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Fatal Spontaneous Subarachnoid Haemorrhage - A Report of Three Unusual Causes

Hémorragie Sous-arachnoïdienne Spontanée Fatale– Un Rapport sur trois causes inhabituelles

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ABSTRACT

PURPOSE: To report three rare causes of fatal spontaneous subarachnoid haemorrhage (SAH) and to discuss the clinical presentations, neuroimaging findings of the patients, and a brief review of the literature on these unusual causes of SAH.

CASE REPORTS: Anomalous branches of the internal carotid artery (ICA) are remarkably rare and multiple aneurysms associated with these aberrant arteries a rarer phenomenon still. A case of multiple proximal and distal aneurysms of the main trunk of an aberrant ICA branch, which resulted in a World Federation of Neurosurgical Societies (WFNS) grade V SAH, was presented. This abnormal vessel had an arterial fenestration, another rare occurrence. The second patient had a craniocervical junction (CCJ) arteriovenous fistula, which was associated with a distal aneurysm extending to the upper cervical spinal canal. The patient presented with recurrent SAH which had been misdiagnosed multiple times in the past. The third case presentation is that of a WFNS grade IV SAH, which occurred secondary to a ruptured giant fusiform aneurysm of the supraclinoid segment of the left ICA. The first two cases manifested with multiple episodes of Fisher grade IV SAH, and all cases proved fatal.

CONCLUSION: It is crucial for clinicians to ensure prompt angiographic studies in patients presenting with spontaneous subarachnoid haemorrhage, as delay in the definitive diagnosis/intervention can be lethal. In particular, a high index of suspicion for a vascular brain lesion should be entertained in cases of repetitive SAH. **WAJM 2022; 39(8): 781-787.**

KEYWORDS: Anomalous Vessels, Arteriovenous fistulas, Fusiform aneurysms, Arterial fenestration, Subarachnoid haemorrhage

RÉSUMÉ

BUT: Pour signaler trois causes rares d'hémorragies sous-arachnoïdiennes spontanées mortelles (HSA) et discuter des présentations cliniques, les résultats de la neuro-imagerie des patients et une évaluation de la littérature concernant des causes inhabituelles de HSA.

ETUDES DE CAS: Les vaisseaux anormaux de l'artère carotide interne (ACI) sont remarquablement rares et multiples anévrismes associés à ces vaisseaux aberrants est encore phénomène rare. Un cas de multiples anévrismes proximaux et distaux du tronc principal d'un navire ACI aberrant, à l'issue de WFNS grade V HSA a été présenté. Ce vaisseau anormal a eu une fenestration artérielle, qui est une autre occurrence rare. Le deuxième patient avait une charnière craniocervicale (CCR), les fistules artério-veineuse, qui était associée à un anévrisme distal qui s'étend à la partie supérieure du col canal rachidien. Le patient avec une HSA récurrente qui avait été diagnostiquée plusieurs fois dans le passé. La troisième présentation de cas c'est celle d'un WFNS de grade IV du HSA, qui est le secondaire à un anévrisme fusiforme géant rompu du segment supra-clinoïde de l'ACI du gauche. Les premiers deux cas se sont manifestés par de multiples épisodes d'HSA de niveau IV de Fisher, et tous les cas c'était avéré fatal.

CONCLUSION: Il est cruciale que les cliniciens garantissent des examens angiographiques rapides chez les patients présentant une hémorragie sous-arachnoïdienne spontanée, car un retard dans le diagnostic définitif/l'intervention peut être mortel. En particulier, un indice élevé de suspicion d'une lésion cérébrale vasculaire doit être envisagé en cas d'HSA répétitive. **WAJM 2022; 39(8): 781-787.**

MOTS CLÉS: Anomalie vaisseaux, Fistules artérioveineuse, Anévrismes fusiforme, Fenestration artérielle, Hémorragie subarachnoïde

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Abbreviations: SAH- Subarachnoid haemorrhage; ICA- Internal carotid artery; WFNS- World Federation of Neurosurgical Societies; CCJ- Craniocervical junction; AVF- Arteriovenous fistula; CT- Computerised tomography; CTA- Computerised tomography angiography; MR- Magnetic resonance; MRA- Magnetic resonance angiography; GCS- Glasgow coma score; ECA- External carotid artery; PCOM- Posterior communicating artery; SCA- Superior cerebellar artery; PICA- Posterior inferior cerebellar artery; DSA- Digital subtraction angiography; BA- Basilar artery; AVF- Arteriovenous fistula