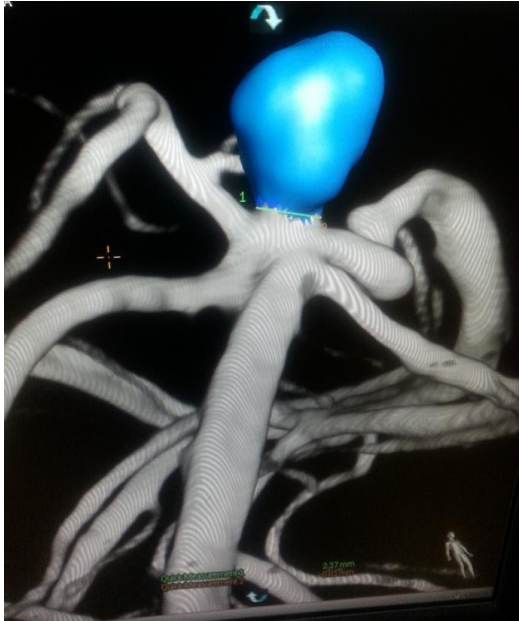


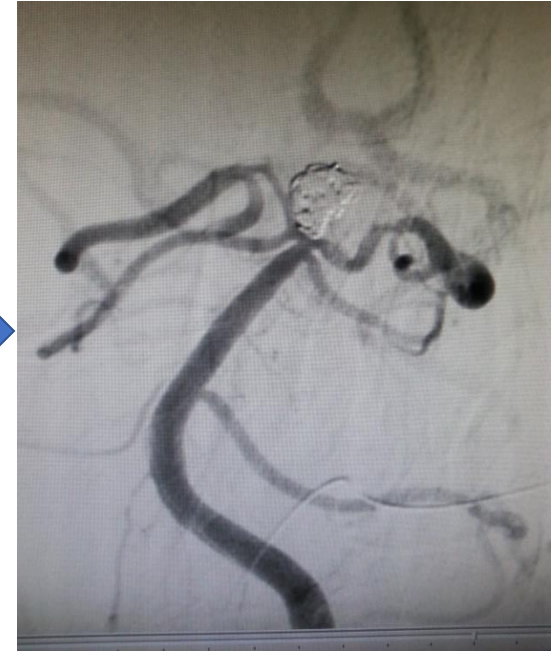
# Aneurysm Cases

Dr. Vikash Jain

# Coiling of Basilar top aneurysm



Angiogram showing  
Basilar top aneurysm

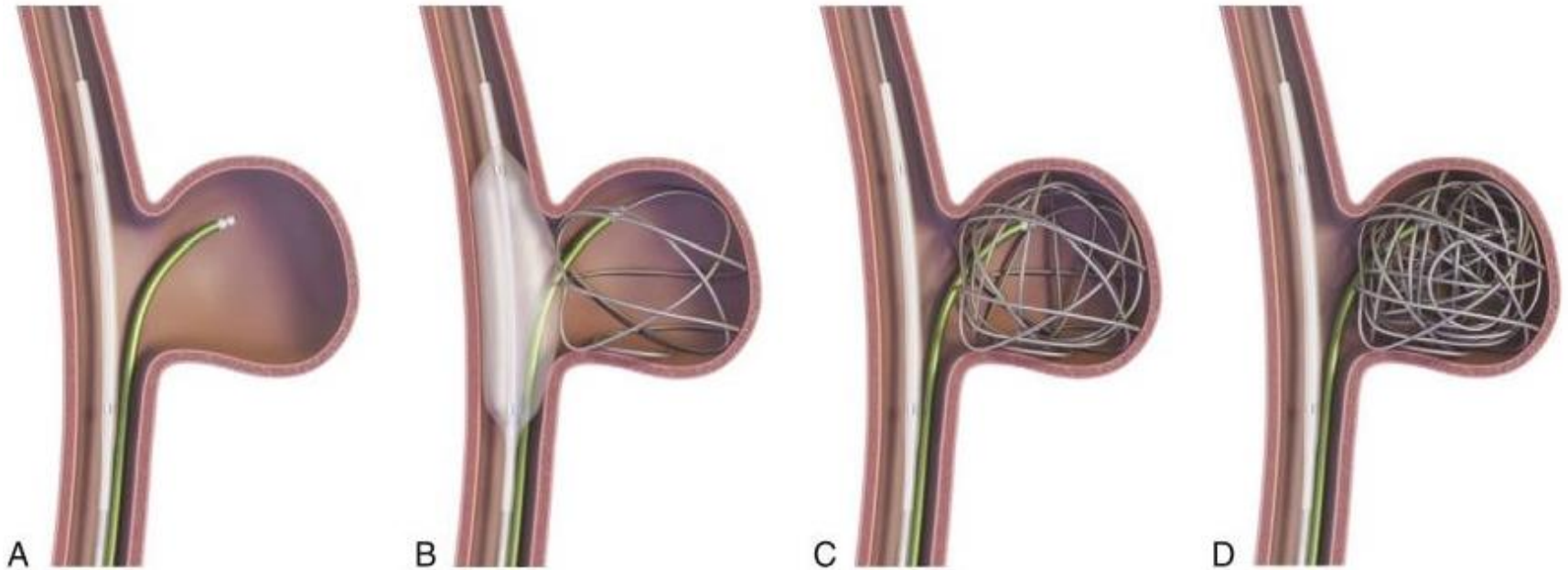


