
Bilateral thalamic infarcts complicating unilateral superior cerebellar artery aneurysm coil embolization

- The presence of the artery of Percheron -

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Introduction

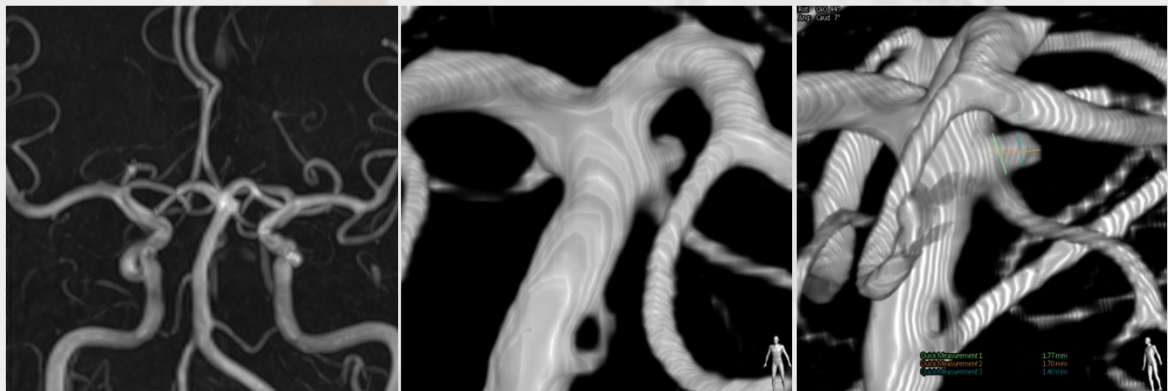
Thalamic and midbrain blood supply can arise from complex anatomical variations

The rare variation: "**artery of Percheron**", is a solitary arterial trunk arising from one of the proximal segments of a posterior cerebral artery (PCA) and supplies the paramedian thalami and rostral midbrain bilaterally

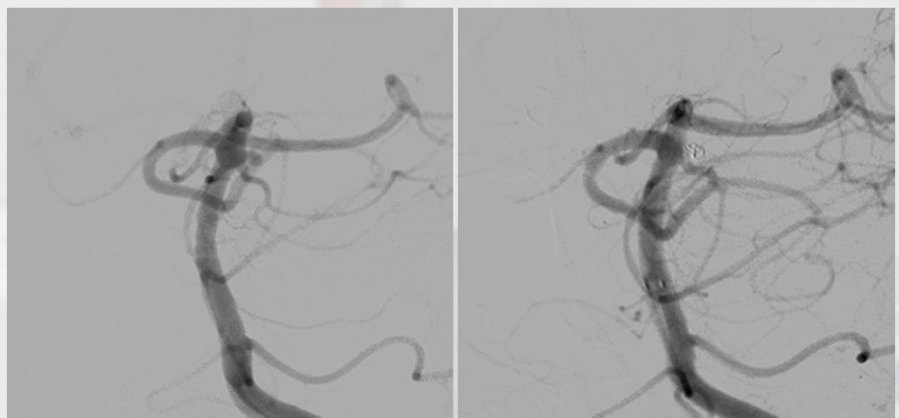
We describe a patient who developed a unique thromboembolic complication due to this vascular variation after undergoing elective endovascular treatment for a unilateral superior cerebellar artery (SCA) aneurysm by stent-assisted coil embolization

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Case presentation



A 44-year-old woman visited the hospital with a cerebral aneurysm discovered incidentally

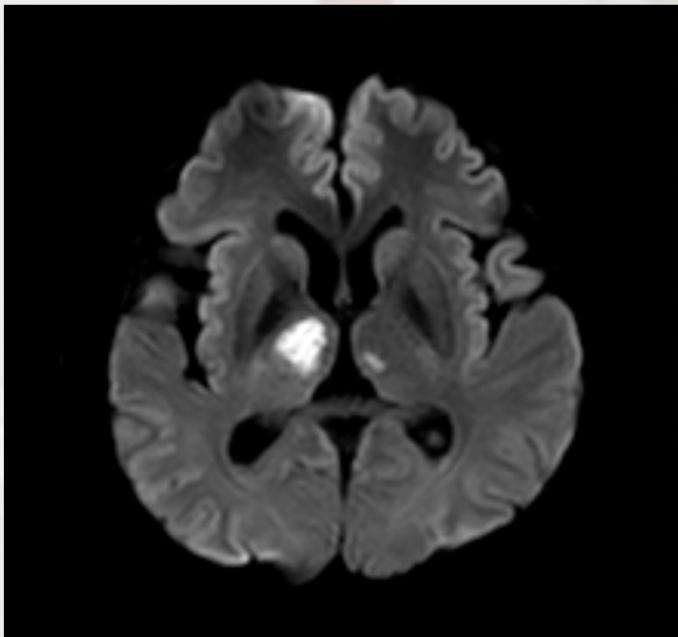


Stent deployment was performed through the left PCA to cover the neck of the SCA small aneurysm

The procedure was successfully completed and no special events occurred during the procedure

Case presentation

After procedure, the patient's deep drowsy mental status was maintained, and the upward gaze of both pupils was maintained.

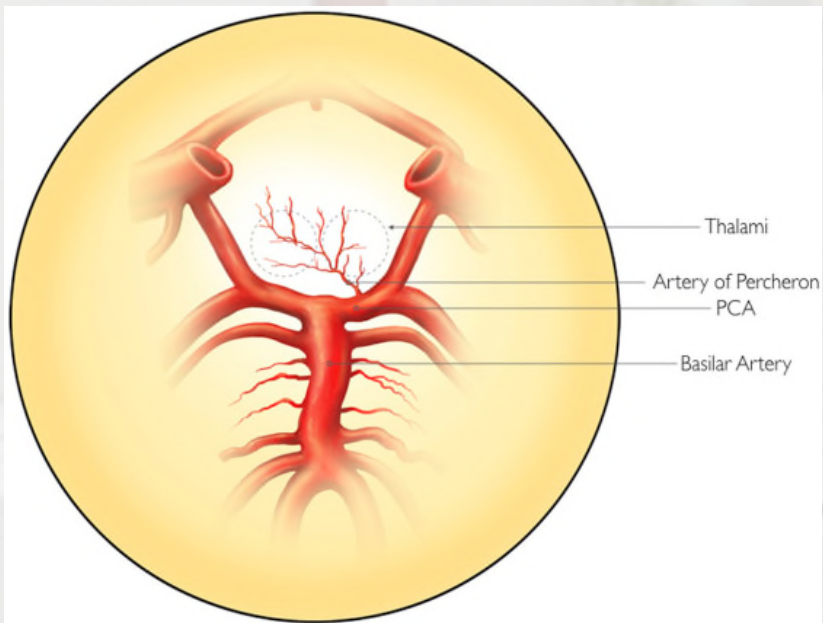


On sequential brain magnetic resonance imaging (MRI), bilateral paramedian thalamic infarcts presumably secondary to artery of Percheron occlusion infarction was confirmed

Even though there was no microwire manipulation or the microcatheter was performed in the right PCA direction, the infarction volume in the right thalamus was larger

Conclusion

About 3 months after procedure, the patient only complained of dizziness when lateral gazing, and 6 months after procedure, the patient's symptoms completely improved



Since the lack of visualization of the artery of Percheron on angiography does not exclude its presence

Therefore, special attention is needed when performing endovascular treatment of this area