Gamesmanship & subjectivity is involved in measuring AAA diameter: can you make it what you want?

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Disclosures

• None

Except that I am 1.71m tall, both in London & New York

Ultrasonography for first line diagnosis & monitoring
Longitudinal view to find point of maximum dilatation

AP diameter inner-inner walls 3.61 cm: review in 2 years

AP diameter outer-outer wall 4.09 cm: review in 1 year

Three different AP diameter: OTO about 6mm more than ITI

Diameter measurement incomplete without specifying which diameter
The new ESVS guidelines discuss this issue

EJVES 2019 (January)

<table>
<thead>
<tr>
<th>Recommendation 7</th>
<th>Level</th>
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<tr>
<td>Ultrasonography is recommended for the first-line diagnosis, and surveillance of small abdominal aortic aneurysms.</td>
<td>B</td>
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<th>Recommendation 8</th>
<th>Level</th>
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<td>The antero-posterior measuring plane with a maximal caliper placement should be considered the reference method for ultrasound abdominal aortic aneurysm measurement.</td>
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With a different person scanning: AP outer-outer 4.13 cm & transverse diameter 4.92 cm: review in 6 months

Interobserver repeatability range ±2mm to ±4mm

Slightly oblique? Transverse diameter now 5.3 cm: consider repair?

Review in 2 years

Consider repair

We need quality control & consistent reporting standards: Otherwise you can make AAA diameter what you want!

This applies to both ultrasound & CT measurements

Discomfort with pressure on the probe