Post coiling angiogram showing  
complete aneurysm occlusion

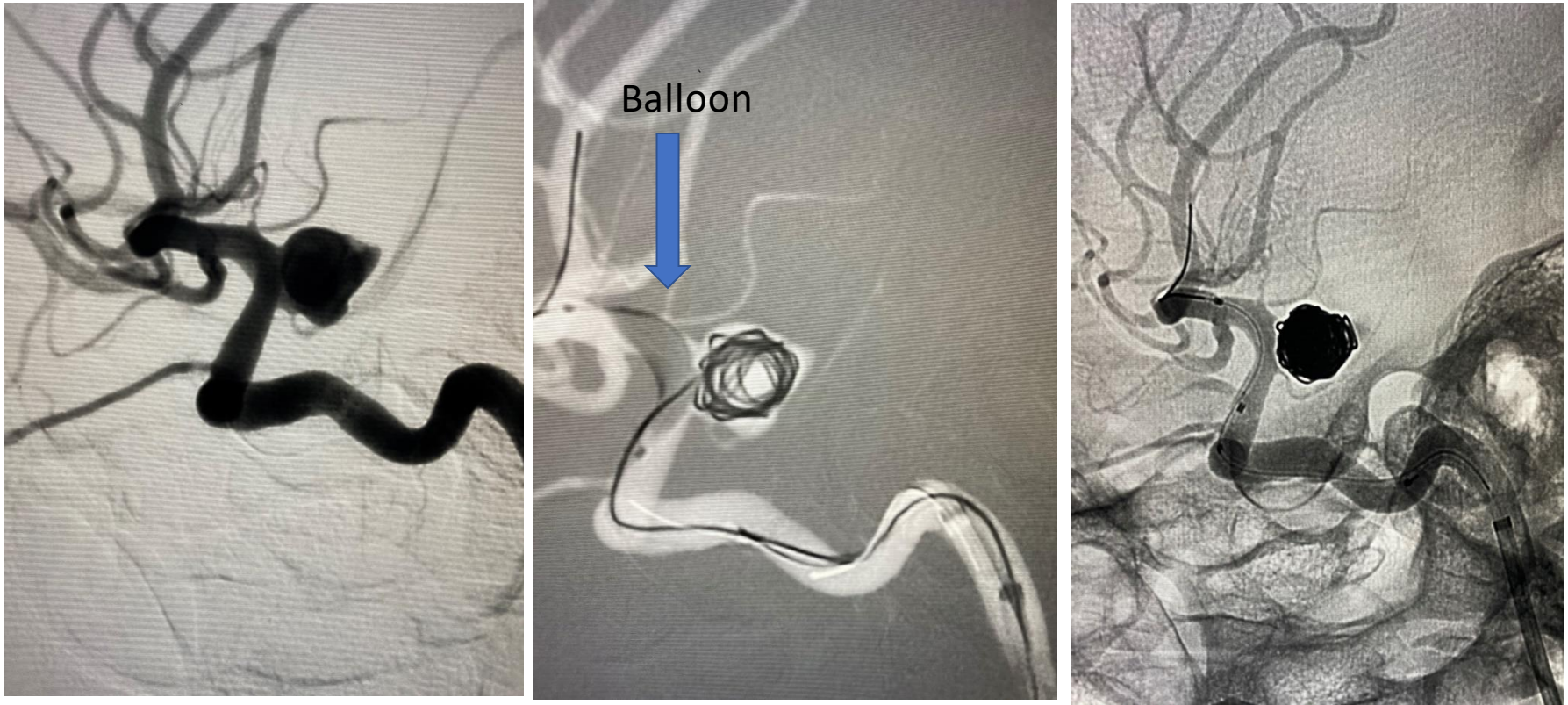
- 54/F presented with subarachnoid haemorrhage due to ruptured basilar top aneurysm. Coil embolization done with complete occlusion of the aneurysm.

