Altres patologies de l'aorta: definicions, prevalences i diagnòstic

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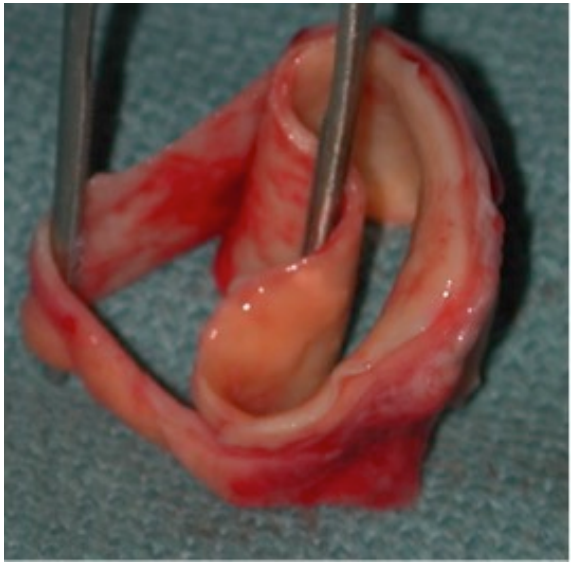
- Disecció aòrtica
- Ulcera aòrtica penetrant
- Hematoma intramural

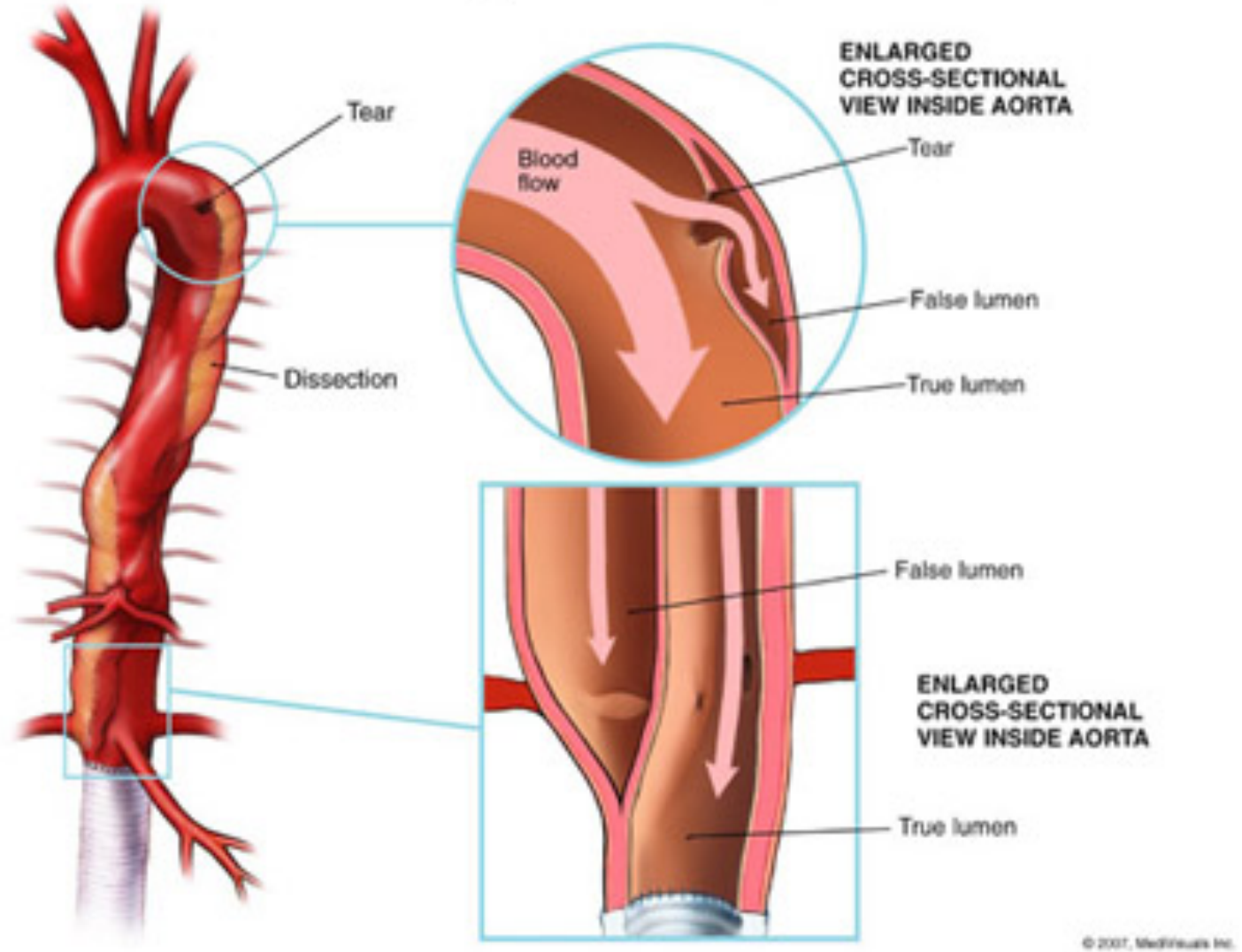
} SAA

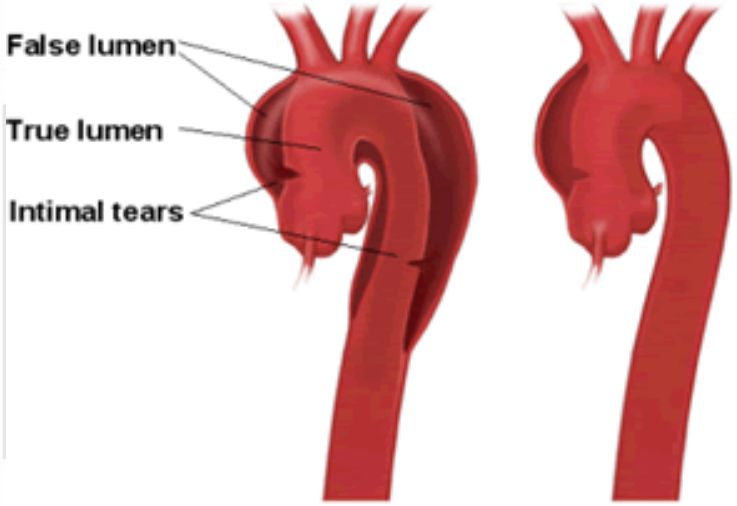
- Pseudoaneurismes
- Trombus aòrtic mural
- Calcificació aòrtica

