

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 aneurysms require emergent intervention.



PLAY PICMONIC

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 helpful when more information is required, as they are more specific, and allow accurate sizing of aneurysms.

Treatment

Observation

[Observing through a telescope](#)

Aneurysms less than 5 centimeters do not warrant treatment, and can be closely observed.

Asymptomatic and 5 cm in Size

[Thumbs-up with Less-than 5 cm](#)

Treatment is not indicated for aneurysms which are asymptomatic and less than 5 centimeters, as these only warrant observation.

Surgical Repair

[Surgical-scalpel](#)

Surgical repair is indicated for abdominal aortic aneurysms greater than 5.5 centimeters in size, as they have a higher chance of 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 has ruptured, or if it is symptomatic.

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.