



가 .

parasellar area)

CT (Fig. 5)

(hydroce-

phalus)

CT

(Fig. 6)

(nerve root)

(radiculopathy)

가

2

T9

(Fig. 7).

CT

T9

(thecal sac)

51

가

9

-

(ventriculoperi-

toneal shunt)

4

가

가

(recent memory)

(remote memory)

(orientation)

7

CT (Fig. 1)

(Fig. 2)

(Rt posterior communicating artery)

가

(minicraniotomy)

CT (Fig. 3)

(Fig. 4)

(Rt

Oyesiku (1)

cerebellar artery)

(1 - 5).

5

1986

(posterior inferior

6 가

(hemostatic clip)

Oyesiku

1

가

가

2004 4 6

2004 6 15

3

11.5

33

2

가

가

가



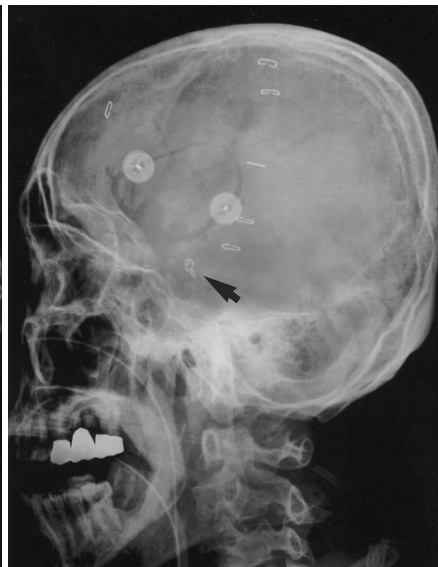
Fig. 1. Brain CT shows high-attenuation along the right Sylvian fissure, interpeduncular cistern, suprasellar cistern, and ambient cistern, suggesting subarachnoid hemorrhage. The ventricular system is shown to be mildly dilated.



Fig. 2. Right internal carotid arteriogram shows a small saccular aneurysm (arrow) at the origin of the right posterior communicating artery.

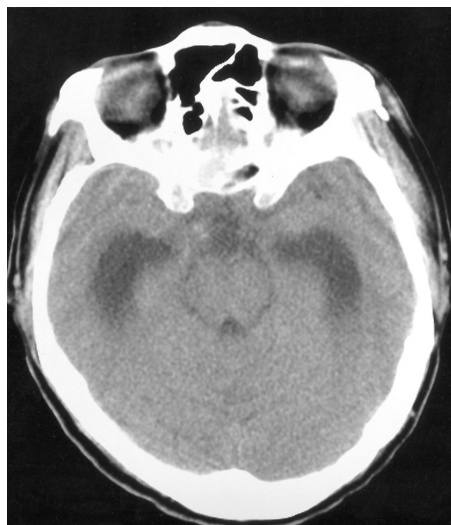


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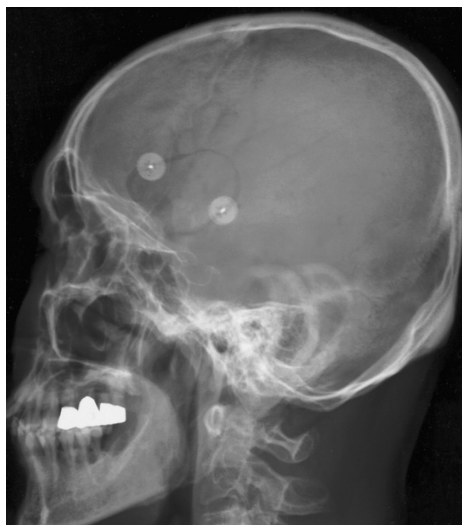


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Fig. 3, 4. Postoperative CT (Fig. 3) and skull series (Fig. 4) shows metallic density (arrow) located in the right parasellar area.



5



6

Fig. 5, 6. Follow-up CT (Fig. 5) shows marked dilatation of ventricular system. But previously noted aneurysmal clip at the right parasellar area is not visible in CT and skull series (Fig. 6).



Fig. 7. Chest PA shows aneurysmal clip-like metallic density (arrowhead) at the level of T9 vertebral body

(foreign body) (mechanical irritation)
(adhesive arachnoiditis)
(3).
(1, 5). (bullet)
Lehrmitte () (6, 7).
(paramagnetic) MRI (ferromagnetic)
CT

(3, 4).
(craniocaudal)
(4, 8).
가
가
L4 - 5 1 S1
4
Sorensen (2) Ilkko (4)
(foramen Monro) (aqueduct
of Sylvius)
(dynamic flow) (2, 4).
T9
T10
(anatomic narrowing)가 (7,
8). 가
0.6 cm 2 - 3
T9 가
(intraoperative
brain swelling)
(shearing force) (2). 가
가
applier 가

(9).

(10).

가

가

CT

가

the cauda equina causing lumbar radiculopathy. *J Neurosurg* 1986;65:256-257

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Migration of a Slipped Aneurysmal Clip from the Intracranium into the Spinal Canal: Case Report¹

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Very rarely, clips used for the ligation of intracranial aneurysms become detached and subsequently migrate into the spinal canal, causing lumbar pain or radiculopathy by compressing nerve roots or inducing inflammatory processes in their newly established location. However, it is easy to overlook the migration of the clip, because there may be either no noticeable symptoms, or a herniated disk may be mistakenly diagnosed as being the source of the present symptoms. Herein, the authors report a case in which an aneurysmal clip migrated into the spinal cord.

Index words : Aneurysm, cerebral
Brain, hemorrhage

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