

Case 4:

Single Microcatheter Coiling

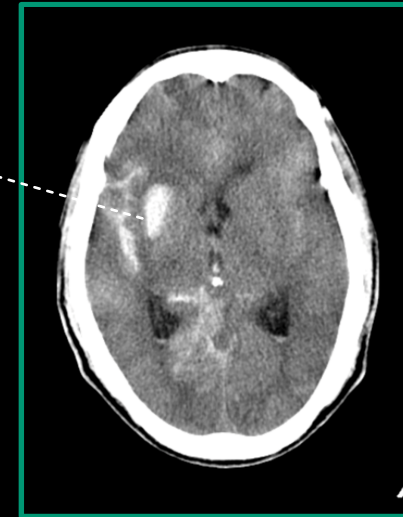
Single Microcatheter Coil embolization tends to be the treatment of choice if the aneurysm has a narrow neck, defined as < 4 mm, and has a favorable dome-to-neck ratio, for example, 2:1 or greater, where chances of coil loops getting prolapsed into the parent vessel is very less. However many prefers use of balloon even in narrow necked aneurysm as protection. The initial coil deployed is usually a framing coil followed by filling, then finishing coils, depending on the operator's preference. The framing coil tends to be stiffer with greater shape memory than filling or finishing coils.

55 YEAR OLD MALE

- Presented with acute sever headache, vomiting followed by one episode of generalised tonic clonic seizure
- He was intubated and referred for further treatment
- On examination he was intubated, deeply drowsy, opening eyes on pain, left hemiplegia grade 0
- CT brain showed - Diffuse SAH with right fronto-temporal bleed



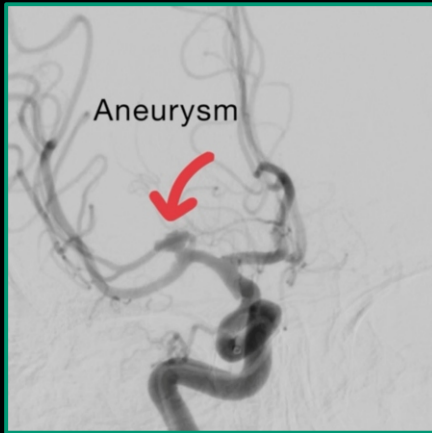
Diffuse SAH with right fronto-temporal bleed



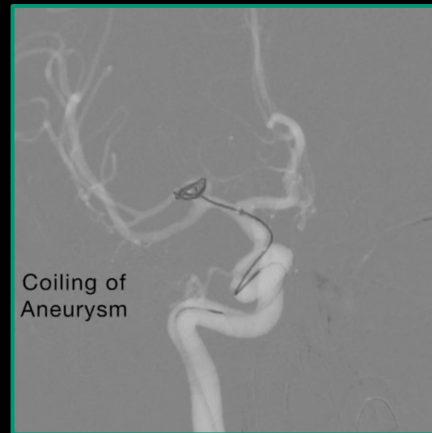


Scan/click to view
Cath Images

- He underwent DSA which showed right M1 narrow necked aneurysm
- He underwent single micro catheter coiling on next day



M1 Narrow Necked Aneurysm



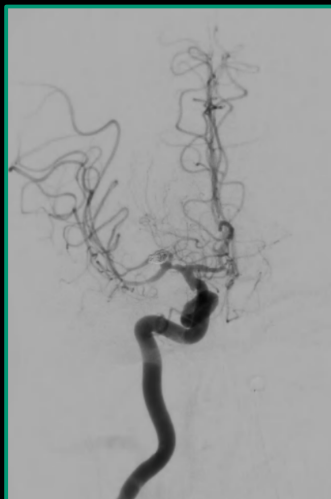
Single Microcatheter Coiling



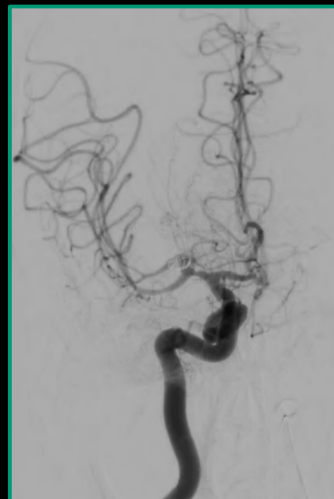
Post Coiling



Diffuse Vasospasm



Before



After Chemical Angioplasty

- Patient had severe vasospasm on 7th days and started deteriorating
- Initially managed with intravenous Nimidepine and Milrinone as there was further deterioration, he was again taken to Cath lab, repeat DSA showed severe vasospasm which was managed with intra-arterial Nimidepine & Milrinone (chemical angioplasty)
- Patient improved gradually
- Weaned off ventilator, tracheostomy tube was de-cannulated
- Discharged on 28th day with left hemiparesis
- At 3 months follow up there were minimal focal deficits & independent for all his activities of daily living