Sudden collapse in a middle-aged male: giant ACOM aneurysm

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DESCRIPTION

A 50-year-old right-handed man with no medical history of note, presented to neurosurgery emergency with sudden loss of consciousness and vomiting. The patient was on the toilet when he was overcome by a sudden, severe headache, making him lose consciousness and collapse. He described the headache as akin to being hit in the back of the head with a cricket bat. The patient lay on the floor only briefly before relatives came to his aid; there was no witnessed tongue biting, incontinence or convulsions of note. His relatives noted him to be confused, reporting of a global headache and nausea, prompting them to take the patient to the hospital. On admission his Glasgow Coma Scale was 14/15, losing one point for confusion, though there were no focal signs or pupillary abnormal-

ities. CT of the head was performed which confirmed the presence of a subarachnoid hemorrhage. CT angiography and digital subtraction angiography revealed an anterior communicating (ACOM) artery aneurysm measuring 25 mm in diameter (see figure 1). The patient underwent craniotomy and clipping of the aneurysm, making a successful recovery thereafter.

Giant intracerebral aneurysms (GIA) are rare, often deadly, ticking time bombs measuring at least 25 mm in diameter.¹ One longitudinal study showed the 5-year rupture rate of GIAs to be around 40–50%² highlighting the need for intervention as soon as possible after discovery. Treatment is a choice between surgical clipping and endovascular coiling, with many surgeons preferring surgical intervention given the low rate of occlusion after coiling procedures.³ Ultimately, the decision is based on numerous factors such as age, location and measures of cerebrovascular reserve.¹

Figure 1 Giant anterior communicating artery aneurysm seen on CT angiography (top) and digital subtraction angiography (bottom).

Learning points

- ▶ Giant intracerebral aneurysms should be treated soon after they are found.
- ▶ Management of giant intracerebral aneurysms is controversial, and the ultimate decision should be multidisciplinary, with multiple factors taken into account.

Contributors MW created the first draft of the article. AHV was responsible for the treatment of the patient, and he also checked over the draft.

Competing interests None.

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