Otherwise untreatable stroke case could be treated by combination of various endovascular devices.

**Patient Presentation**

- **Mid 70s male with history of diabetes, hyperlipidemia, hypertension with slurred speed and imbalance. NIHSS of 6.**
- **The patient was found to have a long occlusive lesion from left vertebral artery to basilar artery (Figure 1).**

![Figure 1. Complete occlusion of Lt vertebral artery to basilar artery. The mid and upper basilar artery was visualized via collateral from from PICA to AICA.](image)

**Evaluation and Management**

- **Because of the length of his lesion, anticipated high risk neuro-interventional procedure, and relatively low NIHSS, he was managed medically in NICU.**

**Intervention Performed**

- Despite the medical management, his symptoms became worse. In order to prevent fatal brainstem stroke, endovascular reconstruction was attempted (Figure 2).

![Figure 2. A small microcatheter (0.010 system) was slowly and gradually advanced into the occlusive lesion over a 0.010 micro-guide wire. The lesion could be crossed without damaging the plaque or artery.](image)