

# Anesthesia for the Surgery of Intracranial Aneurysms

O Wenker, H Doerr, H Safi, A Alvarado, M Weiner

## Citation

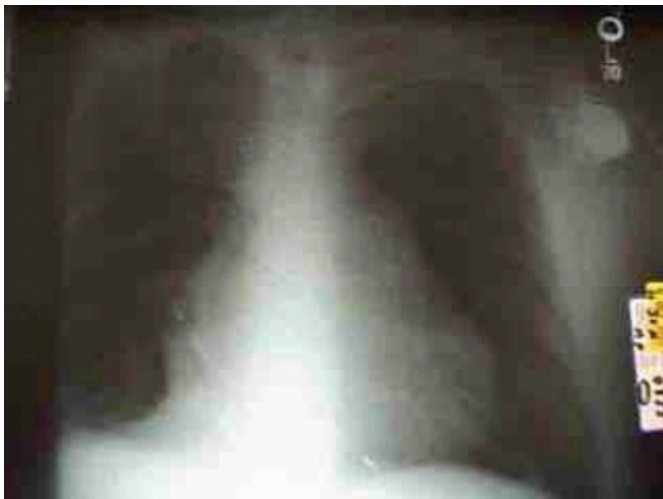
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## Abstract

## RESULTS - RADIOLOGY FINDINGS

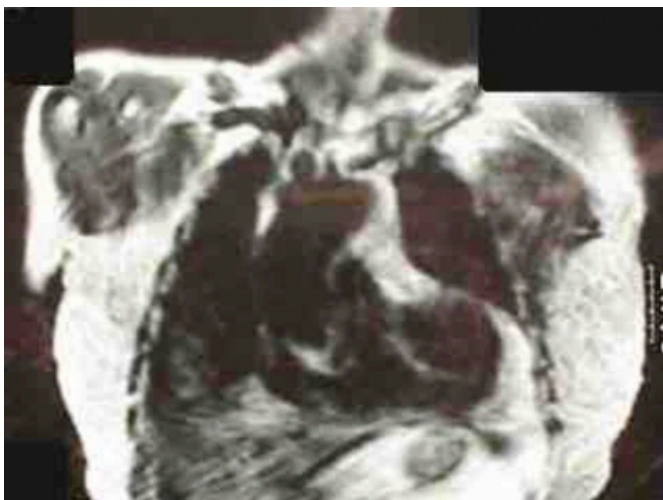
### Figure 1

Chest X-ray: Cardiomegaly .



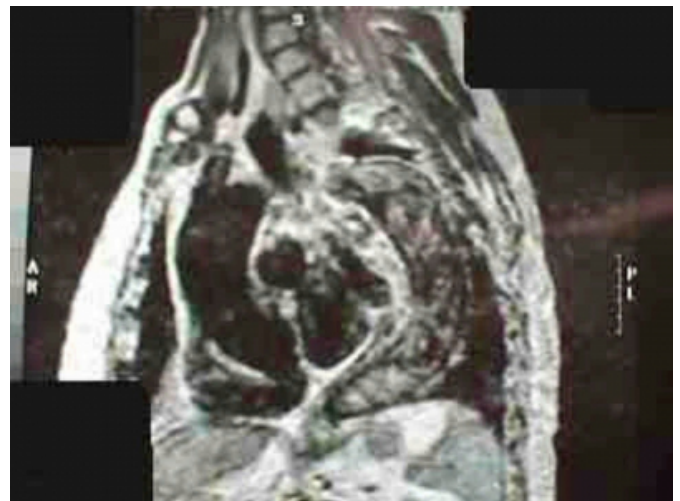
### Figure 2

CT scan chest ap: Aneurysm of the ascending and transverse aorta. Wide aortic valve area



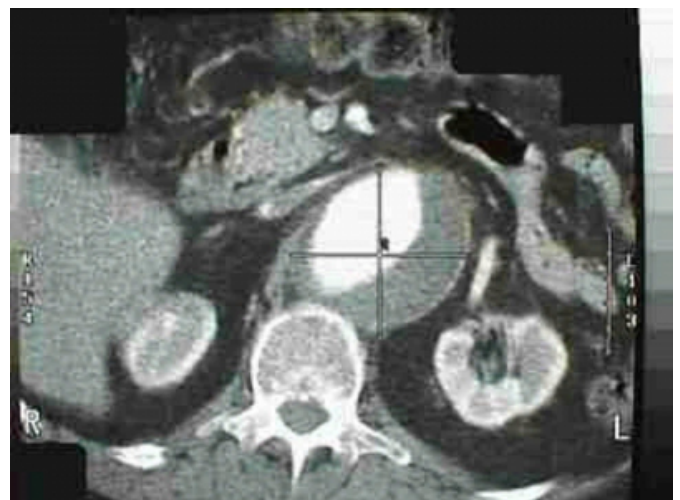
### Figure 3

CT scan chest lateral: Aneurysm of the ascending, transverse and thoracoabdominal aorta. Wide aortic valve area.



