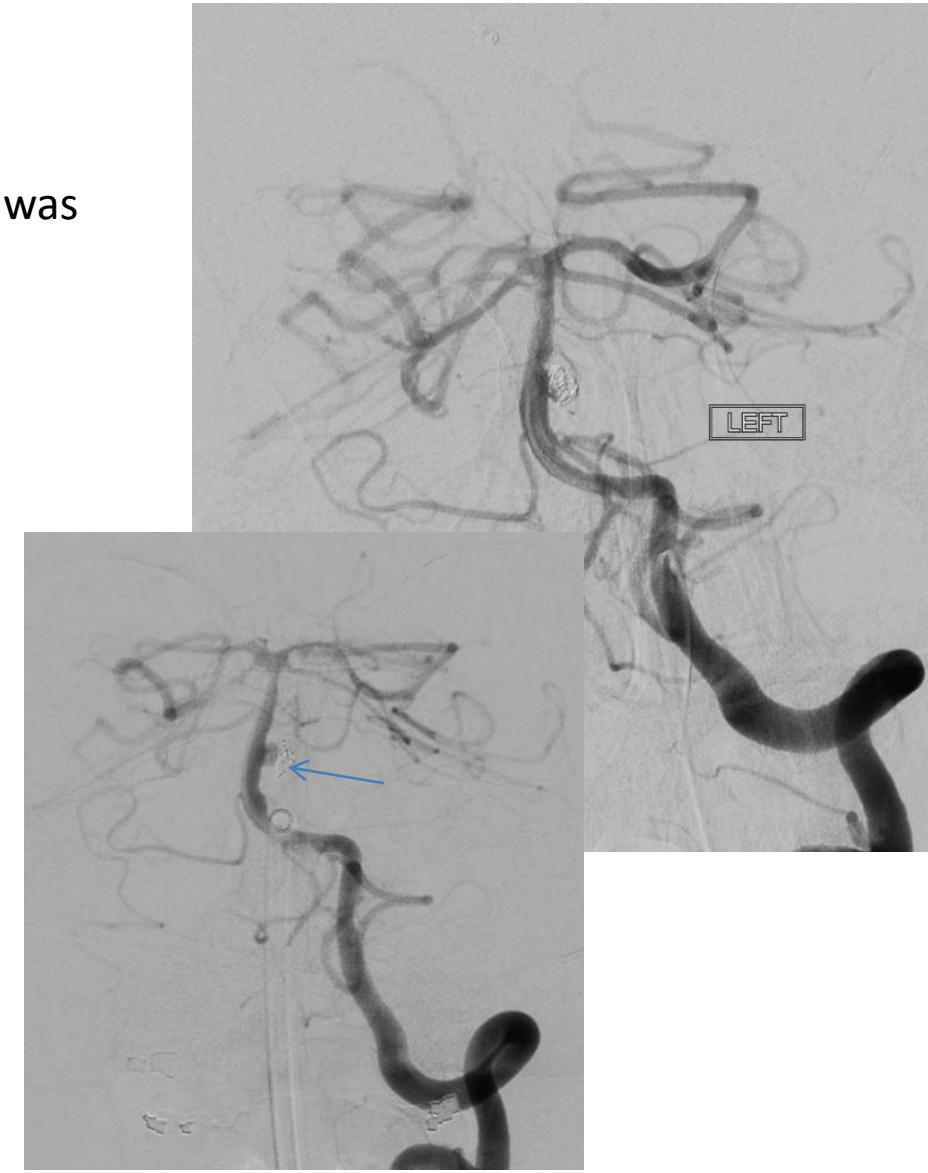
- Immediate Basilar artery occlusion: treated with 3 MAX Penumbra aspiration through the LVIS





