SUPPLEMENT

Table. Clinical characteristics of 4 patients with co-existent intracranial dural AV fistula and steno-occlusive disease

Case #	Age	Sex	Ethnicity	Symptoms	AVF Location and Cognard Type	Intracranial Steno-occlusive Changes	AVF Treatment	Steno-occlusive Changes Treatment
1	57	M	Asian	Myelopathy	Craniocervical junction – Supplied by L PICA branches, draining into anterior and posterior spinal veins; Cognard Type V	Moyamoya-like changes in R M1	Surgical ligation AVF	Aspirin 325 mg daily
2	63	M	Asian	Ischemic stroke with recurrent L MCA infarcts	Sphenoparietal – supplied primarily by enlarged posterior branch of left MMA, draining into two left hemispheric cortical veins including the vein of Trolard and then into the superior sagittal sinus; Cognard Type IV	L ICA Occlusion and R ICA Stenosis	Embolization + Surgical Ligation	L STA-MCA bypass + Aspirin 81 mg daily
3	74	F	Asian	Papilledema	Transverse/Sigmoid – arterialization of transverse and sigmoid sinuses, drainage into the transverse sinus across the torcula into an arterialized R transverse/sigmoid sinus, reflux into superior sagittal sinus, inferior anastomotic vein of Labbe; Cognard Type IIa+b	L ICA Occlusion	Embolization	Aspirin 81 mg daily
4	42	M	Asian	Transient Headache	Ethmoidal – arterial supply through the ophthalmic arteries, draining into an enlarged R frontal cortical vein that eventually empties into the superior sagittal sinus; Cognard Type IV	R M1	Observation	Aspirin 81 mg daily

F = female; M = male; ICA = internal carotid artery; M1 = 1st segment of middle cerebral artery; AVF = arteriovenous fistula; STA = superficial temporal artery; MCA = middle cerebral artery