A mathematical ratio between maximum aortic diameter and body surface area (based on height and weight) was more accurate at predicting aneurysm complications compared with maximum diameter alone, with a threshold of 2.75 cm/m²
The Cleveland Clinic Foundation analyzed their aortic dissection data in BAV patients and found that the same relative risk system that was previously validated for Marfan Syndrome patients was valid in the setting of BAV as well.

Using cross sectional area rather than maximum diameter further increases the importance of subtle changes in aneurysm size, and using height, rather than body surface area, eliminates weight as a variable that may inappropriately affect risk assessment (obesity).