

its proximal portion may result in the formation of basilar duplication [7].

In our study basilar window was 10mm in length and 4mm in width, and there were no associated aneurism and collateral branches. Surgical approach and endovascular treatment of basilar artery and basilar aneurysms is difficult because of the complex geometry of the fenestration, the proximity to the lower cranial nerves, the presence of multiple small perforating arteries, and difficulties in obtaining adequate surgical exposure [8].

CONCLUSION

The knowledge of the variations in the level of origin and termination of the basilar artery, presence of stenosis, aneurysms should be kept in mind by the neurovascular surgeons while performing surgeries and endovascular procedures on the basilar artery and radiologist during interventional radiology, CT, magnetic resonance imaging, angiography for a better interpretation, diagnosis and treatment.

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