



ON-LINE FIGURE. A 71-year-old female (patient 3) with stroke and multiple TIAs secondary to left MCA stenosis. *A*, Noncontrast CT shows chronic infarcts in the left deep watershed zone. CT angiography and CT perfusion (not shown) revealed left MCA stenosis and corresponding territorial cerebral hypoperfusion. *B* and *C*, Left ICA angiogram confirms critical short-segmental stenosis in the left proximal MCA, which was treated with balloon angioplasty (*white arrow*). *D*, Late arterial phase angiographic image obtained at baseline systolic blood pressure of 140 mm Hg shows premature contrast opacification of the vein of Labbe (*black arrows*). Abnormal capillary blush is also apparent in the revascularized parenchyma (*white arrowheads*). *E* and *F*, After stepwise reduction in systemic blood pressure, repeat angiography in the capillary and venous phase images at a systolic blood pressure of 100 mm Hg demonstrates resolution of the early draining vein, which filled in the normal venous phase (*arrows*), as well as the capillary blush. SBP indicates systolic blood pressure.

On-line Table: Patients with early draining vein and capillary blush signs after angioplasty for intracranial atherosclerotic stenosis and the individual postintervention blood pressure thresholds

Case No.	Age (yr)/Sex	Vessel Treated	Endovascular Treatment	Early Draining Vein	Capillary Blush Sign	Baseline Systolic Blood Pressure	Systolic Blood Pressure without Hyperperfusion Signs	Duration of Hypotensive Therapy	CHS Symptoms
1	66/F	Right M1	Balloon angioplasty and Wingspan stent	+	+	158 mm Hg	100 mm Hg	2 Days	Nil
2	69/M	Right terminal ICA	Balloon angioplasty and Neuroform Atlas stent ^a	-	+	130 mm Hg	110 mm Hg	1 Day	Nil
3	71/F	Left M1	Balloon angioplasty	+	+	140 mm Hg	105 mm Hg	2 Days	Nil
4	53/M	Right cavernous ICA	Balloon angioplasty and Wingspan stent	+	+	160 mm Hg	120 mm Hg	1 Day	Nil

Note:—+ indicates present; Nil, nonexistent.

^a Stryker.