

Internal carotid artery injury after transsphenoidal approach

Internal carotid artery injury is a potentially lethal complication in transsphenoidal approach for pituitary lesions. The intercarotid distance (ICD) is thus a major parameter, determining the width of the surgical corridor.

Unrelated pathology may complicate a transsphenoidal approach: rare, e.g. a parasellar aneurysm.

Carotid artery rupture: rare. May occur intraoperatively or in a delayed fashion after surgery, often $\approx$ day 10 post-op (due to the breakdown of fibrin around carotid, or possibly due to rupture of a pseudoaneurysm created at surgery).

If a pseudoaneurysm or site of injury is identified angiographically, it must be eliminated before a potentially lethal hemorrhage; accomplished either by endovascular techniques or by surgical trapping with clips above and below.

Case reports

Haley et al. reported a case of coil migration into the oropharynx five years after treatment of a left internal carotid pseudoaneurysm following abandoned transsphenoidal resection of a pituitary macroadenoma. Eight other cases were found on literature review, with coil migration occurring between 2 and 120 months often after a history of transsphenoidal surgery. The majority of these were treated with trimming in a day case setting. This report highlights the need for careful extended follow up when a pseudoaneurysm forms with a concurrent skull base deficit ¹⁾.

Unclassified

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