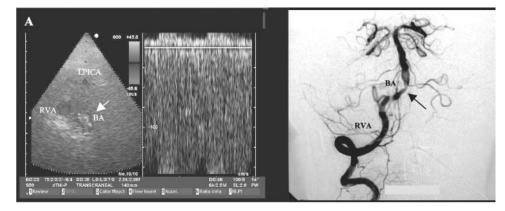
Neuro *Images*



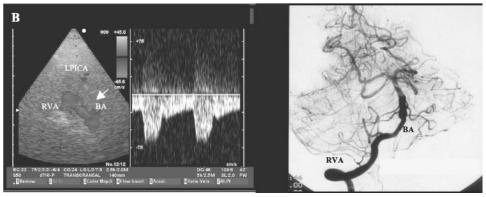


Figure. Transcranial color-coded sonography. (A) Severe proximal basilar artery (BA) stenosis. (B) Complete revascularization with flow normalization in the BA.

Hemodynamic changes in the basilar artery following stenting

C.A. Molina, MD, M. Ribó, MD, F. Romero, MD, J. Alvarez-Sabín, MD, PhD, Barcelona, Spain

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

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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. 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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