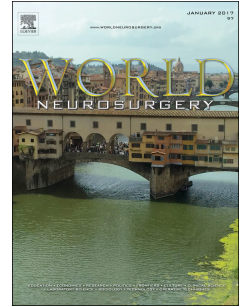


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Clipping of ruptured aneurysm of lateral spinal artery associated with anastomosis to distal posterior inferior cerebellar artery: a case report

Menno R. Germans, M.D., Ph.D., Zsolt Kulcsar, MD, Luca Regli, MD, Oliver Bozinov, MD



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Abstract

Arteries that anastomose with the posterior inferior cerebellar artery (PICA) can harbor aneurysms. We present a case of a patient who suffered a subarachnoid hemorrhage as a result from an aneurysm on the left lateral spinal artery (LSA) which anastomosed to the PICA. The aneurysm was surgically treated and the flow between the LSA and PICA was disrupted. The activated anastomotic network created a new anastomosis between the LSA and PICA which was seen at six months follow-up. Careful follow-up is warranted in patients who have an activated anastomotic network because they can potentially develop aneurysms on newly created anastomoses.

Background

A ruptured aneurysm of the distal posterior inferior cerebellar artery (PICA) accounts for only 0.5-3% of all subarachnoid hemorrhages (SAH). In comparison to other intracranial arteries, the PICA has a high rate of anatomical variations, making treatment of aneurysms on this artery challenging. Case reports have described an aneurysm on an artery that is anastomosed to the PICA. We report a patient with SAH, exclusively located in the cerebellomedullary cistern and a small cerebellar infarct. Preoperative angiography and surgical exploration revealed an aneurysm of the lateral spinal artery (LSA) with anastomosis to the distal PICA and occlusion of the proximal PICA.

Case description*History and examination*

A 49-year old male patient was hospitalized with severe headaches, neck pain, dizziness, nausea and vomiting for approximately four days. His medical history included a deep venous thrombosis four years earlier and chronic venous insufficiency in both legs. General and neurological examination showed an obese patient without focal neurological deficits. Brain computed tomography (CT)

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