Intracranial Aneurysm

Presentation:
- 90% present with intracranial haemorrhage
- 7% present with space-occupying symptoms

SPECIFIC SYNDROMES

Anterior communicating artery:
- the most common site of aneurysmal subarchnoid haemorrhage
- altitudinal visual field deficits,
- abulia (Loss or impairment of the ability to act or to make decisions.)
- akinetic mutism
- amnestic syndromes
- hypothalamic hypopituitarism

Anterior cerebral artery:
- frontal lobe syndromes
- anosmia,
- motor deficits

Middle cerebral artery:
- Aphasia
- Hemiparesis
- hemisensory loss
- anosognosia (a condition in which an ill patient is unaware of her own illness or the deficits resulting from her illness)
- visual field defects

Posterior communicating artery:
- Pupillary dilatation,
- ophthalmoplegia,
- ptosis
- mydriasis (pupil dilation)
- hemiparesis

Internal carotid artery:
- ophthalmoplegia due to compression of CN III
- variable visual defects
- optic atrophy due to compression of the optic nerve
- bilateral temporal hemianopia (chiasm pressure)
- Hypopituitarism
- anosmia may be seen with giant aneurysms.

Cavernous-carotid aneurysms exert mass effects within the cavernous sinus, producing
- ophthalmoplegia
- facial sensory loss
- epistaxis if ruptured.

Basilar artery:
- bitemporal hemianopsia
- oculomotor palsy
- bulbar dysfunction
- respiratory difficulties
- neurogenic pulmonary edema.

Vertebral artery or PICA:
- Ataxia
- bulbar dysfunction
- spinal involvement

False localizing signs:
- CN III palsy and hemiparesis in uncal herniation,
- CN VI palsy with elevated intracranial pressure,
- homonymous hemianopia due to posterior cerebral artery compression along the tentorial edge,
- brainstem dysfunction associated with tonsillar herniation