

**Table S1** BP and BP change between the two treatment groups

Treatment group	BP before treatment (mmHg)		BP after treatment (mmHg)		SBP change (mmHg)	DBP change (mmHg)
	Systolic	Diastolic	Systolic	Diastolic		
Medical treatment	157.2±24.7	93.7±19.6	124.2±8.0	75.7±5.7	-32.9±24.7	-17.9±22.0
Endovascular treatment	150.5±16.8	97.3±10.0	127.3±8.9	76.5±10.1	-23.3±14.0	-20.8±9.3
P	0.616	0.729	0.513	0.807	0.464	0.808

Data are presented as mean ± standard deviation. BP, blood pressure; SBP, systolic blood pressure; DBP, diastolic blood pressure.

**Table S2** Summary of a selected series and reviews of SRAD

Study (year)	Number of patients with SRAD (number of patients with RAD)	Treatment, number of patients	Principal findings	Ref.
Lacombe <i>et al.</i> (2001)	22	Open surgery (RABP), 16; nephrectomy (total or partial), 6	Surgical treatment of isolated spontaneous dissection of the renal artery is indicated in patients who have severe uncontrollable hypertension despite extensive medical treatment	(25)
Rooden <i>et al.</i> (2003)	15	Open surgery (RABP), 18; nephrectomy, 1	Extracorporeal reconstruction and autotransplantation can be effectively used in patients with spontaneous renal artery dissection located in or extending into the distal branches	(21)
Müller <i>et al.</i> (2003)	22 [25]	Open surgery (RABP), 25	RAD can be effectively treated with surgical revascularization	(26)
Pellerin <i>et al.</i> (2009)	16	Endovascular stent, 16	Stent implantation for symptomatic SRAD is an effective treatment in the long-term and represents a safe alternative to surgery	(2)
Afshinnia <i>et al.</i> (2013)	17	Medical treatment alone, 8; open surgery (RABP), 3; nephrectomy, 1; endovascular intervention, 5	With appropriate medical or surgical management, long-term clinical outcome appears favorable	(16)
Dicks <i>et al.</i> (2023)	125	Medical treatment alone, 111; endovascular intervention, 10	Most patients with SRAD can be treated with medical therapy alone and usually experience a benign course	(7)

SRAD, spontaneous renal artery dissection; RAD, renal artery dissection; RABP, renal artery bypass.