evidence based guidelines

AORTIC ANEURYSM

GENERAL CONSIDERATIONS

Screening

- Consider screening for the presence of an aortic aneurysm (AAA/TAA) if there is:
  - Evidence of a genetic syndrome (e.g. Marfan's Syndrome)
  - A first degree relative with an AAA/TAA early in life (< 60 years old)

Treatment

- Strongly recommend cessation of tobacco use
- Control blood pressure to less than 130/80
- Treat with moderate to high intensity statin if there is concomitant atherosclerosis.
- Add low-dose aspirin if there is an atheroma or penetrating aortic ulcer (PAU)
- Refer for surgical consultation for aneurysms equal to or greater than:
  - 5.0 cm for an average sized male
  - 4.5 cm if the patient is:
    - female
    - smaller in size
    - has a FH of aortic dissection
    - has a genetic or syndromic condition associated with aneurysms (e.g. bicuspid aortic valve, Marfan Syndrome, Ehlers Danlos Syndrome, etc.)
    - there is rapid growth (≥ 0.5 cm in one year or ≥0.3cm two years in a row)

ABDOMINAL AORTIC ANEURYSM (AAA)

- Order a one-time screening AAA ultrasound for all male "ever" smokers between the ages of 65 - 75
- Consider screening female "ever" smokers between the ages of 65 - 75

Monitoring of AAAs:	<2.9cm	No rescreening indicated
	3.0 - 3.9 cm	Monitor by ultrasound every 2-3 years
	≥4.0 cm	Monitor by ultrasound every 12 months

THORACIC AORTIC ANEURYSM (TAA)

- Initial diagnosis should include a trans-thoracic echocardiogram (TTE) to assess all pertinent diameters and examine the cardiac valves.
- Subsequent monitoring can be done via TTE, MRA, or CTA

Monitoring of TAAs:	After initial diagnoses	Every 6 months until stable
	Once stable	Every 12 – 24 months

Reference: 2022 ACC/AHA Guideline for the Diagnosis and Management of Aortic Disease

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