

Images in clinical medicine



Giant unruptured intracranial aneurysm

Hassan Baallal, Hatim Belfquih

Corresponding author: Hassan Baallal, Department of Neurosurgery, Avicenne Military Teaching Hospital, University Caddi Ayyad, Marrakech, Morocco. baallalnch@gmail.com

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Giant unruptured intracranial aneurysm

Hassan Baallal^{1,&}, Hatim Belfquih¹

¹Department of Neurosurgery, Avicenne Military Teaching Hospital, University Caddi Ayyad, Marrakech, Morocco

[&]Corresponding author

Hassan Baallal, Department of Neurosurgery, Avicenne Military Teaching Hospital, University Caddi Ayyad, Marrakech, Morocco

Image in medicine

Giant intracranial aneurysms (GIAs) are rare and heterogeneous lesions with complex vascular anatomy and represent almost 5% of intracranial aneurysms. The formation and growth of an aneurysm is the result of a complex interaction of multiple factors. In addition to genetic, physiological, environmental factors, and tissue mechanics, it is believed that fluid dynamics play an important role in the formation and development of arterial aneurysms at certain sites. The majority of the brain aneurysms are observed at bifurcations or arterial branches located in the circle of Willis where the flow topology is complex. In this report, we present a 55-year-old woman patient who was referred to our neurosurgical department with a three years history of an intermittent holocephalic headache, beginning

cognitive deficits and lethargy. Magnetic resonance imaging (MRI) obtained from the referring hospital reported a supra-sellar mass, 55 mm in diameter with a crescent shaped hypo-intensity of the lesion wall in the T1-weighted frame and T2-weighted frame (A, B), with enhancement of the lesion wall and intraluminal flow void after administration of

Gadolinium (C, D). Exploration of the supraaortic arteries was normal. No other sources of brain infarction were found on electrocardiogram, transthoracic echocardiography and Holter monitoring. The patient was referred to interventional neuroradiology for endovascular coiling of the aneurysm.



Figure 1: magnetic resonance imaging (MRI) obtained from the referring hospital reported a supra-sellar mass, 55 mm in diameter with a crescent shaped hypo-intensity of the lesion wall in the T1-weighted frame and T2-weighted frame (A, B), with enhancement of the lesion wall and intraluminal flow void after administration of gadolinium (C, D)