Dissecció d'aorta

- Disrupció de les lamines de l'artèria secundari a ruptura intimal provocant la creació de dos llums (V i F)
- **6 casos** / 100.000 hab /any
- Homes, **HTA**







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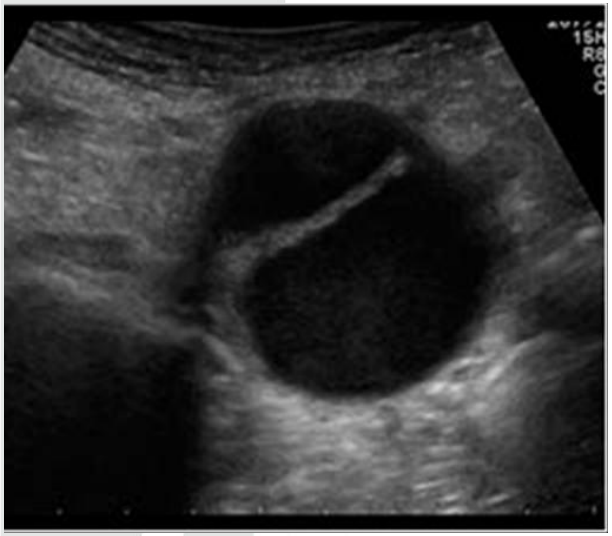
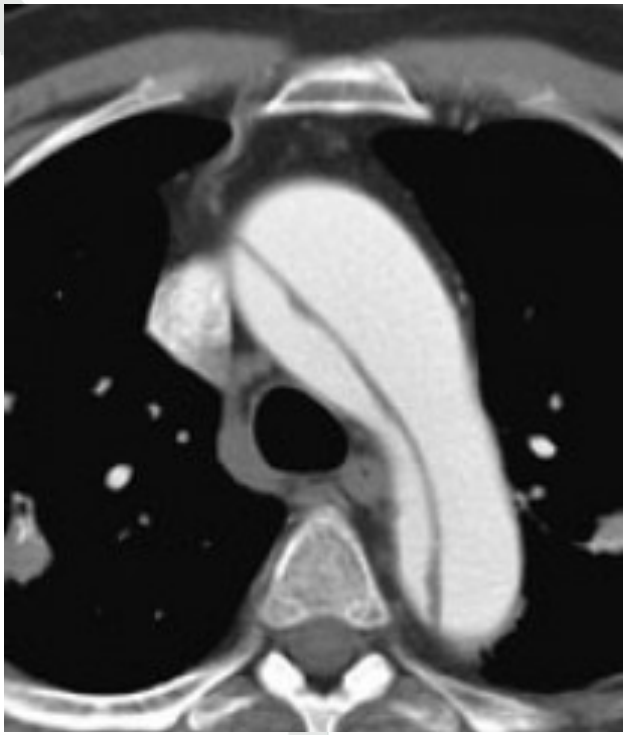
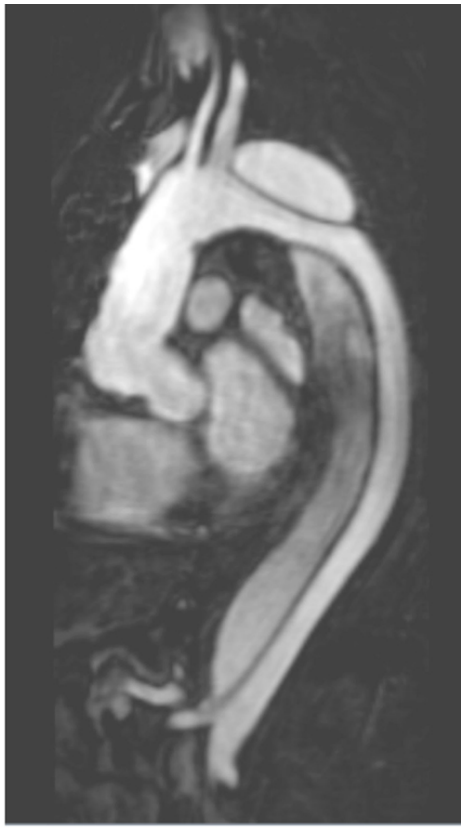
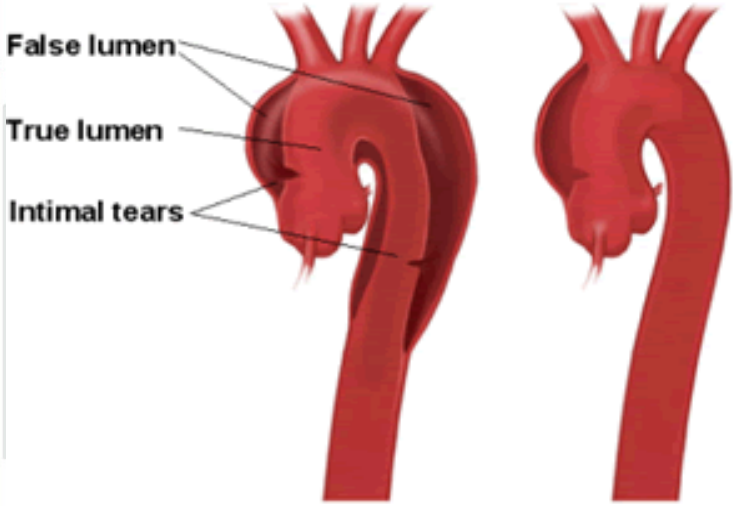
High-risk pain features	High-risk examination features
• Chest, back, or abdominal pain described as any of the following: - abrupt onset - severe intensity - ripping or tearing	• Evidence of perfusion deficit: - pulse deficit - systolic blood pressure difference - focal neurological deficit (in conjunction with pain) • Aortic diastolic murmur (new and with pain) • Hypotension or shock



