Extensive stretching of intracranial aneurysm coil causing TIAs

Figure Wire complex as seen on CT angiogram and transesophageal echo

CT angiogram brain/neck axial (A) and sagittal (B) sections showing the original posterior cerebral artery coil metal (black arrowheads) with a stretched wire passing through the left posterior communicating artery into the carotid canal and eventually down into the descending aorta (white arrow). TEE images also demonstrated the wire (arrow, C) with turbulent blood flow as well as a suspected superimposed thrombus (arrow, D).

A 58-year-old man with a history of ruptured posterior cerebral artery aneurysm, repaired with coil embolization 5 years previously, presented with right hemi-numbness lasting 30 minutes. Cerebral MRI did not reveal acute stroke. CT angiogram showed a stretched wire complex extending through the posterior communicating artery, down the carotid artery, and into the most inferior visualized portion of descending aorta, terminating in a loosely coiled wire (figure, A and B). A transesophageal echocardiogram showed evidence of a possible thrombus on the coil in the aortic arch (figure, C and D; video on the *Neurology*[®] Web site at Neurology.org). Coil stretching and migration is a rare complication of endovascular coil repair^{1,2} and can predispose to embolic events.

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Supplemental data
at Neurology.org

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