

Thoracic Aortic Aneurysm (TAA)

Information for health care providers

Thoracic aortic aneurysms are a localized ballooning of the thoracic aorta, defined as at least a 50% increase in size compared to the normal aorta.

- Enlargement of TAAs is unpredictable, typically with periods of stability followed by periods of expansion
- TAAs will progressively enlarge and can rupture
- The larger the TAA, the greater chance for rupture

Refer large or unstable TAAs early to prevent rupture

Aneurysms of the thoracic aorta will affect about 10 out of every 100,000 patients each year.

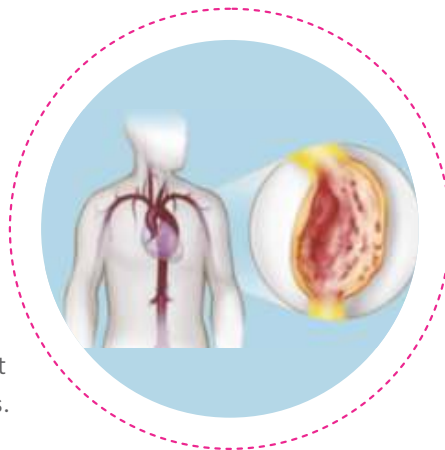
Treatment

Medical therapy is an option for stable, small TAAs. Yet, once enlarging or symptomatic, intervention is required. At present, there are two treatment options.

Open surgical repair - via a thoracotomy with left or right heart bypass, reimplantation of intercostal vessels and the interposition of a tube graft for descending thoracic aorta. This procedure may also entail hypothermic circulatory arrest. Although still a good option for certain patients, open surgical repair is associated with prolonged recovery and possible increased paraplegia risk.

TEVAR - A catheter-based device is inserted through a small incision in the femoral artery, and a stent graft is deployed in the affected area. TEVAR is a less-invasive approach. In appropriate patients, TEVAR can significantly reduce recovery time, blood loss, paraplegia risk and wound complications.

Please feel free to contact our office with any questions.



Prevalence and risk factors

- Advanced age
- Tobacco use
- Hypertension
- Atherosclerosis
- Hyperlipidemia
- Family history
- Connective tissue disorders
- Trauma

Symptoms

Patients with TAAs are often asymptomatic.

- Pain in the jaw, neck, upper back, chest or shoulder
- Chest pain
- Distal embolization
- Coughing, hoarseness
- Difficulty swallowing or breathing

Diagnose early

Although TAAs often go unnoticed, they may appear in a routine chest x-ray and should be further evaluated by CT scan, intravascular ultrasound, diagnostic angiogram or trans-esophageal echo-cardiogram.