Recently, neuroendoscopic hematoma removal combined with third ventriculostomy has become an accepted treatment for hydrocephalus caused by intraventricular hemorrhage.1–4

A 73-year-old woman with a long history of hypertension presented with a 2-day history of severe headache, drowsiness, and mild right hemiparesis. A computerized tomography (CT) scan revealed an intracerebral hematoma (ICH) in the head of the right caudate nucleus, extending into the right lateral and third ventricles (Fig. 1). Obstructive hydrocephalus developed in 1 week, and endoscopic removal of the intraventricular clot was planned along with third ventriculostomy.

After removal of the clot, a 10–15-mm ovoid, pulsatile mass was recognized on the floor of the third ventricle. It was covered with a thin veil of tissue, and bulged into the premammillary space, in the area where a third ventriculostomy is usually made. A small bleb and several perforating arteries were recognized at the top of the mass (Fig. 2).

The diagnosis of a large basilar artery (BA) tip aneurysm was made and confirmed on subsequent angiographic studies (Fig. 3). The patient underwent endovascular treatment with Guglielmi detachable coils. To our knowledge, this is the first report of a patient in whom a BA tip aneurysm was diagnosed as a result of neuroendoscopy of the third ventricle.

**References**


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**Case illustration**

**Shoichiro Ishihara, M.D., Shuji Kamiyama, M.D., Chihiro Suzuki, M.D., Hiroshi Kato, M.D., Ian Ross, M.D., Nobusuke Tsuzuki, M.D., Akira Ohnuki, M.D., Takahito Miyazawa, M.D., Hiroshi Nawaishi, M.D., and Katsuji Shima, M.D.**

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**KEY WORDS** • intracerebral hematoma • neuroendoscopic surgery • basilar artery tip aneurysm

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**References**