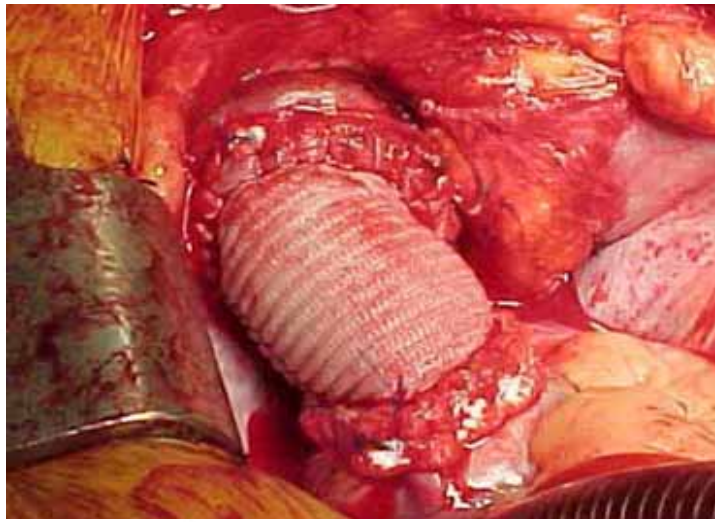






DeBakey I II

Stanford A



III

B

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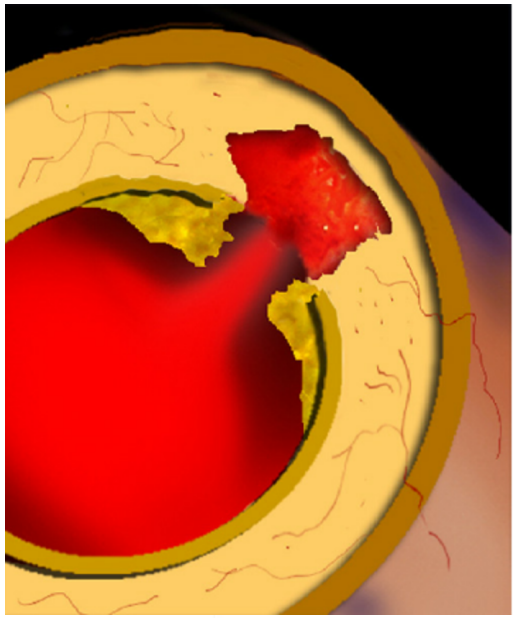
Ulcera aórtica penetrant

- Ulceració d'una placa aterosclerótica mes enllà de la íntima (penetrant en la lamina mitja)



- **2-7% de tots els SAA**
- Homes amb **multiples FR CV**
- **Ao descendent (90%)**

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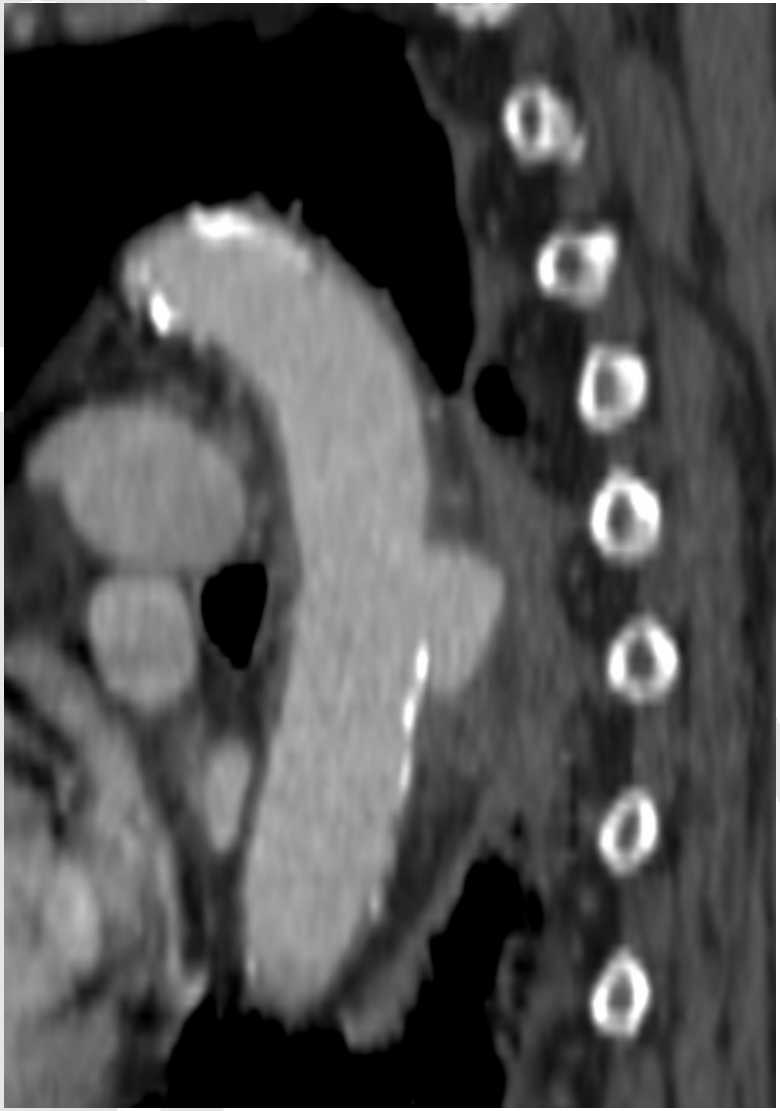

