Supplementary Table 1 Dissection classifications

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| **National Heart, Lung, and Blood Institute Coronary Artery Dissection Classification** | |
| A | Luminal haziness or minor radiolucent areas within the lumen during contrast injection with no persistence after dye clearance or flow impairment |
| B | Parallel tracts or double lumen separated by a radiolucent area during contrast injection with minimal or no persistence after dye clearance, and without flow impairment |
| C | Extraluminal cap with persistence of contrast after dye clearance from the lumen |
| D | Spiral luminal filling defects, usually with excessive and persistent contrast staining of the false lumen, often with delayed antegrade flow (“barber shop pole”) |
| E | New, persistent filling defects within the coronary lumen |
| F | Non A-E types that lead to impaired flow or total occlusion |
| **Eshtehardi Left Main Coronary Artery Dissection Classification** | |
| Type I | Localized dissection |
| Type II | Dissection with extension into major branches (“zipper”) |
| Type III | Dissection with extension to aortic root |
| **Dunning Classification of Coronary Dissection With Retrograde Extension Into The Aortic Root** | |
| Class I | Involving the ipsilateral cusp |
| Class II | Involving cusp and extending up the aorta less than 40 mm |
| Class III | Involving cusp and extending up the aorta greater than 40 mm |