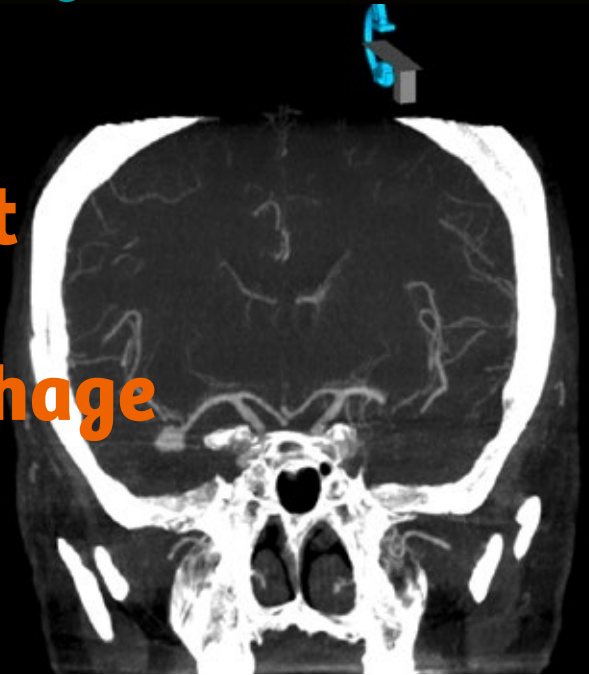


Study Protocol

One stop management for aneurysmal subarachnoid hemorrhage

Neuro Interventions



Case Description

Patient history

62-year-old female patient transferred from a peripheral hospital with an aneurysmal subarachnoid hemorrhage. Direct admission to angio suite and acquisition of a native *syngo* DynaCT, followed by an IV injected DynaCT run to assess the progression and the cause of the bleeding.

Diagnosis

Ruptured aneurysm of the bifurcation of the right middle cerebral artery.

Treatment

Surgical clipping.

General comments

The immediate diagnosis, imaging, and treatment of a ruptured aneurysm is very important and prevents rebleeding. Intrahospital time delays can be avoided if a patient from a peripheral hospital with an aneurysmal hemorrhage depicted on NCCT is transferred directly to the angio suite. The

ruptured aneurysm can be reliably depicted on an FDCT angiogram and the DSA can be started without further transfer of the patient. IV *syngo* DynaCT offers an excellent assessment of the aneurysm and adjusted arteries.

Tips & Tricks:

Use a headholder to avoid movement when the patient is not sedated.

Courtesy of

PD Marios N. Psychogios, MD,
Ioannis Tsogkas, MD,
Department of Diagnostic and
Interventional Neuroradiology
University Medicine Goettingen,
Germany

Supported by

syngo DynaCT

System & Software

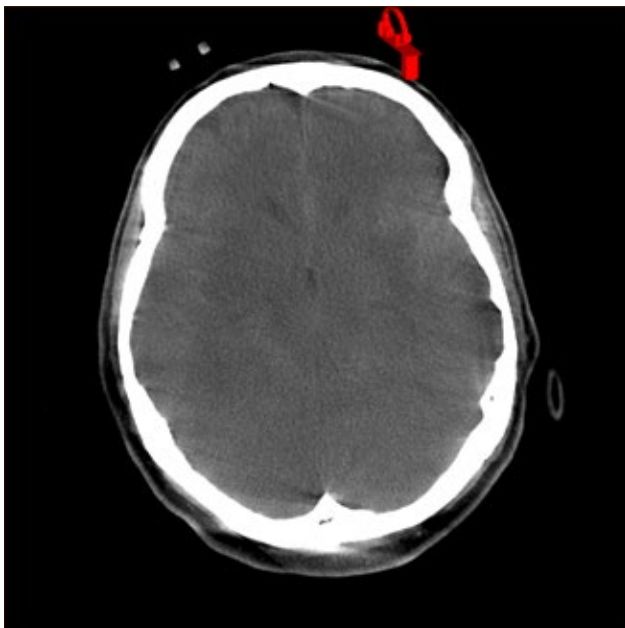
Artis Q biplane VD11
syngo X Workplace VD10

Protocol

Acquisition protocol	10sDCT Head
Injection protocol	
Catheter position	IV injection
Contrast medium (CM)	400 mg iodine/mL
Dilution	No
Injection volume	60 mL contrast media followed by 60 mL saline chaser
Injection rate	5.0 mL/s
Duration of injection	12 s - 12 s
X-ray delay	bolus tracking with digital subtraction angiography

Reconstructions	1. Reconstruction	2. Reconstruction
Name	DCT Head Clear	DCT Head Clear
VOI size	Full	Small
Slice matrix	512x512	512x512
Kernel type	HU	HU
Image characteristics	Normal	Normal
Reconstruction mode	Nat Fill	Nat Fill
Viewing preset	DCT Head	DCT Head

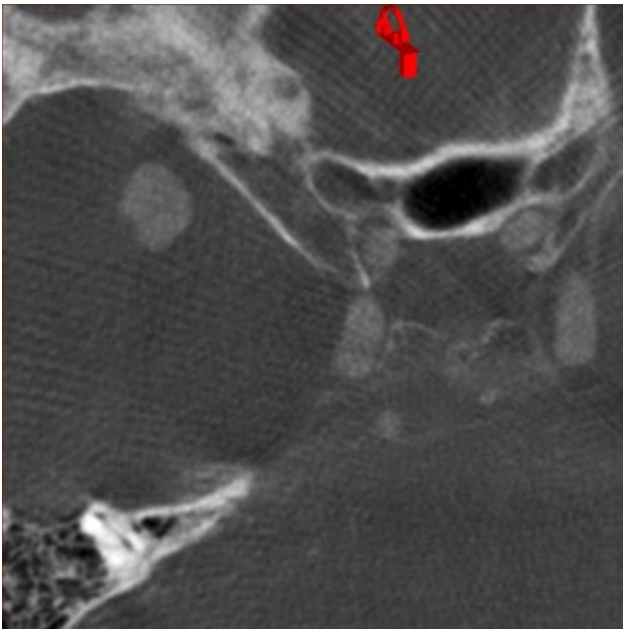
Clinical Images



MPR 3 mm axial slice shows subarachnoid bleeding (minor artifacts due to patient motion of not sedated patient)



MIP 10 mm frontal slice shows aneurysm and surrounding vessel structure (metal artifacts due to dental implants)



MIP 0.3 mm axial slice shows aneurysm in secondary, small VOI reconstruction

The statements by Siemens' customers presented here are based on results that were achieved in the customer's unique setting. Since there is no "typical" hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption), there can be no guarantee that other customers will achieve the same results.

On account of certain regional limitations of sales rights and service availability, we cannot guarantee that all products included in this case are available throughout the Siemens sales organization worldwide.

All rights reserved.

Siemens Healthineers Headquarters

Siemens Healthcare GmbH
Henkestr. 127
91052 Erlangen, Germany
Phone: +49 9131 84-0
siemens-healthineers.com