症例4

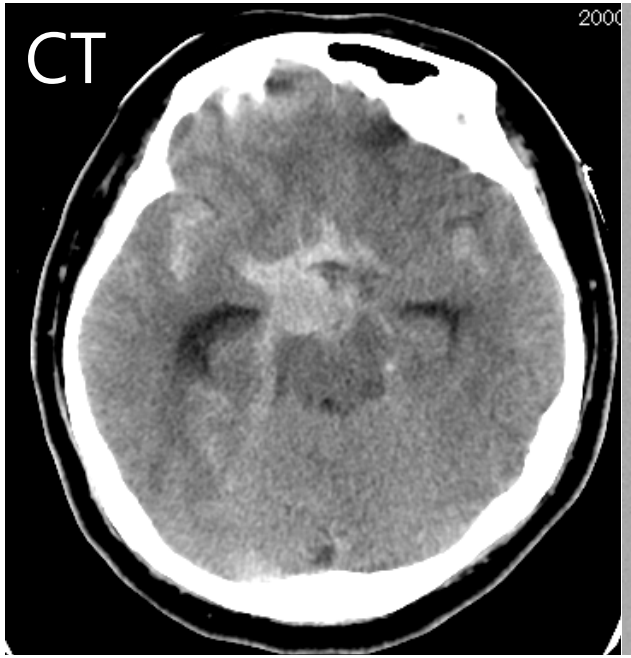
46歳女性
Recurrent ruptured BA-SCA AN (post coil × 2)

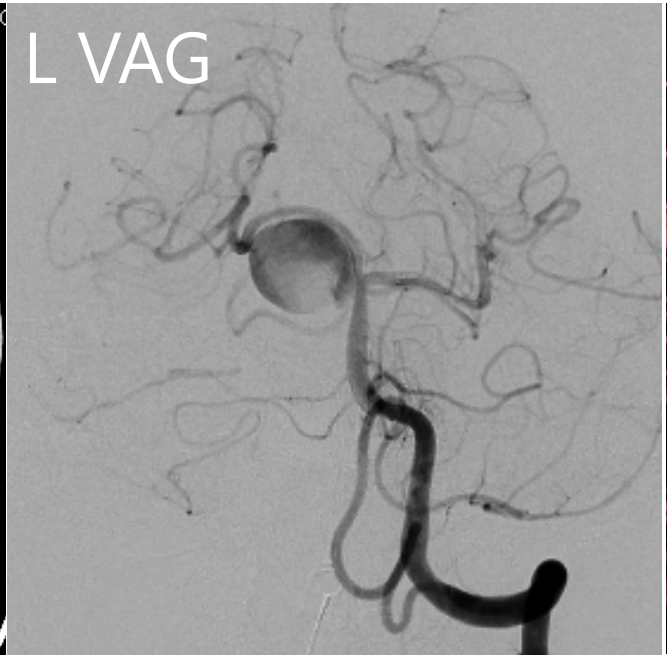
【現病歴】

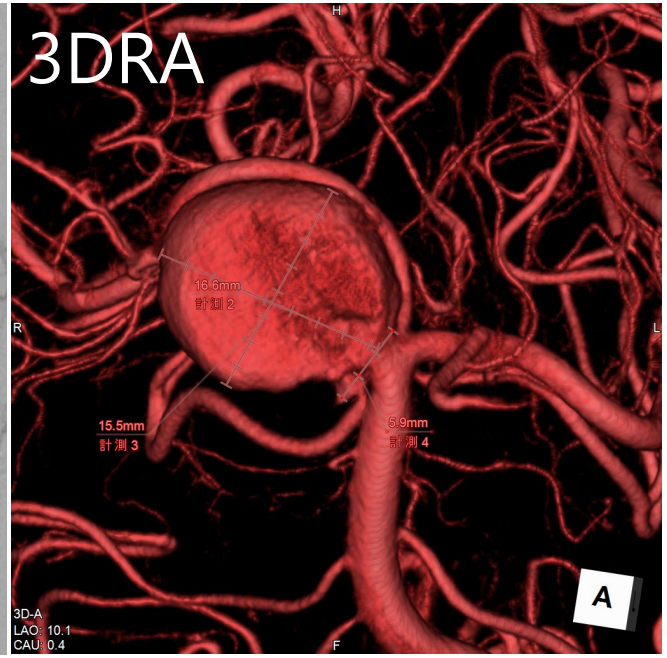
WFNS grade IIのSAHを発症し、右BA-SCA動脈瘤16mmに対しコイル塞栓術施行。mRS0で自宅退院。 6か月後に再発を認め、再度コイル塞栓術（2回目）を施行。初回治療から1年3か月後に再々発を認めた。

