

Βιβλιογραφικές Αναφορές

Τι είναι το Ανεύρησμα της Κοιλιακής Αορτής?

1. Sakalihan N, Limet R, Defawe OD, Abdominal Aortic Aneurysm, Lancet. 2005 Apr 30-May 6;365(9470):1577-89.

Abstract of page 1 of the article:

“Aneurysm derives from the Greek ανευρυσμα (aneurusma), meaning widening, and can be defined as a permanent and irreversible localised dilatation of a vessel. Although an aneurysm occurring in any portion of the infradiaphragmatic aorta could be termed an abdominal aortic aneurysm, common practice restricts this definition to an aneurysm of the infrarenal aorta. Aneurysms involving the renal ostia (infrarenal, suprarenal aorta) are also included under this term. The normal diameter of the abdominal aorta varies with age, sex, and bodyweight,(a) and decreases progressively from its entry into the abdominal cavity to the iliac bifurcation. In elderly men, the infrarenal abdominal aortic diameter is between 15 mm and 24 mm.(b) McGregor and colleagues(c) proposed the definition of an abdominal aortic aneurysm as an aorta with an infrarenal diameter greater than 30 mm. In 1991, the Society for Vascular Surgery and the International Society for Cardiovascular Surgery Ad Hoc Committee on Standards in Reporting proposed as a criterion that the infrarenal diameter should be 1.5 times the expected normal diameter.(d) There is no definite consensus on the definition of abdominal aortic aneurysm; however, the disorder is conventionally diagnosed if the aortic diameter is 30 mm or more.”

Articles cited in the abstract:

(a) Bengtsson H, Sonesson B, Bergqvist D. Incidence and prevalence of abdominal aortic aneurysms, estimated by necropsy studies and population screening by ultrasound. Ann N Y Acad Sci 1996; 800:1–24.

(b) Liddington MI, Heather BP. The relationship between aortic diameter and body habitus. Eur J Vasc Surg 1992; 6: 89–92.

(c) McGregor JC, Pollock JG, Anton HC. The value of ultrasonography in the diagnosis of abdominal aortic aneurysm. Scott Med J 1975; 20: 133–37.

(d) Johnston KW, Rutherford RB, Tilson MD, Shah DM, Hollier L, Stanley JC. Suggested standards for reporting on arterial aneurysms. Subcommittee on Reporting Standards for Arterial Aneurysms, Ad Hoc Committee on Reporting Standards, Society for Vascular Surgery and North American Chapter, International Society for Cardiovascular Surgery. J Vasc Surg 1991; 13: 452–58.

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Γιατί είναι το ΑΚΑ ένα σοβαρό πρόβλημα υγείας?

2. United Nations. World Population Prospects: The 2000 Revision Highlights. February 2001, pp.47-50

Country	Pop (millions)	% over 60y	# over 60y (millions)
Austria	7.3	0.21	1.53
Belgium	9.3	0.22	2.05
Denmark	4.8	0.2	0.96
Finland	4.7	0.2	0.94
France	60.7	0.21	12.75
Ireland	3.6	0.15	0.54
Italy	57.3	0.24	13.75
Netherlands	14.7	0.18	2.65
Norway	4.1	0.2	0.82
Portugal	9.1	0.21	1.91
Spain	41.2	0.22	9.06
UK	59.6	0.21	12.52
Germany	74.3	0.23	17.09
Sweden	8	0.22	1.76
Switzerland	6.4	0.21	1.34
Total	365.1	0.22	79.67

3. National Center for Health Statistics. Vital statistics of the United States, 1990, Volume II—Mortality, Part A. Hyattsville, MD: National Center for Health Statistics, 1994.

References and bibliography

Γιατί είναι σημαντική η πρόωμη διάγνωση του ΑΚΑ?

4. Peppelenbosch N et al. Endograft treatment of ruptured abdominal aortic aneurysms using the Talent aortouniiliac system: an international multicenter study. *J Vasc Surg* 2006;43(6):1111-1123
5. Ouriel K, et al. Factors determining survival after ruptured aortic aneurysm: the hospital, the surgeon, and the patient. *J Vasc Surg* 1990;11:493-6.
6. Johansen K, et al. Ruptured abdominal aortic aneurysm: the Harborview experience. *J Vasc Surg* 1991;13:240-7.
7. Glociczki P, et al. Ruptured abdominal aortic aneurysms: repair should not be denied. *J Vasc Surg* 1992;15:851-9.
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10. Bown MJ. A meta-analysis of 50 years of ruptured abdominal aortic aneurysm repair. *Br J Surg* 2002;89:714-30.
11. The EVAR trial participants. Comparison of endovascular aneurysm repair with open repair in patients with abdominal aortic aneurysm (EVAR trial 1), 30-day operative mortality results: randomised controlled trial. *Lancet* 2004;364:843-8.
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Επιδημιολογία?

