

Black men appear less likely to undergo elective aneurysm repair than white men

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Black men are less likely than white men to undergo elective surgery to repair abdominal aortic aneurysms, even after accounting for racial differences in rates of developing the disease, according to a report in the May issue of *Archives of Surgery*.

An abdominal aortic aneurysm occurs when a segment of the aorta, the large blood vessel that supplies the pelvis, legs and abdomen, enlarges or balloons outwards. Surgery to repair the condition can be performed on an elective basis, before symptoms arise. Urgent aneurysm repair is typically needed when an aneurysm ruptures, leaks or expands rapidly, or when symptoms such as pain develop.

Chad T. Wilson, M.D., then of the Department of Veterans Affairs Medical Center, White River Junction, Vt., and now of Massachusetts General Hospital, Boston, and colleagues used Medicare data to identify men age 65 years and older who underwent elective or urgent repair for abdominal aortic aneurysms between 2001 and 2003. To estimate the underlying disease burden in different racial groups, they used data from studies of ultrasound screening studies, including a Veterans Affairs study of more than 65,000 men.

Black men underwent elective aneurysm repair less than one-third as often as white men (42.5 vs. 147.8 per 100,000 men) and urgent repair at roughly half the rate (26.1 vs. 50.5 per 100,000 men). Screening data revealed that black men developed abdominal aortic aneurysms at less than half the rate of white men. Adjusting for this difference, black men

were about 27 percent less likely to undergo elective repair but 30 percent more likely to undergo urgent repair for abdominal aortic aneurysms.

Potential explanations for the different rates include socioeconomic status, the authors note. “Although all of the patients in this study are Medicare beneficiaries, there may be substantial racial differences in comprehensiveness of Medicare benefits, supplemental insurance status and the ability to pay for health care expenses not covered by Medicare,” they write. In addition, black patients may be treated differently than white patients—clinicians may not screen them as often for aneurysms because they are less likely to develop them, or they may not be offered surgery for aneurysms the same size and structure as those of white patients.

Source: JAMA and Archives Journals

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