【既往歴】　PCI後、高血圧、糖尿病、脂質異常症、肥満

【家族歴】　SAHなし



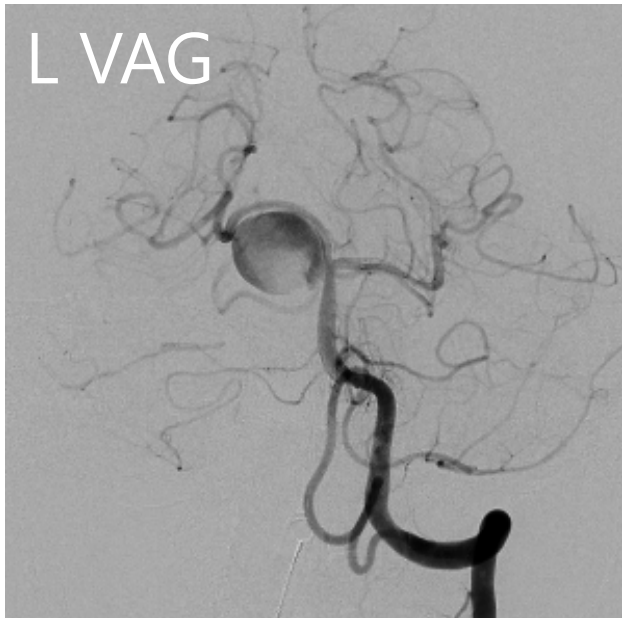


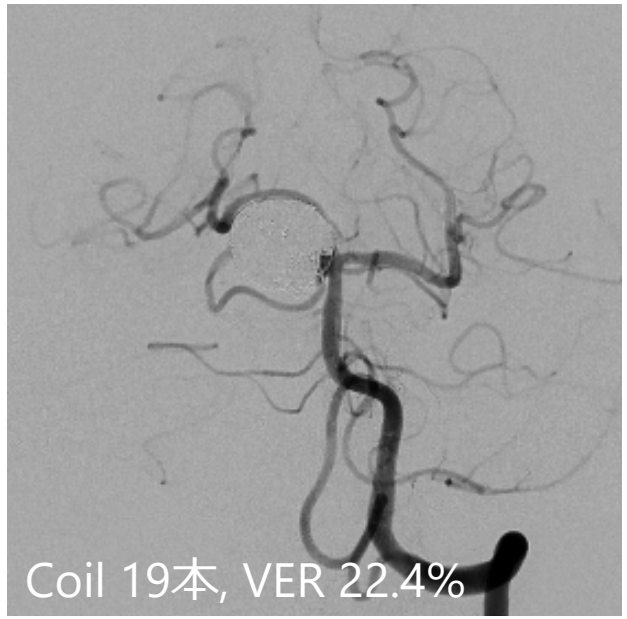


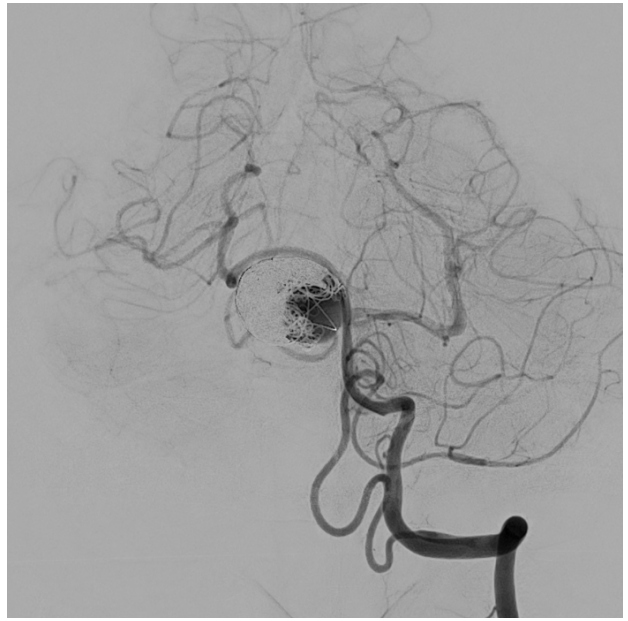
初回コイル

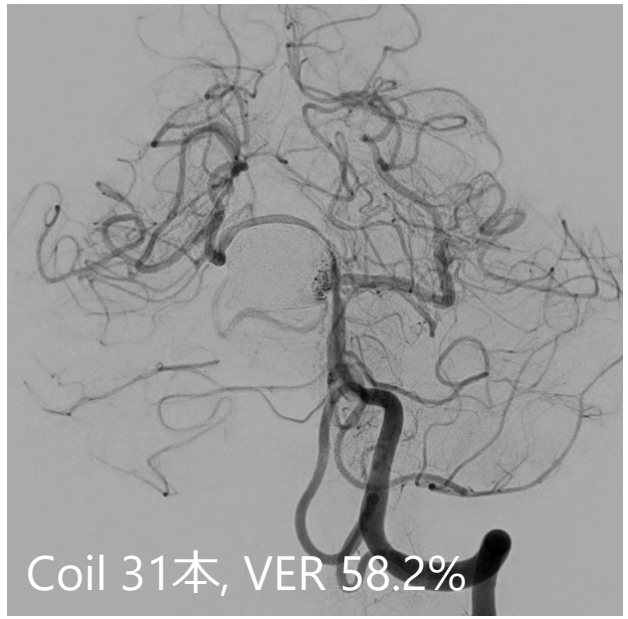
再発/２回目コイル（6か月）

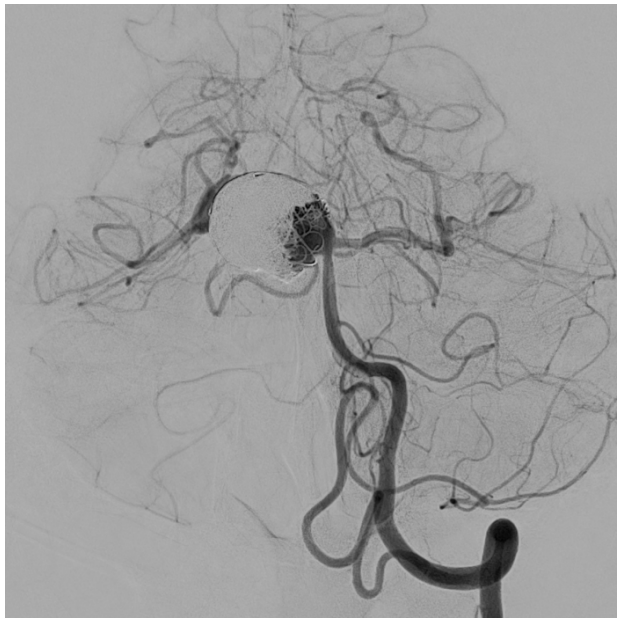
再々発（1年3か月）

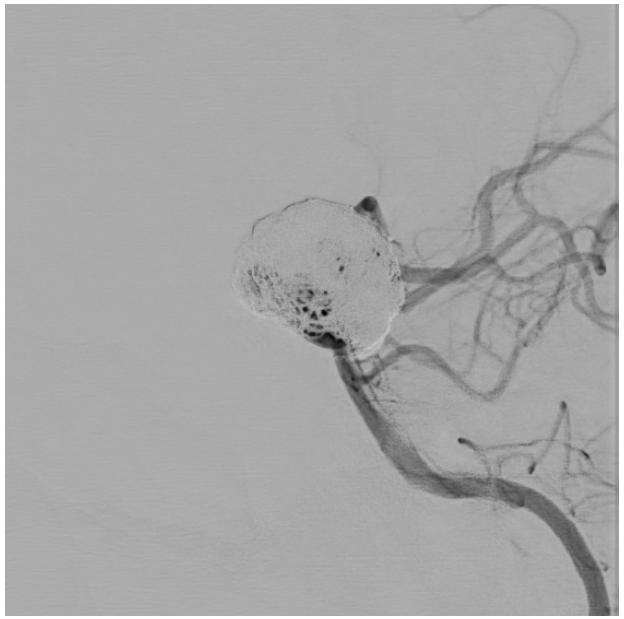


