REFERENCES

19. Verbeek, H. Personal communication.

ARTERIOVENOUS ANEURYSM OF THE BRAIN

REPORT OF CASE CURED BY CLIPPING MIDDLE CEREBRAL ARTERY

RUDOLPH JAEGGER, M.D.

Department of Neurosurgery, Jefferson Hospital and Medical Center, Philadelphia, Pennsylvania

(Received for publication August 19, 1950)

The possibility of curing arteriovenous aneurysms of the brain by craniotomy and direct surgical attack deserves emphasis in light of our present day greater diagnostic accuracy by cerebral arteriography, increased knowledge of the nature of these lesions, and improvement in surgical technic. In the past, most of them have been surgically exposed on the erroneous preoperative diagnosis of focal epilepsy caused by tumor. When the lesion was recognized, the skull was usually closed without treating it specifically for fear of encountering fatal hemorrhage.
Many patients with this disorder have had carotid ligation performed with questionable improvement.

The 2 cases of arteriovenous aneurysm of the middle cerebral artery here reported and selected from a considerable number of these lesions of the brain seen in the past 20 years, came under my care at very nearly the same time and illustrate (A) the futility of hoping for a cure by carotid ligation (Case 1), and (B) the possibility of producing a cure by ligation of the feeding artery, the middle cerebral (Case 2).

Case 1. D.L., male, aged 66, was first seen in the Neurological Out-Patient Department on Feb. 17, 1947, with the complaints of recent numbness of the left arm and face, and focal

epilepsy since the age of 21. The convulsions were often associated with prodromal symptoms of numbness of the tip of the tongue and a peculiar taste. The attacks always started with rubbing the tongue against roof of mouth, and movements and numbness of left face and arm followed by a grand mal attack. Occasionally his attacks included only the aura described, with numbness of the arm and fingers, lasting 10 to 15 minutes. Following the attacks he frequently had numbness of the fingers for several days and a right frontal headache. On rare occasions he had had visual hallucinations in the left visual field following an attack characterized by seeing people, chickens and trolley cars.

Examination revealed a slight weakness and clumsiness of the left arm, and hyperactive tendon reflexes in the left arm and leg without sensory impairment. Roentgenography showed an irregular calcification in the right frontoparietal region and a pineal shift. Visual acuity and fields were normal. A brain tumor was diagnosed, and surgical care was advised.

On May 11, 1948, he was admitted to the Neurosurgical Service because his symptoms had become annoying and the attacks more frequent.