Type B aortic dissections continue to be one of the most challenging clinical scenarios confronting vascular surgeons. In the era of open surgery the therapeutic options were limited to medical management of hypertension and large open thoracoabdominal operations. In the current endovascular era the operative strategies have become less invasive, but the questions regarding therapeutic approaches have become more numerous and complex. In patients with acute uncomplicated type B aortic dissections we are still unsure which patients are best treated with medical therapy alone or with the addition of early endovascular repair. Data from single centers and registries have provided some guidance; however, questions remain. Perhaps level 1 evidence from well-designed randomized controlled trials will answer all of our questions? This is the topic of the current debate.

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