

Cerebral revascularization dates back to 1953 when Conley performed the first reported saphenous vein graft (SVG) bypass of the cervical internal carotid artery (ICA) for a tumor of the neck¹⁾. In 1971, Lougheed and colleagues performed the first long-segment saphenous vein graft (SVG) bypass from the common carotid to the intracranial ICA²⁾.

Fisch and associates³⁾ and Glasscock and coworkers⁴⁾ pioneered direct vein graft reconstruction of the petrous segment or internal carotid artery C2 segment.

Sekhar and colleagues⁵⁾ and Spetzler and associates⁶⁾ both described SVG bypass of the petrous to supraclinoid carotid artery.

Although first described in the setting of cervical neoplasms, cerebral revascularization was primarily developed for the prevention of stroke in chronic cerebral ischemia due to carotid artery stenosis. This practice flourished through the Superficial temporal artery to middle cerebral artery bypass (STA-MCA) bypass until it peaked in 1985, when the EC/IC Bypass Study Group⁷⁾

1)

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2)

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3)

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4)

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5)

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6)

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7)

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