ANEURYSMS OF THE GREAT VEIN OF GALEN
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ANEURYSMS of the great vein of Galen occur infrequently. An analysis of the literature reveals 15 case reports. Other cases that have not been reported probably have occurred. Shelden and Pudenz have encountered 2 patients with aneurysmal dilatation of the great vein of Galen. Dandy and his co-workers in 1937 first reported a patient with bilateral congenital arteriovenous aneurysm. It is difficult to establish whether these are true aneurysms or merely unusual arteriovenous malformations. We wish to present a case of aneurysm of the great vein of Galen with complete and successful removal of the lesion.

CASE REPORT
A 16-year-old boy was admitted to the hospital on Oct. 29, 1956, because of disturbance of balance, vertigo, light hallucinations, blurring of vision and occasional weakness of the left upper and lower extremities. His present symptoms began 2 years before admission while bicycling, at which time he became dizzy, fell and was unconscious for 8 hours. He was hospitalized elsewhere for a period of 11 days. Spinal fluid pressure was 250 mm. of water, the total protein was 70 mg., and the fluid was bloody. The left tendon reflexes were increased and the right pupil was enlarged. At the time of discharge, he was having difficulty with walking and complained of a constant headache. One year later, while bicycling, a sudden stabbing pain developed in the left temporal region; within a few minutes it became generalized, and vertigo, unsteadiness and weakness of the left upper and lower extremities occurred. The neurological examination at that time demonstrated stiffness of the left side of the neck and bilateral horizontal nystagmus. The right pupil reacted slowly to light and the deep reflexes on the left were hyperactive. The patient complained constantly of formed light hallucinations on the right side. On Oct. 9, 1956 the patient, again while riding his bicycle, had a sudden severe headache in the left temporal region, followed by coma. Upon awakening he complained of a stiff neck, numbness of the left upper and lower extremities and formed light hallucinations on the left side.

Examination. On admission to the hospital, spinal fluid was bloody, spinal fluid pressure was 250 mm. of water and total protein was 700 mg. per 100 cc. Bilateral horizontal nystagmus was present, the right pupil reacted slowly to light and the visual fields were grossly full, but there was no limitation of upward gaze. Weakness and unsteadiness of the left upper and lower extremities and a positive Babinski’s sign were noted. The deep reflexes on the left were increased.

Roentgenograms of the skull showed a crescentic calcification in the region of the pineal body, 4 by 3 cm., lying directly in the midline.

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On October 30, bilateral carotid arteriograms (Figs. 1, 2 and 3) and a left vertebral arteriogram (Fig. 4) demonstrated a large aneurysm of the great vein of Galen which corresponded to the crescentic calcification that was seen on the roentgenograms of the skull. Spotty areas of calcification were present in the inferior portion of the right temporal lobe; these later were proved to be areas of calcification in previous hemorrhages. The arteriograms also gave evidence of internal hydrocephalus. The aneurysm emptied into the straight sinus.