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Giant Carotid Aneurysm Causing Acute Ischemic Stroke

Akut İskemik İnmeye Neden Olan Dev Karotis Anevrizması

Fettah Eren[1], Şerefnur Öztürk[2]

[1]University of Health Sciences, Konya Training and Research Hospital, Clinic of Neurology, Konya, Turkey
[2]Selcuk University Faculty of Medicine, Department of Neurology, Konya, Turkey

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Anahtar Kelimeler: Trombotik anevrizma, karotis arter, iskemik inme

Dear Editor,

An 81-year-old female patient presented with acute-onset hemiparesis on her left side. She had diabetes mellitus for 10 years and hypertension for 8 years. In a neurologic examination, hemiparesis (2/5) and hemihypoesthesia were noted on her left side. Left Babinski sign was positive. Neck movements were restricted due to aneurysm in the right cervical area. A thrombotic aneurysm (9x9.7 cm) in the right cervical area and calcified meningioma in the left parietal-occipital lobes were noted in brain computed tomography (CT) and CT angiography (Figures 1, 2). Partial ischemic injury in the middle cerebral artery distribution was seen in neuroimaging. Low-molecular-weight heparin (0.6 mL BID), acetyl salicylic acid (300 mg/day), amlodipine (10 mg/day), metformin (2000 mg/day) were started. The aneurysm was partially resected. She was discharged on the 3rd day after surgery with hemiparesis (2/5) and hemihypoesthesia. However, her neck movements were within normal limits.

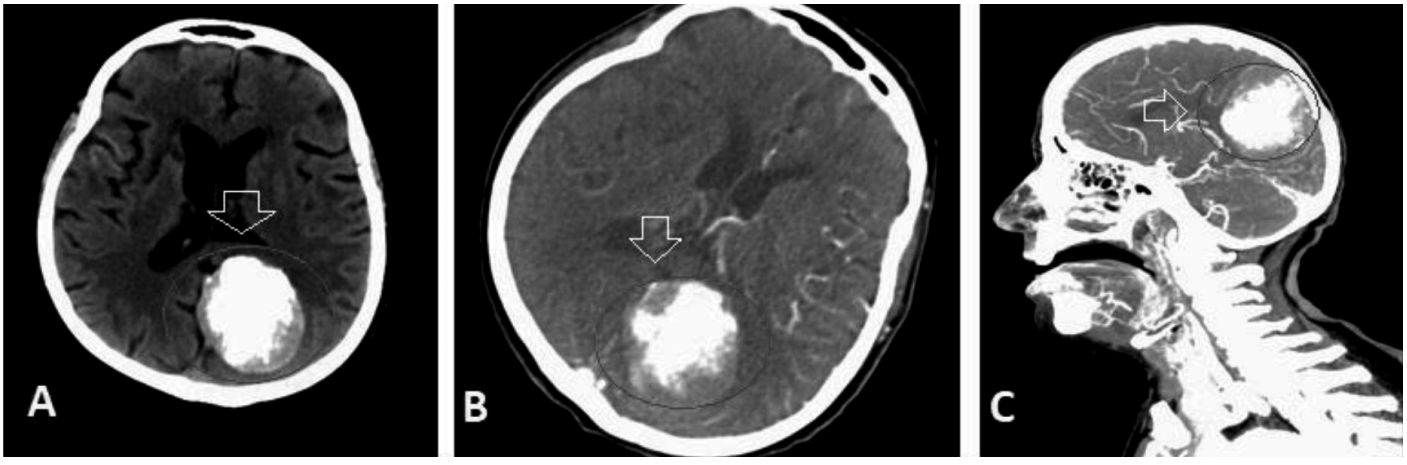

Figure 1. A) Brain tomography (before intravenous gadolinium injection). B) Brain tomography (after intravenous gadolinium injection). C) Brain tomography angiography: Calcified meningioma in the left parietal-occipital lobes

