

ANEURISMAL SUBARACHNOID HEMORRHAGE IN PEDIATRIC POPULATION REPORT OF 3 CASES

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INTRODUCTION: Intracranial aneurysms (IA) are uncommon in children, with prevalence ranging from 0.5% to 4.6%. We present a series of 3 patients presented with ruptured IA. **CASE REPORTS:** First patient, eight years-old male patient was transferred to our institution with a less than 24 hours history of headache, nausea and vomiting. He was alert and oriented, presenting with nuchal rigidity and papilledema, without focal neurological deficits (WFNS score 1). CT showed diffuse SAH, blood in 4th ventricle and mild hydrocephalus (Fisher grade 4) (Fig 1). CT angiogram diagnosed an IA of the right middle cerebral artery close to its origin in the carotid, measuring 3 per 2 cm (Fig 2A). The patient underwent an uneventful clipping of the IA. CT angiogram shown exclusion of the IA (Fig 2B). The second patient, 6 month of life, female, presented with spontaneous Eye opening, locating pain, scream cries and nuchal rigidity. CT (Fig 3) and CT angiogram (Fig 4A) showed diffuse SAH (Fisher 3) and an IA at right medial cerebral artery bifurcation (3 x 3 cm). The second patient also underwent a surgical clipping without complications and total occlusion of IA (Fig 4 B). The 3rd patient, 2 year old boy, presented with a history of sudden loss of consciousness. He was alert, obeying commands, with headache and nuchal rigidity, without fever or papilledema. He underwent a lumbar puncture that showed a hemorrhagic pattern. CT (Fig 5) and CT angiogram showed a diminute hemorrhagic image at distal portion of basilar artery proximal to the superior cerebellar artery confirmed by cerebral angiography (Fig 6A). This patient underwent endovascular treatment with IA being totally excluded from circulation using platinum coils. The first patient left hospital with a mild left hemiparesis (grade 4/5 deficit). The other two patients did not develop gross neurological deficits.