

# New recommendations for popliteal artery aneurysms

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(HealthDay)—In a clinical practice guideline issued by the Society for

Vascular Surgery (SVS) and published in the *Journal of Vascular Surgery*, recommendations are presented for the medical management of popliteal artery aneurysms (PAAs).

Alik Farber, M.D., from the Boston University School of Medicine, and colleagues developed recommendations relating to PAA screening, indications for intervention, repair strategy, and management and follow-up of PAAs.

The authors recommend that [patients](#) presenting with PAA are screened for contralateral PAA and abdominal aortic aneurysm (strong recommendation; moderate quality of evidence). To reduce the risk for thromboembolic complications and [limb loss](#), repair is recommended for patients with asymptomatic PAA  $\geq 20$  mm in diameter (strong recommendation; moderate quality of evidence). Open PAA repair is suggested for asymptomatic patients with a life expectancy of at least five years, provided that an adequate saphenous vein is present (weak recommendation; low quality of evidence). For patients with a reduced [life expectancy](#), endovascular repair should be considered if intervention is indicated (weak recommendation; low quality of evidence). Intervention for thrombotic and/or embolic complications of PAA should be stratified by the severity of acute limb ischemia at presentation (strong recommendation; moderate quality of evidence).

"Physical finding of a bounding popliteal pulse or a history of an [abdominal aortic aneurysm](#) or a popliteal aneurysm in another limb should lead to an ultrasound of the popliteal artery, a widely available and inexpensive test," Farber said in a statement. "Surgical bypass and endovascular stent-grafting, both have a role in treatment of appropriately selected patients and these interventions can prevent leg amputation."

**More information:** [Abstract/Full Text \(subscription or payment may](#)

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