### Figure 4

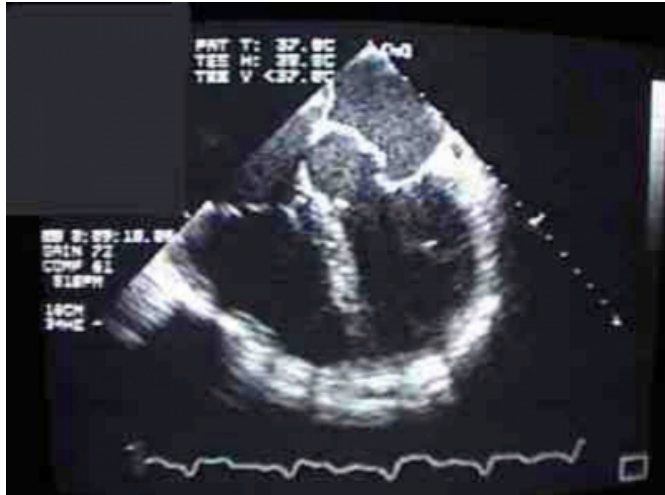
CT scan abdomen: Abdominal aortic aneurysm with actual perfused area (white) and clots or false lumen (gray).



## TRANSESOPHAGEAL ECHOGRAPHY FINDINGS

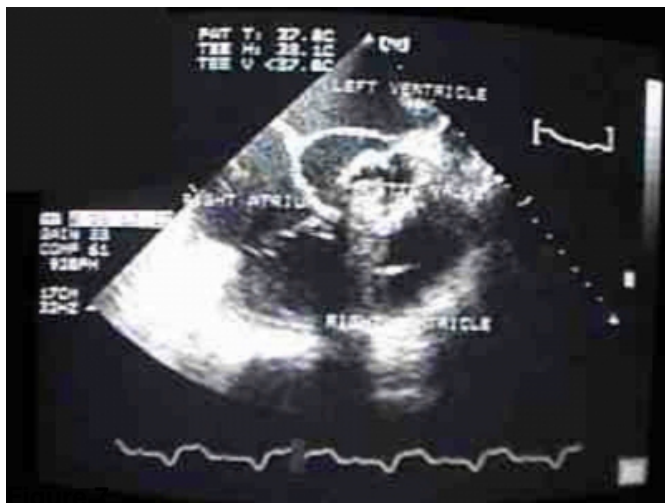
**Figure 5**

TEE 5 chamber view: Chamber sizes appear normal. Tricuspid leaflets appear normal. Anterior mitral leaflet is being pulled anteriorly and septally. There is a pseudoaneurysm present at the sinus of valsava level surrounding a prosthetic aortic valve.



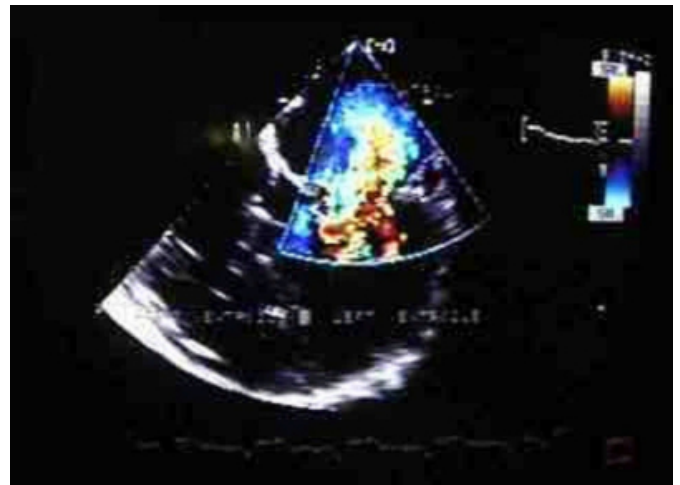
**Figure 6**

TEE 5 chamber view: Demonstrating the separation between the prosthetic aortic valve and the aortic annulus/sinus valsava.



TEE 4 chamber view: Color doppler flow demonstrates

severe excentric mitral regurgitation secondary to changes in anterior mitral leaflet geometry.



### DIAGNOSIS

Ascending aortic aneurysm with mitral insufficiency. Aneurysm of the transverse arch and thoracoabdominal aorta.

What would be your treatment? [Click here for an answer.](#)

### References

**Author Information**

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