

Lateral posterior choroidal artery aneurysm

[Intraventricular hemorrhage](#) and [intracerebral aneurysms](#) are relatively frequent [complications](#) associated with [moyamoya disease](#). Prevention of aneurysm [rerupture](#) is important because it significantly decreases the morbidity and mortality rates. Aneurysms arising distal to collateral flow are sometimes observed in patients with intraventricular hemorrhage; however, the treatment of these aneurysms remains challenging because of their deep-seated location in the brain and accompanying narrow surgical corridor.

Takeuchi et al., describe a neuroendoscopic aneurysm clipping technique performed in 2 cases using a small-diameter tubular retractor for intraventricular aneurysms of the distal [lateral posterior choroidal artery](#). In this technique, the surgical field was continuously irrigated with artificial CSF to keep the ventricle size intact, and aneurysm clipping was performed through a [tubular retractor](#) that was introduced with [neuronavigational](#) guidance. The patients' postoperative courses were uneventful, and CT angiography revealed complete clipping of the aneurysms and patent parent arteries. Endoscopic clipping using a tubular retractor is an effective and less invasive alternative for treating intraventricular aneurysms. The wet-field endoscopic technique is performed in an aqueous field and maintains an intact ventricle size, allowing for a clear surgical view and a wider, enhanced surgical field ¹⁾.

Two patients with peripheral aneurysms of the distal portion of the [lateral posterior choroidal artery](#) presented with headaches from extensive [intraventricular hemorrhage](#).

Endovascular surgical therapy by use of superselective n-butylcyanoacrylate embolization of the aneurysm and adjacent distal parent artery was successful in both patients.

Patients with peripheral aneurysms of the lateral posterior choroidal artery usually present with intraventricular hemorrhage. They may be difficult to treat by open surgical techniques owing to their intraventricular location and the frequent inability to preserve the parent artery by aneurysm clipping. Instead, it is typical that either proximal parent artery occlusion or aneurysm trapping must be used. An equivalent endovascular surgical technique may be an attractive alternative method of management ²⁾.

References

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²⁾
Weigle JB, Chaloupka JC, Lesley WS, Mangla S, Hitchon PW, VanGilder JC, Adams HP Jr. Peripheral aneurysms of the lateral posterior choroidal artery: clinical presentation and endovascular treatment: report of two cases. Neurosurgery. 2002 Feb;50(2):392-5; discussion 395-6. PubMed PMID: 11844276.

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