

Reply to technical comment on: Gawinecka et al. Acute aortic dissection: pathogenesis, risk factors, diagnosis

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We thank Dr Qanadli for his informative comment [1] on our review article [2].

1. As he explains, there are different classification systems for acute aortic dissection, and possibilities for interventional treatment are developing rapidly. Since our article was primarily devoted to the pathogenesis, possible risk factors, genetic factors and basic means of diagnosis, including biomarkers, we neither discussed nor compared possible classification systems nor looked at interventional treatment procedures. In the introduction we referred to the most common systems of classification, which are used by the current European guidelines [3].
2. The entities of acute aortic syndrome represent a continuum. We mentioned acute aortic syndromes as the overarching term in the introduction only, but then focused on aortic dissection rather than discussed the macroscopic continuum. Depending on the situation in the individual patient, different microscopic and molecular causes, as well as pathophysiological mechanisms including shear forces, can manifest themselves

in different acute aortic syndrome entities. As pointed out by Dr Qanadli, intramural haematomas are often responsible for delaying the start of treatment.

Disclosure statement

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References

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- 2 Gawinecka J, Schönrath F, von Eckardstein A. Acute aortic dissection: pathogenesis, risk factors and diagnosis. Swiss Med Wkly. 2017;147:w14489. doi: <http://dx.doi.org/10.4414/smw.2017.14489>. PubMed.
- 3 Erbel R, Aboyans V, Boileau C, Bossone E, Bartolomeo RD, Eggebrecht H, et al., The Task Force for the Diagnosis and Treatment of Aortic Diseases of the European Society of Cardiology (ESC). 2014 ESC Guidelines on the diagnosis and treatment of aortic diseases: Document covering acute and chronic aortic diseases of the thoracic and abdominal aorta of the adult. Eur Heart J. 2014;35(41):2873–926. doi: . Correction in: Eur Heart J. 2015;36(41):2779. . <http://dx.doi.org/10.1093/eurheartj/ehu281>. PubMed.

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