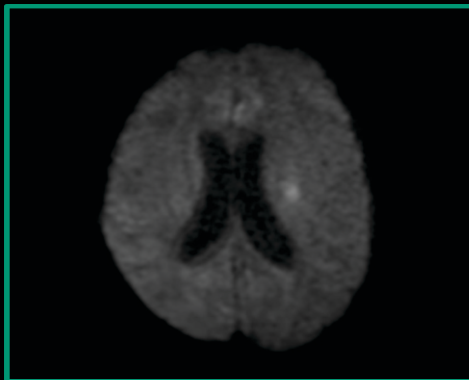
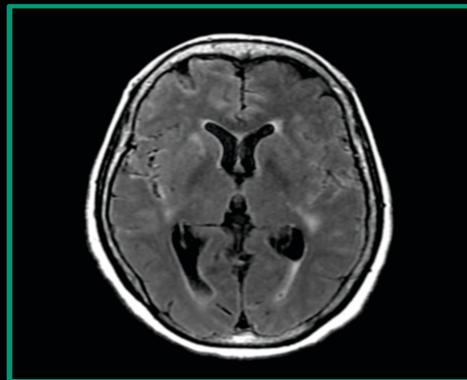
Case 9:
Flow Diverter Assisted Coiling

65 YEAR OLD FEMALE

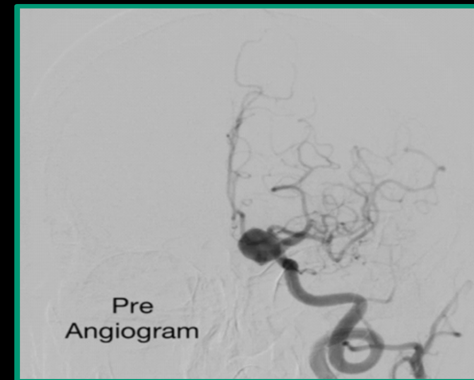
- Presented with acute severe headache and vomiting
- On examination patient was conscious, mildly disorientated, there was neck stiffness. No other focal deficits
- CT brain showed diffuse SAH with early hydrocephalus
- DSA showed left Para Pcom giant aneurysm



DWI MRI Showing left
MCA subcortical infarcts



FLAIR MRI Showing
diffuse cerebral oedema



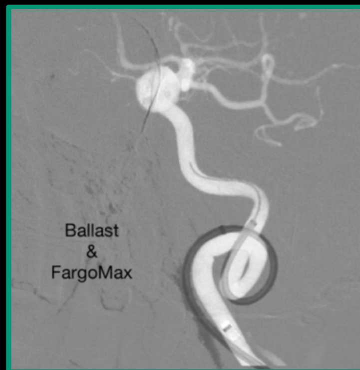
Very tortuous left ICA and
Left Para PcOM Aneurysm

- Four days after admission patient became drowsy, aphasic & had right hemiparesis
- Repeat MRI showed diffuse cerebral oedema with right MCA subcortical infarcts suggesting vasospasm

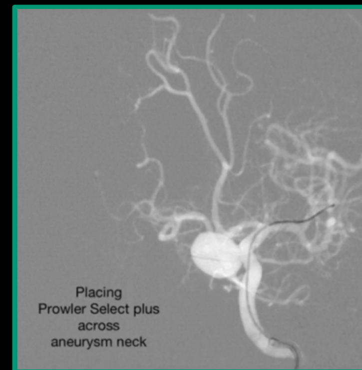
Scan/click to view Cath Images

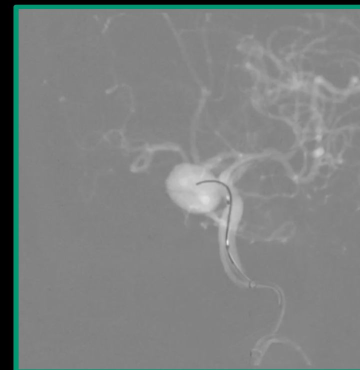
Scan/click to view is Patient's clinical status

- Initially she was managed conservatively with anti oedema measures along with intravenous nimodepine & later milrinone was added.
- After initial worsening her neurological status got stabilized and she started improving clinically.
- Nearly 15 days later she improved significantly and was stable. As vasospasm period was already gone we decided to go for Flow-diverter assisted coiling.
- Procedure was technically challenging in view of severe tortuosity which was managed with tri-axial system.
- Patient was discharged 4 days after coiling with mild right hemiparesis.

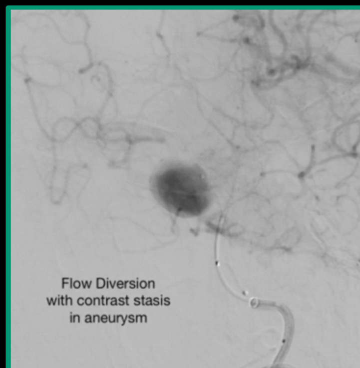


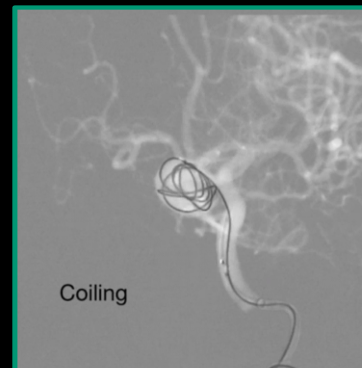
Difficult navigation of Long Sheath (Ballast) and Guiding Catheter (FargoMax)

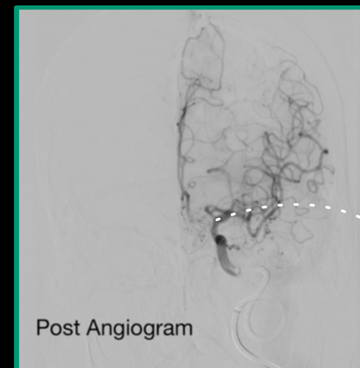




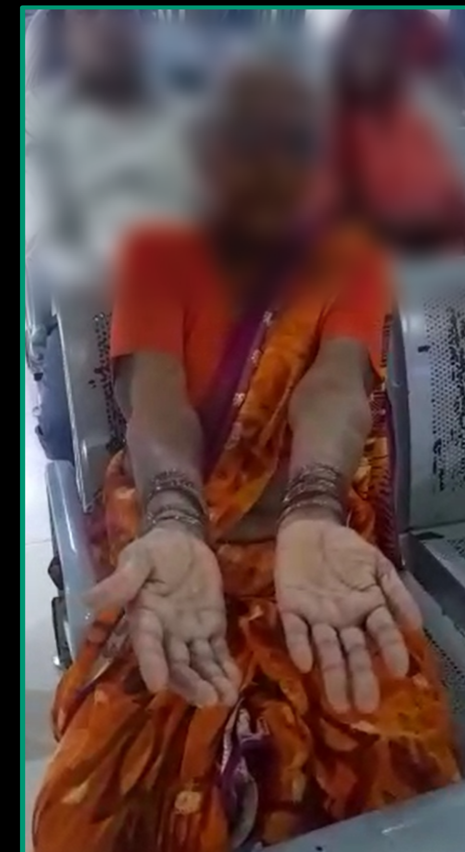
Jailing of Coiling micro-catheter inside the aneurysm sac







Complete obliteration of aneurysm sac



One Month Follow Up
No Focal Deficits