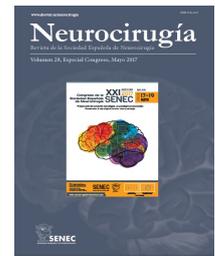




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C0369 - BULGED LAMINA TERMINALIS BY MEANS OF AN ANTERIOR COMMUNICATING ARTERY ANEURYSM; ANATOMICAL DESCRIPTION AND CLIPPING TECHNIQUE (VIDEO CASE REPORT). ANEURISMA ACOM CON PROYECCIÓN CAUDAL Y POSTERIOR IMPACTADO EN LÁMINA TERMINALIS

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Resumen

Objectives: To show the steps followed in a microsurgical clipping of an Anterior communicating artery aneurysm with an scarcely frequent dome projection such as posterior inferior. We will highlight both its unusual anatomical features and the technical nuances required for a safe procedure.

Methods: We present a video case report of a XX year old woman diagnosed with an ACom unruptured aneurysm with a posterior inferior oriented dome bulging on the anterior wall of the third ventricle. An anatomical abnormality on the third ventricle was observed on a non-contrast enhanced CT scan after the patient was referred to a general practitioner due to a progressive visual acuity impairment. Once the aneurysm was completely featured with CTA and DSA, which revealed a dominant left A1 artery along with an accessory ACom artery. In the end we opted for microsurgical clipping; through a lateral supraorbital craniotomy, all anatomical landmarks expected to be seen were observed and carefully dissected.

Results: Over 12 months of follow-up, the patient has shown visual acuity and computerized campimetry improvement and no further neurological damage has been registered.

Conclusions: Despite the fact that anterior communicating artery may be a common aneurysm location, its dome projection rules the dissection steps to be followed. Scant features such as a posterior inferior pointing aneurysm provide a true challenge, worth taking heed of.