Exposing A Silent Killer: Protection Against Abdominal Aortic Aneurysms

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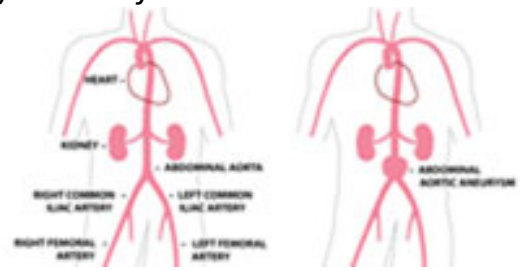
While diseases like prostate cancer and heart disease have become household concerns, abdominal aortic aneurysms (AAA), the 10th leading cause of death in men age 55 and older, have been overshadowed by more prominent diseases for far too long. It’s time we pull back the curtain and take a closer look at this serious disease and how it can be both detected and prevented.

An AAA, which is one of the conditions associated with vascular disease, is a bulge that develops in the body’s main blood vessel, the aorta. As the aneurysm expands within the aorta, the chances of it rupturing increase. However, AAAs generally develop without noticeable symptoms. Often times, people do not realize they have an aneurysm until it ruptures, giving the disease its “silent killer” status. In fact, the survival rate for patients with ruptured AAAs is only 20 to 50 percent.

It is suspected that AAAs are passed down from generation to generation as they are most common in patients with a family history of aneurysms. Men are also more likely than women to develop an AAA. When women exhibit aneurysmal disease, it is usually correlated with a very strong genetic predisposition to the condition. Although the condition is asymptomatic, maintaining a healthy lifestyle can reduce your chances of developing an AAA. Offering another reason to limit high

cholesterol foods, maintain a moderate amount of exercise, and avoid cigarettes, elevated cholesterol and high blood pressure have also been proven to increase the likelihood of developing a potentially fatal AAA.

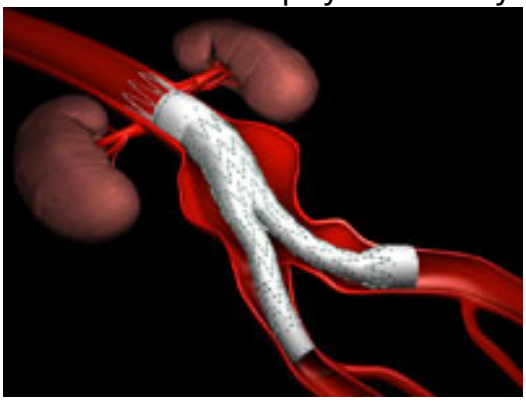
AAAs may be detected during a routine medical examination. Sometimes during a physical exam, a physician may be able to feel an AAA below your ribcage or above your belly button.



[1]
An **anatomical illustration of AAA**

Currently, AAAs are most commonly detected incidentally during x-rays being performed for other reasons. For example, patients with kidney stones, back pain, or gastrointestinal problems will often undergo a MRI or CAT scan and it’s during these tests that an aneurysm is identified. However, because even experienced physicians can sometimes miss an AAA, at-risk patients should consider an ultrasound screening specifically for AAA. This short, noninvasive examination of the aorta can easily identify nearly all AAAs. In fact, Medicare advises and reimburses AAA screening at the time of enrollment for male Medicare beneficiaries age 65+ who have a history of smoking [2].

If you are diagnosed early with an AAA, it will typically be evaluated on a periodic basis to determine its rate of growth. Once it reaches a size at which the risk for rupture is increased (approximately 5 cm in diameter), intervention is often recommended. A physician may offer two types of intervention.



The Cook Zenith Flex Endovascular graft can be used to treat AAA.

Traditional, open surgical repair has been used to treat AAA for approximately for

more than 50 years with success. However, in the last 10-15 years, a minimally invasive approach that uses stent grafting has gained popularity in repairing the AAA to prevent rupture. This procedure, called endovascular aneurysm repair (EVAR), is typically done during an overnight stay in the hospital and involves two small incisions in the groin. A covered stent is introduced through the groin and into the aorta. Once in place, the stent serves as a liner to the aneurysm, similar to placing a tube in side of a damaged tire to prevent the tire from bursting.

It’s important to remember that by making simple lifestyle choices, you can reduce your risk of developing an AAA. Moreover, even though patients with AAA typically do not show any symptoms, the condition is easy to detect with minimally invasive ultrasound technology. As with all serious medical conditions, if you are at high risk for aneurysms, or suspect you might have an AAA, you should be evaluated by your internist or your vascular surgeon.

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