Supplementary Fig. 1. Demonstration of functional classification of aortic regurgitation. Type 1 shows normal cusp tethering due to dilated aortic root and is divided into subgroups according to part of aortic root or ascending aorta that shows dilatation. A. Type 1a, sinotubular junction and ascending aorta dilatation (sinotubular junction diameter: 61 mm). B. Type 1b, sinus of Valsalva and sinotubular junction dilatation. This subtype is major indication for aortic valve repair surgery (sinus of Valsalva diameter: 90 mm). C. Type 1c, dilatation of aortic valve annulus (annulus diameter: 34 mm). D. Type 1d, perforation of cusps. CT scans demonstrated discontinuity of right coronary and non-coronary cusps and perforations secondary to previous infective endocarditis (arrowheads). E. Type 2 shows prolapse of cusps. Partially prolapsed left coronary cusp was noted with double-contour appearance on en-face view (arrows). Simultaneously, completely prolapsed, right coronary cusp was noted with invisible leaflet line on en-face view (arrowheads). F. Type 3 shows cusp retraction. Nodes of Arantius were hypertrophied (arrows).