Acute ischemic infarction from intracranial atherosclerotic disease accounts for approximately 8%-10% of strokes in the United States each year. At a recent large prospective randomized trial, the efficacy and safety of wingspan stent for intracranial atherosclerotic stenosis was verified when it was used by experienced interventionist with proper patient selection. Among several procedural complications, delayed hemorrhage is rarely reported. A 45-year-old man presented with a history of dysarthria and recurrent episodes of transient right hemiparesis. The patient was newly found atrial fibrillation and started warfarin medication. Cerebral catheter angiography and single-photon emission computed tomography (SPECT) scan with acetazolamide challenge confirmed moderate (60%) left carotid artery stenosis and symmetrical findings of both hemispheres. Endovascular Wingspan stenting of the left communicating segment of internal cerebral artery was performed uneventfully. 22 days after treatment the patient presented with sudden headache and aphasia and CT scan showed intracerebral hemorrhage on left temporal lobe. Due to further rapid clinical deterioration, surgical removal of hematoma was required. The patient’s poor neurological outcome did not improve during the 2-year follow-up period. This case report illustrates a severe delayed intracerebral hemorrhage following intracranial stenting of the internal carotid artery. The mechanism of delayed hemorrhage is unclear. Currently, 4 mechanisms have been discussed as potential causes of remote ICH after uneventful EVT. These mechanisms are dual antiplatelet therapy, hemorrhagic transformation of clinically silent small periprocedural embolic infarcts, intraprocedural foreign body emboli, and flow modification. This complication should not be neglected because of its poor clinical outcomes.

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