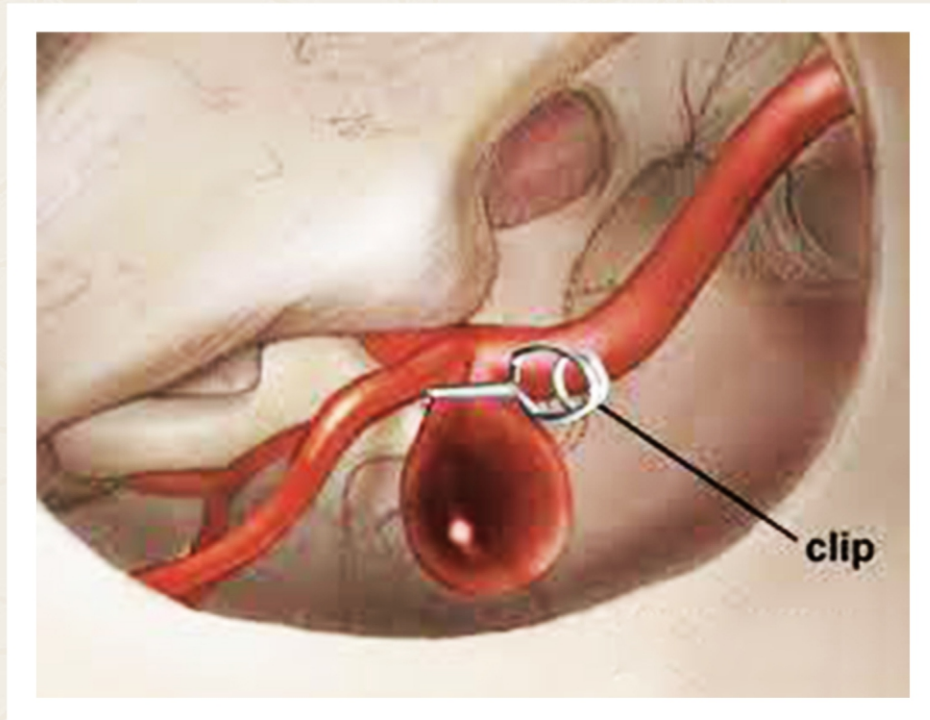


Neuron

Newsletter from Neuro One Hospital

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Unveiling the Neurosurgical Odyssey A Tale of 7 Aneurysms

By

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Keyhole Brain and Spine Surgeon

Neuron - A Newsletter from



Neuro One Hospital

Leaders in neuro care



In the realm of neurosurgery, where lives hang in the balance and every moment counts, we embark on a journey through *A Tale of 7 Aneurysms*.

Each case is a unique puzzle, a story of life and death, courage and skill. These narratives unveil the intricacies of diagnosing and treating cerebral aneurysms, highlighting the challenges and triumphs faced by the surgical team.

As you delve into these cases you will witness the resilience of patients, the expertise of surgeons and the wonders of modern medicine. This newsletter is not just a collection of medical stories; it is a testament to the relentless pursuit of healing, the power of knowledge and the hope that springs from the operating room.

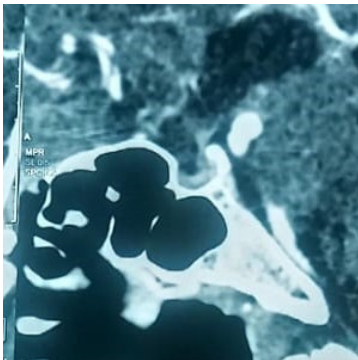
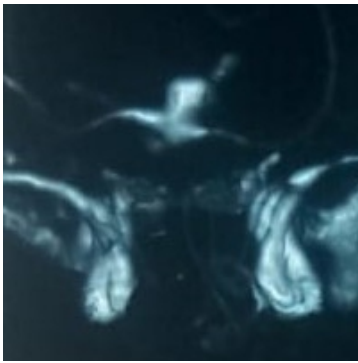
Join us on this journey through the extraordinary world of neurosurgery, where precision meets compassion and science saves lives.

