Anterior choroidal artery aneurysm

Anterior choroidal artery (AChA) aneurysms account for 4% of all intracranial aneurysms. Ischemic stroke has been reported as the most common complication after surgical clipping of aneurysms of the internal carotid artery (ICA)/AChA complex. Patients with aneurysms located on the AChA itself have even a higher risk for postoperative stroke. Few surgical papers have addressed the high morbidity-mortality rates of surgical clipping of aneurysms arising from this specific anatomic location. In the literature, the reported morbidity-mortality rates of surgical procedures vary from 5% to 50% $^{1)}$.

Case report

An 86-year-old woman was admitted with subarachnoid hemorrhage (SAH). Computed tomography (CT) and CT angiography showed diffuse SAH with a fusiform aneurysm, as well as severe atherosclerotic change in the distal ICA. A transfemoral cerebral angiogram showed a fusiform aneurysm in the supraclinoid segment of the ICA with a daughter sac. The bleb lesion was considered as the cause of the bleed. The suspected bleeding point was selectively obliterated using the double-microcatheter technique. The patient was discharged without focal neurological deficits. The treatment of choice for a ruptured fusiform aneurysm remains controversial. Mostly, surgical clipping (vascular reconstruction, proximal occlusion, or trapping) with bypass surgery is necessary for this lesion. However, in our case, selective coiling was successfully performed only at the suspected rupture point. This technique can be a good alternative treatment modality ²⁾.

http://www.ajnr.org/content/25/2/314.full.pdf

Kim J, Chang C, Jung Y. Selective Coil Embolization of a Ruptured Fusiform Aneurysm Involving the Anterior Choroidal Artery and Posterior Communicating Artery. World Neurosurg. 2018 Jul 24. pii: S1878-8750(18)31613-9. doi: 10.1016/j.wneu.2018.07.135. [Epub ahead of print] PubMed PMID: 30053567.

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