

**On-line Table: Summary of cases resulting in mortality**

Mortality	Clinical Presentation	Aneurysm Location	Aneurysm Morphology	Mortality Cause (Days from PED Insertion)
1	Incidental	Posterior inferior cerebellar	25 mm, incorporated PICA	Delayed aneurysm rupture with brain stem hemorrhage (11 days)
2	Recurrence of previously ruptured aneurysm	Supraclinoid carotid	12 mm, recurrence after coiling	Initially only on clopidogrel due to ASA allergy. Developed embolic infarction. ASA started using a desensitizing protocol in intensive care. Developed a massive distal intracerebral hemorrhage (14 days)
3	Previously treated contralateral aneurysm	Supraclinoid carotid	4 discrete aneurysms ranging from 4–8 mm	Developed an infected femoral artery pseudoaneurysm, gastrointestinal hemorrhage, followed by SAH from new infectious intracranial aneurysms with sepsis and multiorgan failure (22 days)
4	Visual field deficit, aortic aneurysms	Basilar trunk	24 mm, fusiform	Small perforator infarct with hemiparesis after treatment with 5 stents. Prolonged complicated course in hospital with pneumonia, sepsis, colitis. Died in long-term care (100 days)
5	Headaches, nausea, vomiting	Basilar termination	40 mm, partly thrombosed	Abrupt deterioration due to herniation. Imaging demonstrated acute aneurysm thrombosis and hydrocephalus with a trace of SAH. Autopsy revealed multiple intraperitoneal metastatic tumor deposits (4 days)
6	Brain stem compression, hemiplegia	Basilar termination	24 mm, partly thrombosed	Progressive aneurysm growth despite second coiling procedure. Death due to progressive mass effect and associated medical complications (347 days)

**Note:**—ASA indicates acetylsalicylic acid.