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Case Background



Neuro interventional  
radiologist

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The female patient presented with a ruptured aneurysm at the origin of the posterior communicating artery that was primarily treated by coiling. Significant recurrence at 3 years justifying repeated treatment. The intended procedure is completion of coiling under assistance of a remodeling balloon followed by deployment of a stent to allow a durable occlusion.

## The Intervention

**Fig 1:** roadmap picture showing the recanalized aneurysm and an **ASAHI CHIKAI black (0.36mm/0.014")** within a Scepter C remodeling balloon. The **ASAHI CHIKAI black (0.36mm/0.014")** is perfectly well visible, allowing sufficient support for tracking of the remodeling balloon.

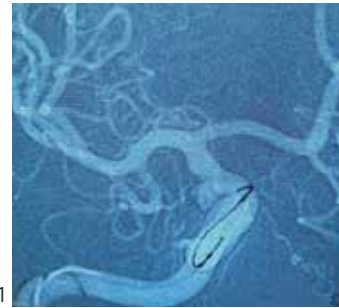


Fig.1

**Fig 2 and 3:** the optimal torque of the **ASAHI CHIKAI black (0.36mm/0.014")** allows easy manipulation and orientation either to the anterior cerebral artery or to the middle cerebral artery, that is here to be preferred.

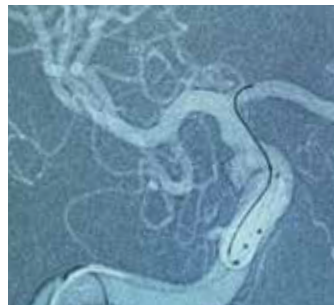


Fig.2



Fig.3

**Fig 4:** the **ASAHI CHIKAI black (0.36mm/0.014")** wire is also well visible on an unsubtracted image. The newly placed coil in the recanalized aneurysm as well as the coils placed initially can be seen.

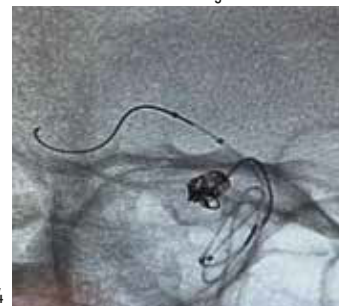


Fig.4

**Fig 5:** post procedure DSA showing complete occlusion of the aneurysm. Hydrosoft coils and LVIS EVO 4x13 mm used.



Fig.5