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holder. to perform the  
surgery. A major drawback of  
this approach is the large  
vessel dissection for  
anastomosis and the risk of

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distal hyperperfusion syndrome following the procedure. The use of preoperative angiography and subsequent anastomosis at the same sitting is a possible alternative to prevent aortic dissection during occlusion of the distal end of the internal carotid artery. However, the first one has been reported to increase risk of stroke and the latter might be technically challenging in cases where the anastomosis is near the anterior circulation. In most

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cases, late aortic dissection is an insidious complication; however, a sudden severe chest pain caused by rupture of the aortic aneurysm and an obvious change in position of the spinal artery on anteroposterior X-ray in spinal angiography could herald impending

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