

Intracranial Stenting of Severe Basilar Artery Stenosis Supported by *syngo* DynaCT

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Patient history

A 48-year-old woman presenting with recurrent vertebrobasilar transient ischemic attacks despite anticoagulation (aspirin, clopidogrel).

Diagnosis

Symptomatic, high-grade atherosclerotic stenosis of the basilar artery.

Treatment

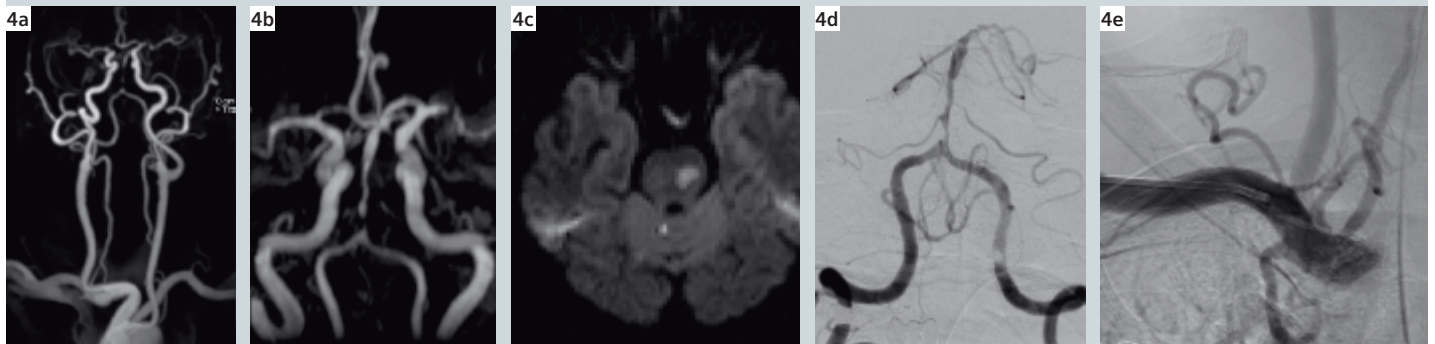
Endovascular PTA and stenting using a self-expandable microstent (Wingspan) via a transradial approach.

Comments

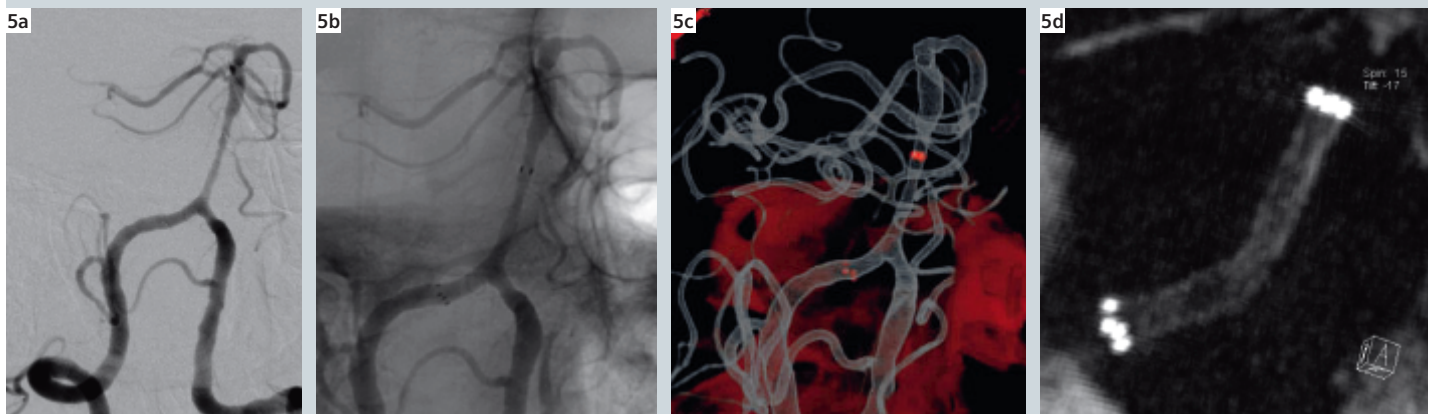
syngo DynaCT was able to perfectly visualize the deployed microstent. Note the persistent slight narrowing of the stent at the level of former severe stenosis in the DynaCT image, not visible with subtracted DSA.

Contact

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4 [a-e] Recurrent transient ischemic attacks due to a severe stenosis of the lower basilar artery. Due to the tortuous vessel anatomy at the aortic arch a transradial approach was used.



5 [a-d] After PTA and placement of an especially designed microstent the stenosis is no longer visible on the subtracted DSA images. *syngo* DynaCT was able to visualize the slight residual narrowing of the self-expandable stent at the level of the former severe stenosis.