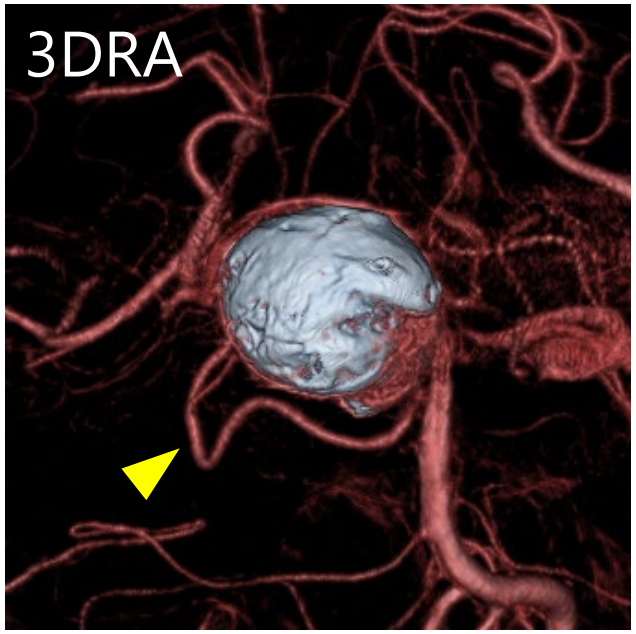


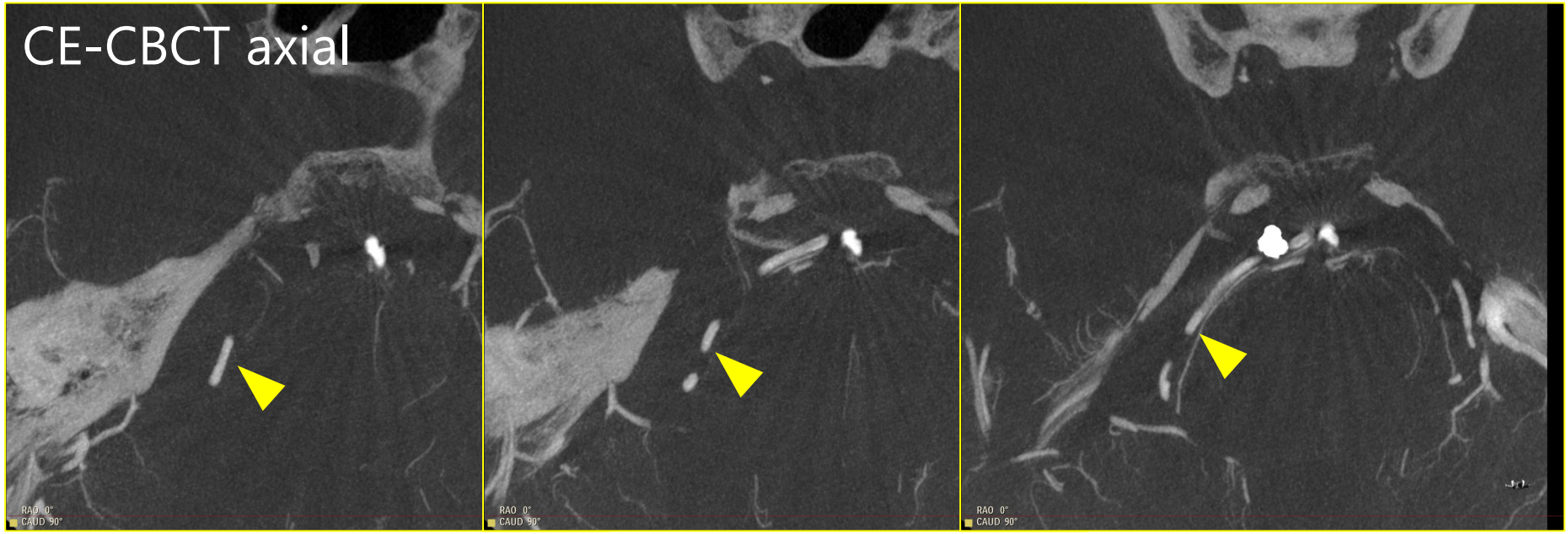


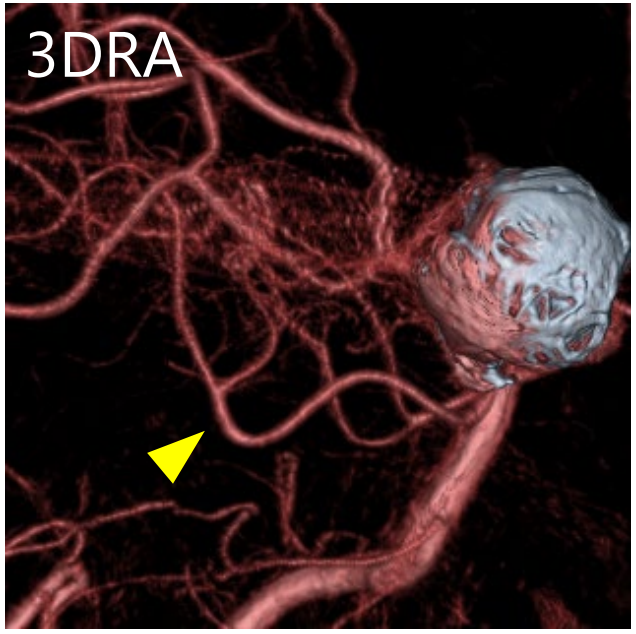







3DRA


CE-CBCT axial
RAO 0°
CAUD 90°
RAO 0°
CAUD 90°
RAO 0°
CAUD 90°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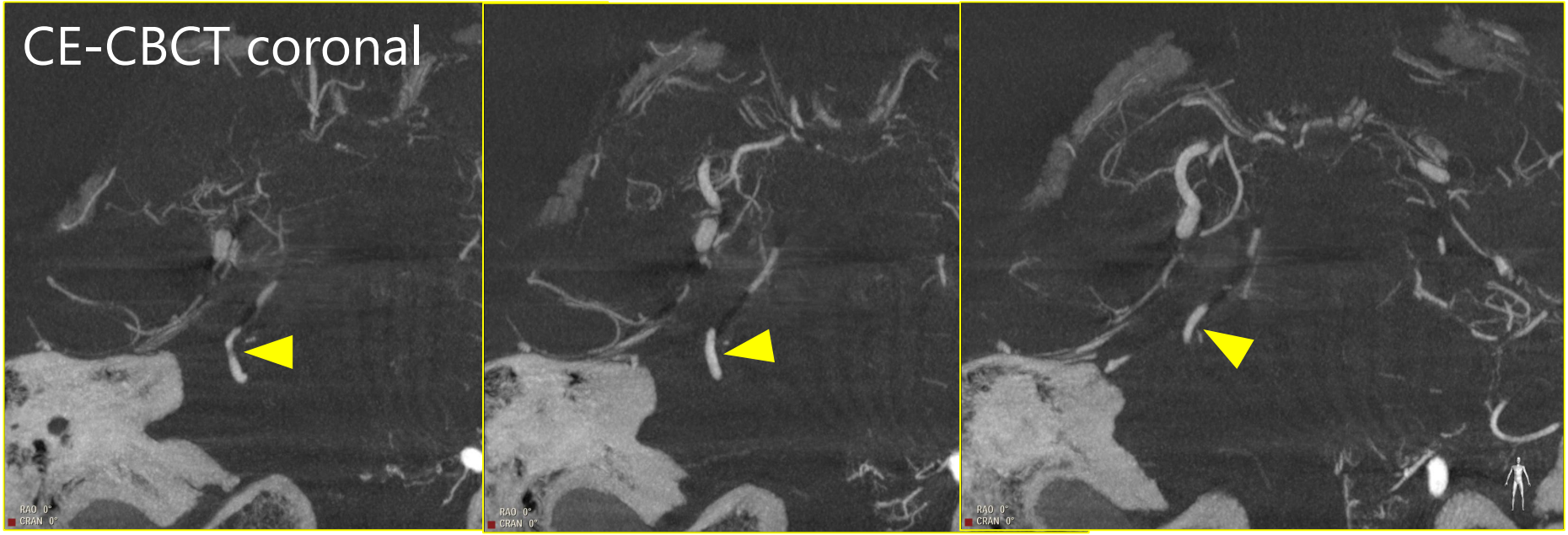
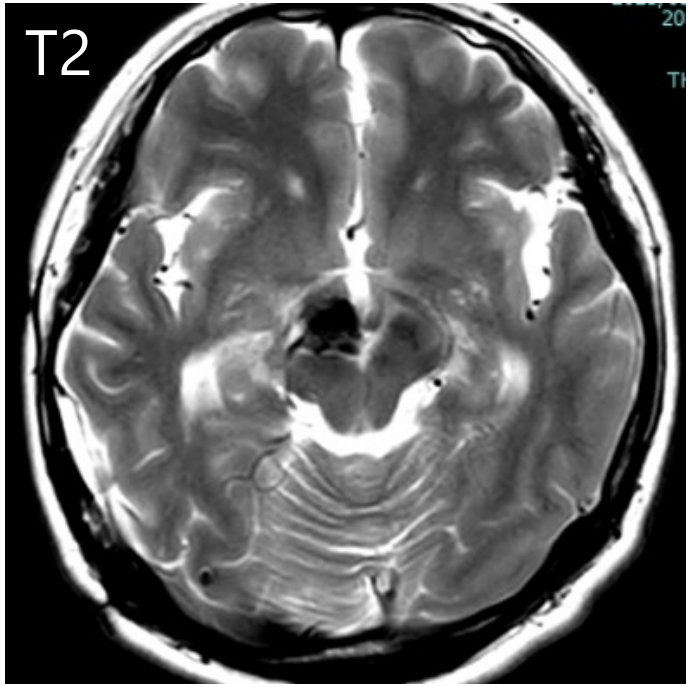