# Balloon assisted coiling:

- In slightly wide necked aneurysms balloon assistance is taken to coil an aneurysm in order to prevent prolapse of coil mass into the artery. Balloon is inflated temporarily to support coil mass.



# Balloon assisted coiling of PCOM aneurysm

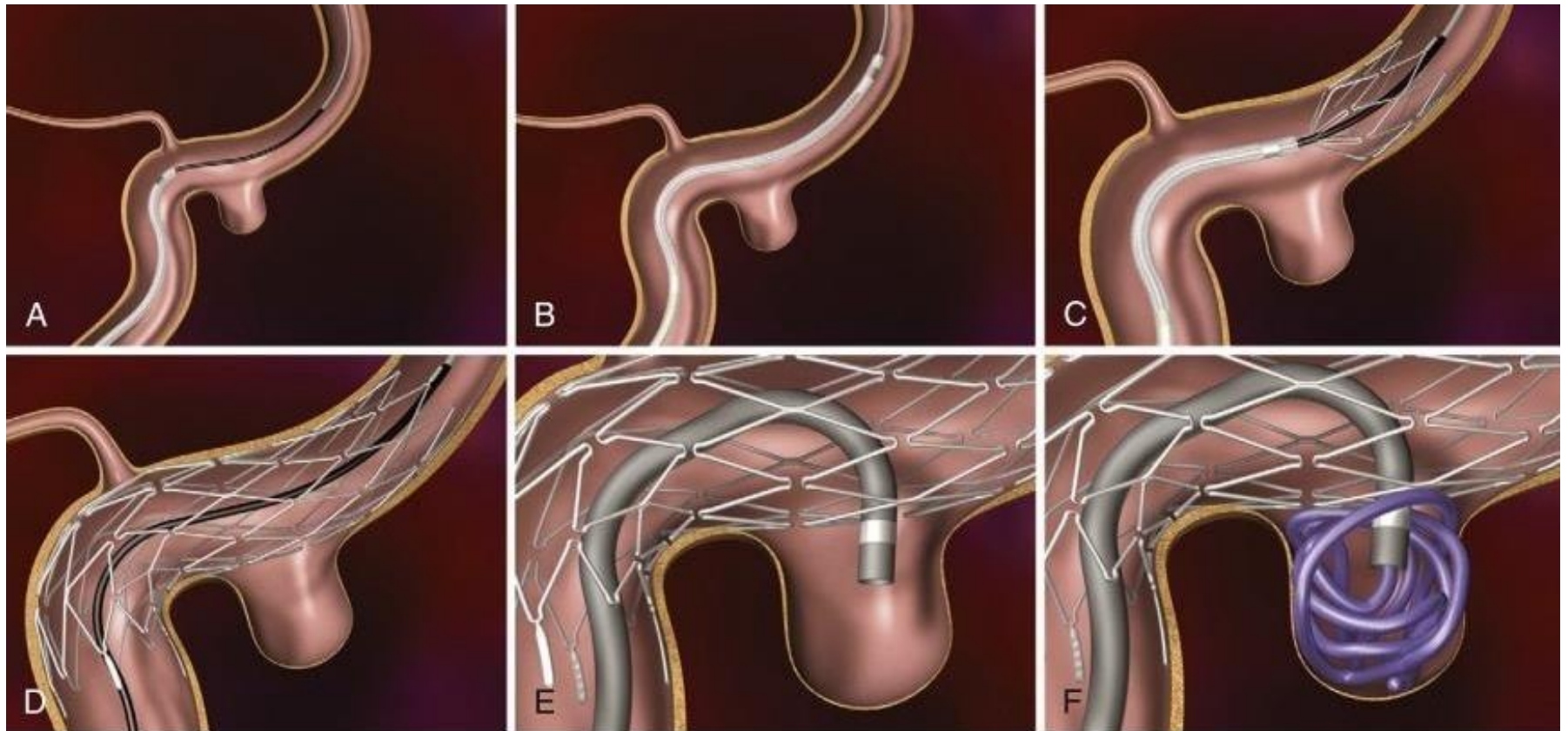


- 34 yr/F presented with subarachnoid haemorrhage due to ruptured internal carotid artery aneurysm at Pcom location. Balloon assisted coil embolization done with complete occlusion of the aneurysm.

