

# Drake tourniquet

The idea for the “Drake tourniquet” was known to have come from Dr. Allcock, and allowed patients with unclippable aneurysms (as determined by Drake during exploratory surgery) to be monitored awake on the angiography table while undergoing basilar artery occlusion.

The objective of a paper was to report a rare complication of basilar artery (BA) tourniquet treatment of a giant basilar tip aneurysm, and to discuss possible causes for the formation of a de novo giant posterior cerebral artery (PCA) aneurysm. A 34-year-old woman underwent satisfactory treatment of a ruptured giant basilar bifurcation aneurysm by BA ligation (Drake tourniquet) in 1985. She presented 25 years later with a new aneurysm in the left PCA, successfully treated by coil embolization. To the authors' knowledge, this is the first case of de novo aneurysm formation on a PCA, and the first de novo aneurysm reported as a complication of BA ligation therapy by Drake tourniquet. Long-term follow-up is necessary in patients with treated cerebral aneurysms, particularly those occurring in young patients, those with multiple aneurysms, those with complex posterior circulation aneurysms, and those undergoing flow diversion or flow-altering therapies <sup>1)</sup>.

<sup>1)</sup>

Martinez-Perez R, Pelz DM, Lownie SP. De novo giant posterior cerebral artery aneurysm developing 25 years after basilar bifurcation aneurysm treatment using a Drake tourniquet: case report and implications for aneurysm follow-up. J Neurosurg. 2018 Apr;128(4):1028-1031. doi: 10.3171/2016.11.JNS161740. Epub 2017 May 5. PubMed PMID: 28474993.

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