Regards,

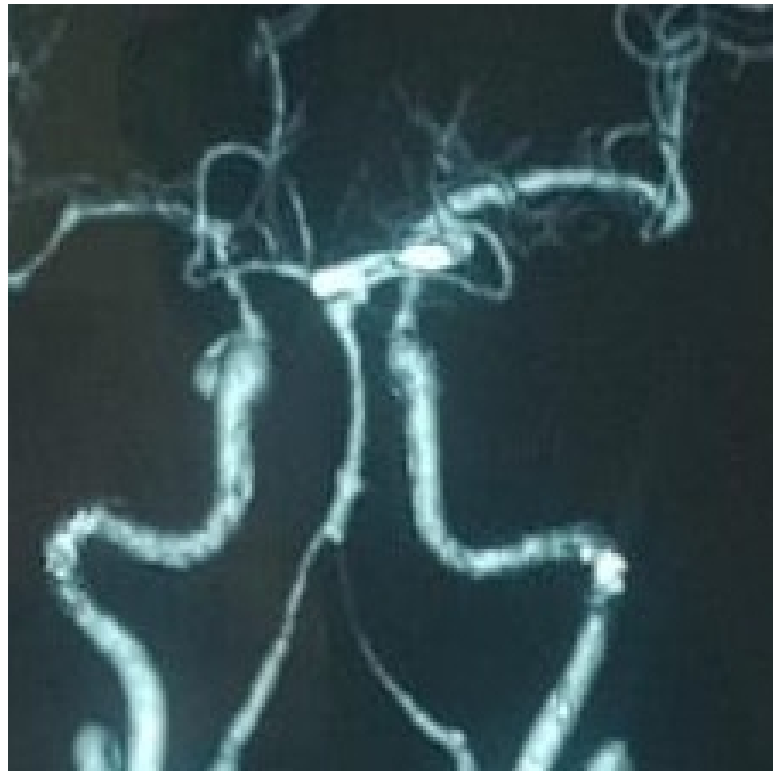
Dr **S.Vijay Kumar** MCh.,
Keyhole Brain and Spine Surgeon

Case : 1

Basilar Top Aneurysm



▲ Basilar Top Aneurysm



▲ Clipped Basilar



Surgery

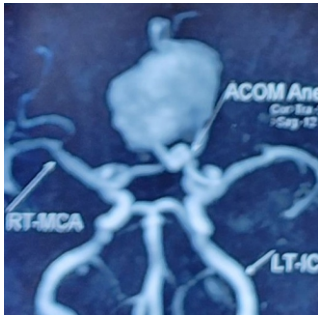
Right Orbitofrontal Craniotomy and Clipping of Aneurysm

A patient with a history of self-skid and fall presented with loss of consciousness, vomiting and confusion. CT Angio confirmed a basilar top aneurysm. During surgery, a carotid-oculomotor corridor was used to access and clip the aneurysm. The patient was extubated postoperatively and showed no neurological deficits.

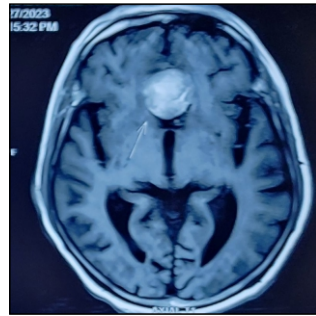
A mild CSF leak resolved within two days. Follow-up CT angiogram confirmed satisfactory clip placement with intact distal flow. The patient was discharged in stable condition.

Case : 2

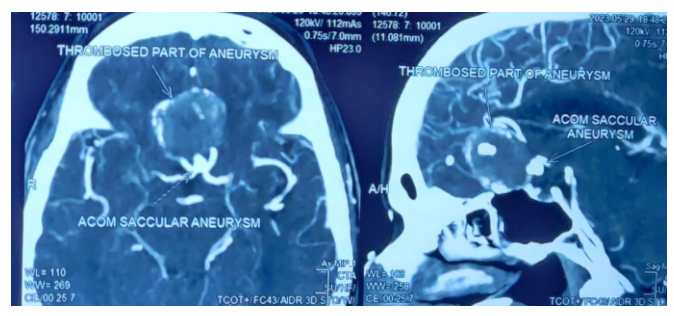
Giant Pseudoaneurysm of Anterior Communicating Artery



▲ Preop 1



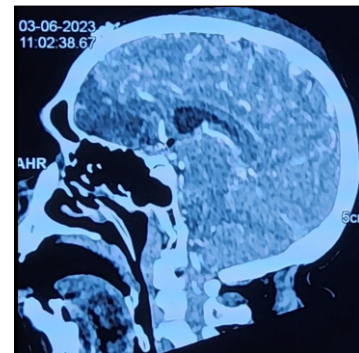
▲ Preop 2



▲ Preop 3

Surgery

Left Pterional Craniotomy, Clipping of the Aneurysm and Excision of the Pseudoaneurysm



▲ Postop with Clip

A patient with acute speech arrest, abnormal behavior and right-sided weakness was diagnosed with a ruptured saccular aneurysm of the anterior communicating artery with multiple brain infarctions.

Surgical steps:

After a 270-degree dissection, a 9mm clip was applied, but partial occlusion led to bleeding. Temporary clips were placed on both A1 segments, and the aneurysm was re-clipped with a second 11mm Yasargil clip to achieve complete occlusion.

