



Patient with ruptured dissecting aneurysm – Treatment with coiling and new flow diverting stent

DIVISION OF INTERVENTIONAL NEURORADIOLOGY

Presents a patient case treated by the team members of the division and physicians and staff of the UCLA Comprehensive Stroke Center

GARY DUCKWILER, MD
Director and Professor

FERNANDO VINUELA, MD
Professor Emeritus

REZA JAHAN, MD
Professor

SATOSHI TATESHIMA, MD, DMSc
Associate Professor

NESTOR GONZALEZ, MD
Associate Professor

VIKTOR SZEDER, MD, PhD
Assistant Professor



PATIENT PRESENTATION

- 43 year old woman who presented with sudden onset severe headache.
- On admission she had mild left sided weakness and severe headache.

EVALUATION AND IMAGING

- CT showed subarachnoid hemorrhage (Fisher grade 3).
- CTA and angiogram showed fusiform aneurysm in the right posterior cerebral artery (P2 segment) (Fig. 1).

INTERVENTION PERFORMED

- Endovascular embolization using coils was performed (Fig. 2).
- Follow-up control angiogram in few days showed regrowth of the aneurysm (Fig. 3).
- More embolization using the new generation flow diversion stent (pipeline Flex) and coils were used (Fig. 4, 5).

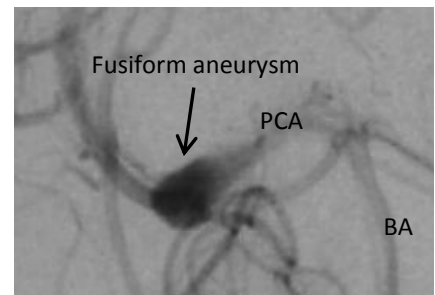


Figure 1: Initial angiogram, antero-posterior view. Fusiform aneurysm measuring 5mm x 3.8 mm, most likely dissecting, on the P2 segment of the posterior cerebral artery (PCA). BA – Basilar Artery

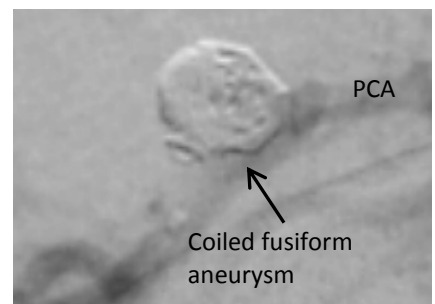


Figure 2: Post-coiling angiogram, antero-posterior view. Coils filling the aneurysm. PCA - posterior cerebral artery.

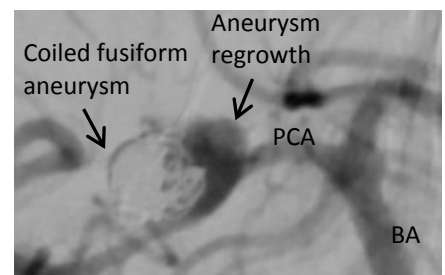
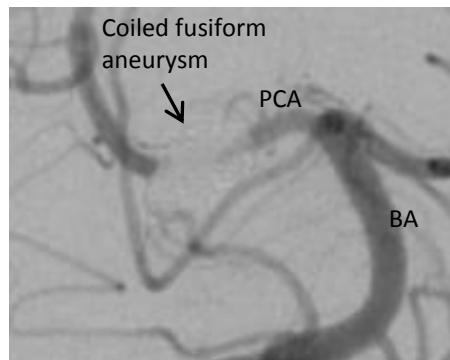
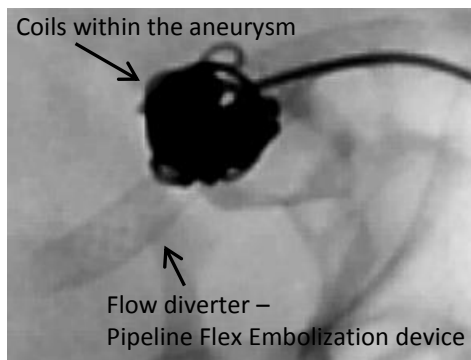


Figure 3: Post-coiling follow-up angiogram, lateral view. Coils filling only part of the dissecting aneurysm, aneurysm growth. PCA - posterior cerebral artery, BA – Basilar Artery

(over)



Procedures provided by DINR for adult and pediatric patients

Acute Ischemic Stroke

- Acute Thrombectomy/Thrombolysis
- Extra/Intracranial Angioplasty/Stenting

Brain Hemorrhage, Aneurysm/AVM/fistulae

- Aneurysm coiling
- Stent/balloon assisted aneurysm coiling
- Flow diverter stent device embolization
- AVM/Dural fistulae embolization
- Venous Sinus Thrombectomy/Thrombolysis
- Direct transcatheter embolization

Chronic Occlusive Cerebrovascular Disease

- Extra/Intracranial Angioplasty/Stenting
- Venous Sinus Angioplasty/Stenting

Head/neck/orbit tumors & vascular malformations, epistaxis

- Endovascular embolization
- Direct percutaneous embolization

Figure 4: X-ray view (fluoroscopy) of the implanted flow diverter – Pipeline Flex Embolization device and coils.

Figure 5: Final angiograms – AFTER EMBOLIZATION, lateral view. No contrast filling of the aneurysm, PCA – posterior cerebral artery, BA – Basilar Artery.

PATIENT OUTCOME

- The patient tolerated all the procedures well and recovered without complications. Neurologically she is close to her baseline.
- 6 months follow up angiogram confirmed the occlusion of the aneurysm and patency of the stent with good flow (Fig. 6).

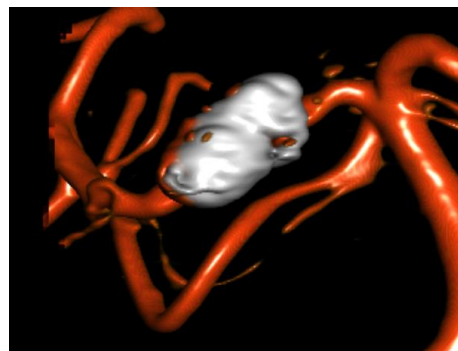


Figure 6: Final angiograms – AFTER EMBOLIZATION, antero-posterior view. 3D reconstruction of the angiographic images showing coils (gray mass) in the aneurysm.

Division of Interventional Neuroradiology – A Leader in Neurovascular Care and Research

- Invented the Merci retriever – the 1st endovascular device for acute stroke therapy
- Invented GDC and Matrix coils – the leading tool for aneurysm treatment around the world
- Developed Onyx liquid embolic material – the leading therapy for brain vascular malformations