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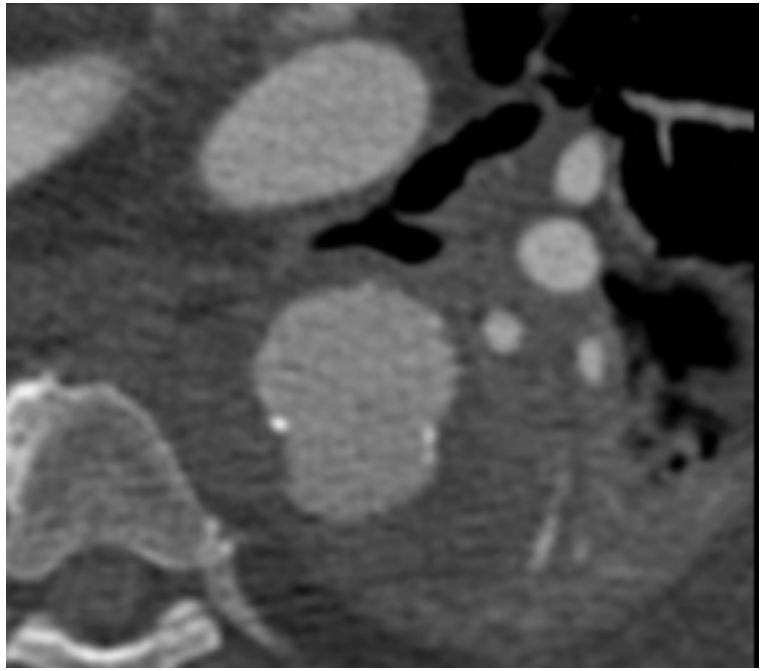
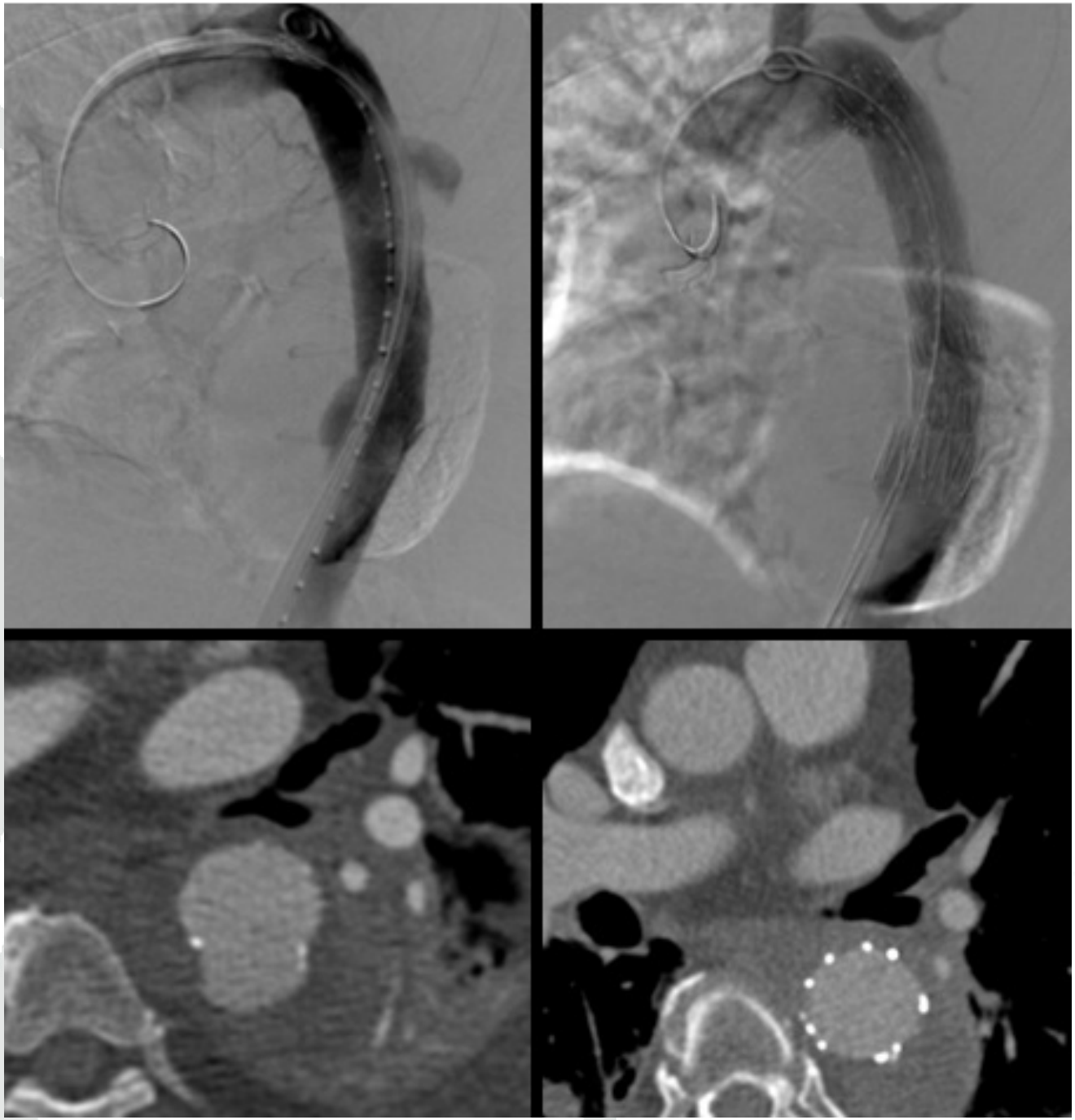
Table 2: High-risk features of type B PAU based on the medical literature reviewed and recommendations for invasive treatment

High-risk feature	Indication
Symptomatic patient	Symptoms despite medical treatment [31, 57–59]
Asymptomatic patient	
Pleural effusion	Increase in pleural effusion [31, 47]
IMH-associated	Presence of IMH [31, 47]
Initial PAU depth and diameter[a]	Large initial PAU depth (>10 mm) and diameter (>20 mm) or high growth rate size [31]

[a]Controversial: not fully accepted, and cut-off value unclear.
IMH: intramural haematoma; PAU: penetrating atherosclerotic ulcer.





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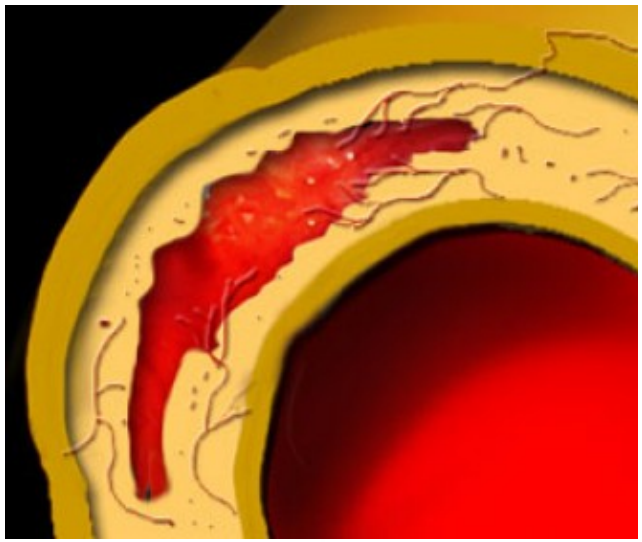
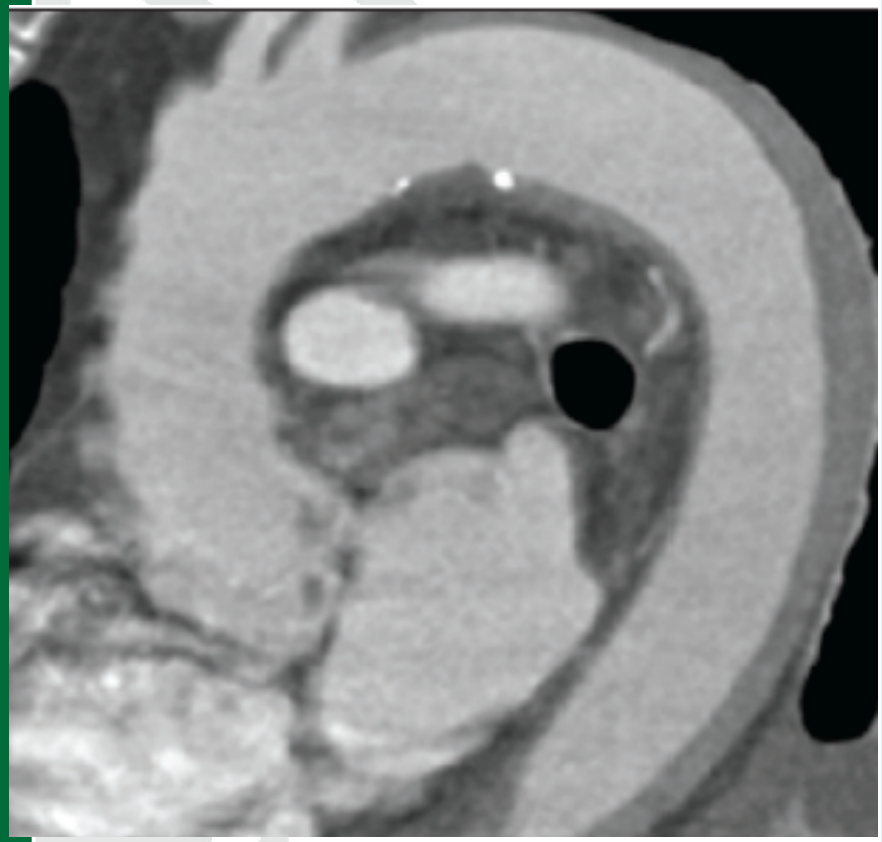
Hematoma intramural

