DEBATE: More small AAAs (45-55mm in diameter) should be fixed: Which ones

Athanasios D. Giannoukas, MD, MSc, PhD, FEBVS
Professor of Vascular Surgery,
Faculty of Medicine, School of Health Sciences, University of Thessaly
Vascular Surgery Department, University Hospital of Larissa,
Larissa, Greece

Disclosure
Speaker name: Athanasios D. Giannoukas.
- I have the following potential conflicts of interest to report:
  - Receipt of grants/research support
  - Receipt of honoraria and travel support
  - Participation in a company sponsored speakers’ bureau
  - Employment in industry
  - Shareholder in a healthcare company
  - Owner of a healthcare company

I do not have any potential conflict of interest

GUIDELINES

RCTS: PROPHYLACTIC OPEN SURGERY VS. SURVEILLANCE

RCTS: ENDOVASCULAR AORTIC ANEURYSM REPAIR (EVAR) VS. SURVEILLANCE

STUDY METHODS – WEAK POINTS
70% had CIA in the UK SAT
Revealing AAA of >5.5 cm in patients who had 5.5-5.4 cm in the US

Elective operative mortality rate 5.8%
61% in the surveillance group underwent AAA repair in the follow-up period

EVAR outcomes of small vs. large AAA

Real world experience
Variations in Abdominal Aortic Aneurysm Care
A Report from the International Consortium of Vascular Registries

Rupture of small AAA
The Impact of Centralisation and Endovascular Aneurysm Repair on Treatment of Ruptured Abdominal Aortic Aneurysms Based on International Registries

Are all small aneurysms the same?
Which small aneurysms may need treatment?
4.0 – 4.9 cm vs. 5.0 – 5.5 cm may not be the same? Different natural history in expansion rates and risk for rupture

Conclusions
- Diameter is not the only absolute criterion for risk assessment
- Small AAAs do rupture (~10% of all ruptured AAAs)
- Certain factors beyond diameter appear to increase the risk of rupture among the so-called “small AAAs”
- RCT on OR and EVAR vs. surveillance in small AAAs have serious methodological problems
- AAAs 4.0-4.9 cm vs. 5.0-5.4 cm in diameter may not have the same natural history
- Further research is needed to identify which one of small (5.0-5.4 cm) AAAs need treatment
Thanks for the attention