Aneurysm

Aortic Aneurysms

- **Abdominal Aneurysm**s – the commonest of all aortic aneurysms (three quarters) usually due to arteriosclerosis, which weaken the wall of the aorta causing it to expand. 90% occur below the renal arteries. Smoking and hypertension contribute to the degenerative process, and there is also a familial link.
- Classically it extends distally into the either or both iliac arteries. Pain is described as deep boring pain, which refers to the lumbro sacral joint. Usually steady pain, it may be relieved by moving position.
- **Investigations**
- Careful palpation - Felt as a pulsatile mass on abdominal examination. There may be a visible abdominal pulse. or as calcification on x-ray. A CT scan is indicated to ascertain the size, thickness of the aortic wall, whether any leakage has occurred. An expanding aneurysm may cause epigastric pain or referred back pain. Rapidly expanding ones are frequently painful on palpation
- **Treatment**
- A rupture requires emergency surgical intervention and even the mortality is high. Treatment of symptomatic and asymptomatic aneurysms is surgical except in the very old. Any aneurysms over 6cm should be operated on as they have a high risk of rupture.
- **Thoracic Aneurysms** – Most were due to syphilis in the past, with our modern life style most are now caused by atheroma. They can occur any where along the thoracic aorta - aortic arch, ascending and the descending aorta. They account for a quarter of all aneurysms
- **Symptoms**
- Most are asymptomatic, but when large can give chest pain. They can rupture.
- **Treatment**
- As above. Resection of the offending part and replacement with a synthetic conduit (Bentall repair) involves replacing the aortic valve in the process. Mortality for elective repair is 10 – 15%.

Definition

Localised dilation of a blood vessel, particularly the aorta or a peripheral artery.