Blister aneurysms are intracranial arterial lesions originating at nonbranching sites of the dorsal supraclinoid internal carotid artery (ICA) and basilar artery. Among different treatment options, the use of flow-diverting devices is gaining popularity and has the potential for becoming the standard of care.

Radiological evaluation of flow diverter braid expansion and vessel wall apposition during procedure has become useful in preventing life-threatening complications. Incomplete coverage of an aneurysm neck, kinking, or incomplete expansion and malapposition of a stent carries a significant risk for thromboembolic events. We present a case of ruptured blister aneurysm of right supraclinoid ICA treated by pipeline flex device with shield technology in Philips Azurion 7B 20/15 Clarity IQ Biplane cathlab (Philips healthcare, Netherlands).

The injection protocol used for intraarterial Vaso computed tomography was as follows:

- Total volume of contrast used—55 mL
- Dilution of contrast—10% (10 mL iohexol 350 mg +90 mL normal saline)
- Acquisition time—20 seconds, X-ray delay—2 seconds, PSI-300.

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Conflict of Interest
None declared.

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References

Fig. 1 (A) Lateral angiogram. (B) Three-dimensional rotational angiogram of right internal carotid artery (ICA). Yellow arrow in parts (A) and (B) denotes blister aneurysm in supraclinoid segment of right ICA. (C) Single shot image of flow-diverting device Vaso computed tomography. Green arrow denotes deployed flow diverter with full coverage of the aneurysm neck.

Fig. 2 Intraarterial Vaso computed tomography images (A-C). (A) Yellow arrow denotes the blister aneurysm. (B) Blue arrow denotes deployed flow diverter. (C) Three-dimensional virtual longitudinal sectioning of the device depicting wall conformation.