



Abdominal Aortic Aneurysm – a preventable cause of death

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When the car engine dies, many of us call AAA. In the medical field AAA is something very different and generally results in the death of your body's engine – the heart.

Abdominal Aortic Aneurysm (AAA) is a bulge in the wall of the body's main artery, the Aorta. The bulge is like a balloon, and if it gets too big, can burst. Over 50 percent of people with a bursting AAA, die before they get to the hospital. Of those who make it to the hospital, only 10 to 20 percent live 30-days past surgery, if they survive the surgery at all. Most often, there are no symptoms or warning signs.

Although only two to five percent of the population actually gets AAA, the 80-90 percent death rate has prompted family doctors like me and my colleagues at North Basin Medical Clinics to take a more aggressive stance in early diagnosis. The fact that the number of AAAs has been steadily increasing over the past 40 years has also caught our attention. A new study supports routine screening for those with high risk factors.

What causes an aneurysm? Scientists believe Atherosclerosis is generally the culprit. This is when fatty material accumulates, narrowing the artery thus causing weakness. Risk factors for AAA are the same as those for heart attack and stroke and generally occur more often in males...

- Smoking (6 times the risk)
- High blood pressure
- Unhealthy cholesterol levels
- Obesity (waistline measurement of over 34 inches for women and 40 inches for men)
- Inactivity
- Advancing age (over 60)
- Genetic predisposition

In fact, those with a brother, sister or parent with an aneurysm, are at much higher risk.

What are the warning signs of AAA? First off, the risk factors above should alert you to the possibility of an aneurism. After that, symptoms are few. Most people with AAA have no symptoms until the aneurysm bursts. A few have reported abdominal, side or back pain that does not go away when they change positions of sitting or lying down. A bulge on the left side of your abdomen can also be a clue.

How are AAAs detected? Here's the good news. Your family physician can do a simple manual test during a routine physical exam to look for a pulsating mass. Ultrasound and CT (Cat Scan) technology are both non-surgical ways to find AAA. In fact, scientists are finding that Helical CT scanning is the gold standard for diagnosing AAA. Although most hospitals have CT imagining machines, the vast majority don't have a *Helical* CT machine. Lincoln Hospital does. It is used for initial diagnosis and follow-up of AAA.

What about surgery? AAAs of larger than two inches, or one that expands by more than a quarter inch in one year, require surgery. Traditional procedures involve opening the abdomen and placing a Dacron tube in the artery. A newer technique, which is much less risky, involves placing a collapsible stent into the aorta through a catheter inserted into an artery in the leg.

What about surgery for smaller AAAs? This is up to you and your doctor. There are risks involved with surgery that could end your life long before the aneurysm. In general, monitoring the AAA with ultrasound or CT technology is a good plan of action.

However, the best plan of action is to have a good relationship with your family doctor. Be honest about your risk factors and talk to them about a manual AAA test, an Ultrasound or CT exam. Be aggressive, especially if you have warning signs such as a pulsating or gnawing sensation in your mid-back or abdomen. A recent study showed that screening for aneurysms lowered the death risk by 42 percent. That's too good to pass up. Testing is painless and may save your life

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