

Infundibula Evolution into Cerebral Aneurysms; Literature review and hemorrhage Risk

Alexander Mason MD; shazam hussain MD; Shannon Butler; morgan BA kohler; Mark Douglas Bain MD Denver Health Medical Center, a University of Colorado affiliate, and the Cleveland Clinic.

Introduction

Infundibula occur at branches within the intracranial circulation, classically at the internal carotid and posterior communicating arterial junction. Although typically considered a benign finding, some clinicians suggest that this, may be in certain patients, a preaneurysmal finding. Reports exist within the literature that describe the evolution of an infundibulum into a true aneurysm at the p-com branch points. Additionally, there have been reports of infundibular hemorrhage without evolution into true aneurysm. The purpose of this series is to review the infrequent evolution of this typically benign finding into an aneurysm; and design a prospective classification system that might assist clinicians in the management of this classically benign finding.

Methods

Scientific literature review of PubMed (National Library of Medicine) from January, 1966 through January, 2014 of material relevant to evolution of infundibula into true aneurysms. Various combinations of key words including infundulum, cerebral aneurysm, denovo aneurysm were used.

Results

Fourteen cases were found that support the theory that infundibula can evolve into true aneurysms. They are more likely to do so in the presence of additional aneurysms, especially if those aneurysms resulted in subarachnoid hemorrhage (SAH). Other risk factors of evolution may be related to wall defects and sheer stress. In an additional six reported cases of infundibular rupture without evolution into a true aneurysm, wall defects may play a more significant role.

Conclusions

Some infundibula are potentially preaneurysmal in nature and follow-up may be considered when the patient exhibits certain risk factors, including the presence of additional aneurysms or previous SAH.

Learning Objectives

1. Understand the benign nature of infundibulae and their natural history.

2. Appreciate the rare instance where a patient may be at higher risk of hemorrhage.

References

 Pool JL, Ports DG. Aneurysms and arteriovenous anomalies of the brain: Diagnosis and treatment. New York: Harper and Row; 1965

2. Saltzman GF. Infundibular widening of the posterior communicating artery studied by carotid angiography. Acta Radiol. 1959; 51: 415 -421.

 Ebina K, Ohkuma H, Iwabuchi T. An angiographic study of incidence and morphology of infundibular dilation of the posterior communicating artery. Neuroradiology. 1986; 28: 23-29.

4. Lumenta CB, Di Rocco CD. Neurosurgery. New York: Springer; 2012

5. Rinkel GJE, Djibuti M, Algra A, van Gijn J). Prevalence and risk of rupture of intracranial aneurysms - a systematic review. Stroke. 1998; 29: 251-256.

6. Drake CG. On the surgical treatment of ruptured intracranial aneurysms (case report contained herein). Clin Neuro. 1966; 13: 122-155.

7. Stuntz JT, Ojemann GA, Alvord EC. Radiographic and histologic demonstration of an aneurysm developing on infundibulum of posterior communicating artery- case report. J Neurosurg. 1970; 33: 591-595.

References (cont)

8. Young B, Meacham WF, Allen JH. Documented enlargement and rupture of a small arterial sacculation- case report. J Neurosurg. 1971; 34: 814-817.

9. Yoshimoto T, Suzuki J. Surgical treatment of an aneurysm on funnel-shaped bulge of posterior communicating artery- case report. J Neurosurg. 1974; 41: 377-379.

10. Waga S, Morikawa A. Aneurysm developing on the infundibular widening of the posterior communicating artery. Surg Neurol. 1979; 11: 125-127.

11. Trasi S, Vincent LM, Zingesser LH. Development of aneurysm from infundibulum of posterior communicating artery with documentation of prior hemorrhage. Am J Neuroradiol. 1981; 2: 368-370.

12. Itakura T, Ozaki F, Nakai E, Fujii T, Hayashi S, Komai N. Bilateral aneurysm formation developing from junctional dilation (infundibulum) of the posterior communicating arteries- case report. J Neurosurg. 1983; 58: 117-119.

13. Patrick D, Appleby A. Infundibular widening of the posterior communicating artery progressing to true aneurysm. Brit J Radiol. 1983; 56: 59-60.

14. Marshman LAG, Ward PJ, Walter PH, Dossetor RS. The progression of an infundibulum to aneurysm formation and rupture: Case report and literature review. Neurosurgery. 1998; 43: 1445-1448.

15. Martins C, Macanovic M, Silva I, Griz F, Azevedo HRC. Progression of an arterial infundibulum to aneurysm - Case report. Arq Neuro-Psiquiat. 2002; 60: 478-480.