

Rupture of Persistent Primitive Trigeminal Artery-basilar Artery Aneurysm Managed with Stent-assisted Coiling

Abstract

Persistent primitive trigeminal artery (PPTA), a fetal carotid-basilar anastomosis, is the most common embryological vascular remnant persisting into adult age. However, reported cases associated with cerebral aneurysms are rare. A 33-year-old female presented with an extremely rare PPTA-basilar artery (PPTA-BA) aneurysm manifesting as subarachnoid hemorrhage. Computed tomography revealed subarachnoid bleeding in the prepontine cistern, and cerebral angiography disclosed a PPTA-BA aneurysm. The aneurysm was managed with stent-assisted coiling technique to achieve complete obliteration. The patient was discharged without neurological deficits 2 weeks later. At 6 months follow-up, the patient is doing well and has returned to her previous daily activities. PPTA-BA aneurysms usually present with cranial nerve palsy and sometimes with carotid-cavernous fistulae if they rupture. Their deep seating favors interventional management as a first option and this case illustrates the efficacy and safety of endovascular treatment. This case adds to the evidence that endovascular techniques are a safe and effective tool in managing aneurysms of the primitive trigeminal artery. Even in cases where the anastomosis itself is not preserved, the patient can be managed satisfactorily, provided that the patency of the basilar and the carotid artery are kept, like in our patient.

Keywords: Aneurysm, basilar artery, persistent primitive trigeminal artery, stent-assisted coiling, subarachnoid hemorrhage

Introduction

Persistent primitive trigeminal artery (PPTA), a fetal carotid-basilar anastomosis, is the most common embryological vascular remnant persisting until the adult age. However, reported cases associated with cerebral aneurysms (CAs) are rare. To our knowledge, only five previous cases of ruptured aneurysms as a cause of subarachnoid hemorrhage (SAH) have been described. Two of them were operated,^[1,2] and the other three were embolized.^[3-5]

In this case report, we describe a patient presenting with a ruptured CA of PPTA-basilar artery (PPTA-BA). The aneurysm was successfully managed by embolization, and the patient eventually recovered from cognitive impairment caused by the hemorrhage. At 6 months follow-up, the patient is doing well and has returned to her previous daily activities.

Due to their rarity, PPTA aneurysms might be unnoticed if not systematically searched

for and their variations and clinical implications are important to be considered when they are found.^[2,6-9] The coexistence of unilateral or even bilateral^[10,11] PPTA and CA has already been reported. However, the PPTA has often been an incidental finding,^[12,13] and cases of SAH due to ruptured aneurysms and a successful treatment have only recently been reported. Some of them were operated,^[1,2] and the proportion of cases managed endovascularly have been increasing.^[3,5,14]

Case Report

A right-handed 33-year-old female without any previous relevant medical history presented with sudden headache and loss of consciousness while performing household tasks with no Valsalva maneuvers.

On her arrival, she was still drowsy, and neuroradiological workup (brain computed tomography and magnetic resonance imaging) disclosed a Fisher III diffuse SAH. An emergent diagnostic digital subtraction angiography confirmed the presence of a laterobasilar artery

**Marco Zenteno,
Angel Lee,
Luis Rafael
Moscote-Salazar¹**

*Department of Neurological Endovascular Therapy, Comprehensive Stroke Center, Hospital Angeles del Pedregal, Instituto Nacional de Neurología y Neurocirugía, Mexico City, Mexico,
¹Department of Neurosurgery, University of Cartagena, Cartagena de Indias, Colombia*

Address for correspondence:

*Dr. Marco Zenteno,
Department of Neurological Endovascular Therapy, Comprehensive Stroke Center, Hospital Angeles del Pedregal, Instituto Nacional de Neurología y Neurocirugía, Mexico City, Mexico.
E-mail: mazente@me.com*

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Table 1: Cases of persistent trigeminal artery variant aneurysm

