

Supplementary Figure 1:

A patient with transverse sinus (TS) stenosis and intracranial hypertension. The right TS stenosis (arrow in A) documented by the initial computer tomography venography study has resolved after stenting (6x40mm Stent, gradient “mmHg” pre=4, post=2). A focal narrowing immediately proximal to the stent, already noted at the 5-month follow-up study (B), has worsened at the 24-month study. MIP reconstructions obtained 24 months post-stenting show the absence of stent damage (e.g., kink, fracture) or intraluminal anomalies (e.g., clot, endothelial hyperplasia). The arrow points at a small cortical vein draining normally through the stent mesh (D-E). The exact cause of de novo narrowing occurring proximally to the stent remains unclear.

A. 3D rendering, right posterior-lateral projection, pre stenting

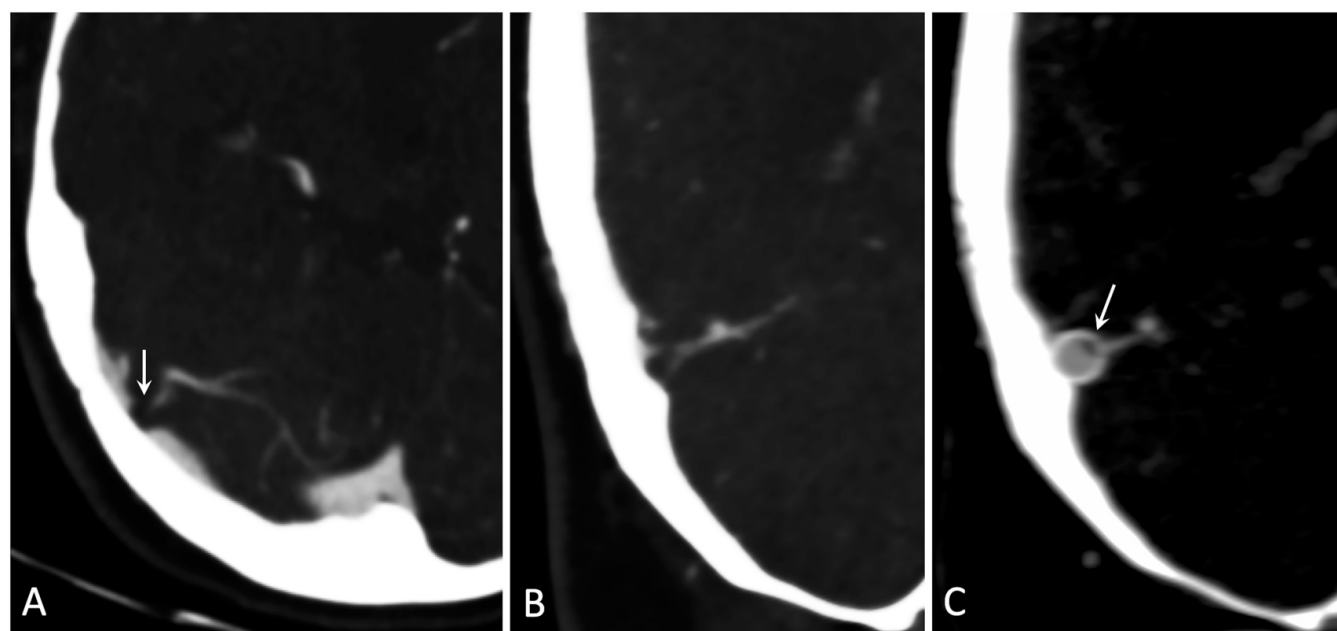
B. 3D rendering, right posterior-lateral projection, 6-month post stenting

C. 3D rendering, right posterior-lateral projection, 24-month post stenting

D. MIP, axial reconstruction, 24-month post stenting

E. MIP, axial subtracted reconstruction, 24-month post stenting

MIP; maximum intensity projection

**Supplementary Figure 2:**

A patient with transverse sinus (TS) stenosis, intracranial hypertension and TS arachnoid granulation (arrow in A). The follow-up computed tomography venography at 6-month after stenting (6x40mm Stent, gradient “mmHg” pre=8, post=0) disclosed a discrete re-growth of the arachnoid granulation within the stent (arrow in C). Note here as well the resolution of the initial TS stenosis caused by the arachnoid granulation and the restoration of the diameter of TS. The patient was asymptomatic and required no further intervention.

A. MIP, axial reconstruction, pre stenting

B. MIP, coronal reconstruction, pre stenting

C. MIP, coronal reconstruction, 6-month post stenting

MIP; maximum intensity projection