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Dissecting superior cerebellar artery aneurysm: spontaneous resolution in a long-term follow-up

Aneurisma dissecante de artéria cerebelar superior: resolução espontânea após seguimento de controle

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A 48-year-old woman presented with sudden posterior neck pain 12 hours before admission. Past medical history was unremarkable. Neurological examination was normal. A brain CT scan and cerebrospinal fluid were normal. A MRI angiography (MRA) and digital angiography confirmed a dissecting superior cerebellar artery (SCA) aneurysm (Figure 1). We decided for noninvasive therapy. Six months later, the MRA showed complete resolution (Figure 2).

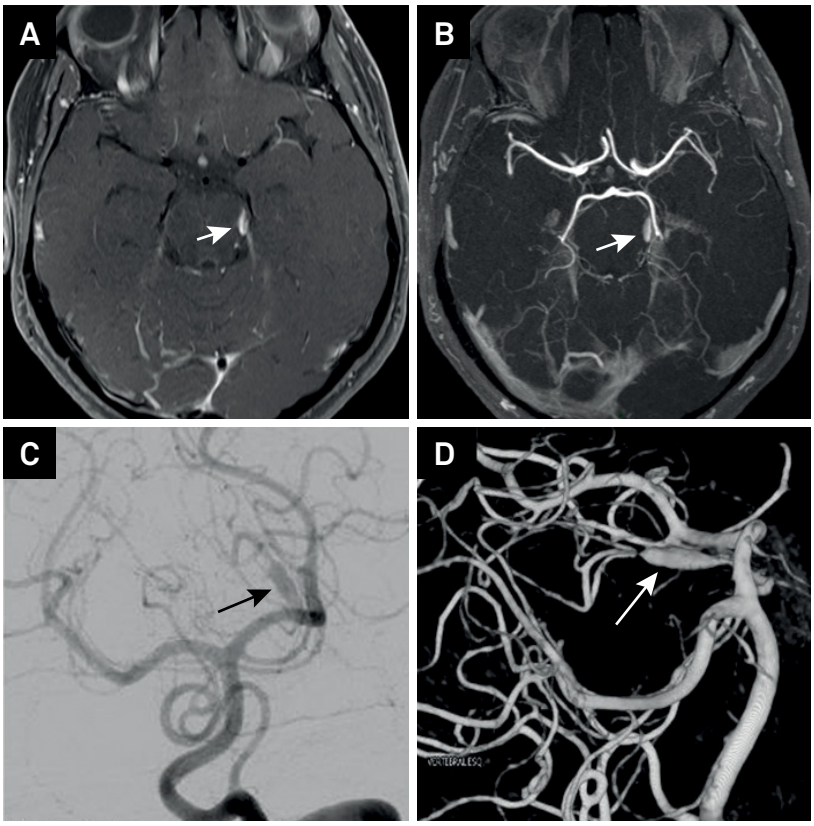

Figure 1. Axial post-contrast brain MRI (vessel wall imaging) shows abnormal asymmetric vessel wall enhancement in left superior cerebellar artery (A); axial 3D-TOF MRI angiography shows segmental ectasia in the left superior cerebellar artery (B). Digital subtraction angiogram of the left vertebral artery and 3D reconstructions confirmeda dissecting superior cerebellar artery aneurysm (lateral pontomesencephalic segment) (arrows) (C and D).

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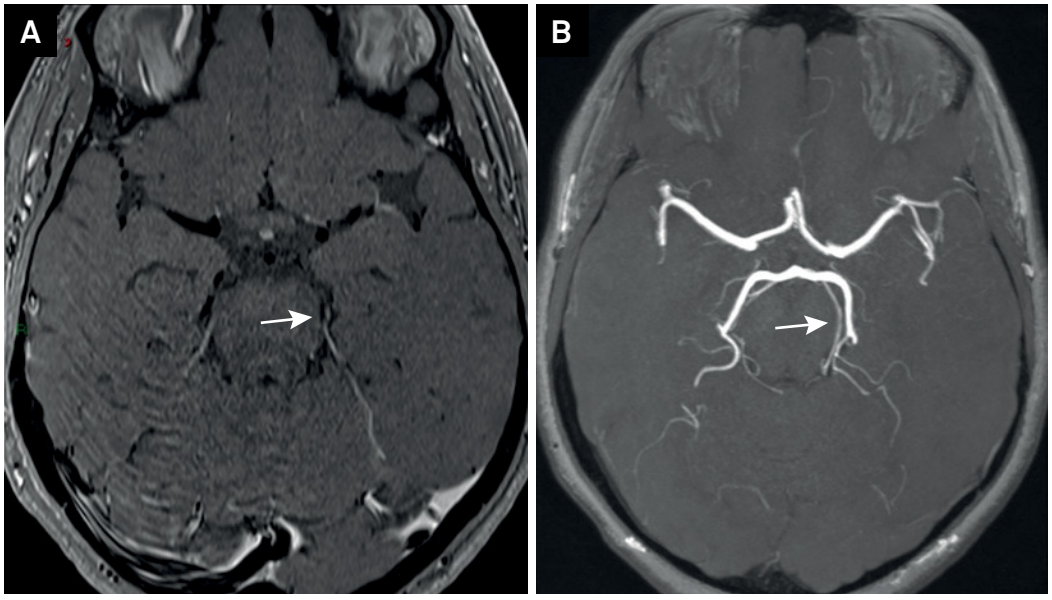

Figure 2. Six-month follow-up. Axial post-contrast brain MRI (vessel wall imaging) shows no enhancement in left superior cerebellar artery (A); axial 3D-TOF MRI angiography shows no artery aneurysm (B).

Fusiform aneurysms of the SCA related to dissection are rare[1,2]. Treatment strategies are usually aggressive and include: aneurysm clipping, arterial bypasses and artery occlusion[1,2,3]. Our report suggests that noninvasive therapy should be considered as an option for unruptured fusiform aneurysms of the SCA related to dissection.

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