Case number	Author (reference)	Year	Age (years)	Sex	Side	AN side	AN type	Remarks
1	Matsuda <i>et al.</i> ^[31]	1979	32	Female	Right	P-com, ICA-PTAV	Undocumented	Hemorrhage, AVM, multiple AN
2	Watanabe <i>et al.</i> ^[32]	1988	67	Female	Right	ICA-PTAV	Fusiform	Hemorrhage, multiple AN
3	Nioka <i>et al.</i> ^[33]	1993	52	Female	Left	ICA-PTAV	Saccular	Hemorrhage, multiple AN
4	Hayashi <i>et al.</i> ^[34]	1994	47	Female	Right	ICA-PTAV	Saccular	Hemorrhage
5	Hanabusa <i>et al.</i> ^[5]	2000	71	Female	Left	PTAV	Saccular	Hemorrhage, two segments of the left PTAV
6	Nishio <i>et al.</i> ^[35]	2001	69	Female	Right	ICA-PTAV	Saccular	Diplopia
7	Shin <i>et al.</i> ^[36]	2005	40	Male	Right	ICA-PTAV	AN dilatation	Hemorrhage, CCF
8	Yang <i>et al.</i> ^[37]	2010	48	Male	Right	PTAV	Fusiform	Hemorrhage, hypoplastic AICA, VA
9	Yamamoto <i>et al.</i> ^[30]	2011	82	Female	Bilateral	MCAm PTAV	Saccular and fusiform	Hemorrhage, multiple AN
10	Aguiar <i>et al.</i> ^[3]	2011	53	Female	-	BA-PTAV	Saccular	Hemorrhage
11	Current case	2013	33	Female	-	BA-PTAV	Saccular	Hemorrhage, somnolence

Actualized from.^[30] P-com – Posterior communicating artery; ICA – Internal carotid artery; PTAV – Persistent trigeminal artery variant; BA – Basilar artery; MCA – Middle cerebral artery; AVM – Cerebral arteriovenous malformation; AN – Aneurysm; CCF – Carotid cavernous fistula; AICA – Anterior inferior cerebellar artery; VA – Vertebral artery

carotid-cavernous fistula,^[42] or alterations of the internal carotid artery (ICA)^[4] has also been reported. As we have said, the association of PPTA with intracranial aneurysms has recently be found to be relatively high, up to 29% of the patients with PTA.^[28] When rupturing, either they cause a carotid-cavernous fistula,^[28,43] or they bleed into the subarachnoid space.^[1-3,14] Ruptured aneurysms with SAH have been operated^[1,18] or embolized.^[3,5,14] Our case is the fourth after those mentioned to have been successfully managed endovascularly. Moreover, Ladner *et al.* have reported a successful embolization of an aneurysm of the PTA causing a trigeminal neuralgia.^[44]

Most aneurysms associated with the PTA are located at the bifurcation of the carotid artery and the PTA,^[14,19] whereas aneurysms arising at the PPTA trunk rare and those from PTA-BA junction are even less frequent. In a series of 39 cases described by Kwon *et al.*,^[24,45] the aneurysm was located at the bifurcation of the cavernous segment of the ICA and PTA in 17 cases, at the trunk of the PTA in ten, and at the junction of the ICA with the BA in five. In the remaining seven cases, the location of aneurysms was not described in detail.

The rupture of a CA associated with a PPTA, symptoms are either due to compression of the outer wall of the cavernous sinus with deficit of the III, IV, V, or VI cranial nerves. On the other side, the clinical presentation may be a typical acute SAH.

We presented a rare case of SAH associated with basilar aneurysms and PTA. The endovascular management of basilar aneurysms associated with persistent trigeminal artery can be managed successfully by endovascular methods. However, most of them were diagnosed because of compressive symptoms of the oculomotor nerves, due to their compression in the outer wall of the cavernous sinus. Including this presented case, only four cases of

ruptured aneurysms have been reported. Two of them were uneventfully managed with open surgery,^[1,2] and the third was embolized.^[3,14] Our case is particular in that we have shown that endovascular technique is not only effective in occluding the aneurysm but is also safe in case of occlusion of the carotid-basilar anastomosis, in the rarest location of the lesion.^[45]

Conclusion

This case adds to the evidence that endovascular techniques are a safe and effective tool in managing aneurysms of the PTA. Even in cases where the anastomosis itself is not preserved, the patient can be managed satisfactorily, provided that the patency of the basilar and the carotid artery is kept, like in our patient.

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Conflicts of interest

There are no conflicts of interest.

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