Neurosurgical Techniques
Aneurysm of the Anterior Communicating Artery*

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The surgical technique which this report presents has been used on a series of 50 patients with aneurysms in the area of the anterior communicating artery. We have found it an effective method. In essence, it is a direct attack on the aneurysm with an attempt to obliterate it in its entirety.

A general anesthetic is used, the airway being assured with an endotracheal tube. Controlled ventilation is preferred to any respiratory efforts on the part of the patient. An osteoplastic transfrontal craniotomy is performed on the right side irrespective of whether the aneurysm fills better from the left or the right unless there is a left frontal lobe intracerebral hematoma. A coronal (Souttar) scalp incision (Fig. 1) is made and the scalp reflected. An osteoplastic craniotomy is performed with the inferomedial trephine opening (A) placed over the sagittal sinus and as low as possible without entering the frontal sinus. The craniotomy flap need not be excessively large. The dura mater is opened in a triangular fashion in the inferomedial part of the cranial opening as shown in Fig. 2. It is opened medially to the sagittal sinus and as far anteriorly as possible. The wings of this flap are sutured to the perios- teum. A wedge-shaped section of anteromedial frontal lobe is then removed. On the cortical surface, this wedge generally is about

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Fig. 1. The scalp incision and site of craniotomy.