# Q12221

**Medical History**: Dyslipidemia (DLP)

**Current Medications**: - Simvastatin 40 mg - - Paracetamol 1000 mg

**Reason for Consultation**: A 68-year-old patient brought to the emergency department by the Emergency Medical Service (SAMU) due to a severe headache and decreased level of consciousness, followed by recovery. She reported vomiting, and upon arrival at the emergency department, presented further deterioration in her level of consciousness.

**Initial Physical Exam**: - Glasgow Coma Scale: 3 points - Blood Pressure: 211/110 mmHg - Oxygen Saturation: 99% with nasal cannula at 4 L/min - Pupils: Miotic, centered - Lung auscultation: Clear breath sounds, no added sounds - Movement: Flexion and rotation of the left upper limb (LUL) lasting a few seconds

**Diagnostic Imaging**

1. **Non-contrast Cranial CT**

1. Central subarachnoid hemorrhage in perimesencephalic cisterns, predominantly in the anterior aspect of the interhemispheric fissure.
2. Bilateral hemoventricle with blood in the lateral, third, and fourth ventricles.
3. Midline centered, with sulcal depth consistent with the patient's age.

2. **CT Angiography of Supra-aortic Trunks and Circle of Willis**

1. Saccular aneurysm of the anterior communicating artery, approximately 7 x 5 mm.
2. Fetal origin of both posterior cerebral arteries.
3. No filling defects or stenosis in the rest of the Circle of Willis or posterior circulation.

**Conclusion**: Subarachnoid hemorrhage with intraventricular extension secondary to rupture of an anterior communicating artery aneurysm.

**Endovascular Procedure**

**Access**: Right femoral artery **Selective Angiography Findings**: - Aneurysm in the left A1-A2 segment, 6.4 mm width and 4.6 mm height, with a neck of 2.3 mm, irregular morphology, and cranial orientation.

**Embolization Technique**: - Primary coiling via microcatheter, using Target 360 and helical microcoils of varying sizes. - Complete occlusion of the aneurysmal sac, with a neck remnant of less than 1 mm. - Classification: Modified Raymond-Roy Class 2.

**Procedure Outcome**: Procedure completed without complications; hemostasis achieved using Angio-Seal closure.