

Commentary

The authors present an interesting case of for a young patient operated for a big craniopharyngioma, who developed significant vasospasm of the right internal carotid artery (ICA) a few days later that resulted in brain infarction and, thus, high morbidity.^[1] The occurrence of vasospasm after operation of skull base tumors has been already discussed in other articles which are cited by the authors.^[2,3] The cause of the vasospasm is unclear; either it comes from manipulation of the carotid during the operation or from the blood in the cisterns, which in this case was not demonstrated in the computed tomography (CT) scan, or they occur due to chemical responses to the fluid of the tumor as this is being resected.

The CT angiography which showed the vasospasm should be combined with a CT perfusion scan to see if there is brain tissue at risk, and if the answer is positive, an angiography performed with the option of balloon angioplasty or local nimodipine application. After diagnosing the vasospasm, regular transcranial Doppler examinations should be performed to monitor the flow velocities of the intracranial vessels.

The authors have made a good presentation of this case focusing on the possibility of developing late vasospasm after craniopharyngioma surgery.

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