

Table 1. Clinical summary of 24 patients treated for aneurysms of the intracavernous ICA

Case No.	Age/Sex(yrs)	Presentation	Aneurysm		Treatment	Postop angiography	Complications	CN Outcomes	GOS		Follow-up (yrs)
			Site	Type					Preop	Postop	
1	33/F	SAH, H & H II	left cavernous SA extension	large saccular	direct clipping	no residual aneurysm	none	normal	1	1	1
2	6/M	brain tumor surgery 4.5 yrs ago; recent headaches and CN VI paresis	left cavernous	large pseudoaneurysm	direct clipping	no residual aneurysm	none	improved	1	1	3
3	50/F	headache, CN III & V paresis	left cavernous	giant saccular	direct clipping	no residual aneurysm	clip slippage (reapplication)	improved	1	1	1
4	34/F	GSW 6 months ago; right facial numbness and weakness	right cavernous SA extension	large pseudoaneurysm	direct clipping	no residual aneurysm	none	improved	2	2	1
5	61/F	headache, ophthalmoplegia, CN V ₁ & V ₂ numbness	right cavernous	giant saccular	direct clipping	no residual aneurysm	none	normal	2	2	6
6	64/F	diplopia, Horner's syndrome, CN VI paresis	left cavernous	large saccular	wrapping	NA	none	improved	1	1	1
7	57/M	TIA	right cavernous, SA extension	small saccular	wrapping	NA	none	normal	1	1	1
8	78/F	visual blurring, ptosis, CN III paresis	right cavernous	giant saccular	wrapping	NA	none	improved	1	1	4
9	55/F	asymptomatic (incidental)	right cavernous SA extension	giant saccular	trapping and STA-MCA bypass	NA	myocardial infarction	worse	1	2	5.25
10	70/F	headache, CN III paresis	right cavernous	large saccular	trapping and C5-C3 bypass	NA	none	improved	1	1	4
11	71/F	orbital pain, CN VI and V ₁ paresis	right cavernous	giant saccular	trapping and C5-C3 bypass	NA	none	improved	1	1	2
12	66/F	CN III, V, VI paresis	right cavernous	giant saccular	trapping and C5-C3 bypass	NA	none	improved	1	1	1
13	56/F	TIA	left cavernous, SA extension	giant saccular	trapping and C5-C3 bypass	NA	hearing impairment	normal	1	1	1
14	62/F	seizures	right cavernous	giant saccular	trapping and C5-C3 bypass	NA	EDH (evacuation)	normal	1	1	2
15	60/F	SAH, H & H II	right cavernous, SA extension	large saccular	trapping and C5-C3 bypass	NA	transient CN III paresis	normal	1	1	1
16	69/F	SAH, H & H II	right cavernous, SA extension	giant saccular	trapping and C5-C3 bypass	NA	none	normal	2	1	2
17	76/F	orbital pain, ophthalmoplegia	right cavernous	giant fusiform	trapping and C5-C3 bypass	NA	graft occlusion (endovascular treatment)	worse	1	2	1
18	38/F	hemispheric CVA	right cavernous	giant saccular	trapping and C5-C3 bypass	NA	EDH (evacuation)	improved	2	2	0.15
19	58/F	headache, visual loss, CN III, V, VI paresis	left cavernous	giant saccular	trapping and cervical ICA-C3 bypass	NA	none	improved	1	1	2.5
20	50/F	headache, CN III, V ₁ -V ₂ paresis	left cavernous	large saccular	trapping and cervical ICA-MCA bypass	NA	graft occlusion (revision)	improved	1	1	2.6
21	13/F	headache, nausea, vomiting, and diplopia	right cavernous	giant fusiform	trapping and ICA-MCA bypass	NA	pneumonia, hemiparesis, Herpes encephalitis	normal	1	1	3
22	12/F	MVA 2 yrs ago, headache, CN V & VI paresis	left cavernous	giant pseudoaneurysm	trapping 1. lt C5-C3 bypass 2. rt ICA-MCA bypass	NA	none	improved	1	1	0.15
23	76/F	headache, diplopia, CN VI paresis	right cavernous	giant saccular	prox. lig. + STA-MCA bypass	NA	none	normal	1	1	1
24	26/M	MVA, carotid-cavernous fistula	1. right cavernous 2. left cavernous	large pseudoaneurysm large pseudoaneurysm	trapping and C5-C3 bypass trapping and C5-C3 bypass	NA NA	none none	improved	2 2	2 2	2 2

GOS=Glasgow Outcome Scale; SAH=subarachnoid hemorrhage; H & H=Hunt & Hess grade; SA=subarachnoid; CN III=oculomotor nerve, CN V=trigeminal nerve, V₁ and V₂=first and second divisions of trigeminal nerve, respectively, CN VI=abducent nerve; GSW=gunshot wound; TIA=transient ischemic attack; STA-MCA=superficial temporal artery-middle cerebral artery; C5-C3=petrous-to-supraclinoid internal carotid artery; EDH=epidural hematoma; ICA-MCA=internal carotid artery-to-middle cerebral artery; CVA=cerebrovascular accident; MVA=motor vehicle accident