- Hematoma dintre de la lamina mitja en absencia de ruptura intimal o doble llum (ruptura VV)

- **10-20% de tots els SAA**

- **Ao descendent (60-70%)**





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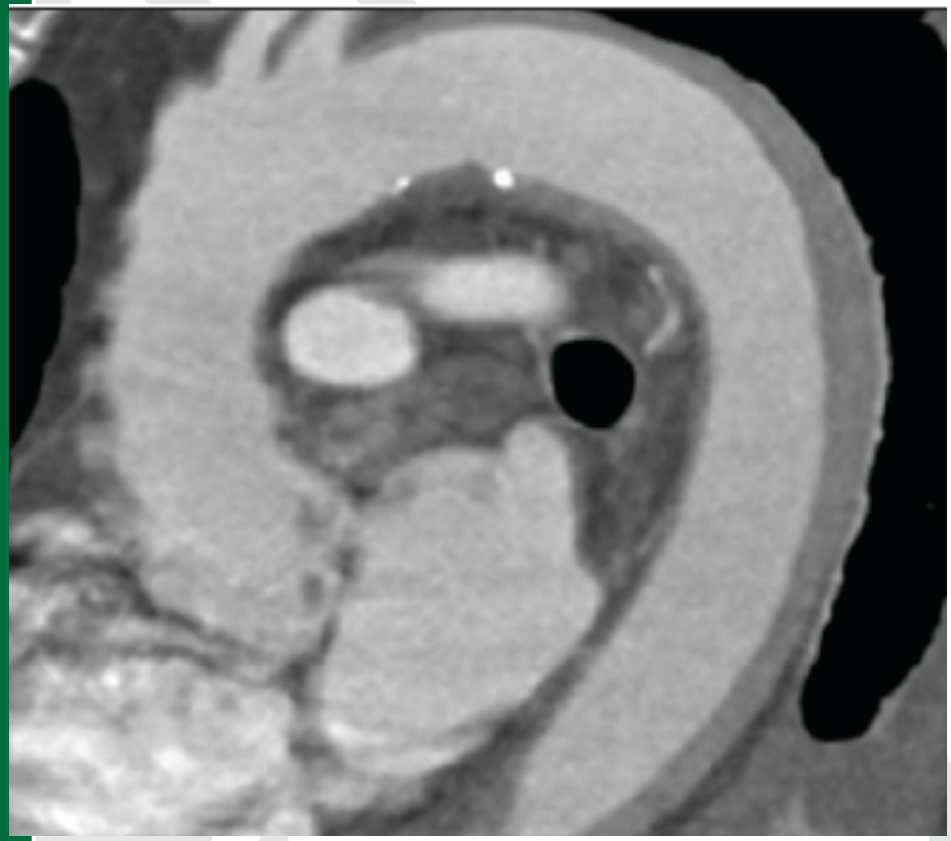


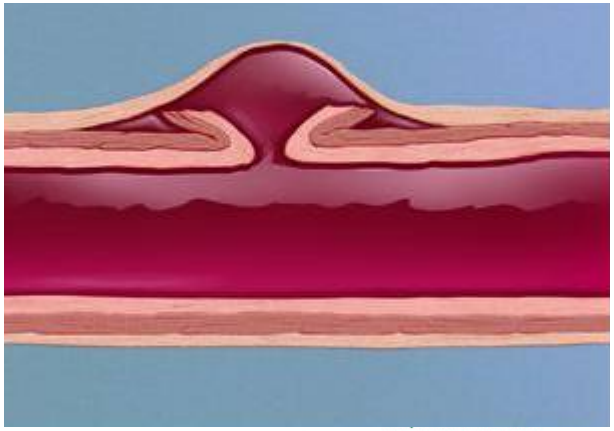
Table 8 **Predictors of intramural haematoma complications**

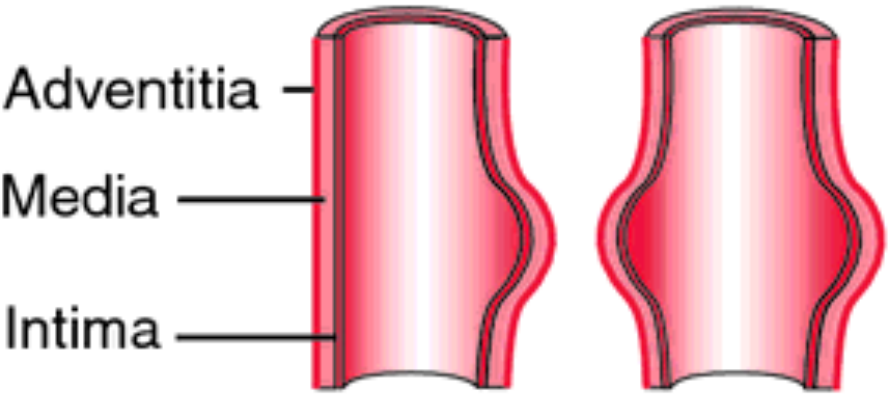
Persistent and recurrent pain despite aggressive medical treatment[241]
Difficult blood pessure control[228]
Ascending aortic involvement[228,237,242]
Maximum aortic diameter ≥50 mm[178,242]
Progressive maximum aortic wall thickness (>11 mm)[243]
Enlarging aortic diameter[243]
Recurrent pleural effusion[241]
Penetrating ulcer or ulcer-like projection secondary to localized dissections in the involved segment[241,244-246]
Detection of organ ischaemia (brain, myocardium, bowels, kidneys, etc)

