



Figure. Transcranial color-coded sonography. (A) Severe proximal basilar artery (BA) stenosis. (B) Complete revascularization with flow normalization in the BA.

Hemodynamic changes in the basilar artery following stenting

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A 75-year-old man had a 2-week history of recurrent, in crescendo episodes of diplopia, dizziness, dysarthria, and right-sided hemiparesis. Transcranial color-coded sonography (TCCS) showed a severe proximal basilar artery (BA) stenosis with an end-diastolic flow velocity of 142 cm/sec (figure, A, arrow) confirmed by

angiography. BA angioplasty and stent application was performed in view of persisting crescendo-type symptoms despite combined anticoagulation and antiplatelet therapy. After successful stenting, TCCS showed complete revascularization with flow normalization in the BA (figure, B), which persisted during 12-month follow-up. Stenting for symptomatic BA stenosis is feasible and may be an alternative in cases refractory to medical therapy.^{1,2} TCCS represents a noninvasive bedside tool in monitoring intracranial artery stenting and may be potentially useful for the early diagnosis of stent restenosis.

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