

Fusiform middle cerebral artery aneurysm

- Flow diversion for acutely ruptured intracranial aneurysms: A single-center retrospective analysis of 30 consecutive cases
- Anterior Cerebral Artery and Middle Cerebral Artery Stroke in the Setting of Multiple Fusiform Aneurysms and Vertebrobasilar Dolichoectasia
- The use of FD-HPC in Ruptured and Unruptured Aneurysms, the Italian Dataset (RUAID): Preliminary results on feasibility and safety
- Successful endovascular occlusion of multiple fusiform aneurysms on the persistent primitive lateral basilovertebral anastomosis
- Flow diverting stents in acutely ruptured intracranial aneurysms: a single centre experience of 40 consecutive cases
- Microsurgical treatment of 723 cerebral aneurysms: a single-center prospective study
- Surgical treatment of eccentric-fusiform aneurysm of proximal basilar artery. Case report and literature review
- Surgical treatment strategies for intracranial fusiform aneurysms secondary to cardiac myxomas: illustrative case

Intracranial [fusiform aneurysms](#) are rare and account for 3-13% of all [intracranial aneurysms](#) and are more common in the [vertebrobasilar system](#).

Fusiform middle cerebral artery aneurysm are still rarer.

Case reports

Hybrid Treatment for a Giant Fusiform Partially Thrombosed Middle Cerebral Artery Aneurysm With Superficial Temporal Artery to Middle Cerebral Artery Bypass Followed by Endovascular Vessel Sacrifice: 2-Dimensional Operative Video ¹⁾.

2013

A 40-year-old male presented with severe headache and right side focal onset seizures. Computed tomography (CT) scan showed subarachnoid hemorrhage (SAH) and left temporal lobe bleed with surrounding mass effect and edema. CT-angiogram (CTA) revealed a fusiform bi-lobed aneurysm of M1 segment of left MCA. Digital subtraction angiogram (DSA) confirmed the CTA findings. A 1.5×6 mm sprinter balloon was placed proximal to the aneurysm in M1 and balloon occlusion test was done followed by hypotensive challenge test. Patient tolerated the test occlusion well and good pial collaterals were seen filling the left MCA territory from anterior cerebral artery. Endovascular parent vessel occlusion was done with complete packing of the aneurismal sac and proximal M1. Postprocedure, patient developed right hemiparesis and motor aphasia. Dopamine infusion was started to maintain mean arterial pressure >110 mmHg and central venous pressure was maintained at 10-12 cm H₂O by intravenous fluids. His deficit improved over the next few hours. On discharge, he had right upper limb monoparesis (grade 2). At one month follow-up, power in the upper limb

improved to grade 4 with no other deficits ²⁾.

1)

Robledo A, Frank TS, O'Leary S, Kan P. Hybrid Treatment for a Giant Fusiform Partially Thrombosed Middle Cerebral Artery Aneurysm With Superficial Temporal Artery to Middle Cerebral Artery Bypass Followed by Endovascular Vessel Sacrifice: 2-Dimensional Operative Video. *Oper Neurosurg (Hagerstown)*. 2023 Oct 19. doi: 10.1227/ons.0000000000000918. Epub ahead of print. PMID: 37856749.

2)

Alurkar A, Karanam LS, Oak S, Sorte S. Endovascular treatment of ruptured fusiform middle cerebral artery aneurysm. *Neurol India*. 2013 Mar-Apr;61(2):209-10. doi: 10.4103/0028-3886.111166. PubMed PMID: 23644344.

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