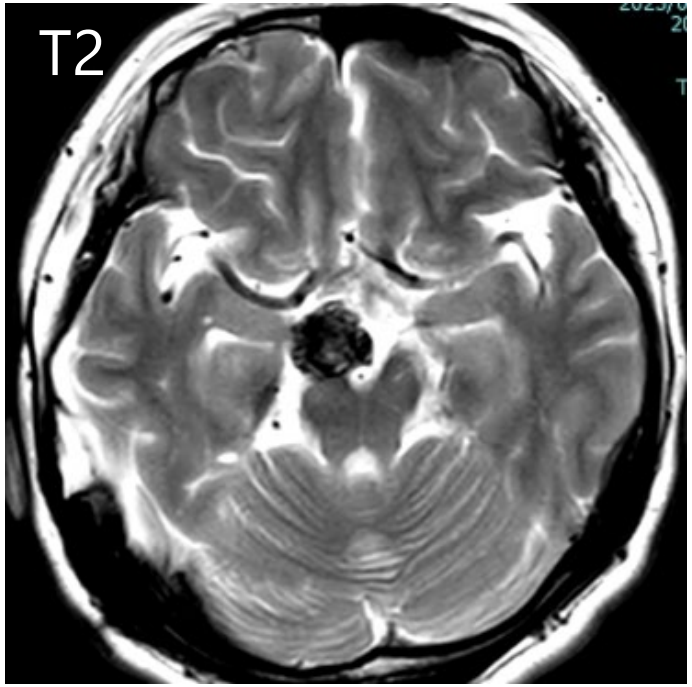

CE-CBCT coronal
RAO 0°
CRAN 0°
RAO 0°
CRAN 0°
RAO 0°
CRAN 0°


T2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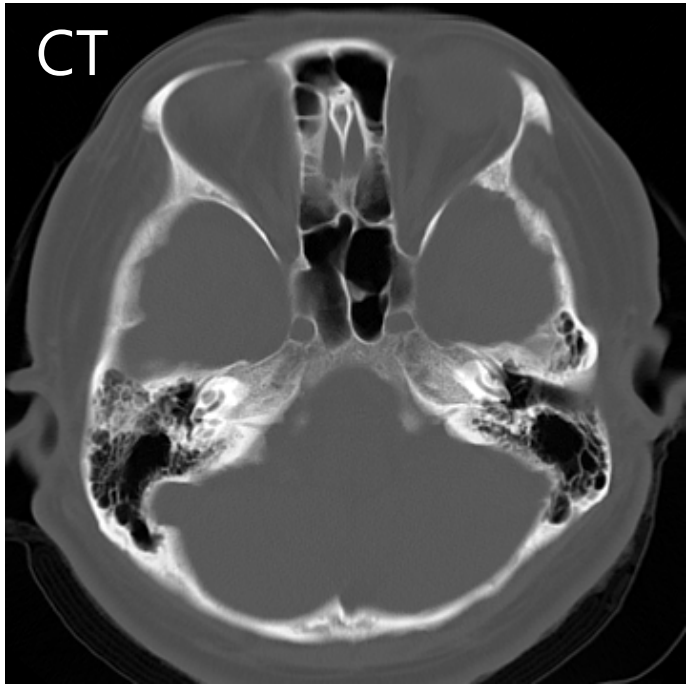
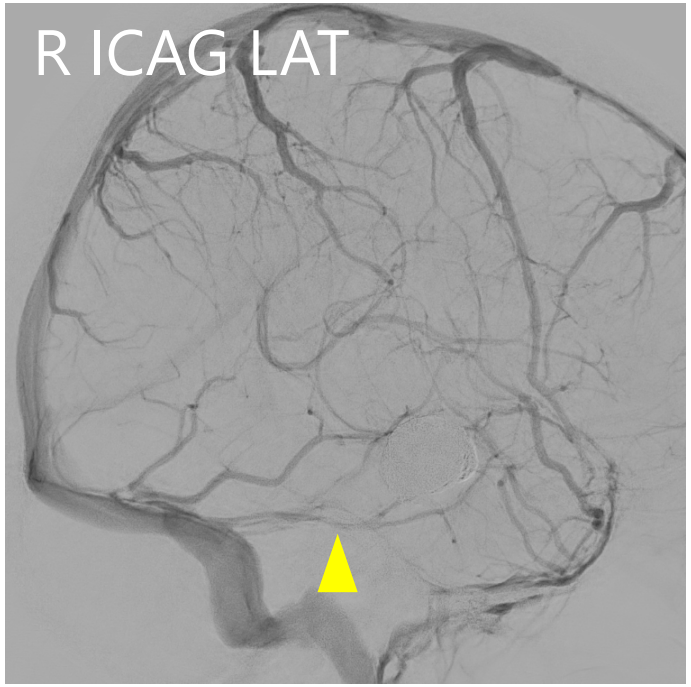
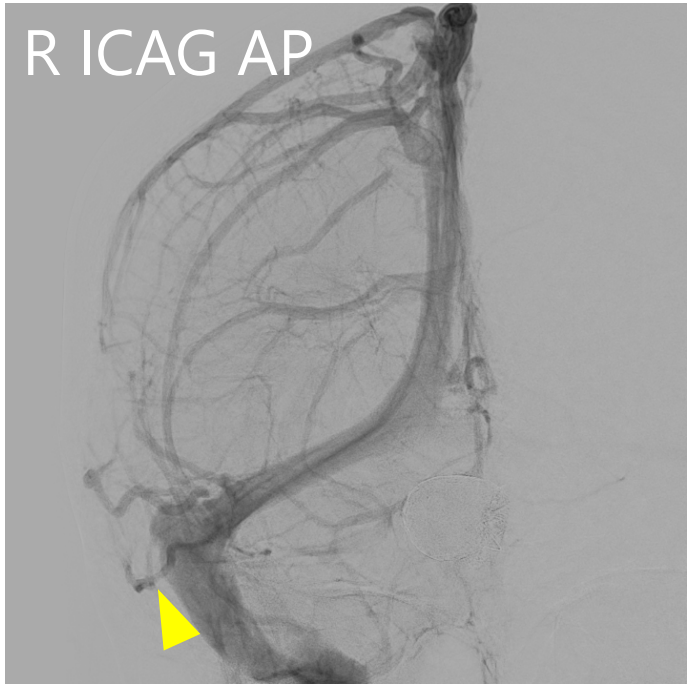
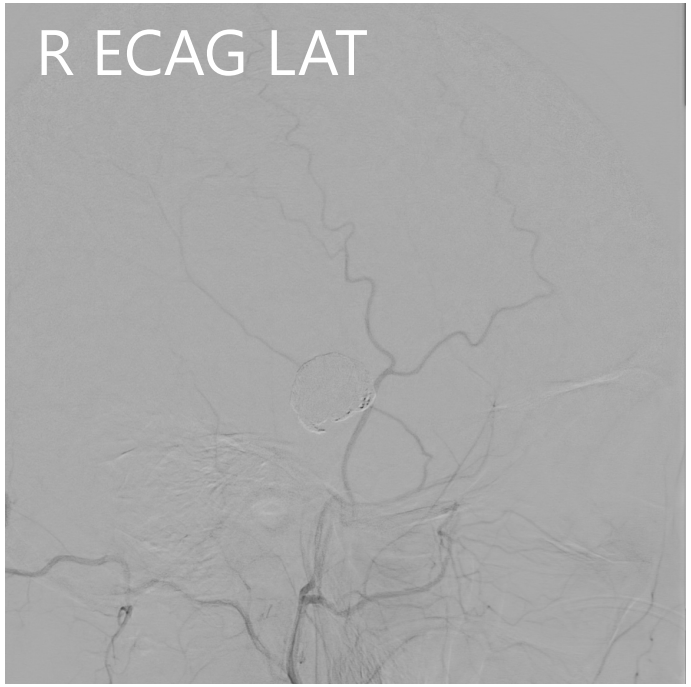

