

Posterior inferior cerebellar artery aneurysm

- Parent Artery Occlusion Using Multiple Short iED Coils and n-Butyl Cyanoacrylate via a Marathon Microcatheter for a Dissecting Aneurysm of the Distal Posterior Inferior Cerebellar Artery With Severe Flexion of the Caudal Loop: A Case Report
- When an aneurysm pretends to be a tumor: thrombosed posterior inferior cerebellar artery aneurysm mimicking a neoplasm in a pediatric patient. Illustrative case
- Surgical treatment of eccentric-fusiform aneurysm of proximal basilar artery. Case report and literature review
- Right occipital to Right distal PICA bypass and trapping of ruptured Right PICA dissecting aneurysm after initial coil embolization
- Concurrent Fenestrations of the Basilar and Anterior Cerebral Arteries
- Stand-alone small low-profile braided stents for challenging unruptured posterior inferior cerebellar artery aneurysms compared to conventional endovascular methods: A cohort study
- Posterior inferior cerebellar artery originating from a limb of intracranial vertebral artery fenestration: a Computed Tomography Angiography and Magnetic Resonance Angiography study
- Distal posterior inferior cerebellar artery (PICA) displacement with end-to-side anastomosis to contralateral PICA: a novel bypass surgery for PICA aneurysm. Illustrative case

Epidemiology

Posterior inferior cerebellar artery aneurysm epidemiology.

Classification

Unruptured Posterior inferior cerebellar artery aneurysm

Ruptured Posterior inferior cerebellar artery aneurysm

Segmental Classification of PICA Aneurysms	
Segment	Description
VA-PICA junction	Most common site (~50%), saccular, SAH risk
Anterior medullary	From VA-PICA origin to inferior olivary prominence
Lateral medullary	Along lateral medulla to cranial nerves IX-XI
Tonsillomedullary	"Caudal loop" around cerebellar tonsil
Telovelotonsillar/cortical	Distal cortical branches
Morphological Classification	
Type	Description
Saccular	Most frequent, bifurcations/curves, SAH risk
Fusiform/Dissecting	Traumatic/idiopathic, higher rupture risk
Giant	>25 mm, mass effect (cranial nerve, hydrocephalus)

Origin-Based Classification (for Flow Diversion)	
Type	Description
1	PICA originates adjacent/separate to aneurysm neck
2	PICA originates from aneurysm neck
3	PICA originates from aneurysm dome
4	True PICA aneurysm (distal to VA-PICA junction)

Posterior inferior cerebellar artery dissecting aneurysm

see also [Posterior inferior cerebellar artery dissecting aneurysm](#).

Clinical features

The symptoms of a PICA aneurysm may clinically mimic cervical myeloradiculopathy, and that PICA aneurysms may thus be overlooked ¹⁾.

Treatment

[Posterior inferior cerebellar artery aneurysm treatment](#).

Videos

Outcome

The largest review of PICA aneurysms has been conducted by Peerless and Drake ²⁾ who reviewed 146 cases of PICA aneurysms and classified outcomes as excellent, good, poor, and dead, without any objectivity in their outcomes.

These aneurysms have a high re-bleeding rate (78%) and dissecting nature. In the series of Deora et al. too, IVH rates were 80%, while no re-bleeding was encountered. This may be due to the policy to operate within 24 hours of patients’ arrival and early referral of patients ³⁾.

These aneurysms present with poor initial neurological status. This is because of the location of this aneurysm. Over 83% of these cases present with **IVH** as the blood enters from the [foramen of Luschka](#) or [foramen of Magendie](#) and tracks [intraventricularly](#) ⁴⁾.

Case series

Posterior inferior cerebellar artery aneurysm case series.

Case reports

Posterior inferior cerebellar artery aneurysm case reports.

References

1)

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Peerless S J, Drake C G. 4th edition. Philadelphia: W.B. Saunders Co; 1990. Management of aneurysms of the posterior circulation; pp. 806–1764. (, Vol. Vol. 3.).

3)

Deora H, Nayak N, Dixit P, Vikas V, Rao KVLN, Pruthi N, Srinivas D, Shukla DP, Bhat DI, Malla BR, Devi BI, Somanna S. Surgical Management and Outcomes of Aneurysms of Posterior Inferior Cerebellar Artery: Location-Based Approaches with Review of Literature. J Neurosci Rural Pract. 2020 Jan;11(1):34-43. doi: 10.1055/s-0039-3399486. Epub 2020 Jan 27. PMID: 32269450; PMCID: PMC7138643.

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