

On-line Table 1. Clinical presentation, radiologic findings, treatments, clinical course, and outcomes of the patients with acute ruptured basilar artery dissections

Pt No.	Age/ Sex	Presentation	HH or NIHSS	Shape of Basilar Artery Dissection	Tx	Clinical Course	F/U months	mRS
1	57/M	SAH	3	Dilation, PS	Con	Rebleeding	NA	6
2	58/M	SAH	3	Dilation, asym	Con	Rebleeding	NA	6
3	57/F	SAH	4	Dilation, asym	Con	Rebleeding	13	4
4	30/M	SAH	3	Dilation, asym	SS	Near complete recovery	22	1
5	24/F	SAH	3	Dilation, asym	SS	Rebleeding	NA	6
6	38/F	SAH	2	Dilation, sym, double lumen	SS	Complete recovery	50	0
7	78/M	SAH	2	Dilation, asym	SC	Complete recovery	9	0
8	50/F	SAH	3	Dilation, asym	SCS	Complete recovery	18	0
9	48/F	SAH	2	Dilation, asym	SCS	Complete recovery	15	0
10	67/M	SAH	2	Dilation, asym	SCS	Complete recovery	15	0
11*	30/M	Stem compression	3→7	Dilation, asym	DS	Complete recovery	44	0
12	42/M	Progressive mental deterioration	13	Occlusive, intramural hematoma	SS	Complete recovery	48	0
13	40/F	Posterior infarct	3	Dilation, sym	Con	Complete recovery	36	0
14	64/M	Posterior infarct	4→17	Stenotic, intimal flap	Con	Infarct progression	7	5
15	43/M	Posterior infarct	2	Stenotic, intimal flap	Con	Complete recovery	39	0
16	72/M	Posterior infarct	3→15	PS	Con	Infarct progression	12	4
17	72/F	Posterior infarct	3	PS	Con	Complete recovery	14	0
18	76/F	Posterior infarct	4	Stenotic, intimal flap	Con	Partial recovery	13	2
19	65/F	Posterior infarct	3	Stenotic, intimal flap	Con	Near complete recovery	8	1
20	61/F	Posterior infarct	3→9	Stenotic, intimal flap	SS	Partial recovery	7	2
21	55/F	Posterior infarct	2→8	Stenotic, intimal flap	SS	Complete recovery	5	0

Note:—HH indicates Hunt and Hess grade; NIHSS, National Institutes of Health Stroke Scale score; Tx, Treatment; F/U months, clinical follow-up months; mRS, modified Rankin Scale; SAH, subarachnoid hemorrhage; PS, pearl-and-string appearance; asym, asymmetric; sym, symmetric; Con, conservative management; SS, single stenting; SC, stent-assisted coiling; SCS, stent-assisted coiling followed by a second stent insertion overlapping the first stent; DS, double overlapping stents; NA, not applicable.

* The patient initially presented with pontine infarct and experienced brain stem compression symptoms from growth of the pseudoaneurysm 3 years later.

On-line Table 2. Angiographic follow-up results after endovascular treatment for patients with acute basilar artery dissections

Pt No.	Shape of Basilar Artery Dissection	Tx	Immediate Post-Tx Angiogram	Last Follow-up Angiogram (months)
4	Dilation, asym	SS	Contrast media stasis in pseudoaneurysm	Complete resolution of pseudoaneurysm (12)
6	Dilation, sym, double lumen	SS	Resolution of dilation and double lumen	Complete resolution of pseudoaneurysm (12)
7	Dilation, asym	SC	Near-complete occlusion of pseudoaneurysm	Complete resolution of pseudoaneurysm (6)
8	Dilation, asym	SCS	Near-complete occlusion of pseudoaneurysm	Complete resolution of pseudoaneurysm (11)
9	Dilation, asym	SCS	Incomplete occlusion of pseudoaneurysm	Minimal contrast filling outside the stent (9)
10	Dilation, asym	SCS	Near-complete occlusion of pseudoaneurysm	Complete resolution of pseudoaneurysm (12)
11*	Dilation, asym	DS	Contrast media stasis in pseudoaneurysm	BA occlusion, hypertrophied posterior communicating artery (5)
12	Occlusive, intramural hematoma	SS	Restoration of normal luminal size	Patent stent (18)
20	Stenotic, intimal flap	SS	Restoration of normal luminal size	Patent stent (6)
21	Stenotic, intimal flap	SS	Restoration of normal luminal size	Patent stent (3)

Note:—Tx indicates treatment; SS, single stenting; DS, double overlapping stenting; SC, stent-assisted coiling; SCS, stent-assisted coiling followed by a second stent insertion overlapping the first stent; BA, basilar artery; asym, asymmetric; sym, symmetric.

* The patient initially presented with pontine infarct and experienced brain stem compression symptoms from growth of the pseudoaneurysm 3 years later.