Address for Correspondence/Yazışma Adresi: Fettah Eren MD, University of Health Sciences, Konya Training and Research Hospital, Clinic of Neurology, Konya, Turkey
Phone: +90 505 860 41 46 E-mail: dreren42@hotmail.com ORCID ID: orcid.org/0000-0001-6834-0827
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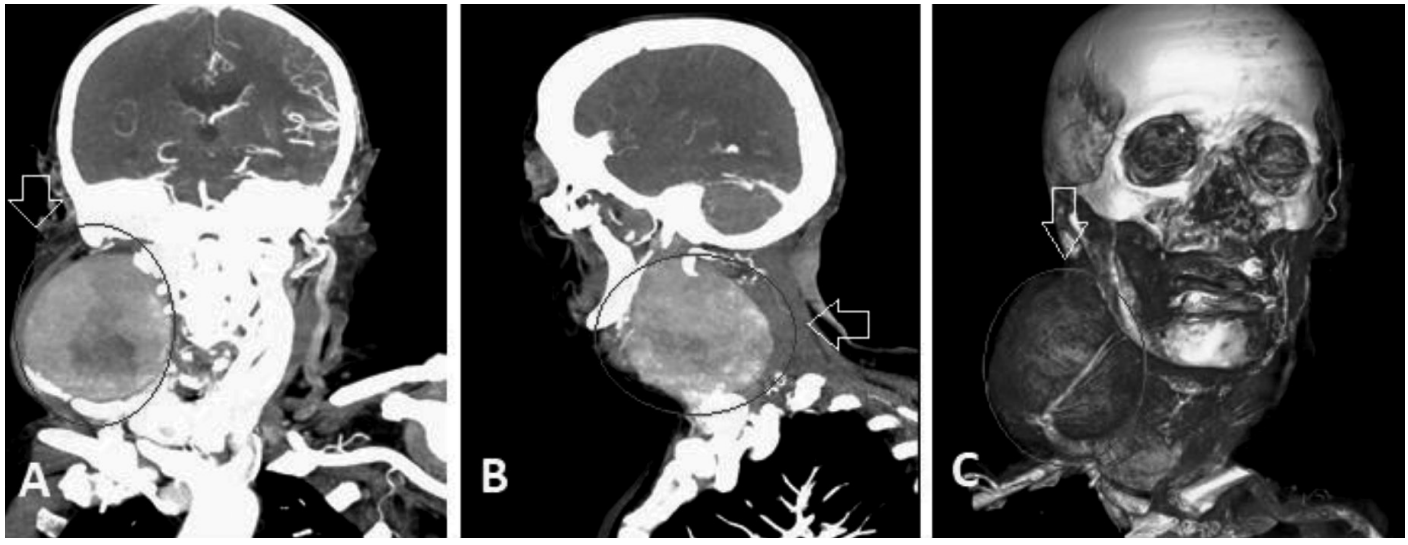

Figure 2. Cervical tomography angiography; A) coronal; B) sagittal; C) 3D-coronal: thrombotic aneurysm (9x9.7 cm) in the right cervical area

Giant aneurysms differ from small diameter aneurysms in terms of both clinical symptoms and treatments. The majority of patients present with facial pain, ophthalmoparesis or hypoesthesia with features of mass effect. Subarachnoid hemorrhage (SAH) (50-70%) and ischemic stroke (4%) are seen in patients with giant carotid aneurysms. The most common cause of mortality in these patients is SAH (1,2,3).

Ethics

Informed Consent: Consent form was filled out by all participants.

Peer-review: Internally peer-reviewed.

Authorship Contributions

Surgical and Medical Practices: F.E., Ş.Ö., Concept: F.E., Ş.Ö., Design: F.E., Ş.Ö., Data Collection or Processing: F.E., Ş.Ö., Analysis or Interpretation: F.E., Ş.Ö., Literature Search: F.E., Ş.Ö., Writing: F.E., Ş.Ö.

Conflict of Interest: No conflict of interest was declared by the authors.

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