

2 .

1 .

1 가 , 2

Guglielmi .

(Fig. 1A). (Fig. 1B) 25 mm

가

가

2

47 가

2

3 .

1

38 가

(Glasgow coma scale)

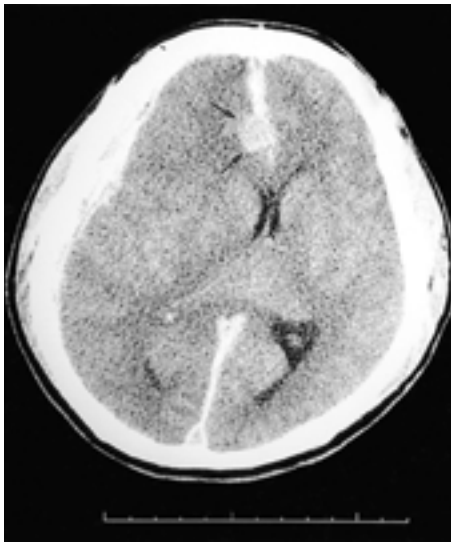
5 grade I grade III

(Fig. 2A). 5 mm

가

Guglielmi (Fig. 2B).

가 3)
 0.5 - 7.9% (2, 3). Fox (3, 7).
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 (43%), (22%), 1
 (15%) (4),
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A

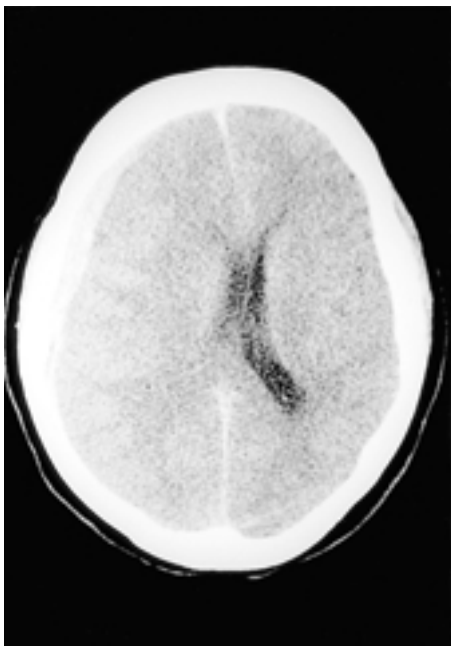


B

Fig. 1. A 38-year-old man(Case 1).

A. Noncontrast CT scan showed heterogeneous crescent subdural hemorrhage along the right fronto-temporal regions, wedge-shaped interhemispheric subdural hemorrhage and midline shifting to the left. A round hyperdense nodule was seen on right parafalcian region, suspected of the aneurysm (arrows). There was no subarachnoid hemorrhage.

B. CT angiogram revealed a large aneurysm on distal segment of right anterior cerebral artery.



A



B

Fig. 2. A 47-year-old woman(Case 2.)

A. Noncontrast CT scans showed subdural hemorrhage along right frontoparietal region with midline shifting to the left, and interhemispheric subdural hemorrhage.

B. Digital subtraction angiogram revealed elongated, lobulated aneurysm at the junction of anterior communicating artery and right anterior cerebral artery (arrow).

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Watanabe (5)
3
1
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1. Avis SP. Nontraumatic acute subdural hematoma. *Am J Forensic Med Pathol* 1993; 14:130-134
2. Kamiya K, Inagawa T, Yamamoto M, Monden S. Subdural hematoma due to ruptured intracranial aneurysm. *Neurol Med Chir(Tokyo)* 1991;31:82-86
3. Barton E, Tudor J. Subdural hematoma in association with intracranial aneurysm. *Neuroradiology* 1982;23:157-160
4. Fox JL. *Intracranial Aneurysms*. Vol.1. New York, Springer-Verlag, New York Inc. 1983:199-203
5. Watanabe K, Wakai S, Okuhata S, Nagai M. Ruptured distal anterior cerebral artery aneurysms presenting as acute subdural hematoma : report of three cases. *Neurol Med Chir(Tokyo)* 1991;31: 514-517
6. Hashizume K, Nukui H, Horikoshi T, Kaneko M, Fukamachi A. Giant aneurysm of the azygos anterior cerebral artery associated with acute subdural hematoma. *Neurol Med Chir(Tokyo)* 1992;32: 693-697
7. Kondziolka D, Bernstein M, Brugge K, Schutz H. Acute subdural hematoma from ruptured posterior communicating artery aneurysm. *Neurosurgery* 1988;22:151-154

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Acute Spontaneous Subdural Hemorrhage by Cerebral Aneurysmal Rupture: Report of Two Cases ¹

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Two cases of acute spontaneous subdural hemorrhage caused by cerebral aneurysmal rupture are presented. The patients' chief complaints were sudden bursting headache and comatose mentality. There was no history of trauma or proclivity for spontaneous bleeding, and CT scans of the brain indicated subdural hemorrhage without remarkable subarachnoid hemorrhage.

In case 1, an aneurysm at the distal segment of the right anterior cerebral artery was identified by CT angiography; the subdural hemorrhage was evacuated and the aneurysm surgically clipped. In case 2, an aneurysm at the junction of the anterior communicating artery and the right anterior cerebral artery was revealed by CT angiography and digital subtraction angiography, and Guglielmi detachable coil embolization of the aneurysm was performed.

Index words : Brain, CT
Brain, hemorrhage
Aneurysm, intracranial

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