CT


R ICAG LAT


R ICAG AP


R ECAG LAT

本症例のポイント

- コイル後再々発（ネックの血流再開通）16mm→20mm
- コイルではSCAの起始部を残す必要がある
- 圧迫症状はないが、coil massは大きく、ネックの直視下での観察は難しい
- SCAは良好に発達、走行はやや低い
- 側頭骨の含気は軽度、頬骨弓は低位
- 側頭葉の底面からtransverse-sigmoid junctionへ流出するveinが一本

検討事項

- 治療モダリティの選択
- 開頭、血管内それぞれの長所と問題点

症例5

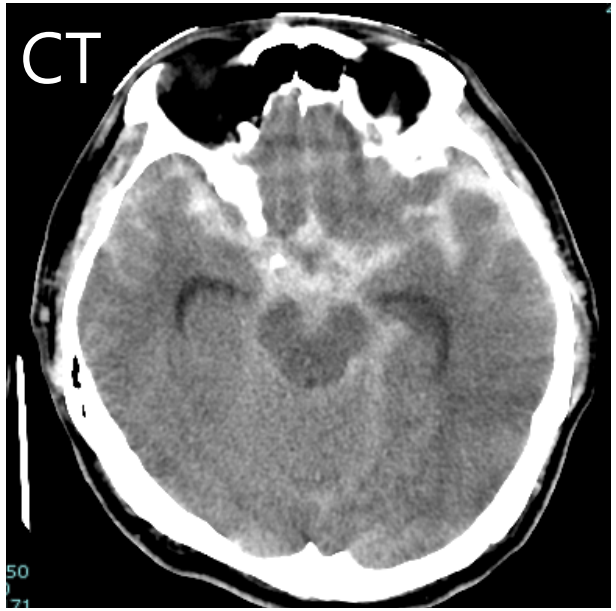
53歳男性
Recurrent ruptured ACoA AN (post coil×2)

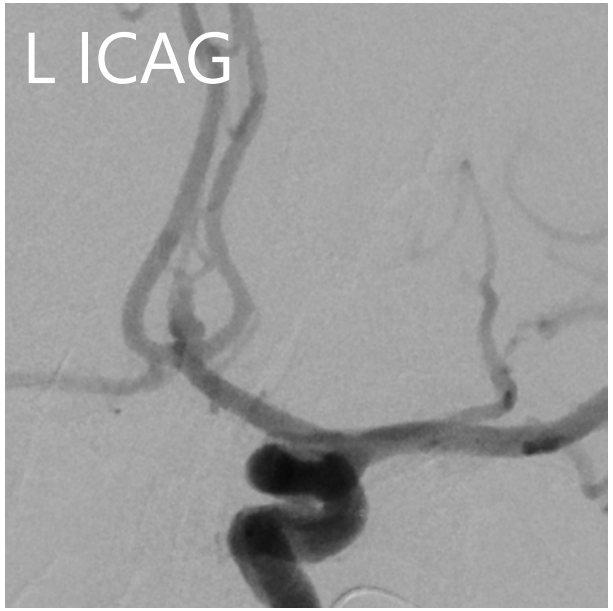
【現病歴】

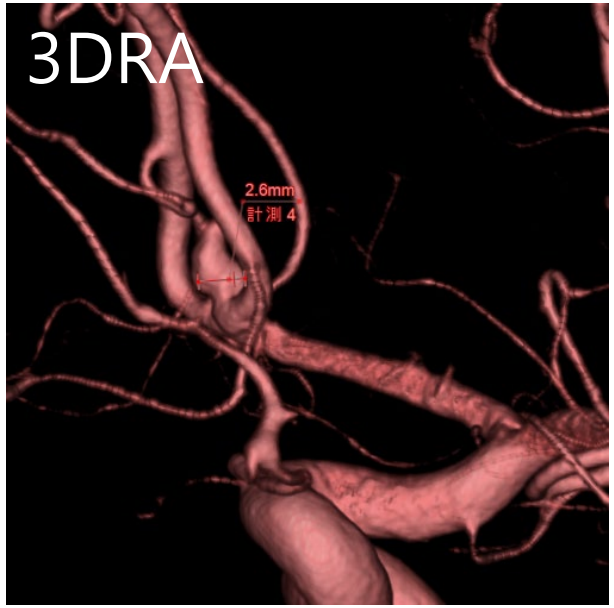
WFNS grade IVのSAHを発症し、コイル塞栓術施行。社会復帰しmRS0。3か月後のMRAで再発を認め、再度コイル塞栓術（2回目）を施行。初回治療から2年4か月後に再々発を認め、その後瘤の増大を認めた。

