Partially thrombosed distal orbitofrontal artery aneurysm mimicking an A1 segment aneurysm

Sir,

Distal orbitofrontal arteries (OFAs) are very rare.[1] The location of these aneurysms can be identified with digital subtraction angiography. However, when it is partially thrombosed the filling portion of the aneurysm may partially overlap on a larger vessel wrongly implicating the vessel as the site of origin. A 63-year-old lady presented with history of sudden onset severe headache. She was not a hypertensive and had no significant past medical or surgical history. CT scan revealed blood in the anterior interhemispheric fissure. Digital subtraction angiography (DSA) revealed a small aneurysm apparently arising from the left A1 segment, proximal to the AcomA region. The aneurysm was seen only in oblique views [Figure 1a and b]. There were no branching vessels at the origin. She underwent a left pterional craniotomy and exploration. At surgery there was no aneurysm along the A1 segment, however buried in the gyrus rectus was a partially thrombosed aneurysm [Figure 2a and b]. On further dissection the left OFA origin on A2 was identified. It was dissected distally and was found to enter into the aneurysm. The distal portion of the OFA emerged from the aneurysm. The recurrent artery of Heubner (RAH) which arose just distal to the anterior communicating
Letters to the Editor

We report a rare case of partially thrombosed OFA aneurysm arising distal to the origin of the vessel in a patient who had no predisposing factors. Such a case has not been described before. Partially thrombosed aneurysms may give a misleading picture of its origin. It is important to distinguish the OFA from RAH prior to sacrifice of the vessel.

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