A 68 y.o. female with past medical history of acute MI, coronary atherosclerosis of native coronary artery, diabetes mellitus, essential hypertension, hypercholesterolemia, and atrial fibrillation presented with five-month history of non-exertional syncope, dizziness with positional changes, and left upper extremity weakness with increased physical activity.

**HISTORY**

**Neurologic:**
- Left carotid bruit, right normal. No JVD
- There is no evidence of paroxysmal nocturnal dyspnea.
- No nocturnal anginal attacks.
- Denies numbness or tingling in the hands and fingers.

**Arterial Plethysmography:**
- Segmental narrowing of left M1 segment
- Bulb extending into proximal ICA and causing significant narrowing of the intracranial portion of ICA.
- Segmental narrowing of left V4 segment. Mild focal segmental narrowing of left M1 segment

**CTA Head & Neck:**
- Right Carotid:
  - 50-70% right and left internal carotid artery stenosis, appropriate antegrade flow seen in the right vertebral artery, retrograde flow seen in left vertebral artery consistent with subclavian steal syndrome.

**Pulse Volume Recordings Upper Extremity:**
- No evidence of right upper extremity arterial insufficiency. The left upper extremity PVR and wrist brachial index are moderately reduced, consistent with subclavian arterial disease

**Arterial Phlebography:**
- Left upper extremity PVT and wrist brachial index are moderately reduced, consistent with subclavian arterial disease

**CASE DESCRIPTION**

**Intervention:**
- Intraoperative diagnostic angiography after stent placement (Figure 4).

**Outcome:**
- Final angiography demonstrated strong blood flow with no residual stenosis and occlusion remained.

**Recommended Treatment Guidelines for SSS**
- Bypass presents as an alternative to transluminal angioplasty or stenting. Recommendations of subclavian steal syndrome.
- Amelioration of symptoms due to the variability of presenting symptoms.

**DISCUSSION**

**Conclusion:**
- Subclavian steal syndrome is an under recognized pathology due to the variability of presenting symptoms.
- In reported cases, symptoms manifest as vertigo and syncope however, in the face of increasing occlusion, bloody supply to the ipsilateral arm may become completely impaired.

**VITALS**
- Temperature: 98.2°F
- Heart rate: 80 beats per minute
- Blood pressure: Right 138/65 mmHg
- Left 130/82 mmHg
- Respirations: 18 breaths per minute

**REFERENCES**