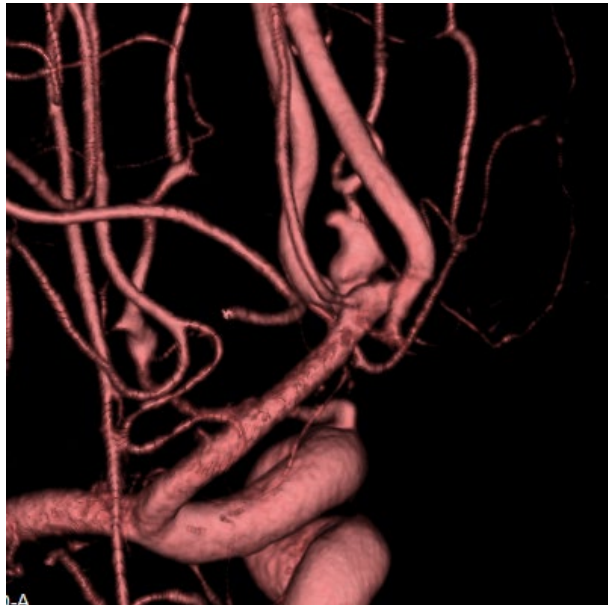
【既往歴】　高血圧、SAS

【家族歴】　SAHなし





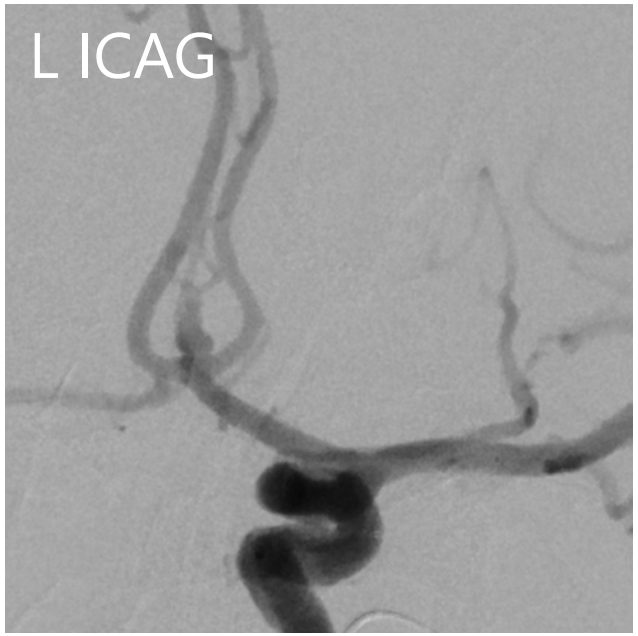


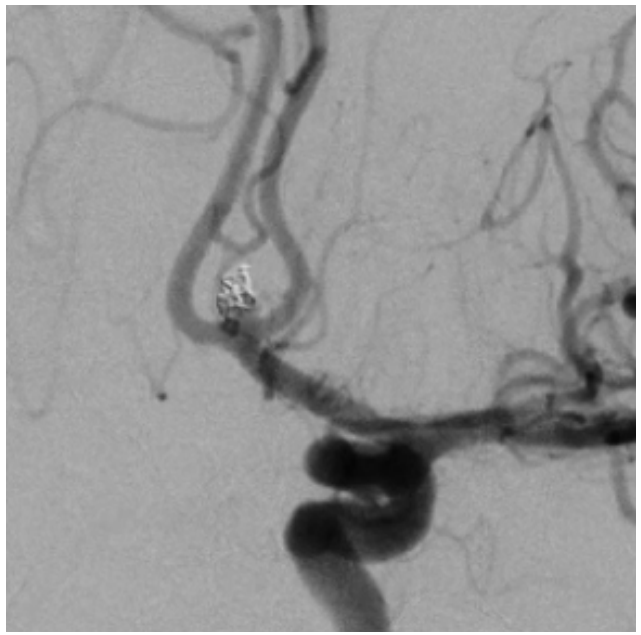


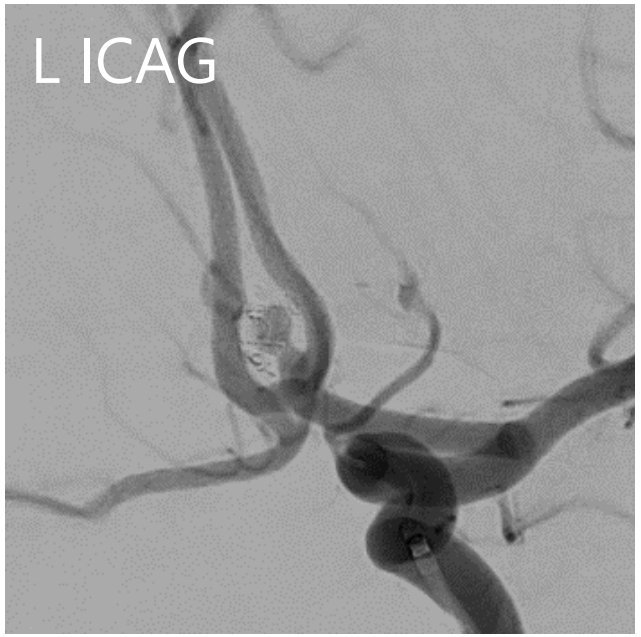
初回コイル

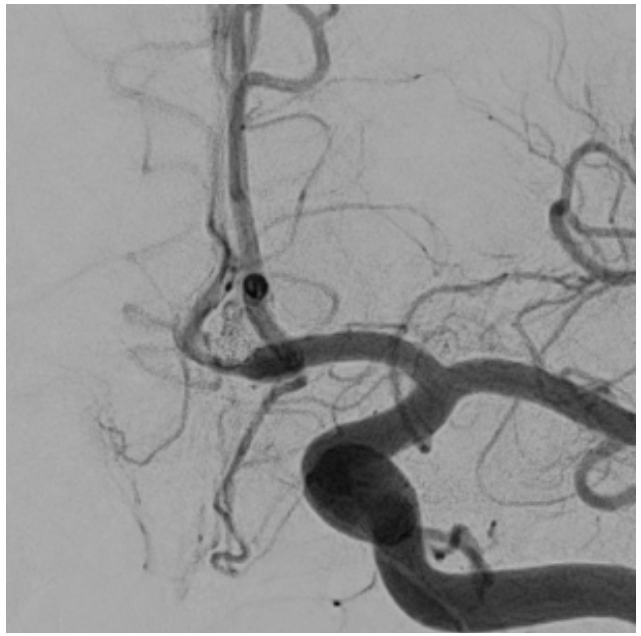
再発/２回目コイル（4か月）

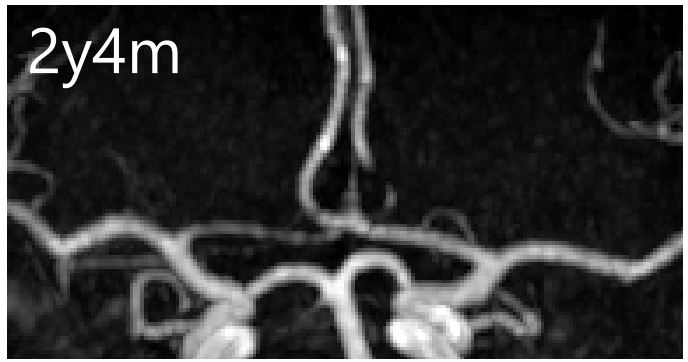
再々発（2年4か月～）

