Abdominal Aortic Aneurysm

Abdominal aortic aneurysms are described as dilatations, or outpouchings of the endothelial walls of the descending aorta. Rupture of these aneurysms are life-threatening, and patients who have ever smoked between the ages of 65 and 70 should be screened. The diagnostic treatment of choice is ultrasound, and treatment recommendations are as follows: aneurysms which are less than 5 centimeters and asymptomatic should be observed; aneurysms greater than 5.5 centimeters should be surgically repaired; ruptured or symptomatic aneurysyms require emergent intervention.



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Screening

Screen Males 65-75 Who've Ever Smoked
65 to 75 Smoking Male
The USPTF (United States Preventative Task Force) states that screening should be done on any male 65-75 who has ever smoked, stating this is a grade A recommendation. A one-time screening is performed via ultrasound, and those with Marfan syndrome or Ehler-Danlos syndrome should also be screened.

Diagnosis

Ultrasound
Ultrasound-machine
The diagnostic study of choice is ultrasound for abdominal aortic aneurysm. However, CT scans are another diagnostic test specific for ruling in or out an abdominal aortic aneurysm.

Treatment

Observation
Observing through a telescope
Aneurysms less than 5 centimeters do not warrant treatment and can be closely observed.

Asymptomatic and less than 5 cm in size
Thumbs-up with Less-than 5 cm
Surgical management is not indicated for asymptomatic aneurysms less than 5 centimeters in diameter. These do require observation (ultrasound) at regular intervals dependent on size or morphology over time.

Surgical Repair
Surgical-scalpel
Surgical repair is indicated for abdominal aortic aneurysms greater than 5.5 centimeters in size as they are more likely to rupture.

> 5.5 cm in Abdomen
Greater-than 5.5 cm
Surgical repair is indicated for aneurysms greater than 5.5 centimeters in size when located in the abdomen. Aortic aneurysms located in the thorax do not need surgical repair unless they are larger than 6 centimeters.

Emergent Surgery
Emergency Surgical-scalpel
Emergent surgery is necessary if the aneurysm is diagnostically confirmed as ruptured or presents with a diameter >5.5cm and possible symptoms of a ruptured AAA.

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Ruptured or Symptomatic

Rupturing with Pain-bolts

Ruptured or symptomatic aneurysms require emergent intervention. Symptomatic aneurysms are described as being associated with painful pulsating sensations in the abdomen, chest, lower back, or scrotum. A ruptured aneurysm may present with severe pain in the lower back, flank, abdomen or groin, along with limb ischemia, hypotension and tachycardia.

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