

Dissecting superior cerebellar artery aneurysm: spontaneous resolution in a long-term follow-up

Aneurisma dissecante de artéria cerebelar superior: resolução espontânea após seguimento de controle

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A 48-year-old woman presented with sudden posterior neck pain 12 hours before admission. Past medical history was unremarkable. Neurological examination was normal. A brain CT scan and cerebrospinal fluid were normal. A MRI

angiography (MRA) and digital angiography confirmed a dissecting superior cerebellar artery (SCA) aneurysm (Figure 1). We decided for noninvasive therapy. Six months later, the MRA showed complete resolution (Figure 2).

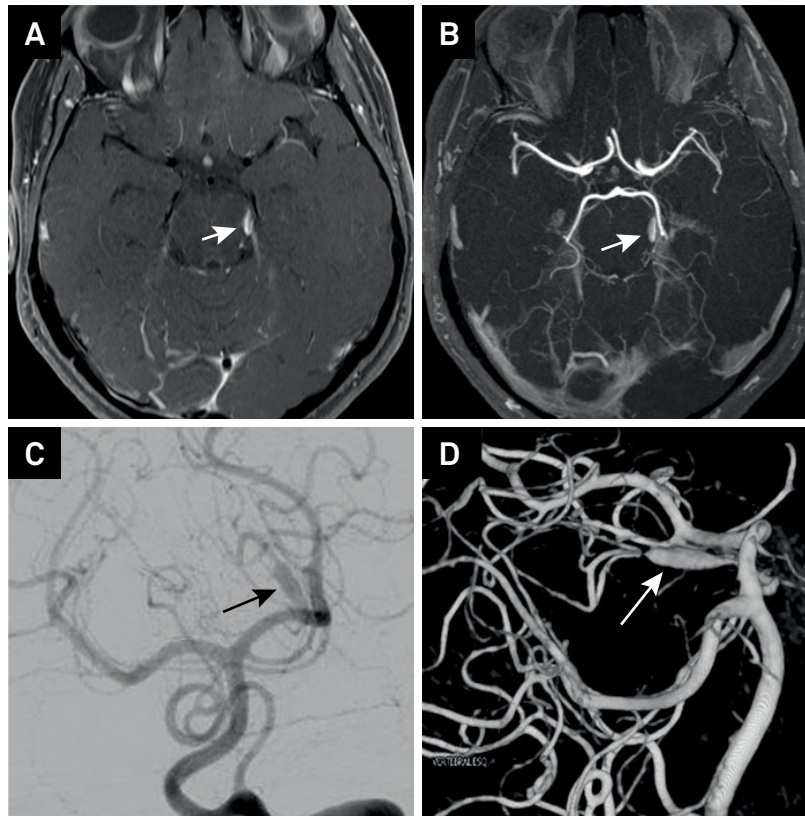


Figure 1. Axial post-contrast brain MRI (vessel wall imaging) shows abnormal asymmetric vessel wall enhancement in left superior cerebellar artery (A); axial 3D-TOF MRI angiography shows segmental ectasia in the left superior cerebellar artery (B). Digital subtraction angiogram of the left vertebral artery and 3D reconstructions confirmed a dissecting superior cerebellar artery aneurysm (lateral pontomesencephalic segment) (arrows) (C and D).

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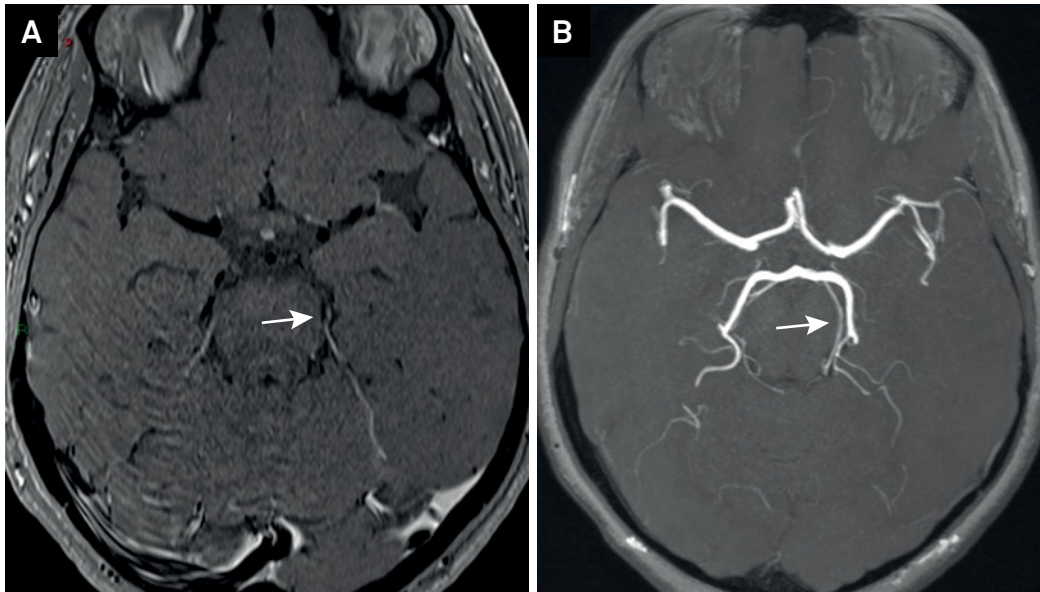


Figure 2. Six-month follow-up. Axial post-contrast brain MRI (vessel wall imaging) shows no enhancement in left superior cerebellar artery (A); axial 3D-TOF MRI angiography shows no artery aneurysm (B).

Fusiform aneurysms of the SCA related to dissection are rare^{1,2}. Treatment strategies are usually aggressive and include: aneurysm clipping, arterial bypasses and artery

occlusion^{1,2,3}. Our report suggests that noninvasive therapy should be considered as an option for unruptured fusiform aneurysms of the SCA related to dissection.

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