Pseudoaneurismes

- Hematoma periarterial comunicat amb la llum (ruptura continguda)

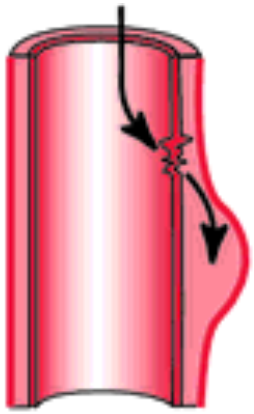
- **Típicament post-trauma, infeccios (micòtic) o post-cirurgia**



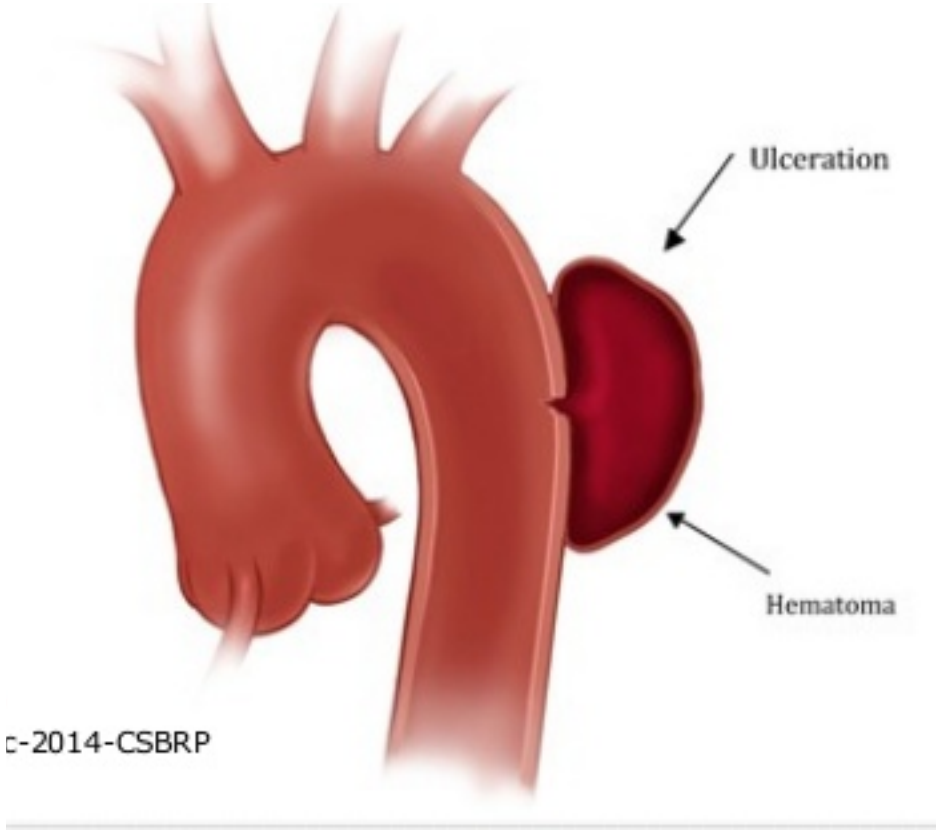


Saccular Fusiform

True aneurysms

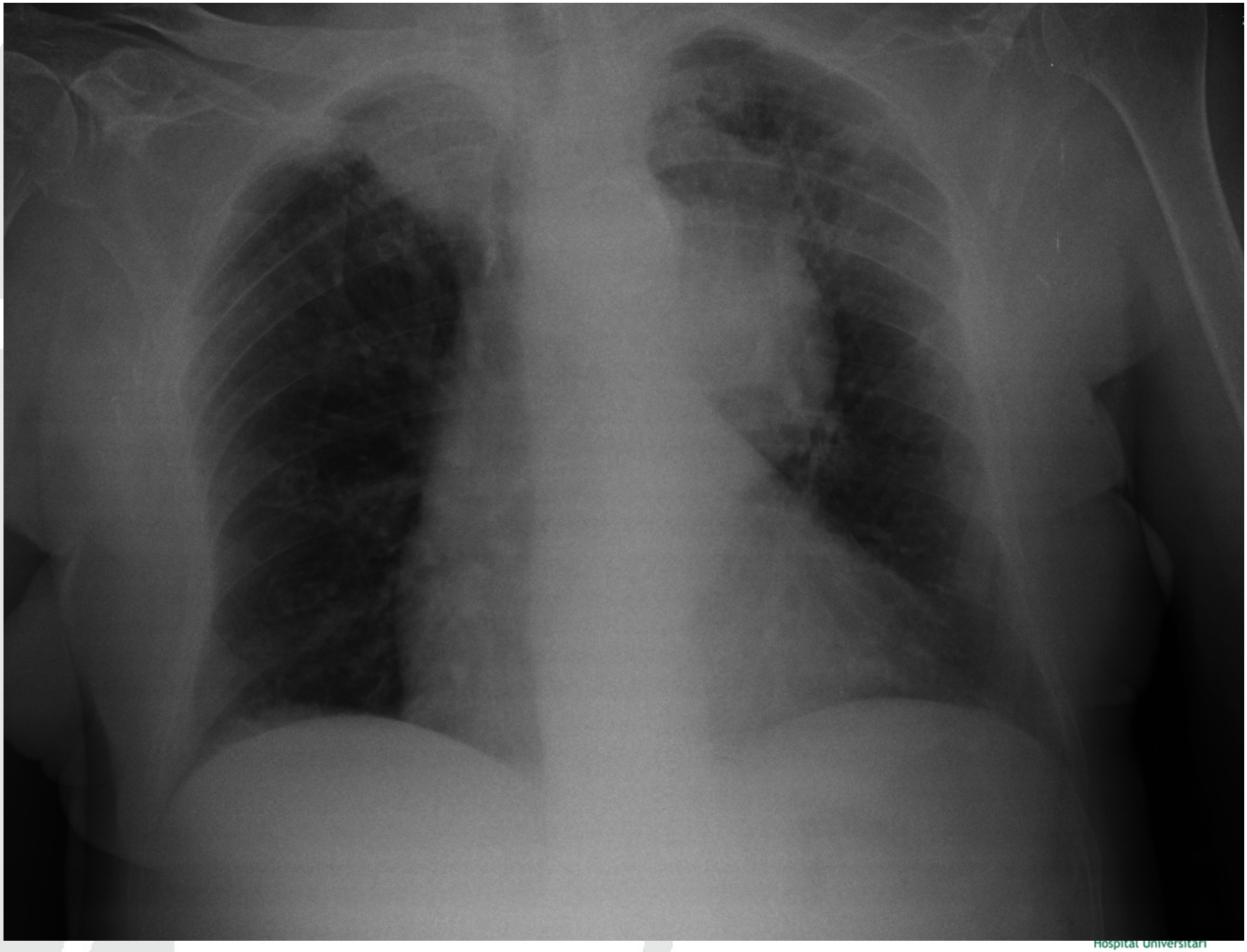


