

A ruptured aorta needn't be a death sentence, survivors say

February 8 2011, By Chris Whitley

John Ritter was working in a Burbank studio on the set of his TV sitcom. Aaron Roberts was cooling his heels in a hotel room outside of Chicago after a business meeting. Exactly four years separated the days when two very different people experienced the same thing: a ruptured aorta.

Roberts survived. Ritter did not.

The experience brought together Roberts, an Irving, Texas, resident who just turned 41, and Amy Yasbeck, Ritter's widow and a comic actress best known from the '90s TV show "Wings."

The two are united in a goal to raise awareness about [aortic dissection](#), something that kills thousands each year. The two believe those deaths are needless.

"Some people will die, but no one has to die," Roberts says.

Aortic dissection, or a tear in the largest artery from the heart, has long been described in almost fatalistic terms as a ticking time bomb. Such statements frustrate researchers such as Dr. Dianna Milewicz because they give the mistaken impression that nothing can be done.

"The most distressing and most common misperception is that you can't pick out a case of the disease before it happens," says Milewicz, chairwoman of cardiovascular research at the University of Texas Health Science Center at Houston.

About 40,000 to 50,000 people die each year from aortic disease, and Milewicz says that a majority of them have aortic dissection, including U.S. diplomat Richard Holbrooke, who died in December. Exact figures are difficult to pinpoint because the condition is often confused with a heart attack.

That's what doctors initially thought when Ritter went into the hospital on Sept. 11, 2003, complaining of nausea and chest pains. Yasbeck says that Ritter was given [blood thinners](#) and an angiogram but died on the operating table within hours.

Devastated, she tried to learn more about the disease and found little.

"I did Google alerts for aortic dissection and aortic aneurysm," she says by phone from her home in Los Angeles. "Anytime it would pop up in any little paper anywhere - anywhere - sadly, most of them were obituaries, more than two-thirds of them."

She contacted Milewicz, who has studied aortic diseases for years, and learned that genetics play a large role in the disease. Ritter's brother, Tom, had his aorta scanned in 2007 and learned a similar rupture was imminent. After surgery to repair the aorta, Tom is now healthy and grateful, Yasbeck says.

Yasbeck then went back to the obituaries and called family members of victims - hundreds of them, she says. She did it to console, to offer advice and support, but also to urge them to avoid a similar fate.

"Why would it be OK for me to not inform other people that the rest of their family is at risk?" says Yasbeck, who eventually started the John Ritter Foundation. "Why would I let it sneak up on any other family like it did on us? That doesn't seem like a mission or obsession or any of the other things that people might say it is. It seems like logic."

On Sept. 11, 2007, Roberts felt as though his chest were tearing open. Then he fainted. When he awoke a half-hour later, he called his wife, who called the hotel's front desk for an ambulance.

"I passed out as they were closing the ambulance door, and I woke up almost a week later in a hospital," he says.

He nearly died. In his case, he had a heart defect called a bicuspid aortic valve.

Instead of a valve with three flaps (think of the Mercedes-Benz logo), Roberts had only two, which made him a prime candidate for a dissection.

After an aorta dissects, the chances of death increase 1 percent each hour.

Doctors told Roberts that had he been on the plane home or in a car driving to dinner, he almost surely wouldn't have survived.

He was fitted with a mechanical aortic valve, which makes a whirring sound that he says can be heard if the room is quiet enough.

After intense physical therapy, he went from having difficulty sitting up to running a half-marathon 18 months later.

Roberts believes that doctors recognized his aortic dissection from news stories commemorating the anniversary of Ritter's death that day. So Roberts e-mailed Yasbeck to thank her for putting the spotlight on the disease.

"Sometime later, I got this phone call. 'Hey, Aaron, it's Amy,'" he says. She enlisted his help spreading the word. "We've only talked four or five times on the phone, sometimes really long and sometimes really short. We've traded e-mails and pictures and Facebook posts, too."

Yasbeck says she points survivors to a blog Roberts created to tell his story (robertsaa.wordpress.com).

"He's an interesting guy," Yasbeck says. "Aaron is great because he's a really good writer, and he's written his experiences down. So sometimes I hook people up with his work online. I need more of that."

Despite their efforts, Milewicz says the public and even physicians do not recognize the potential for dissection. She urged people to follow a series of signs and risk factors called the Ritter Rules and to get a CT scan if necessary.

"We can make a big difference if we locate who's predisposed with this disease," she says. "Richard Holbrooke did not have to die from this disease. John Ritter didn't have to die from this disease."

Yasbeck now spends less time acting and more time raising the daughter she had with Ritter. She teamed up with Milewicz to write a chapter of a memoir about her husband, "With Love and Laughter, John Ritter," about aortic dissection.

Roberts says that since his experience, he has decided he wants to live the rest of his days his own way, including telling anyone who will listen about what nearly killed him.

He hopes Yasbeck does the same.

"I just want to encourage her to keep doing that and not to stop, because

I'm convinced it helped save me and who knows how many other people," he says.

THE RITTER RULES

The John Ritter Foundation has created a list of ways to detect, prevent and manage aortic dissection. Some of the signs and factors to watch for:

Pain.

Severe pain is the No. 1 symptom. Seek immediate emergency medical care for a sudden onset of severe pain in the chest, stomach, back or neck. The pain is likely to be sharp, tearing, ripping, moving. Seek medical help urgently; the death rate increases 1 percent every hour the diagnosis and surgical repair are delayed.

Family history.

You and other family members should be evaluated to determine if a predisposition for aortic aneurysm and dissection runs in your family.

Triggers.

Lifestyle and trauma can trigger [aortic aneurysm](#) or dissection. It is possible to trigger an aortic dissection through injury to the chest, extreme straining associated with bodybuilding, illicit drug abuse, poorly controlled high blood pressure or by discontinuing necessary blood pressure medications.

For the complete list of Ritter Rules, visit the foundation at johnritterfoundation.org.

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