ANEURISMI DELL'AORTA ADDOMINALE SOTTORENALE.

www.fisiokinesiterapia.biz

definizione e dimensioni del problema

- diametro antero-posteriore aorta > 3 cm
- A. aorta addominale sottorenale (65% del totale)

- fattori che aumentano prevalenza:
  eta', sesso maschile, fumo, familiarità

- 6000 morti/anno in Italia
- mortalità >50% incaso di rottura
- rischio operatorio <3% per interventi in elezione

mmg e SINTOMI

- *Molti AAA asintomatici (scoperta casuale)*
- *Dolore addominale o al rachide lombosacrale, massa addominale pulsante, e di ipotensione Il dolore a differenza di quello della lombalgia non è influenzato dal movimento, è costante, può durare anche giorni interi ed è rosicante.*
- *Espansione o la rottura imminente: peggioramento del dolore, che dall'addome o rachide può irradiarsi all'inguine, alle natiche o alle gambe.*

mmg e SEMEIOTICA

- La palpazione dell'aneurisma è sicura e la sua sensibiltà aumenta con l'aumentare delle dimensioni raggiungendo un valore del 76% per aneurismi di dimensioni >5 cm.

- L'esame di elezione per gli aneurismi dell'aorta sottorenale è rappresentato dal ecocolordoppler (specificità del 100% e sensibilità variabile dal 92 al 99%) per la sua sicurezza, il suo basso costo, la sua accuratezza.

STORIA NATURALE DEL A.A.

Progressiva espansione e formazione di trombi, che contribuiscono alle tre maggiori complicanze:

- ***Rottura***
- ***Eventi tromboembolici ischemici***
- ***Compressione o erosione strutture vicine***

il problema dal pdv del m.m.g.

Diagnosi di A.A.

- Scoperta occasionale
- Scoperta per sintomi

Screening

- Opportunistico
- Maschi 65-75 anni

Quali criteri?

ACC/AHA PRACTICE GUIDELINES—FULL TEXT

ACC/AHA Guidelines for the Management of Patients With Peripheral Arterial Disease (Lower Extremity, Renal, Mesenteric, and Abdominal Aortic): A Collaborative Report from the American Association for Vascular Surgery/ Society for Vascular Surgery,* Society for Cardiovascular Angiography and Interventions, Society for Vascular Medicine and Biology, Society of Interventional Radiology, and the ACC/AHA Task Force on Practice Guidelines (Writing Committee to Develop Guidelines for the Management of Patients With Peripheral Arterial Disease)

Endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation; National Heart, Lung, and Blood Institute; Society for Vascular Nursing; TransAtlantic Inter-Society Consensus; and Vascular Disease Foundation

RECOMMENDATIONS

Class I

1. Patients with infrarenal or juxtarenal AAAs measuring 5.5 cm or larger should undergo repair to eliminate the risk of rupture. ***(Level of Evidence: B)***

2. Patients with infrarenal or juxtarenal AAAs measuring 4.0 to 5.4 cm in diameter should be monitored by ultrasound or computed tomographic scans every 6 to 12 months to detect expansion. ***(Level of Evidence: A)***

Class IIa

1. Repair can be beneficial in patients with infrarenal or juxtarenal AAAs 5.0 to 5.4 cm in diameter. ***(Level of Evidence: B)***

2. Repair is probably indicated in patients with suprarenal or type IV thoracoabdominal aortic aneurysms larger than 5.5 to 6.0 cm. ***(Level of Evidence: B)***

3. In patients with AAAs smaller than 4.0 cm in diameter, monitoring by ultrasound examination every 2 to 3 years is reasonable. ***(Level of Evidence: B)***

Class III

Intervention is not recommended for asymptomatic infrarenal or juxtarenal AAAs if they measure less than 5.0 cm in diameter in men or less than 4.5 cm in diameter in women. ***(Level of Evidence: A)***

SAPERE COSA FARE

- *DIMENSIONI //// PROCEDURE*
- *Sintomi C* **Chirurgia**
- *>5,5 cm B* **Chirurgia (<5m <4,5f no surgery –** *A)*
- *4-5,4 cm A* **Sorveglianza (TAC o doppler / 6-12 mesi)**
- **< 4 cm B Sorveglianza doppler ogni 2-3 anni**

- **DIMENSIONI //////// RISCHIO ROTTURA**
- **<5 cm 20%**
- **6 cm 40%**
- **>7 cm >70%**

