Thoracic Aortic Dilation & Aneurysm Management

Step 1

Dilated aorta* identified on Echo, CT or MRI



Obtain echocardiogram

This helps clarify aorta & aortic valve anatomy



First-line agents: Metoprolol Succinate and ARBs

< 130/80



Statins may slow growth of aneurysm and prevent adverse remodeling

Counsel on Smoking Cessation

NRT, bupropion & varenicline are all safe to use if needed

Step 2

If any of the following, then refer to Cardiology

Medical History

- Turner Syndrome
- Marfan Syndrome
- Loeys-Dietz Syndrome
- Ehlers-Danlos Syndrome
- Bicuspid aortic valve
- Congenital heart disease
- Currently Pregnant

Family History

- Family history of aortic aneurysm or dissection
- Unexplained sudden death in a 1st or 2nd degree family member
 age 60

Age

Age < 50 at the time of diagnosis

Step 3 Follow Up

Aortic* aneurysm or dilation noted on echocardiogram, CT or MRI

Aorta ≤ 4.4 cm

*

Repeat TTE in 12 months



1

If rate of growth⁸ is abnormal *or* aorta size > 4.4 cm *or* AHI > 2.4 cm/m



Refer to Cardiology

Aorta > 4.4 cm

If aorta measures ≤ 4.4 cm

and rate of growth^δ is

acceptable



Continue annual echo monitoring

^{*} Includes aortic sinus and ascending aorta

 $^{^{\}delta}$ Abnormal rate of growth= aorta size increase of ≥ 0.3 cm/year for 2 consecutive years, or ≥ 0.5 cm in 6-12 months