

Maximum systolic velocity

Peak systolic velocity

Internal carotid artery hemodynamics (**maximum systolic velocity** and average velocity [Vmax , Vavg], average blood flow [Flowavg], and wall shear stress) were analyzed based on **4D flow MRI** data. **Cerebral infarction**, defined as the occurrence of events, in 124 brain hemispheres was determined according to clinical symptoms and conventional **Brain magnetic resonance imaging**.

Statistical tests: The independent-sample **T-test** was used to evaluate differences in **Internal carotid artery hemodynamics** between infarcted and non-infarcted **hemispheres**. **Binary logistic regression** was performed to investigate the relationship between ICA hemodynamics and events. A P value < 0.05 was considered statistically significant.

Results: Sixty-one infarcted hemispheres (eight hemispheres with acute ischemic damage, 30 with chronic ischemic damage, and 23 with chronic hemorrhagic damage) had **cerebrovascular events** and 63 non-infarcted hemispheres did not. The hemodynamic parameters in the infarcted hemispheres (Vmax : P < 0.001; Vavg : P = 0.003; and Flowavg : P = 0.004) were significantly lower than those in the non-infarcted hemispheres. However, Vmax (P = 0.052), Vavg (P = 0.107), and Flowavg (P = 0.074) were not significantly different among hemispheres with acute ischemic lesions, chronic ischemic lesions and chronic hemorrhagic lesions. Vmax (odds ratio 3.033, 95% CI: 1.075-8.562) was independently associated with cerebrovascular events.

Data conclusion: Vmax may be a higher risk factor for cerebrovascular events in MMA patients.

Evidence level: 2 TECHNICAL EFFICACY STAGE: 3 ¹⁾

¹⁾

Wang M, Yang Y, Zhang W, Zhou F, Zhang X, Zhang J, Zhang B. **Risk Factors for Cerebrovascular Events in Moyamoya Angiopathy Using 4D Flow MRI: A Pilot Study**. J Magn Reson Imaging. 2022 Nov 9. doi: 10.1002/jmri.28522. Epub ahead of print. PMID: 36349829.

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