

The SVS-STS TBAD Reporting Standards And Classification System: What Is It; What Are Its Advantages; How Widely Is It Being Adopted

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- No Disclosures



TBAD Reporting Standards


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Society for Vascular Surgery (SVS) and Society of Thoracic Surgeons (STS) reporting standards for type B aortic dissections

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ABSTRACT
 The Society for Vascular Surgery/The Society of Thoracic Surgeons (SVS/STS) document defines and defines the usual nomenclature associated with type B aortic dissection. The criteria describe a new classification system for dissection and reporting that includes the aortic arch, thoracic or aortic dissection, also defined during non-thoracotomy and patients with other aortic and other aortic pathologic processes, such as intraluminal hematomas and penetrating atherosclerotic ulcer. Complicated or complicated dissections are clearly defined with a new high-risk category that will undoubtedly gain in reporting and controversy. Follow-up criteria are also discussed with recommendations for future clinical trial and research criteria and definitions of aortic dissection. *Circulation* 2020;141:e100-110.

Keywords: Aortic dissection, Type B, Classification, Aortic Dissection Reporting



GOALS


- Provide a standardized language as it relates to TBAD
- Provide a Framework for reporting all aspects related :
 - Presentation
 - Procedural data
 - Anatomy
 - Follow-up
 - Imaging



Reporting Standards Writing Team

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Thomas Forbes: Chair, Documents Oversight Committee



How Widely is it Being Adopted?

Citation Activity since 2020

- 797 Publications on TBAD
- 70 % Referenced Reporting standards Document

Activity

Category	Count
Referenced	557
Total TBAD Publications	797

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HIGHLIGHTS

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Anatomic Classification of Thoracic Aortic Dissection

DeBakey Classification

Stanford Classification

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Shortcomings of existing classification systems

- They are not Endo-intuitive
- Entry tear location is not regionalized
- Extent of dissection is non-specific
- Aortic arch involvement remains ambiguous

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Anatomic Classification of Thoracic Aortic Dissection

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SVS/STS Dissection Classification System

Entry point Location Distinguishes A vs B

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Anatomic Classification Thoracic Aortic Dissection

Type	Proximal Extent	Distal Extent
A_D	0	0
	1	1
	Entry tear: Zone 0	2
	3	3
B_{PD}	4	4
	5	5
	Entry tear: ≥Zone 1	6
	7	7
	8	8
I_D	9	9
	Unidentified entry tear involving Zone 0	10
	11	11
	12	12

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SVS/STS Dissection Classification System

A₉

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Uncomplicated VS Complicated

- Uncomplicated was speciated....
 - UTBAD but.... Left kidney is not lighting up
 - UTBAD but.... Patient BP is refractory
 - UTBAD but.... Patient's aorta is now 4.2cm
 - UTBAD but.... .

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Uncomplicated

- No Malperfusion
- No rupture
clinically or radiographically
- No Buts !

Complicated

- Malperfusion
- Rupture

“High Risk”

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High Risk Criteria

- Aortic diameter >40 mm
- Bloody pleural effusion
- FL diameter > 22mm
- Readmission for dissection related event
- Radiographic-only malperfusion
- Refractory Pain
- Refractory HTN
- Entry tear: Lesser curve location

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False lumen Flow

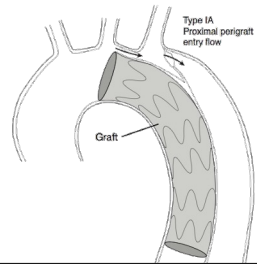
Conveniently referred to as “endoleak” representing a description s/p endovascular aneurysm repair.

“Entry flow”

Is more descriptive and accurately represents the pathophysiology of post dissection dynamics of the false lumen.

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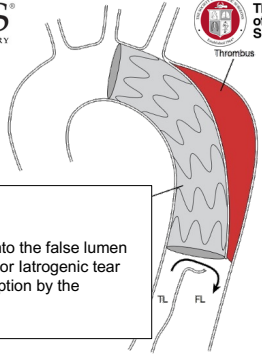
Type 1A
Proximal perigraft
entry flow

Graft

Type 1A Entry flow
Proximal seal flow around the graft into the entry tear

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Thrombus

Type 1b Entry flow


Distal seal entry flow into the false lumen via adjacent entry tear or iatrogenic tear caused by septal disruption by the endograft. (SINE)

TL FL

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1B



Type II Entry Flow:

One type describing false lumen perfusion by Branch vessels
Specificity is introduced by designating zone of perfusion

Type R Entry flow:

Produced by flow into the false lumen from the true lumen via septal fenestrations.

Conclusion
TBAD Reporting standards

- Have been widely adopted in the literature.
- Provides clear language on Anatomy & Patient Status
- Classification System is Simple yet specific

Thank You !

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