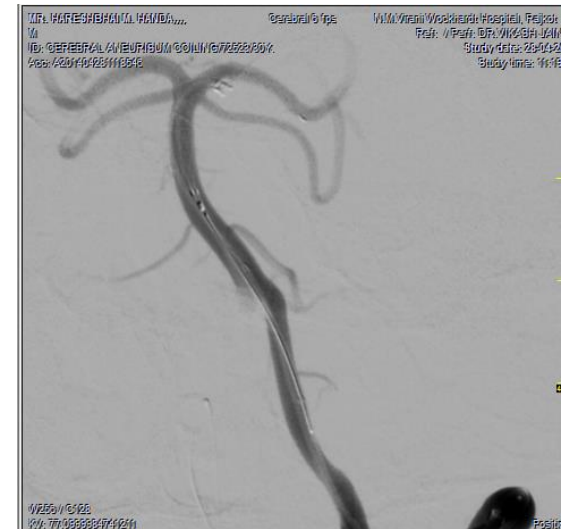


# Stent assisted coiling:

- For wide necked aneurysms stent can be placed to hold coil mass inside the aneurysm.

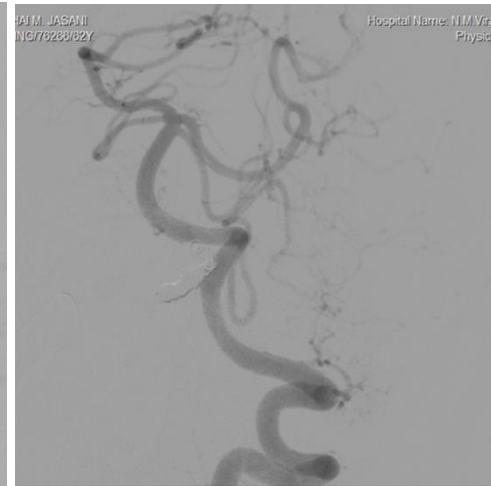
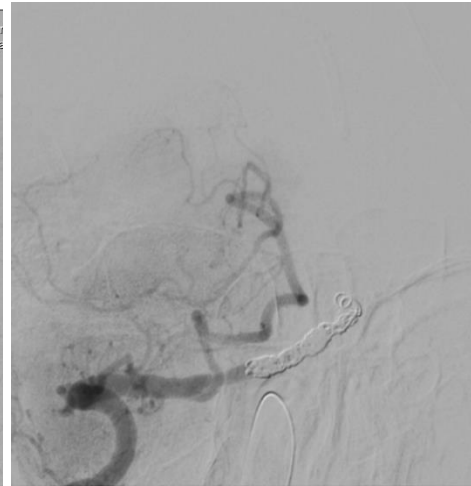


# Stent assisted coiling of wide neck PCA aneurysm



- 40 yr/F presented with SAH due to ruptured wide neck PCA aneurysm. Stent was deployed in the artery and through its interstices coil embolization done with complete aneurysm occlusion.

