

# Rapidly growing traumatic cerebral aneurysm with early subarachnoid hemorrhage

Figure CT scan



CT scan showed subarachnoidal blood in basal cisterns (A and B) and blood in sphenoid sinus (arrow). Initial angiogram showed small supraclinoid aneurysm (C). One week later growth of the aneurysm (D) with vasospasm (arrow) was noted. Partial reopening of the aneurysm occurred 2 weeks after first coiling with displaced coil mesh (arrow).

A 40-year-old man riding a scooter was hit by a car. CT scan showed subarachnoidal blood in the basal cisterns and a skull base fracture (figure, A and B). Angiography revealed a 2-mm supraclinoid aneurysm (figure, C). Ambiguity about its relevance made us decide to wait. One week later the aneurysm had grown to 10 mm (figure, D) and it was coiled. However, 2 weeks later the aneurysm had enlarged again with partial reopening (figure, E) and additional coils were inserted.

Traumatic intracranial aneurysms are rare<sup>1</sup> and rupture typically after a free interval. In our patient rupture must have occurred within the first hour.

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1. Larson PS, Reisner A, Morassutti DJ, Abdulhadi B, Harpring JE. Traumatic intracranial aneurysms. *Neurosurg Focus* 2000;8:e4.

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