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## Postpartum dissecting aneurysm of the posterior cerebral artery

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### Abstract

Intracranial dissecting aneurysm may cause subarachnoid hemorrhage (SAH) or infarction, and postpartum dissecting aneurysm is rare. A 30-year-old 6 days postpartum woman presented with posterior cerebral artery (PCA) dissection evolving dramatically over a short period. She had been well until 6 days after delivery when she suffered sudden onset of headache, vomiting, and unconsciousness. CT scan demonstrated SAH and digital subtraction angiography (DSA) revealed a fusiform dilatation of the left PCA (P3/P4 segment). The initial diagnosis was ruptured dissecting aneurysm, and conservative management was recommended in the acute period. DSA showed smoothening of the vascular wall 6 days after onset, and obliteration of the left P3/P4 segment was observed 13 days after onset. She was discharged without neurological deficits 26 days after onset. Postpartum SAH due to dissecting aneurysm of the PCA is rare, but should be considered in the differential diagnosis of postpartum headache.

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**Keywords:** Posterior cerebral artery; Dissecting aneurysm; Subarachnoid hemorrhage; Postpartum period

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## 1. Introduction

Pregnancy and puerperium are reported to increase the risk of stroke, which is a significant cause of maternal morbidity and mortality.<sup>1</sup> Hormonal, hemodynamic, coagulative, or vessel wall changes associated with pregnancy may all be causative.<sup>2</sup> Such changes may lead to new aneurysm formation and/or weakening of pre-existing aneurysms.<sup>2</sup> In about 50% of women under the age of 40 years who suffer ruptured aneurysms there is a relationship to pregnancy.<sup>2</sup> The risks of cerebral infarction and intracerebral hemorrhage are higher in the 6 weeks after delivery than during any trimester of pregnancy.<sup>3</sup>

Half of all strokes in the postpartum period are caused by subarachnoid hemorrhage (SAH) due to the rupture of an arterial aneurysm or arteriovenous malformation, with an incidence of 1–5 in 10000 pregnancies.<sup>4</sup> Aneurysmal SAH often occurs in women of reproductive age during pregnancy and puerperium, but SAH caused by dissecting aneurysm is less common.<sup>5</sup>

Dissecting aneurysm of the cervical carotid arteries will heal spontaneously, whereas dissecting aneurysm of the intracranial arteries is associated with severe morbidity and mortality.<sup>6,7</sup> Dissecting aneurysms frequently occur in the vertebrobasilar system,<sup>8</sup> but rarely in the posterior cerebral artery (PCA).<sup>9–24</sup>

Here, we report a rare patients with a SAH due to ruptured dissecting aneurysm in the P3/P4 segment of the PCA.

## 2. Case report

A 30-year-old woman was admitted to our hospital with sudden onset of headache, vomiting, and unconsciousness without focal neurological deficit 6 days after delivery of her first child. CT scan verified thick SAH in the ambient cistern (Fig. 1). Digital subtraction angiography (DSA)

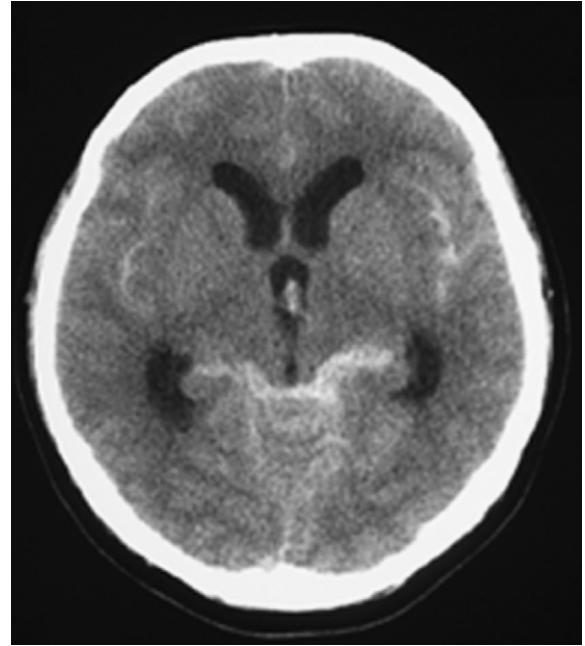


Fig. 1. Axial CT scan showing subarachnoid hemorrhage in the ambient cistern.

demonstrated a fusiform dilatation of the left PCA (P3/P4 segment) with distal luminal narrowing (Fig. 2). The initial diagnosis was ruptured dissecting aneurysm of the PCA, and conservative management was recommended in the acute period. DSA showed smoothing of the vascular wall 6 days after onset (Fig. 3). Magnetic resonance imaging obtained 7 days after onset revealed aneurysmal dilatation of the proximal PCA with distal narrowing. DSA was performed for endovascular parent artery occlusion 13 days after onset, but obliteration of the left P3/P4 segment was observed (Fig. 4). There were no abnormal laboratory findings. Her clinical course was uneventful, and she was discharged without neurological deficits 26 days after

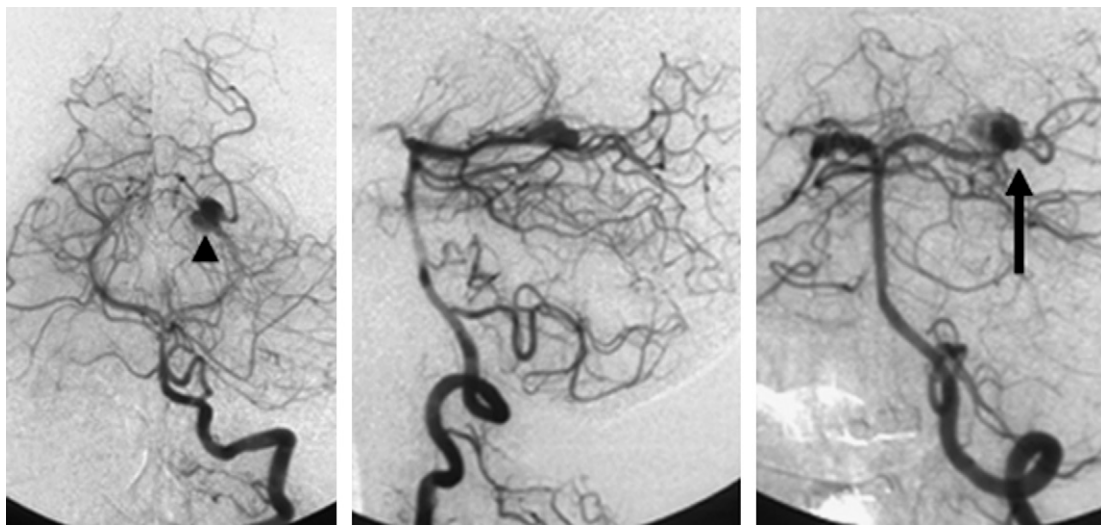


Fig. 2. Vertebral angiogram on admission revealing a fusiform dilatation of the left posterior cerebral artery (P3-P4 junction) (arrowhead), with distal luminal narrowing (arrow). Anterior (left), lateral (center), oblique (right) views.

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