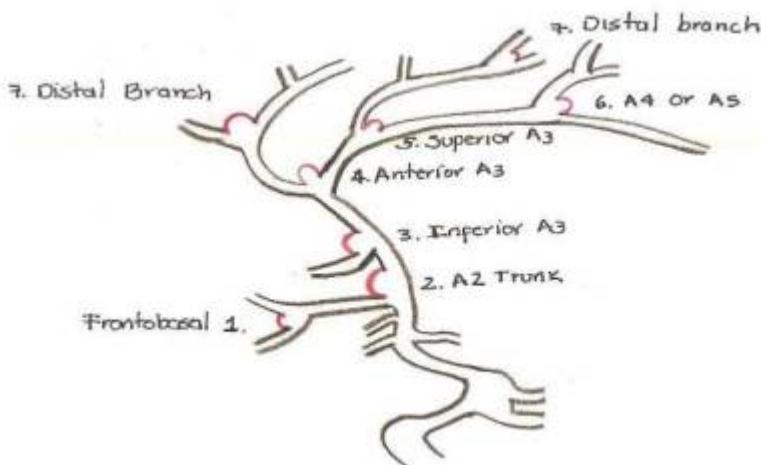


A3 anterior cerebral artery aneurysm



see also [A2 anterior cerebral artery aneurysm](#) — Aneurysms originating from the [Anterior Cerebral Artery A3 segment](#) (A3A) form about 5% of all IAs. They are the most common among [distal anterior cerebral artery aneurysms](#). There are relatively few reports on the management of A3As.

Lehecka et al. reviewed the practical anatomy, preoperative planning, and avoidance of complications in the microsurgical dissection and clipping of A3As.

This review, and the whole series on IAs, is mainly based on the personal micro neurosurgical experience of the senior author (JH) in 2 Finnish centers (Helsinki and Kuopio), which serve, without patient selection, the catchment area in Southern and Eastern Finland.

These 2 centers have treated more than 10000 patients with IAs since 1951. In the Kuopio Cerebral Aneurysm Database of 3005 patients and 4253 IAs, there were 163 patients carrying 174 A3As, forming 5% of all patients with IAs, 4% of all IAs, and 15% of all ACA aneurysms. Ninety-seven (60%) patients presented with ruptured A3As with ICH in 27 (28%) and IVH in 26 (27%). Ninety-four (58%) patients had multiple aneurysms.

Aneurysms of A3 segment of ACA are often small, even when ruptured, with relatively wide base, and they are frequently associated with ICHs or IVHs. Data suggest that A3As rupture at smaller size than IAs in general. The challenge is to select appropriate approach, to locate the aneurysm deep inside the interhemispheric fissure, and to clip the neck adequately without obstructing branching arteries at the base. Unruptured A3As also need microneurosurgical clipping even when they are small ¹⁾.

Case reports

¹⁾

Lehecka M, Dashti R, Hernesniemi J, Niemelä M, Koivisto T, Ronkainen A, Rinne J, Jääskeläinen J. Microneurosurgical management of aneurysms at A3 segment of anterior cerebral artery. *Surg Neurol*. 2008 Aug;70(2):135-51; discussion 152. doi: 10.1016/j.surneu.2008.03.019. Epub 2008 May 14. Review. PubMed PMID: 18482754.

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