



Rx FOR SUCCESS

Abdominal Aorta

The aorta is the largest artery in the body. It carries oxygenated blood from the heart to the systemic circulation. The thoracic aorta is the portion of the aorta from the aortic valve to the diaphragm. The abdominal aorta extends from the diaphragm to the two iliac arteries, which go to the legs.

Its normal width is 1.5cm for women >50 years old and 1.7cm for men >50 years old. If the width is >1.5 times normal range or is >3cm, it is aneurysmal. Disease of the abdominal aorta is usually degenerative (aging/atherosclerosis). Aneurysms are asymptomatic until rupture/dissection. Rupture has a high mortality rate, making elective repair of large aneurysms important. Tobacco use, hypertension, age, and male gender are risk factors. There is a strong familial risk as well.

Recommended follow-up by ultrasound of an enlarged abdominal aorta includes:

Aortic diameter <3cm	no follow up needed
Aneurysm 3 – 4.5cm in diameter	annual ultrasound
Aneurysm >4.5cm in diameter	vascular surgeon referral
Aneurysm that grows >0.5mm in 6 months or >1cm in one year	vascular surgeon referral

Repair of abdominal aortic aneurysm (AAA) can be done through an open repair (mesh placed in the opened aorta) or endovascular repair (mesh placed via a percutaneous catheter from the femoral artery). Endovascular repair requires careful lifetime surveillance (ultrasound yearly) for leakage.

When assessing an applicant with disease of the abdominal aorta:

- ▶ Applicant has no symptoms (such as pain) related to abdominal aortic disease.
- ▶ Small spontaneous or traumatic dissections may not require surgery. All other dissections are postponed for surgical intervention.
- ▶ Young ages (<45 years) are given individual consideration.
- ▶ Additional rating may apply if the aneurysm extends beyond the abdominal aorta (into the thorax or into the legs) or if there is other vascular disease.

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UNDERWRITING GUIDELINES FOR ABDOMINAL AORTA

Marfan syndrome Familial aortic aneurysm Takayasu's arteritis Vasculitis Ehlers-Danlos IV	Decline
Spontaneous dissection without underlying pathology	Postpone one year after recovery, then Table B
Trauma, after recovery, without underlying pathology	0
Dilated up to 3 cm	0
3 – 4.5 cm, stable x 1 year and well followed	Table D
>4.5 cm, not stable x 1 year, or not well followed	Decline
Degenerative disease of abdominal aorta, operated by traditional open repair	Table B
Degenerative disease of abdominal aorta, operated by endovascular repair with stable ultrasound within past year	Postpone 1 year from surgery, then Table C