

# Fusiform vertebral artery aneurysm

Nine patients, aged 41-76 years (mean 54.8 years), were included. Mean angiographic diameter of unruptured aneurysms was 8.4 mm (range 4-14) while ruptured aneurysms averaged 6 mm (range 5-7 ). Two patients (two women) presented with acute subarachnoid hemorrhage (SAH). One patient with a large partially thrombosed aneurysm was treated with stent reconstruction requiring deployment of two stents (no coiling). There was one asymptomatic procedural complication (non-flow limiting cervical vertebral dissection). All patients had good clinical outcomes (modified Rankin Scale score of 0 or  $\leq 1$ ) including the two patients that presented with SAH (Hunt and Hess grades 2 and 3). There were no late hemorrhages at a mean clinical follow-up of 12 months (6-24 months). Eight patients had angiographic follow-up (6-18 months, mean 10.5 months) and six demonstrated aneurysm occlusion with complete vessel reconstruction at the angiographic follow-up.

The use of reconstructive techniques in the endovascular treatment of unruptured fusiform intracranial vertebral artery aneurysms is feasible, safe, and effective in the mid term. In patients presenting with SAH, however, the safety and effectiveness of these techniques remain unclear <sup>1)</sup>.

<sup>1)</sup>

Dabus G, Lin E, Linfante I. Endovascular treatment of fusiform intracranial vertebral artery aneurysms using reconstructive techniques. J Neurointerv Surg. 2014 Oct;6(8):589-94. doi: 10.1136/neurintsurg-2013-010897. Epub 2013 Sep 27. PubMed PMID: 24078647.

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