Left pterional craniotomy for thrombectomy and clipping of ruptured left MCA giant aneurysm

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Giant aneurysms present a challenge to cerebrovascular surgeons on many fronts. These lesions have significant mass effect on surrounding tissues and are often partially thrombosed with thickened or calcified walls; these difficulties are amplified in cases of subarachnoid hemorrhage. The treatment of these lesions often requires debulking or resection of the aneurysm with or without trapping and bypassing the aneurysm segment. The case presented is of a man with a ruptured giant left middle cerebral artery (MCA) aneurysm presenting with seizure. The treatment of this giant aneurysm involves dissection, opening and internal evacuation including the use of ultrasonic aspiration, resection, and clipping. The patient was given aspirin preoperatively in preparation for possible superficial temporal artery–MCA or saphenous vein bypass if clipping was not possible. Vessel patency was evaluated using intraoperative Doppler and indocyanine green angiography. Intraoperative somatosensory and motor evoked potential monitoring is performed in all cases. Postoperatively, the patient was neurologically intact. At 1 year his modified Rankin Scale is 1, with his only symptom being intermittent headache.

The video can be found here: http://youtu.be/8dimNdiIObE.

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