# Parent artery occlusion done for dissecting aneurysm of Vertebral artery



- 45 yr/M presented with SAH with dissecting right vertebral artery aneurysm distal to right PICA. Parent artery occlusion done with coils, left vertebral artery taking care of intracranial circulation.

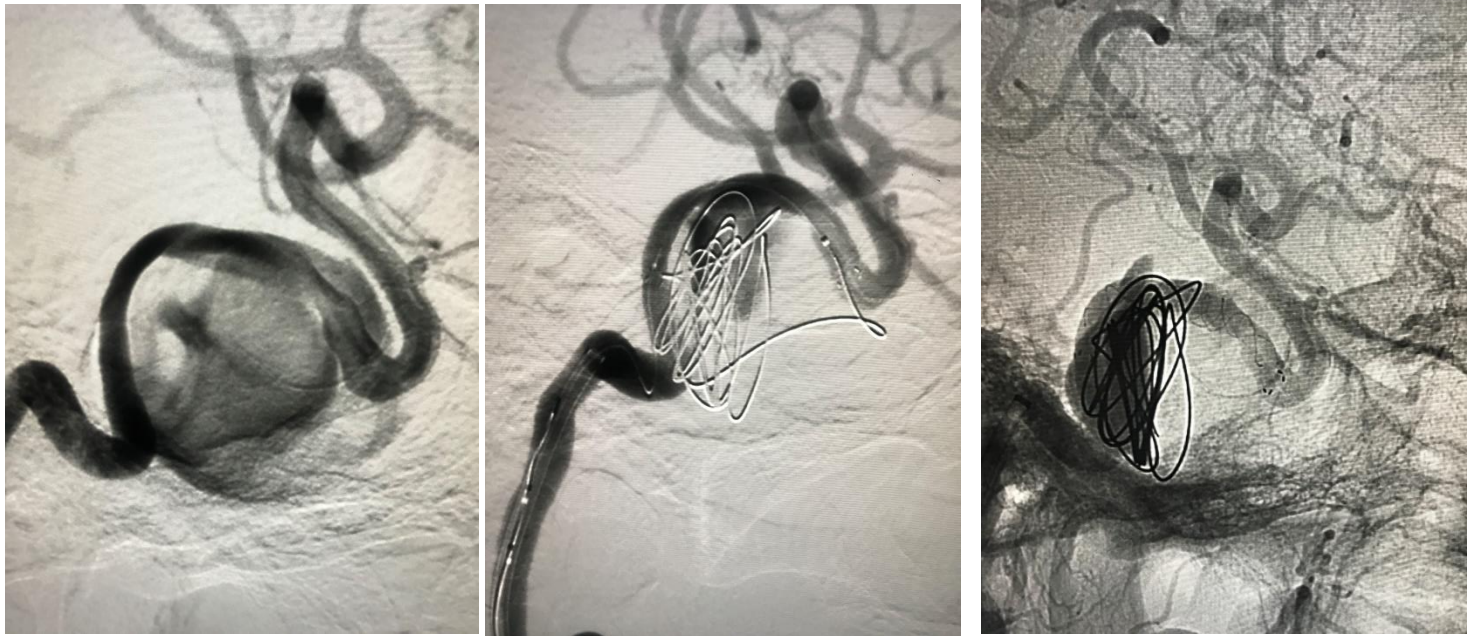
# Multiple aneurysms and tortuous anatomy in a patient with Fibromuscular dysplasia



- Intracranial aneurysms are common in patients with FMD. This 29yr/M patient with SAH was treated by balloon assisted coiling.