13. Lawrence-Brown et al. Initial results of ultrasound screening for aneurysm of the abdominal aorta in Western Australia : relevance for endoluminal treatment of aneurysm disease. *Cardiovasc Surg* 2001. 9 :234-240.
14. The MASS group. The Multicenter Aneurysm Screening Study (MASS) into the effect of abdominal aortic aneurysm screening on mortality in men : a randomised controlled trial. *The Lancet* 2002 ; 360 :1531-39.
15. Earbshaw et al. Screening for abdominal aortic aneurysms in men. *BMJ* 2004 ;328 ;1122-1124.
16. U.S. Preventive Services Task Force. Screening for Abdominal Aortic Aneurysm: Recommendation Statement. *Ann Intern Med*. 2005; 142:198-202.
17. Fleming et al. Screening for Abdominal Aortic Aneurysm: A Best-Evidence Systematic Review for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2005; 142:203-211.
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 - Lindholm L, Ejlertsson G, Forsberg L, Norgren L. Low prevalence of abdominal aortic aneurysm in hypertensive patients. Acta Med Scand 1985;218:305–310.
 - O’Kelly TJ, Heather BP. General practice-based population screening for abdominal aortic aneurysms: a pilot study. Br J Surg 1989;76:479–480.
 - Scott AP, Wilson NM, Ashton HA, et al. Is surgery necessary for abdominal aneurysms less than 6 cm in diameter? Lancet 1993;342:1395–1396.
21. Estimated number of patients treated for a AAA from the *EVEM Annual Report 2005*, Biba Medical Publishing. All rights reserved.

Γιατί έχει ο γενικός γιατρός καθοριστικό ρόλο στην αποτροπή της ρήξης του ΑΚΑ ?

22. Without the existence of a mass screening program at national level, front line physicians such as General Practitioners remain the only way to proactively fight the disease, by prescribing simple and painless ultrasound exams to patients with risk factors.

A national screening program is being initiated in the United States. The bill has been passed by the U.S. Congress and Senate and signed by President G w Bush on February 8, 2006. For more information on the SAAVE act, [click here](#).

Παθοφυσιολογία του ΑΚΑ – προδιαθεσικοί παράγοντες

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Παθοφυσιολογία του ΑΚΑ – αύξηση του ΑΚΑ

26. Brown PM, Sobolev B, Zelt DT, Selective management of abdominal aortic aneurysms smaller than 5.0 cm in a prospective sizing program with gender-specific analysis, J Vasc Surg 2003 Oct;38(4):762-5.

Average AAA size increases by:

{3 - 4cm} = 0.23cm / year ~ 4 year Life Span

{4 - 5cm} = 0.31cm / year ~ 3.5 year Life Span

{> 5cm} = 0.5cm / year ~ 3 year Life Span (considering AAA expand at around 0.5cm / yr and risk of rupture is between 30% - 50% for AAA >6cm)

Τύποι του ΑΚΑ

27. Aneurysm Classification

- Fusiform aneurysm is a cylindrical and symmetrical dilatation that involves the entire circumference of the aortic wall. And is more common than saccular.
- Saccular aneurysm is more a localized outpouching of only a portion of the aortic wall.
- Dissecting aneurysm is a hemorrhagic separation of the medial layer of the vessel wall which creates a false lumen.
- Pseudo or false aneurysm is a well defined collection of blood and connective tissues outside the vessel wall. This may be a consequence of a contained aortic wall rupture from trauma or anastomotic disruption.

Aortic aneurysms can also be classified according to the segment involved, thoracic, thoracoabdominal and abdominal (may occur in the branches of the aorta as well). The clinical presentation and treatment depend greatly on their location.

Εάν δεν γίνει αντιμετώπιση μπορεί να επέλθει η Ρήξη.

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Η ρήξη του ΑΚΑ είναι μοιραία στο 80% των περιστατικών.

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Πως γίνεται η διάγνωση του ΑΚΑ? Φυσική εξέταση

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Εάν γίνει η διάγνωση του ΑΚΑ?

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34. Lindholt et al. Hospital Costs and Benefits of Screening for Abdominal Aortic Aneurysms. Results from a Randomised Population Screening Trial. Eur J Vasc Endovasc Surg 2002. 23, 55-60.
35. The MASS group. The Multicenter Aneurysm Screening Study (MASS) into the effect of abdominal aortic aneurysm screening on mortality in men : a randomised controlled trial. The Lancet 2002 ; 360 :1531-39..
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Ανοικτή χειρουργική αποκατάσταση του ΑΚΑ.

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42. Lee ES et al. Incidence of erectile dysfunction after open abdominal aortic aneurysm repair, Ann Vasc Surg 2000; 14:13 – 19

Ανικανότητα και παλινδρομη εκσπερμάτιση μετά ανευρυσματεκτομή.

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Επιλογή θεραπειάς σε διαφορετικές ομάδες ασθενών?

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