

Short note on abdominal aortic aneurysm

Peng Niu*

Niu P. Short note on abdominal aortic aneurysm. *Gen Surg: Open Access* 2021;4(6):e020.

DESCRIPTION

An abdominal aortic aneurysm is an enlarged area in the lower part of major blood vessels that supply blood to the body (aorta). The aorta runs from the heart through the centre of the chest and abdomen. Because the aorta is the largest blood vessel in the body, a ruptured abdominal aortic aneurysm can cause life-threatening bleeding. Depending on the size of the aneurysm and its growth rate treatment varies. Abdominal aortic aneurysms are often difficult to detect because they often grow slowly without any noticeable symptoms. Some aneurysms never rupture. Many of them start small and remain small. An abdominal aortic aneurysm is a local enlargement of the abdominal aorta that is more than 3 cm or more than 50% larger in diameter than usual. They usually do not cause symptoms except at the time of rupture. A person may experience abdominal, back, or leg pain. A person can feel aneurysm by pushing on the abdomen. Rupture can cause abdominal and back pain, low blood pressure, or loss of consciousness, often leading to death. Abdominal aortic aneurysm is most common for people over the age of 50, men and people with a family history. Other risk factors include smoking, high blood pressure, and other heart and blood vessel disorders. Hereditary diseases at high risk are Marfan syndrome and Ehlers-Danlos syndrome. Abdominal aortic aneurysms are the most common type of aortic aneurysm. About 85% occur below the kidneys and the rest above or above the kidneys. In the United States, abdominal ultrasonography is recommended for men between the ages of 65 and 75 who have smoked. Screening is recommended for all men over the age of 65 in the UK and Sweden. When an aneurysm is found, additional ultrasonography is usually done on a regular basis.

Smoking cessation is the best way to prevent illness. Other preventative measures include treating high blood pressure, treating high cholesterol, and treating overweight. Surgery is usually recommended when the diameter of abdominal aortic aneurysm increases by 5.5 cm or more in men and 5.0 cm or more in females. Other reasons for repair include the presence of

symptoms and a sharp increase in size defined to exceed 1 inch per year. Repairs can be done either by open surgery or endovascular aneurysm repair (EVAR). Compared to open surgery, EVAR has a lower risk of short-term death and shorter hospital stays, but it is not always an option. There seems to be no difference in long-term results. Repetition is more common in EVAR.

Abdominal aortic aneurysm affects 28% of men over the age of 65. Women's rate is a quarter of that. If the aneurysm is less than 5.5 cm, the risk of rupture the following year is less than 1%. If the aneurysm is 5.5-7 cm, the risk is about 10%, and if the aneurysm is larger than 7 cm, it is about 33%. Mortality from rupture ranges from 85% to 90%. Aortic aneurysms resulted in 168,200 deaths in 2013, up from 100,000 in 1990. In the United States, abdominal aortic aneurysms resulted in 10,000 to 18,000 deaths in 2009. Complications include rupture, peripheral embolization, acute aortic occlusion, and aortic (between the aortic and inferior vena cava) or aortic duodenal (between aortic and duodenal) fistulas. A physical examination may reveal a palpable and pulsating abdominal mass.

Signs and symptoms of a ruptured abdominal aortic aneurysm may include severe pain in the lower back, flanks, abdomen, or groin. You can also feel the pulsating mass of your heartbeat. Bleeding can lead to hypovolemic shock with low blood pressure and a fast heart rate. This can lead to short-term fainting. Mortality from a ruptured abdominal aortic aneurysm is up to 90 percent. 65-75% of patients die before they arrive at the hospital, and up to 90% die before they arrive in the operating room. Bleeding can occur in the retroperitoneum or in the abdominal cavity. Rupture can also create a connection between the aorta and the intestine or inferior vena cava. Lateral ecchymosis (the appearance of bruises) is a sign of retroperitoneal bleeding, also known as the Grey Turner's sign.

Hospital of Qingdao University, Qingdao City, People's Republic of China

Correspondence: Niu P, *Hospital of Qingdao University, Qingdao City, People's Republic of China, E-mail: niupeng@qq.com*

Received date: November 05, 2021; **Accepted date:** November 19, 2021; **Published date:** November 26, 2021



This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact reprints@pulsus.com