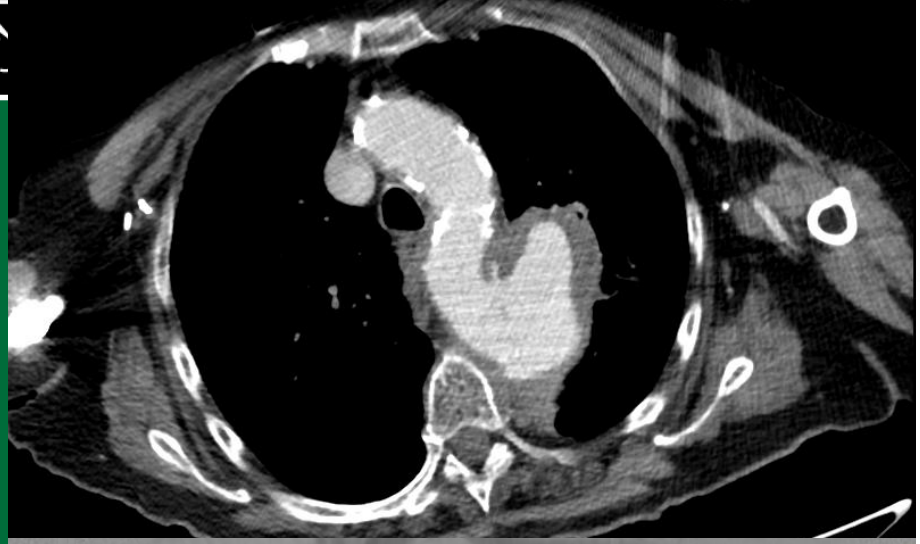
False aneurysm

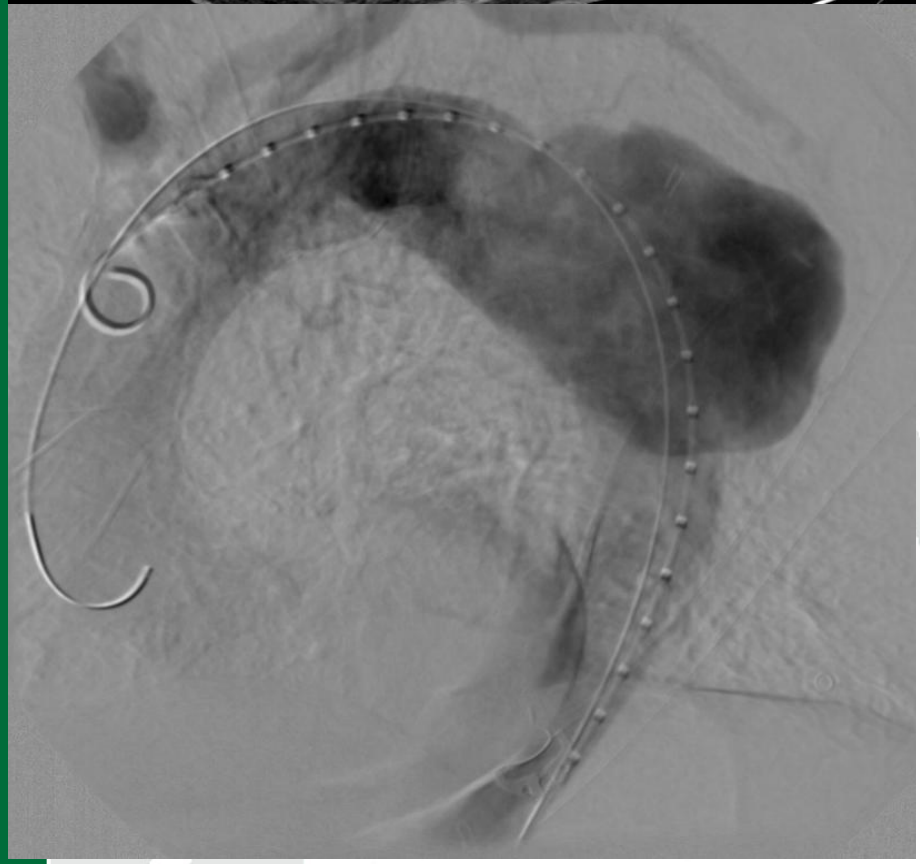


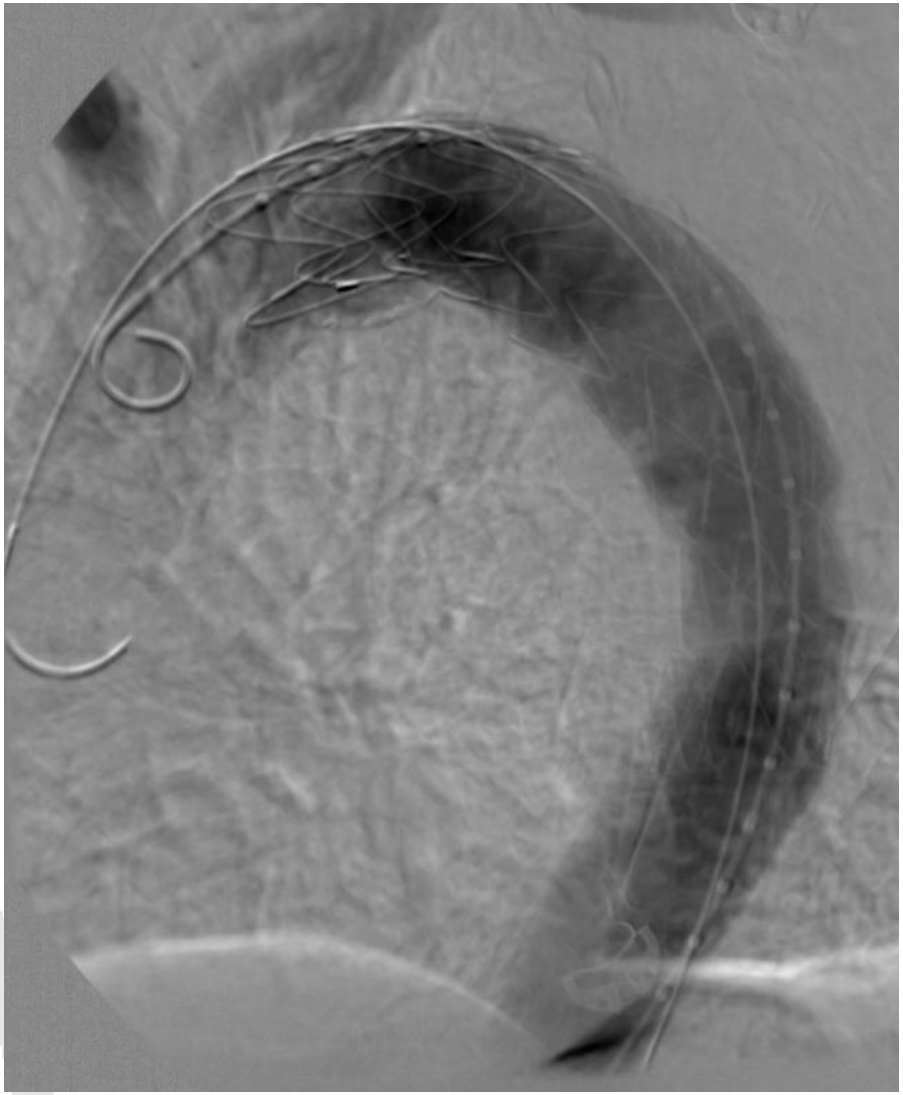
- **Asimptomàtics**

- Compressió / fistulització a estructures veines
  - Via aeria (disfonia, disnea, hemoptisis…)