Second Coil Embolization

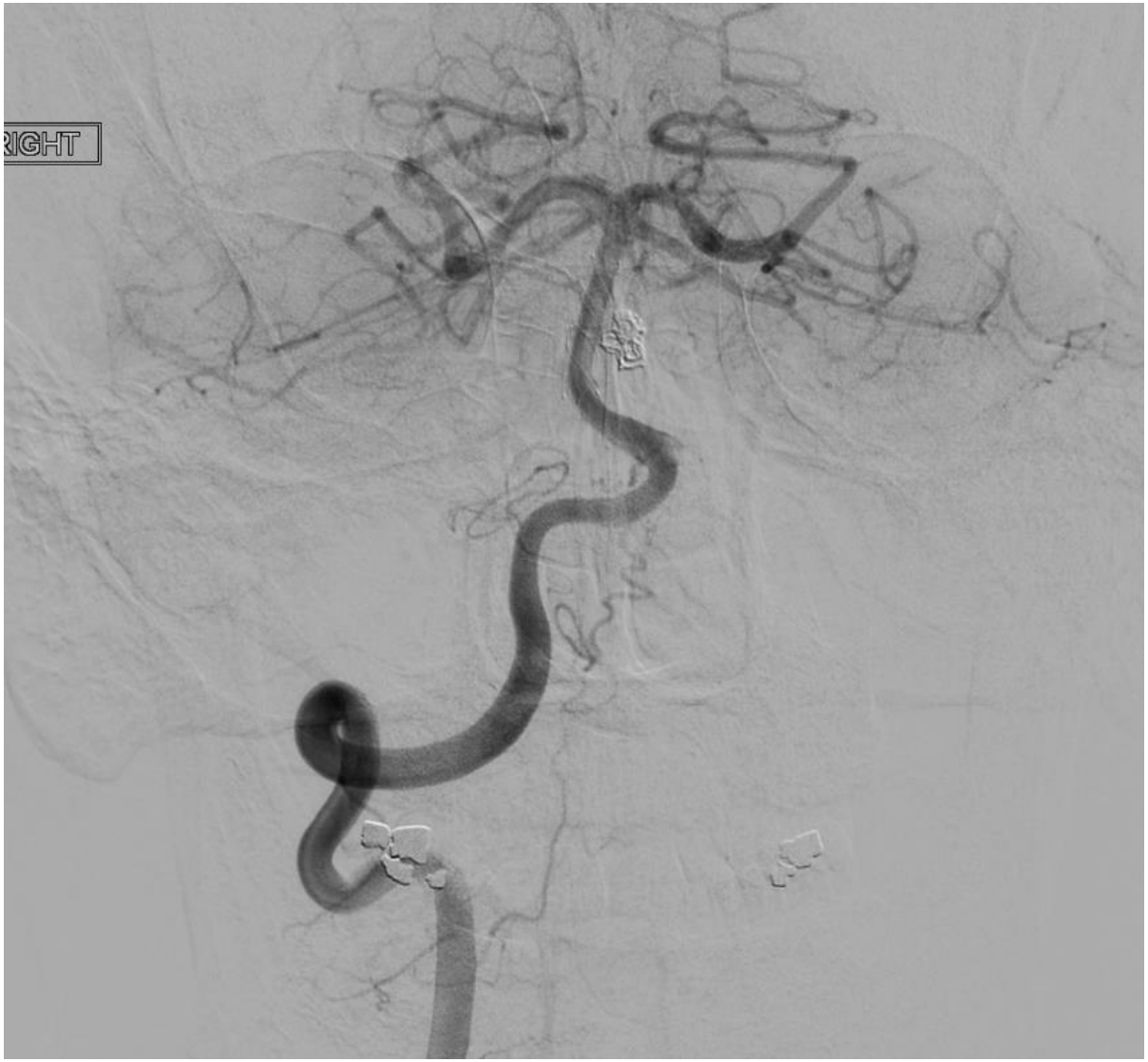
- Patient remained stable, Basilar artery was revascularized within 10 minutes.
- Aneurysm was occluded at D#3



- D#7, repeat angiogram shows Regrowth of 3 mm.

Retreated with coil embolization through LVIS

Aneurysm remained stable at 5 mm



Follow up

- Aneurysm remained occluded on 3 repeat angiograms.
- Tracheostomy and G-tube at week 2: Plavix was held with Heparin gtt bridge
- Patient recovered, mRs: 0 at 16 weeks

Aneurysm remained occluded

Discussion points: Unpredictable course of BA aneurysms, MT through LVIS