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downloadIntroduction {#Sec1 }

===== Superficial
temporal artery-middle cerebral
artery (STA-MCA) bypass surgery
has been reported as effective for
treating patients with moyamoya
disease (MMD) with preoperative
ischemic symptoms \[[@CR1]\]. It
has been reported that endovascular
revascularization, which consists of
balloon occlusion of the internal
carotid artery (ICA) followed by
coiling of the intracranial internal
carotid artery and middle cerebral

artery (MCA), is the initial treatment for MMD patients with severe cerebral ischemia \[[@CR2]\]. In this case, we performed surgery on a patient with moyamoya disease with preoperative ischemic symptoms.

The patient was treated with surgery because he was hemodynamically unstable and required anticoagulation treatment. Case Report {#Sec2}

===== A 75-year-old man was referred to our department with preoperative cerebral ischemia. The patient had a history of three hospitalizations because of syncope

and was currently on anticoagulation treatment. Computed tomography (CT) showed extensive collateral vessels on the left side, and magnetic resonance imaging (MRI) showed stenosis of the proximal intracranial internal carotid artery (ICA) (Fig. [1](#Fig1){ref-type="fig"}). The patient was diagnosed with moyamoya disease with cerebral ischemia. The patient underwent STA-MCA bypass surgery. Fig. 1 Preoperative CT and MRI. **a** CT showed collateral vessels on the left side. **b** MRI

showed stenosis of the proximal intracranial ICA. We performed surgery via a left lateral approach. The patient was anesthetized using a midazolam, fentanyl, and vecuronium infusion and intubated. A left-sided craniotomy was performed, followed by right-sided drilling. The ICA was identified with a microdissector, and a balloon was inflated around the vessel. The proximal intracranial ICA and the proximal extracranial MCA were occluded with a detachable spiral embolization microcoil (EV3, Plymouth, MN, USA). After the

craniotomy, the artery was clamped
at the neck. It was important to
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