5.2.4. Diagnosis

5.2.4.1. Symptomatic Aortic or Iliac Aneurysms

RECOMMENDATIONS

Class I

1. In patients with the clinical triad of abdominal and/or back pain, a pulsatile abdominal mass, and hypotension, immediate surgical evaluation is indicated. ***(Level of Evidence: B)***

2. In patients with symptomatic aortic aneurysms, repair is indicated regardless of diameter. ***(Level of Evidence: C)***

5.2.2.2 ATHEROSCLEROTIC Risk Factors RECOMMENDATIONS

Class I

1. In patients with AAAs, blood pressure and fasting serum lipid values should be monitored and controlled as recommended for patients with atherosclerotic disease. (Level of Evidence: C)

2. Patients with aneurysms or a family history of aneurysms should be advised to stop smoking and be offered smoking cessation interventions, including behavior modification, nicotine replacement, or buproprion (level of evidence: B)


SCREENING?
SCREENING
OPPORTUNISTICO?

5.2.4.6. Screening High-Risk Populations

RECOMMENDATIONS

Class I

Men 60 years of age or older who are either the siblings or offspring of patients with AAAs should undergo physical examination and ultrasound screening for detection of aortic aneurysms. *(Level of Evidence: B)*

Class IIa

Men who are 65 to 75 years of age who have ever smoked should undergo a physical examination and 1-time ultrasound screening for detection of AAAs.
(Level of Evidence: B)

5.2.5.1. Blood Pressure Control and Beta-Blockade

RECOMMENDATIONS

Class I

Perioperative administration of beta-adrenergic blocking agents, in the absence of contraindications, is indicated to reduce the risk of adverse cardiac events and mortality in patients with coronary artery disease undergoing surgical repair of atherosclerotic aortic aneurysms. ***(Level of Evidence: A)***

Class IIb

Beta-adrenergic blocking agents may be considered to reduce the rate of aneurysm expansion in patients with aortic aneurysms. ***(Level of Evidence: B)***

- **GUIDELINE TITLE**
- **Screening for abdominal aortic aneurysms: recommendation statement.**

- **BIBLIOGRAPHIC SOURCE(S)**
- Screening for abdominal aortic aneurysm: recommendation statement. Ann Intern Med 2005 Feb 1;142(3):198-202. PubMed
- **GUIDELINE STATUS**
- This is the current release of the guideline.
- This version updates a previously published guideline: U.S. Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. Baltimore (MD): Williams & Wilkins; 1996. Chapter 6, Screening for abdominal aortic aneurysm. p. 67-72.

- **GUIDELINE TITLE**
- Screening for abdominal aortic aneurysms: recommendation statement.
- **RECOMMENDATIONS**
- **MAJOR RECOMMENDATIONS**

- **The USPSTF recommends one-time screening for abdominal aortic aneurysm (AAA) by ultrasonography in men aged 65 to 75 who have ever smoked. B recommendation**

- **The USPSTF makes no recommendation for or against screening for AAA in men aged 65 to 75 who have never smoked. C recommendation**

- **The USPSTF recommends against routine screening for AAA in women. D recommendation**

- ***BMJ.* 2005 April 2; 330(7494): 750.**
- doi: 10.1136/bmj.38369.620162.82.

- **Screening for abdominal aortic aneurysms: single centre randomised controlled trial**
- Jes S Lindholt, *senior lecturer*,1 Svend Juul, *senior lecturer*,2 Helge Fasting, *consultant*,1 and Eskild W Henneberg, *consultant*1 1 Vascular Research Unit, Department of Vascular Surgery, Sygehus Viborg, DK-8800 Viborg, Denmark
- 2 Department of Epidemiology, Institute of Public Health, University of Aarhus, DK-8000 Aarhus C, Denmark
- Correspondence to: J S Lindholt jes.s.lindholt@sygehusviborg.dk
- Accepted January 14, 2005.

MMG E SPECIALISTA

Diagnosi e screening opportunistico:
compito del m.m.mg
(stratificazione del rischio?)

PAZIENTE CON INDICAZIONE CHIRURGICA

MMG E SPECIALISTA

Identificazione del centro di riferimento:

- disponibilità chirurgia vascolare
- qualità delle prestazione (diagnosi e chirurgia)

  beta-bloccanti pre-intervento?
- uniformità di informazioni fornite al paziente (significato patologia, tempi del follow-up)
- concordare il follow-up mmg-specialista

MMG E SPECIALISTA

PAZIENTE CON SOLO FOLLOW-UP

- Uniformità di messaggi al paziente
- Uniformità per tempistica nel follow-up
- Beta-bloccanti per rallentare la dilatazione