

Supplementary Method S1. CTA technique

All patients underwent CTA using 64- and 128-slice multidetectors with three types of CT scanners (SOMATOM Definition Edge and Sensation 64; Siemens Medical Solutions, Erlangen, Germany and Discovery CT750 HD; GE Healthcare, Milwaukee, WI, USA). The CT imaging was performed using the following parameters: collimation, 0.6 mm; slice acquisition, 2 mm × 64 mm (or 128) × 0.6 mm using the means of x-flying focal spot; pitch, 0.2; tube voltage, 100–120 kV; and gantry rotation time, 330 ms.

The patients received an 80 mL bolus of contrast medium (Iomeron; 400 mg/mL; Bracco, Milan, Italy) through an 18-gauge intravenous antecubital catheter at an infusion rate of 5 mL/sec, followed by 60 mL of saline solution. The scan was performed using a bolus-tracking protocol where image acquisition was started once a threshold of 100 Hounsfield units was exceeded within a region of interest in the descending thoracic aorta. All coronary CTA data sets were acquired using retrospective electrocardiographic gating automatically selected to allow synchrony with the heartbeat to enable efficient adaptive multisegment image reconstruction.