

Middle cerebral artery M2 segment aneurysm

see also [Fusiform aneurysm of the M2 segment of the middle cerebral artery](#)

Treatment

Coiling of MCA aneurysms could be a technically feasible and clinically effective treatment strategy with acceptable angiographic and clinical outcomes. However, the safety and efficacy of this technique as compared to surgical clipping remains to be ascertained ¹⁾.

Martínez-Galdámez et al. demonstrated that the use of a new low-profile flow diverter, SVB device, for the treatment of intracranial aneurysms is feasible and technically safe ²⁾

Case reports

A 43-year-old man fell from a 1m-high truck loading platform and sustained an injury in the occiput. On admission, he was alert and neurologically intact. Computed tomography(CT) showed hemorrhage in the right sylvian fissure and parenchyma adjacent to the sphenoid wing. Magnetic resonance angiography detected no abnormalities. The course was uneventful for 11 days. However, on the 12th day, he spontaneously manifested with stupor. CT and CT angiography revealed expansion of the hemorrhage and an aneurysm arising from the origin of the M2 segment of the right middle cerebral artery. After superficial temporal artery to middle cerebral artery bypass, the aneurysm, a reddish pulsatile mass, was removed from the origin of the torn M2 segment, and the laceration was sutured. The histological diagnosis was false aneurysm. He recovered and was discharged 4 months after the trauma. Traumatic cerebral aneurysms are rare in the proximal segment of the middle cerebral artery. However, they should be distinguished from nontraumatic true aneurysms in the same region and treated as false aneurysms, which are major and critical traumatic aneurysms, for favorable outcomes. ³⁾

A 42-year-old woman who presented with a typical history of subarachnoid hemorrhage. Digital subtraction angiography (DSA) showed an aneurysmal dilatation on the frontal M2 segment of the left middle cerebral artery (MCA). The patient was treated surgically, and multiple cysts were found in the left carotid and sylvian cisterns, associated with a dense inflammatory exudate that involved the MCA. The cysts were removed, and a fusiform aneurysmal dilatation was identified. The lesion was not amenable to direct clipping, so the authors wrapped it. Histopathological analysis of the removed cysts revealed the typical pattern of subarachnoid neurocysticercosis. The patient received cysticidal therapy with albendazole and corticosteroids, and she recovered uneventfully. Follow-up DSA performed 6 months after surgery showed complete resolution of the aneurysm. The authors performed a review of the literature and believe that there is sufficient evidence to affirm that the

subarachnoid form of neurocysticercosis may lead to the development of an IIA and that Taenia solium should be listed among the possible etiological agents of IIAs, along with bacterial and fungal agents ⁴⁾.

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Martínez-Galdámez M, Biondi A, Kalousek V, Pereira VM, Ianucci G, Gentric JC, Mosimann PJ, Brisbois D, Schob S, Quäschling U, Kaesmacher J, Ognard J, Escartín J, Tsang COA, Čulo B, Chabert E, Turjman F, Barbier C, Mihalea C, Spelle L, Chapot R. Periprocedural safety and technical outcomes of the new [Silk Vista](#) Baby flow diverter for the treatment of intracranial aneurysms: results from a multicenter experience. *J Neurointerv Surg*. 2019 Jul;11(7):723-727. doi: 10.1136/neurintsurg-2019-014770. Epub 2019 Mar 9. PubMed PMID: 30852525.

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