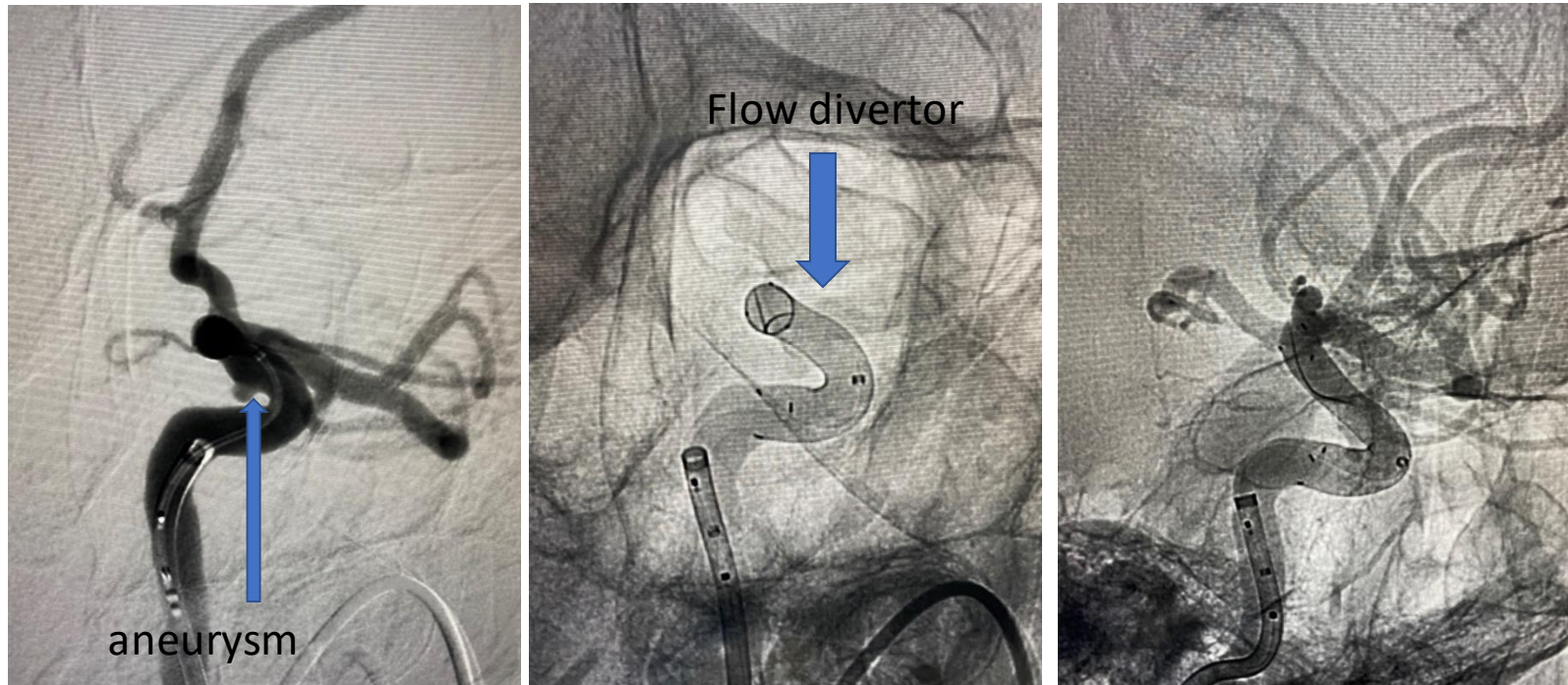


# Unruptured aneurysm presenting with ptosis (drooping of eye lids)



- 54/F presented with ptosis and ophthalmoplegia (inability to move eyeballs). DSA showed giant internal carotid aneurysm which was compressing nerves of eye ball. She was treated with a flow diverter to cover the neck of the aneurysm.

# Blister/ bleb aneurysm



- Small 0.7x1x1 mm ruptured aneurysm treated with flow diverter.
- It is very difficult to coil or clip such small aneurysm. Flow diverter is a great device in this situation. It is highly flexible stent like device with very small pores. It is deployed across the aneurysm neck, causing gradual aneurysm occlusion.