

AANP Slide Session 1969

CASE 1

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Approximately 8 1/2 months before death this 54 year-old male fell back while changing a tire, collapsed and was thought to have struck his head. On the way to the hospital he was resuscitated several times because of cardiac arrest, but stabilized during the following four days. A sudden turn for the worse occurred, characterized by a lessened responsiveness and semi-coma. A spinal fluid examination revealed bloody, xanthochromic fluid. The physical examination revealed nuchal rigidity, slow eye movement, hypoactive reflexes and Babinski signs bilaterally.

A bilateral carotid arteriogram revealed a broad based, left anterior communicating cerebral artery aneurysm. The description of the surgical procedure which was subsequently carried out indicated that the aneurysm arose from the left anterior cerebral artery and extended into the anterior communicating artery. It was fusiform and did not have a sacular neck. When the aneurysm was dissected free, a small pin-point hole was found to be present posteriorly and medially. Suction was placed over the bleeding point in an attempt to control the bleeding. A temporary clip had to be placed along and across the left anterior cerebral artery. Since the bleeding was not reduced by this procedure a winged Olivecrona clip was placed across the aneurysm, which included the left anterior cerebral artery at its most distal point. This controlled the bleeding.

Subsequent to the surgical procedure the patient never fully recovered consciousness. He was transferred to a long-term nursing home for care where he died of intercurrent infection.

One slide, stained with H and E, is submitted.