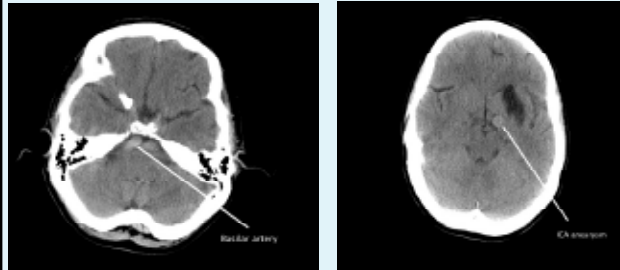


**CASE STUDY – LEFT ICA ANEURYSM****Clinical History**

Right hemiplegia and right facial weakness; smoked more than 20 cigarettes a day for several years.



**Figure 2.**

**Picture 1:** Non enhanced CT of the brain. This image features a fusiform dilatation of the basilar artery (BA).

**Picture 2:** Non enhanced CT of the brain. This picture shows a round slightly hyperdense extra-axial intracranial mass lesion abutting left internal carotid artery (ICA) and posterior vertebral artery (PCA) measuring about 9mm in maximum diameter. Additionally, there is a chronic left sided striatum infarct demonstrated.

**Radiological Report**

A non enhanced CT of the brain has been acquired at patient admission (Pictures 1 and 2). There is no evidence of an intracranial haemorrhage or haematoma. There is also no evidence of midline shift or of signs of raised intracranial pressure. No recent ischaemic changes are identified. However, a hypodense secondary porencephalic defect area is noted involving the left sided striatum being in keeping with a chronic striatum infarct.

Additionally, there is evidence of two vascular changes. Firstly, the basilar artery appears to be dilated being suggestive of a fusiform aneurysm. And more importantly, there is evidence of a round, slightly hyperdense intracranial extra-axial mass lesion abutting left internal carotid artery and left posterior cerebral artery measuring about 9mm in maximum diameter in keeping with an internal carotid artery aneurysm (A1 segment).

A subsequent conventional angiogram confirms both vascular findings, and the left internal carotid artery aneurysm has been clipped successfully.

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