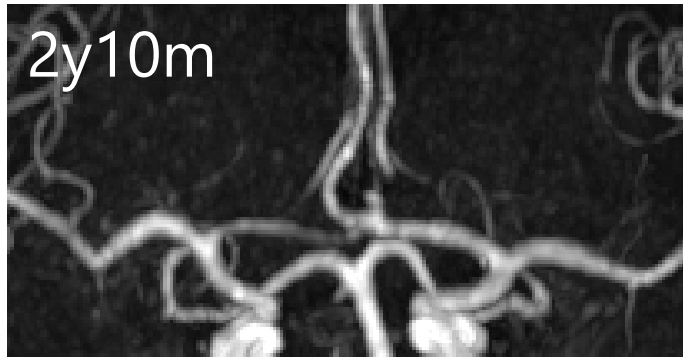


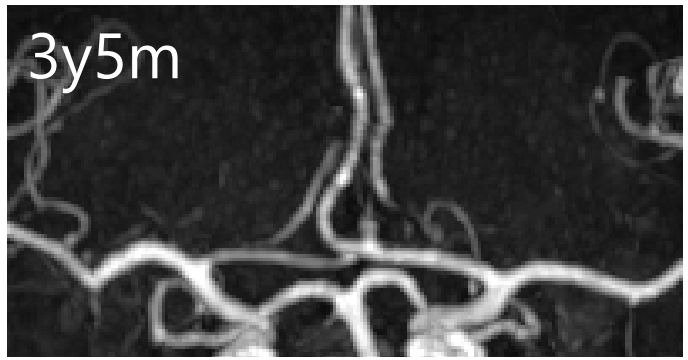




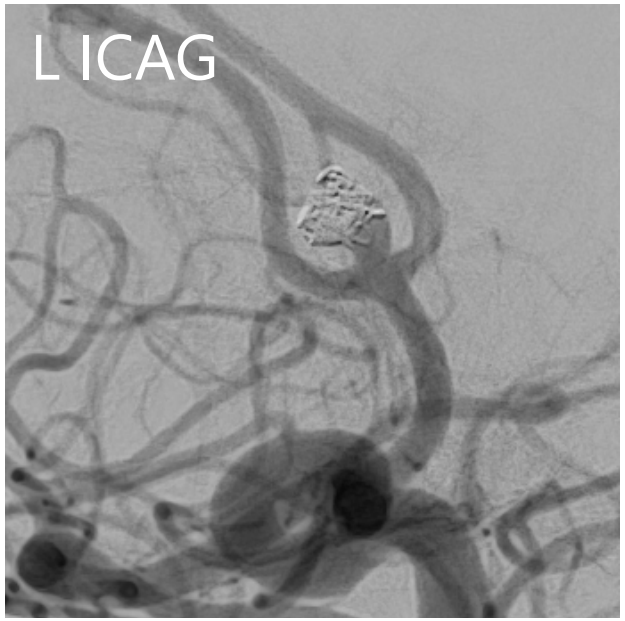


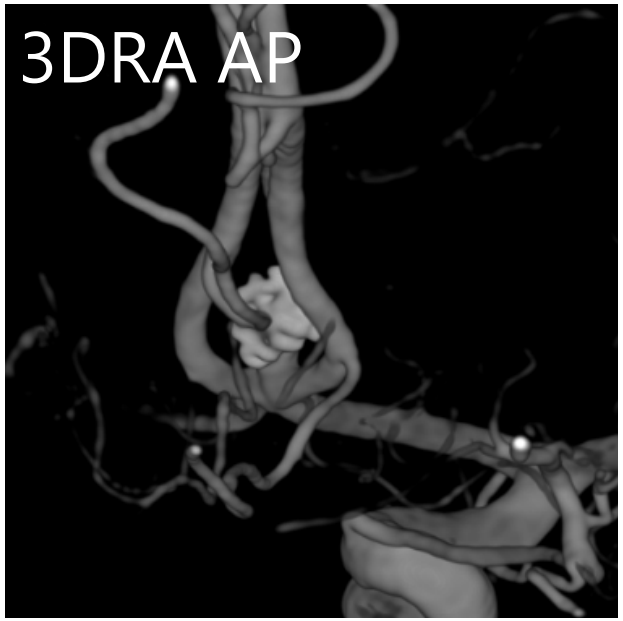


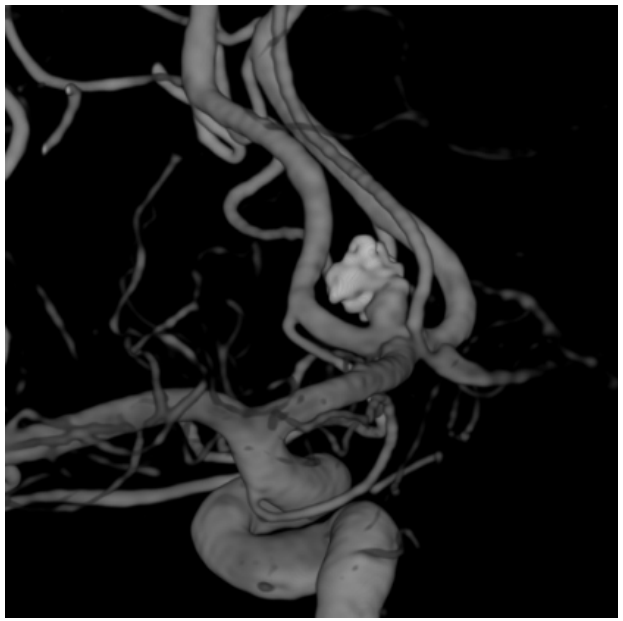


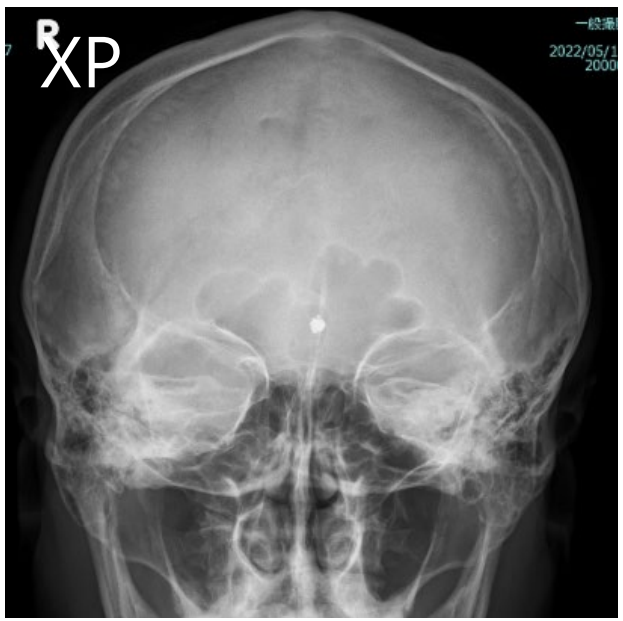


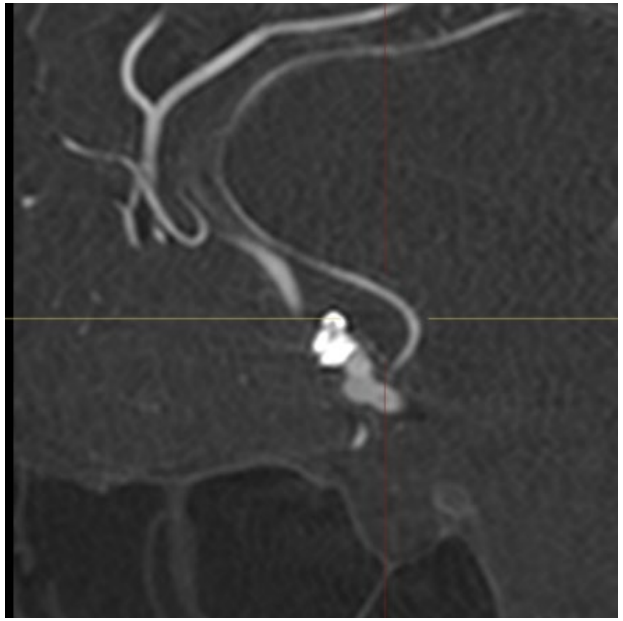
再々発（3年5か月）