Postoperative Course:

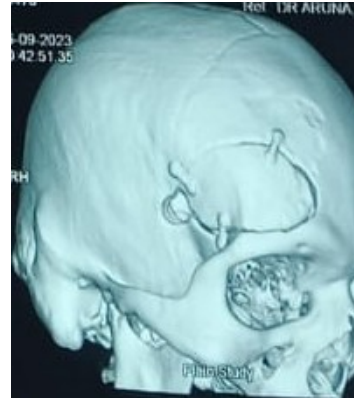
The patient developed frontal hemorrhage requiring re-exploration and bone flap removal. Despite challenges, gradual improvement was observed. Tracheostomy was performed, and the patient was shifted to the ward.

Case : 3

ACOM Aneurysm



▲ Postop



▲ LSO mini
Craniotomy



Right Supraorbital Craniotomy and Clipping of Aneurysm

A patient with acute speech arrest, abnormal behavior and right-sided weakness was diagnosed with a ruptured saccular aneurysm of the anterior communicating artery with multiple brain infarctions.

Surgical approach

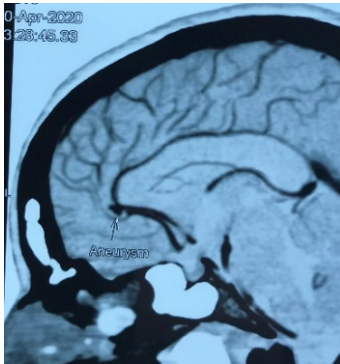
Right supraorbital craniotomy was performed with frontobasal arachnoid exposure, identification of both A1 segments, cortisectomy of gyrus rectus, aneurysm visualization, and clipping.

Postoperative Course:

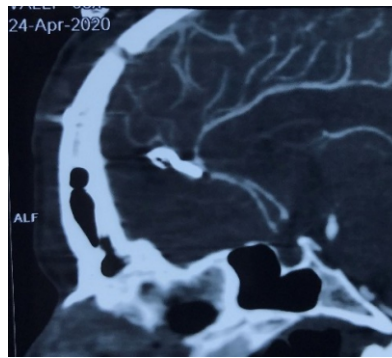
The patient recovered well, with CT angiography confirming clip placement and adequate distal flow. The patient was discharged in stable condition.

Case : 4

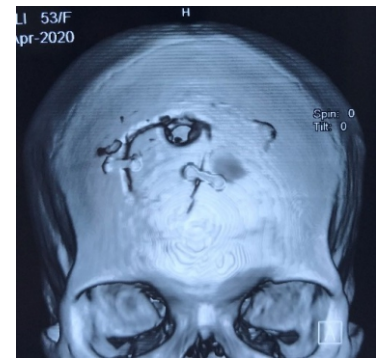
Distal Anterior Cerebral Artery (DACA) Aneurysm



▲ DACA



▲ Clipped DACA



▲ Mini Craniotomy



Surgery

Right Frontal Mini Craniotomy and Clipping of Aneurysm

A hypertensive patient with severe headaches and vomiting was found to have an SAH over the interhemispheric region with a saccular DACA aneurysm.

Surgical Approach

The A3 segment was exposed, traced back to the aneurysm, and temporarily clipped for 4 minutes before permanent clipping. The aneurysm fundus was opened to confirm successful occlusion.

Postoperative Course:

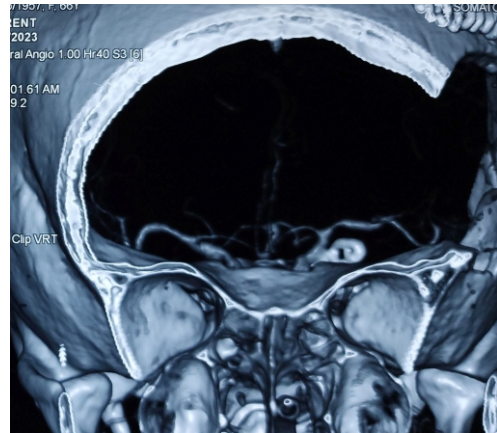
The patient made a stable recovery and was discharged after observation in the ward.

Case : 5

Ruptured Left ICA Aneurysm with Unruptured Right ICA Aneurysm



▲ Preop Aneurysm



▲ Postop with Clip



Left Pterional Craniotomy and Clipping of Left Internal Carotid Aneurysm

A patient with sudden, severe headaches and neck pain was diagnosed with two saccular aneurysms—one ruptured on the left ICA and another unruptured on the right.

