

TABLE 3 Classification of Aortic Dissection Chronicity Based on the 2020 SVS/STS Reporting Standards

Chronicity	Time From Onset of Symptoms
Hyperacute	<24 h
Acute	1–14 d
Subacute	15–90 d
Chronic	>90 d

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STS indicates Society of Thoracic Surgeons; and SVS, Society for Vascular Surgery.

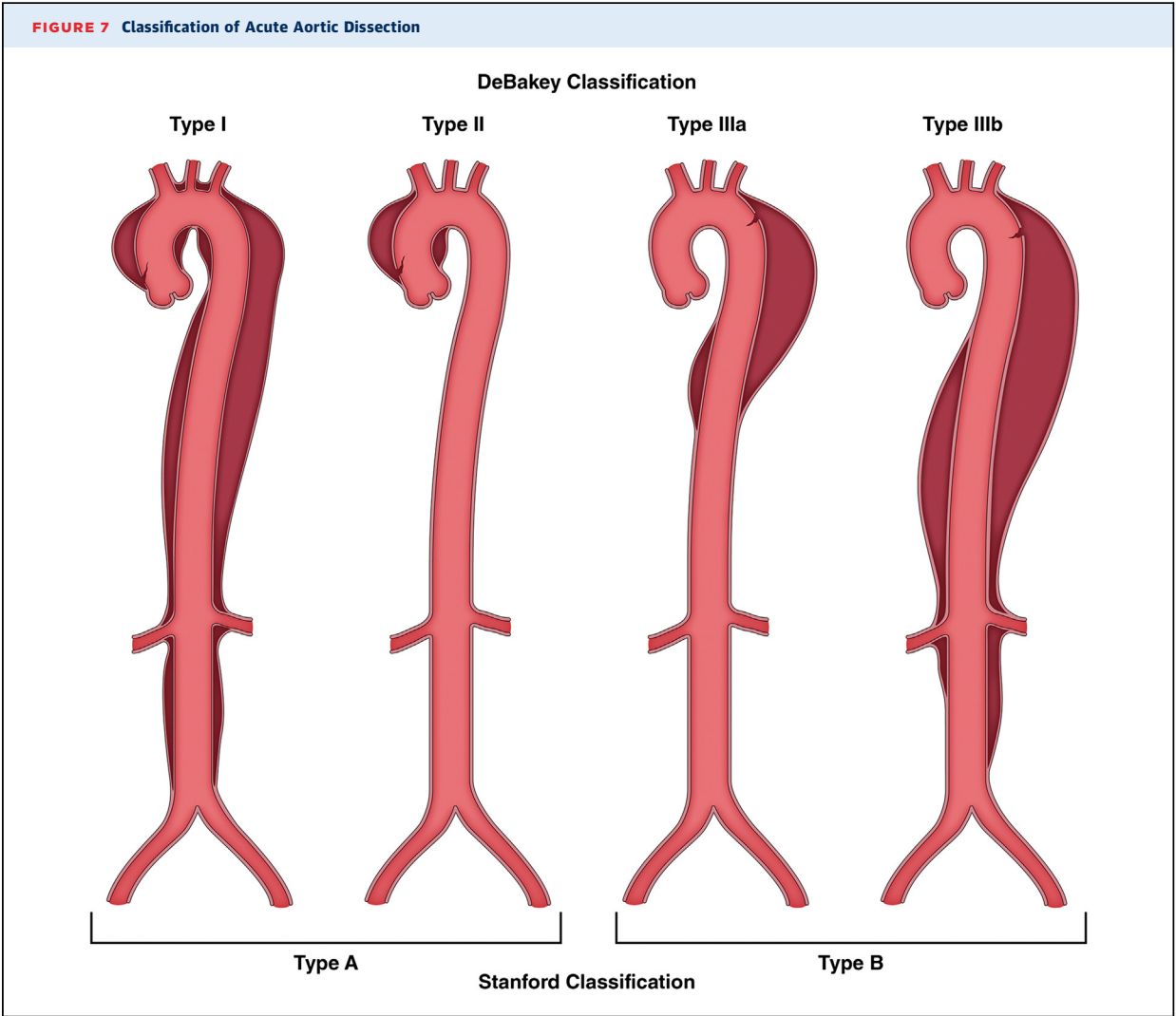
SVS and STS, similarly divides aortic dissection into 4 temporal types, as shown in Table 3, to improve prognostication and guide decision making about the timing and types of potential intervention.

Acute aortic dissection of the ascending aorta is highly lethal in symptomatic patients left untreated,

with an early mortality of 1% to 2% per hour after symptom onset.³ The mortality rate is increased among patients who present with or develop complications of cardiac tamponade (with or without cardiogenic shock), acute myocardial ischemia or infarction, stroke, or organ malperfusion.³ Patients with uncomplicated acute type B aortic dissection have a 30-day mortality rate of 10%. However, when patients with acute type B aortic dissection develop complications, such as malperfusion or rupture, the mortality rate increases to 20% by day 2 and to 25% by day 30.³

2.4.1.2. Classification

There are 2 commonly used anatomic classification systems for aortic dissection (Figure 7): the DeBakey system and the Stanford system.



The DeBakey and Stanford classification systems are used most commonly. The DeBakey system offers greater anatomic detail, whereas the Stanford system is simpler, essentially distinguishing those dissections that involve the ascending thoracic aorta from those that do not.