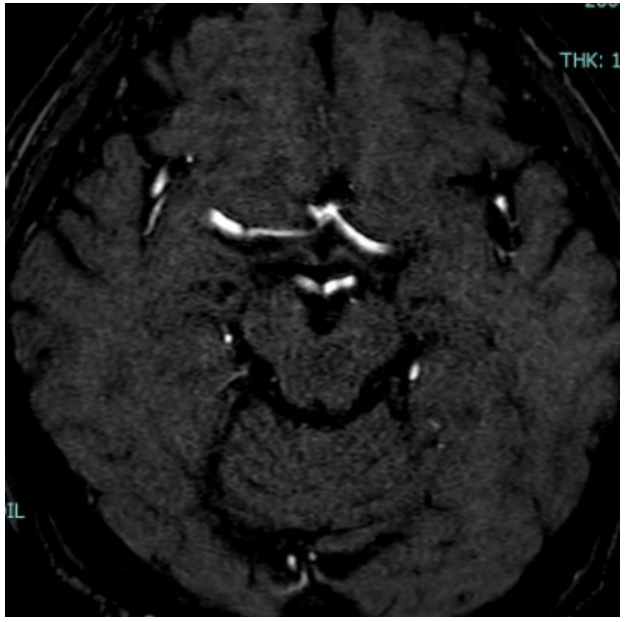


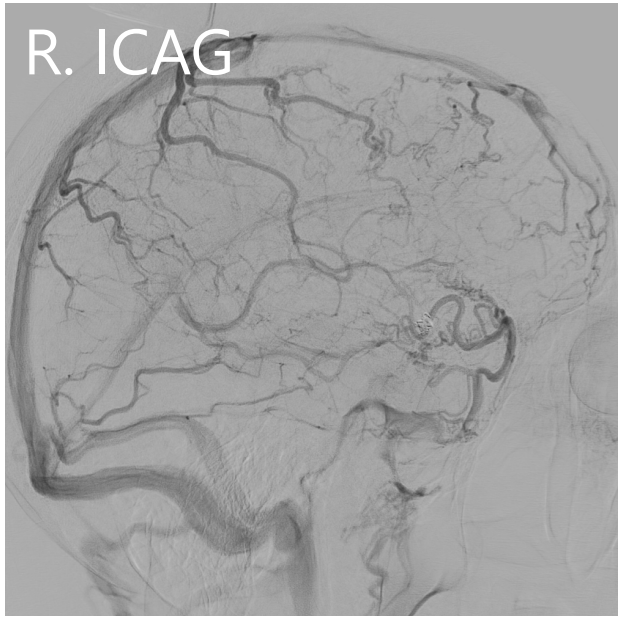


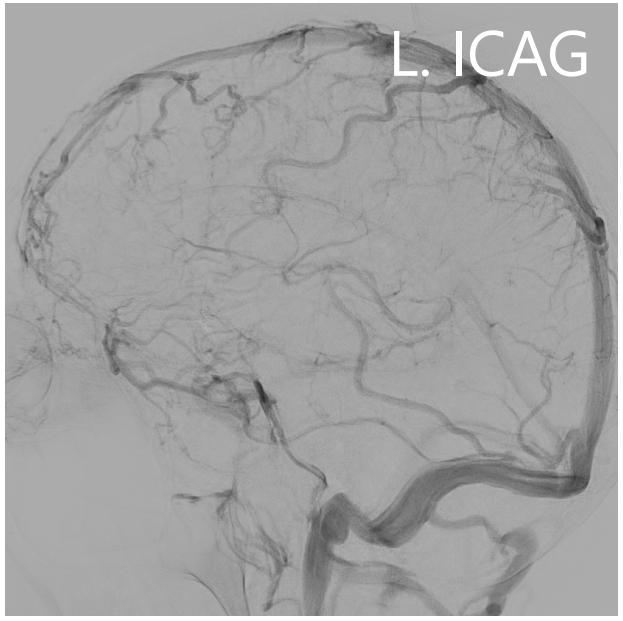












本症例のポイント

- コイル後再々発（増大）
- 上向き、やや高位、視神経と癒着なし
- コイル塊は上方へ移動
- ネックの高さは1.5mm程度あり、穿通枝は明らかではない
- 両側A1、Acomともに発達しており、A2は右に開く
- 前頭洞の発達良好

検討事項

- 治療モダリティの選択
- 開頭、血管内それぞれの長所と問題点
- アプローチ