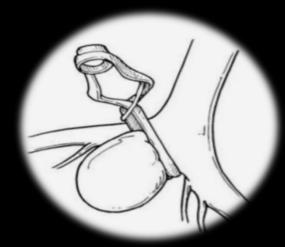
## Case Report with Video Demonstration

# Atheromatous Embolism during Clipping of Atherosclerotic MCA Aneurysm

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#### Ischemic complication after aneurysm clipping surgery

- 9.8% asymptomatic
- 2% symptomatic
- Relatively less than endovascular treatment
- One of Main factor: atherosclerotic aneurysm neck
- Encountering atheromatous embolism during surgery is rare

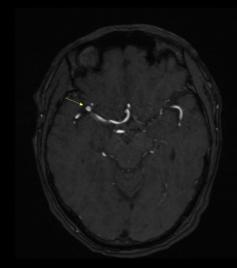


#### Case Report

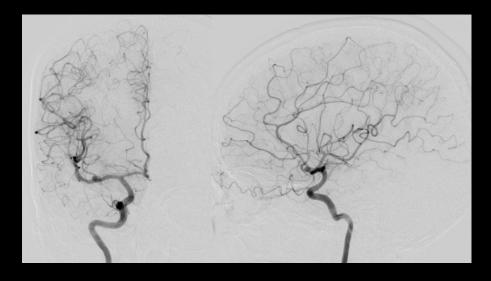
M/70 HTN/DM/dyslipidemia +/-/-ASA/clopidogrel -/-

2023.05 headache, dizziness 2023.05 MRA) r/o Rt MCA bifurcation An 2023.05.31 DSA) 4x3.3x3mm Rt MCA bifurcation An **MRA** 



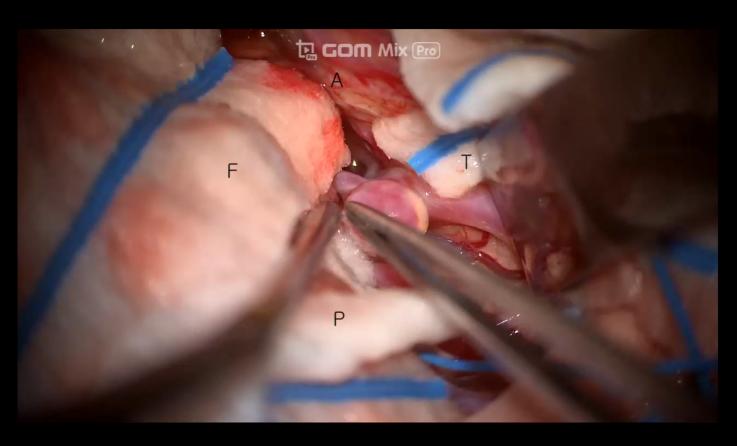


**DSA** 



# 2023.06.01 pterional craniotomy aneurysm clipping

- 1st attempt of permanent clipping
- ➤ Failed d/t narrowing of M2 branch
- 2<sup>nd</sup> attempt of permanent clipping
- ➤ Failed d/t narrowing of M2 branch
- 3<sup>rd</sup> attempt
- > Successful aneurysm neck clipping
- > Eye-witnessing atheromatous embolism caused by ruptured atheroma in aneurysmal neck
- ➤ No postoperative neurologic deficit



### Conclusion

To decrease risk of embolic event during surgery,

# Preoperative evaluation of aneurysm wall and plaque (i.e. concentric atherosclerosis, plaque thin fibrous cap, irregular surface, intraplaque hemorrhage, lipid-rich core)

# Preoperative consideration of alternative surgery (i.e. bypass or trapping)

# Intraoperative minimal manipulation of aneurysm is essential