

velocity waveform returned to normal. However, the enhancement of flow in the lower flow waveform persisted for more than 70 seconds, and a pattern similar to shower of microembolic signal could also be detected. After stent deployment, the TCD signal of the same region return to normal, with peak systolic velocity of 125cm/s. **Conclusion:** The pattern of low damped waveform, enhancement, and persistent long duration of enhanced flow with contrast enhanced TCD examination, could be a characteristic feature of dissection. Therefore, TCD could be an additional modality during DSA in confirming diagnosis in patient with suspected MCA dissection.

P36

Arterio-venous Conflict Between Posterior Cerebral Artery and Basilar Vein of Rosenthal: Our Experience and Possible Pathogenetic Role

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Objective: The intracerebral venous study with TCCS is a new and recent application of the neurosonological technique. We describe four cases of Arterio-venous(A-V) conflict. **Methods:** Using latest generation machines (Philips IU 22 in our experience) it is possible to detect venous vessels, to register their waveforms pattern, to correct steering and also to see the vessel's venous wall. Posterior cerebral artery (PCA) is placed near the Basilar vein (of Rosenthal) and, particularly in the P2 segment, the artery can conflict with the vein. **Results:** The patients (three women and one man), with age ranging between 32 and 54 years, arrived in our neurologic department exclusively by isolated headache. Thrombolytic data were negative. TCCS showed normal arterial pictures but the venous study (by using "low flow setting") allowed us to detect the presence of a short BV segment that was in conflict with P2 segment of ipsilateral PCA. We detected Doppler flow pattern before, into the conflict zone, and after the conflict zone, and also the venous wall in the conflict segment. A following brain MRI and MRA study confirmed the conflict. The presence of A-V conflict in these patients could explain the symptoms of isolated headache as only clinical manifestation. It is important to consider that one patient shown a TGA event after three months and a woman was hospitalized after six months for an intracerebral venous thrombosis. **Conclusion:** So, in conclusion, we suppose that the presence of A-V conflict could represent a pathophysiological bridge between TGA, isolated headache and intracerebral venous thrombosis.

P37

How Frequently Was Transcranial Doppler Monitoring Interrupted at the Start and During Carotid Stent Intervention?

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Objectives: Transcranial Doppler (TCD) monitoring is useful tool to observe hemodynamic change during carotid interventions. However, successful monitoring frequently interrupted by technical problems. The present study evaluated frequency of the technical problems occurred before and during TCD monitoring performed for carotid interventions. **Methods:** We analyzed TCD monitoring data of 99 patients, who were possible pre-stent TCD evaluation on both temporal windows. First, we evaluated the frequency of impossible monitoring from the start of carotid intervention among the total included patients. Then, the number of patients showing temporary or continuous interruption of the initial monitoring spectra was investigated from the monitored patients. Finally, the frequency of successful monitoring at the ipsilateral temporal window to the stent side was examined. **Results:** TCD monitoring was possible in 61 patients (62%) of total included patients. Most of the not-insonated patients had fitting problems of probes on one or both temporal windows. During TCD monitoring, the unstable fitness of probes on the temporal windows become cause of the interruption of successful monitoring. So, the interruption of initial spectra was observed in 19 patients (31%) of 61 monitored patients temporarily or continuously. Successful ipsilateral monitoring at the stent side was interrupted in 11 patients. **Conclusion:** TCD monitoring was frequently interrupted from the beginning and/or in the middle of carotid intervention due to mainly fitting problem of the probe on the temporal windows. To improve the TCD monitoring application for the carotid intervention, advancement of fitting technique for TCD probe certainly needed in the future.

P38

Neurosonography and Neuroimaging Studies in Asymptomatic Ischaemic Disturbances of the Brain

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Objective: To evaluate the changes of carotid arteries and cerebral parenchyma in patients with asymptomatic ischaemic disturbances of cerebral circulation (AIDCC) using comparative neurosonography and neuroimaging studies. **Methods:** The study included 93 patients with AIDCC, 30 patients with risk factors (RF) for cerebrovascular disease (CVD) and 78 healthy subjects. The patients were divided in two groups depending of the stage of