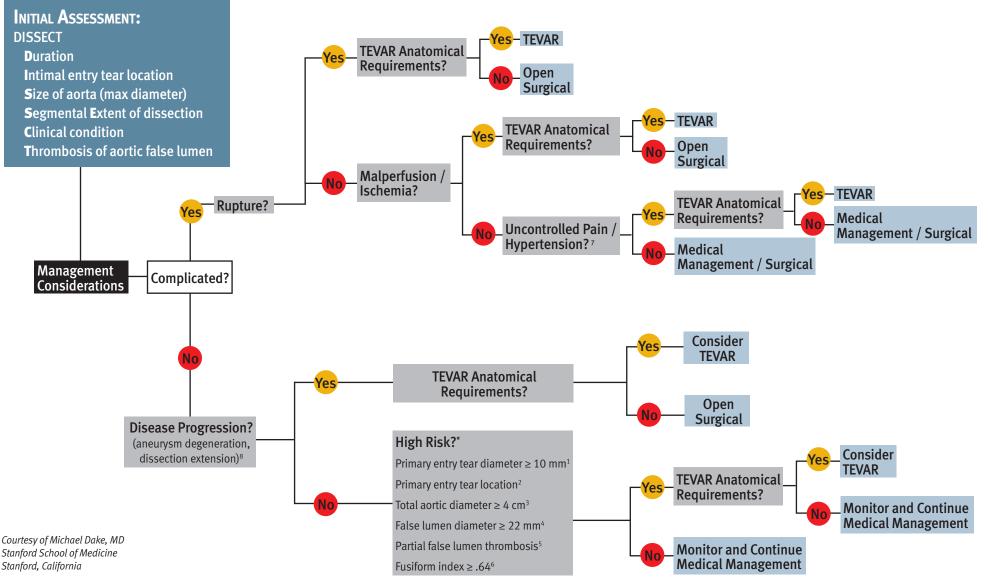
A Physician Perspective When Treating Aortic Type B Dissections



Dake MD. An algorithmic strategy for the evaluation and management of type B dissections. *Endovascular Today* 2014;13(11):42-44,46-48,50,52.

* Most commonly discussed high-risk indicators

References

Indicator	Reference	Indicator	Reference
 Large primary entry tear diameter ≥ 10 mm* 	Evangelista A, Salas A, Ribera A, <i>et al.</i> Long-term outcome of aortic dissection with patent false lumen: predictive role of entry tear size and location. <i>Circulation</i> 2012;125(25):3133-3141. Nienaber CA, Kische S, Rousseau H, <i>et al</i> ; INSTEAD-XL trial. Endovascular repair of type B aortic dissection: long-term results of the randomized investigation of stent grafts in aortic dissection trial. <i>Circulation: Cardiovascular Interventions</i> 2013;6(4):407-416.	 False lumen diameter ≥ 22 mm* 	Song JM, Kim SD, Kim JH, <i>et al.</i> Long-term predictors of descending aorta aneurysmal change in patients with aortic dissection. <i>Journal of the American College of Cardiology</i> 2007;50(8):799-804.
		5. Partial false lumen thrombosis*	Tanaka A, Sakakibara M, Ishii H, <i>et al.</i> Influence of the false lumen status on clinical outcomes in patients with acute type B aortic dissection. <i>Journal of Vascular Surgery</i> 2014;59(2):321-326.
 2. Primary entry tear location* (inner-curve) 3. Initial total aortic diameter ≥ 4 cm* 	Loewe C, Czerny M, Sodeck GH, <i>et al</i> . A new mechanism by which an acute type B aortic dissection is primarily complicated, becomes complicated, or remains uncomplicated. <i>Annals of</i> <i>Thoracic Surgery</i> 2012;93(4):1215-1222.		Tsai TT, Evangelista A, Nienaber CA, <i>et al</i> ; International Registry of Acute Aortic Dissection. Partial thrombosis of the false lumen in patients with acute type B aortic dissection. <i>New England Journal of Medicine</i> 2007;357(4):349-359.
	 Weiss G, Wolner I, Folkmann S, <i>et al.</i> The location of the primary entry tear in acute type B aortic dissection affects early outcome. <i>European Journal of Cardiothoracic Surgery</i> 2012;42(3): 571-576. Kato M, Bai H, Sato K, <i>et al.</i> Determining surgical indications for acute type B dissection based on enlargement of aortic diameter during the chronic phase. <i>Circulation</i> 1995;92(9)Supplement II: 107-112. Kudo T, Mikamo A, Kurazumi H, et al. Predictors of late aortic events after Stanford type B acute aortic dissection <i>Journal of Thoracic & Cardiovascular Surgery</i> 2014;148(1):98-104. Onitsuka S, Akashi H, Tayama K, <i>et al.</i> Long-term outcome and prognostic predictors of medically treated acute type B aortic dissections. <i>Annals Thoracic Surgery</i> 2004;78(4):1268-1273. Takahashi J, Wakamatsu Y, Okude J, <i>et al.</i> Maximum aortic diameter as a simple predictor of acute type B aortic dissection. <i>Annals of Thoracic & Cardiovascular Surgery</i> 2008;14(5):303-310. 	6. Fusiform Index \ge .64*	Marui A, Mochizuki T, Koyama T, Mitsui N. Degree of fusiform dilatation of the proximal descending aorta in type B acute aortic dissection can predict late aortic events. <i>Journal of Thoracic &</i> <i>Cardiovascular Surgery</i> 2007;134(5):1163-1170.
		 8. Rate of growth, treatment total aortic diameter > 1 cm / year ≥ 5.5 cm 	Akin I, Kische S, Ince H, Nienaber CA. Indication, timing and results of endovascular treatment of type B dissection. <i>European Journal</i> of Vascular & Endovascular Surgery 2009;37(3):289-296.