

Table 1: Table showing incidence of Non-A non-B dissection across various study cohorts.

Author	Study Design	Cohort Size	Non-A Non-B dissection	Comments
<b>Sievers et al.</b> (Sievers <i>et al.</i> , 2020)	Retrospective cohort study	357	36 (10%)	Non-A Non-B dissection patients were comparatively younger and had lower mortality than Type A dissection.
<b>Rylski et al. (Rylski et al., 2017)</b>	Retrospective single centre	396	43 (11%)	21 and 22 patients developed descending-entry and arch-entry non-A non-B dissection respectively.
<b>Lempel et al.</b> (Lempel <i>et al.</i> , 2014)	Retrospective cohort study	121	9 (7.4%)	Patients with arch dissection were significantly younger than patients with ascending and descending aorta dissection.
<b>Urbanski et al.</b> (Urbanski and Wagner, 2016)	Prospective cohort study	281	8 (2.8%)	7 patients had arch and descending aorta dissection, while 1 patient had isolated arch dissection. Surgery improved patient outcomes.
<b>Nauta et al. (Nauta et al., 2016)</b>	Retrospective multicentre study	404	67 (16.5%)	Retrograde arch extension of type B dissection was seen in over 16% of all cases.