One aneurysm may hide another …

We read with great interest the article recently published by Parry et al1 entitled “Solitaire salvage: a stent retriever-assisted catheter reduction technical report”. This paper describes, through three embolization cases, a technique that allows a microcatheter to be anchored distally with a Solitaire FR device (eV3/Covidien, Irvine, California, USA) in order to straighten a looped microcatheter. Indeed, in some anatomical configurations, especially in giant and large aneurysms of the internal carotid artery (ICA), a loop inside the aneurysm sac is needed to catheterize the distal aspect of the parent artery. A distal anchor is then sometimes necessary to provide support for unlooping the microcatheter. Compared with other anchoring techniques previously described —such as a balloon catheter,2 a partially deployed intracranial stent (Enterprise stent; Codman Neurovascular, Raynham, Massachusetts, USA),3 or a deployed coil4—the use of a Solitaire FR device offers the advantage of keeping the distal artery opened and avoiding the possible inopportune release of the stent (the Solitaire FR device being attached to the pusher wire).

We congratulate the authors for these cases, but we would like to make them aware that this technique, presented in the abstract as novel, has already been described and published in Neurosurgery more than 2 years ago in two cases of intracranial aneurysm embolization by means of flow diverter stents (for basilar artery and middle cerebral artery (MCA) aneurysms).5 These previous successful cases already suggested the safety and effectiveness of this technique.

Additionally, the authors report a carotid–cavernous fistula (CCF) as a complication in one case, which is mentioned in table 2 of the paper but is not described elsewhere. Was this CCF related to the maneuvers performed for the anchoring technique? Even if the anchoring technique with a Solitaire FR device seems safe, as previously reported5 and confirmed by this paper,3 we underline that doing a loop with a microcatheter inside the aneurysm sac is itself a dangerous maneuver that may lead to rupture of the aneurysm, possibly leading to disastrous bleeding when performed in intradurally located aneurysms.

To date, the anchoring technique with Solitaire has only been described for the...
treatment of unruptured aneurysms by means of flow diverter stents. However, this technique may also be used for the treatment of a ruptured aneurysm in cases of challenging anatomy. We recently used this anchoring technique for the embolization of a ruptured carotid ophthalmic aneurysm located distally to a large aneurysm of the cavernous segment of the ICA (figure 1 and online supplementary videos 1–4). This technique helped us to safely embolize the aneurysm despite a very unfavorable anatomic configuration.

We conclude that, even if this anchoring technique with Solitaire can be useful to overcome some anatomic challenges, we consider that it should only be performed as a last resort when all regular techniques have been tried and failed.

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