

The Medical Minute: So you have an aneurysm... Now what?

September 9 2009, By David C. Han

Technically speaking, an aneurysm is a dilation, or an enlargement, of a blood vessel to at least 50 percent beyond its normal diameter. So if a blood vessel is normally one inch wide, it is considered an aneurysm when it is greater than 1.5 inches wide. While finding out that you have an aneurysm can be concerning, the good news is that we continue to learn more about how aneurysms behave, which can help us determine if and when an aneurysm should be repaired, and the really good news is that we are continually developing new and less invasive ways to treat them.

Aneurysms generally cause trouble in one of two ways. Either they burst (rupture), or they clot (thrombose). A ruptured aneurysm of the aorta causes death about 90 percent of the time. A thrombosed aneurysm of the leg can lead to [amputation](#) more than 25 percent of the time. Because of this, the key to the problem is early diagnosis. For those who have turned 65, as part of your “Welcome to Medicare” physical exam, Medicare will cover a screening ultrasound of the abdominal aorta for anyone who has a family history of an abdominal aortic aneurysm, or for men who have a history of smoking because of the associated risk of aneurysms in these patients (www.medicare.gov/Health/AAA.asp target="_blank">www.medicare.gov/Health/AAA.asp). Despite this recent legislation, however, only a fraction of those eligible have taken advantage of this benefit.

Most aneurysms are discovered incidentally when a test is done for some other problem, such as an ultrasound because of [gallstones](#), or a CT scan

because of injuries sustained in a car accident. The overwhelming majority of the time, doctors see patients with aneurysms before they have symptoms. The challenge becomes determining whether or not to fix them. Because fixing the aneurysm carries risk, the goal is to determine if the risk of the aneurysm causing a problem is higher than the risk involved in fixing it. If the aneurysm is small, the risk of it causing a problem is often small, and so we will opt to watch it. This is to make sure that the cure isn't worse than the disease.

When the aneurysm size gets to a point where repair is preferred, however, it's helpful to know that there are different ways to fix it. Traditional methods of repairing aneurysms involve removing the diseased artery through an incision and then sewing in a new vessel (usually a new pipe, called a graft, made out of Dacron polyester) by hand. Newer methods take that same graft, mount it on a metal stent that looks a bit like chicken wire (a so-called stent graft), and then reline the aneurysm through a small incision over a smaller artery, such as in the groin. This less-invasive procedure, called endovascular stent grafting, leads to a much shorter hospitalization and a quicker recovery time. But it isn't for everyone. The aneurysm has to be a certain size and shape in order to allow the stent graft to be placed properly.

This is where the good news comes in. With newer and better devices, we are now able to treat many more people with these less invasive methods. Improvements in imaging with ultrasound, MRI and CT scans as well as operating rooms with built-in X-ray equipment allow us to see with incredible precision how to treat these aneurysms without having to make a big incision and feel things with our hands. Regardless of how the aneurysm will be fixed, once you've been diagnosed with an aneurysm, be sure to seek out a specialist with experience and expertise in treating aneurysms both with open or minimally invasive techniques. Even better: work on ways to prevent having an aneurysm in the first place. While you can't change your family history, you can quit smoking.

Your arteries will thank you.

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