Surgical Approach

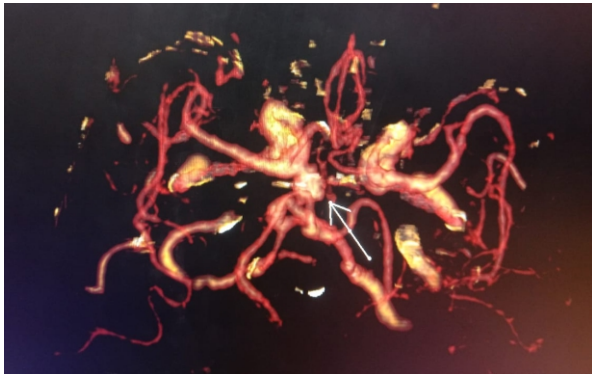
A 9mm highly curved Yasargil clip was applied after defining the aneurysm neck. Temporary clipping of the proximal ICA was required to control bleeding before final clip adjustment.

Postoperative Course:

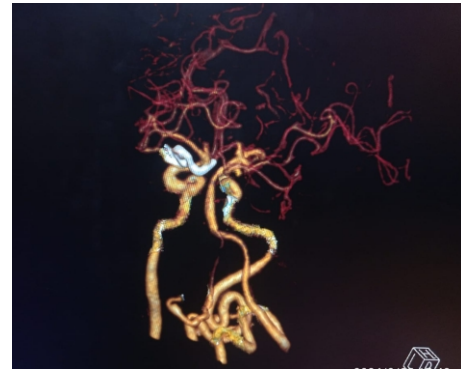
The patient recovered well with a successful exclusion of the clipped aneurysm. The unruptured aneurysm was managed via interventional techniques.

Case : 6

Left ICA Aneurysm



▲ Preop Aneurysm



▲ Postop with Clip



Surgery

Left Pterional Craniotomy and Clipping of Aneurysm

A patient with a sudden severe headache and drowsiness was diagnosed with an SAH due to a left ICA aneurysm.

Surgical Approach

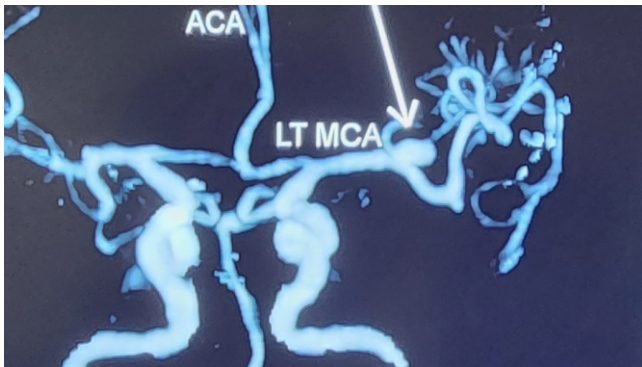
Left pterional craniotomy was performed, and the aneurysm was successfully clipped.

Postoperative Course:

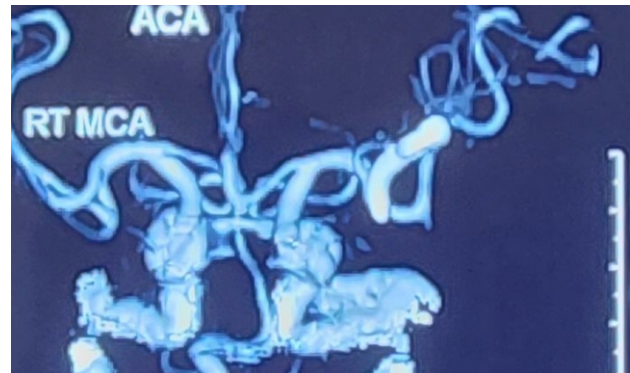
No neurological deficits were observed, and the patient was discharged in stable condition.

Case : 7

Left Middle Cerebral Artery Aneurysm



▲ Aneurysm



▲ With Clip



Surgery

Left Pterional Craniotomy and Clipping of Aneurysm

A patient with sudden loss of consciousness and neck stiffness was found to have pancisternal SAH with a left MCA aneurysm.

Surgical approach

Aneurysm was bilobed and arising from the MCA trifurcation. A titanium 11mm Yasargil clip was placed to collapse the aneurysm sac. Temporary occlusion of the rupture point allowed for successful final clipping.

Postoperative Course:

Despite initial improvement, the patient developed right hemiparesis and aphasia due to vasospasm-related infarctions. She was managed with stroke therapy and physiotherapy before discharge.

A Journey Through Aneurysm Management

In the world of neurosurgery, **A Tale of 7 Aneurysms** brings to light the extraordinary challenges and victories that define this field. Each case highlights the precision, skill and resilience required to navigate delicate cerebrovascular structures.

As we conclude this narrative, we are reminded that medicine is a perpetual voyage of discovery and innovation. Every patient's story underscores the fragility and resilience of the human brain, inspiring hope and appreciation for the medical community.

At NeuroOne Hospital, we remain committed to pushing the boundaries of neurosurgical excellence. This collection of cases is a tribute to the relentless pursuit of healing, the power of knowledge and the unwavering dedication to safeguarding lives.

Thank you for joining us on this remarkable journey through the world of neurosurgery.

Surgical Team

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