  - Esofag (disfagia, hematemesis…)
  - Vies urinaries (hidronefrosi, colic renal…)
  - Psoas / Plexe lumbosacre (dolor inguinal, alteracions sensitives/motores EEII…)









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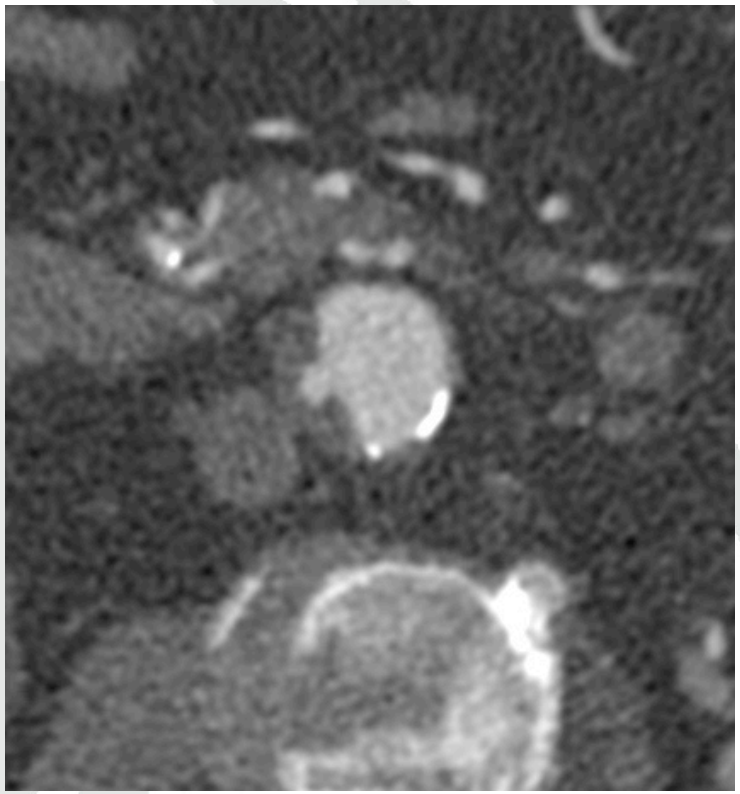
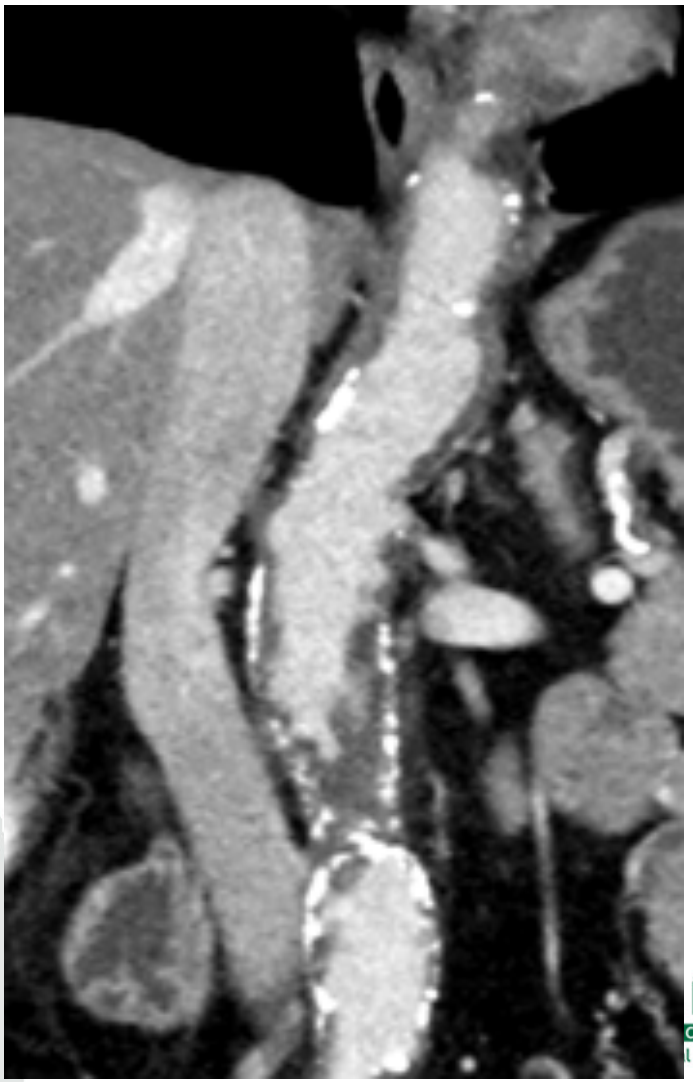
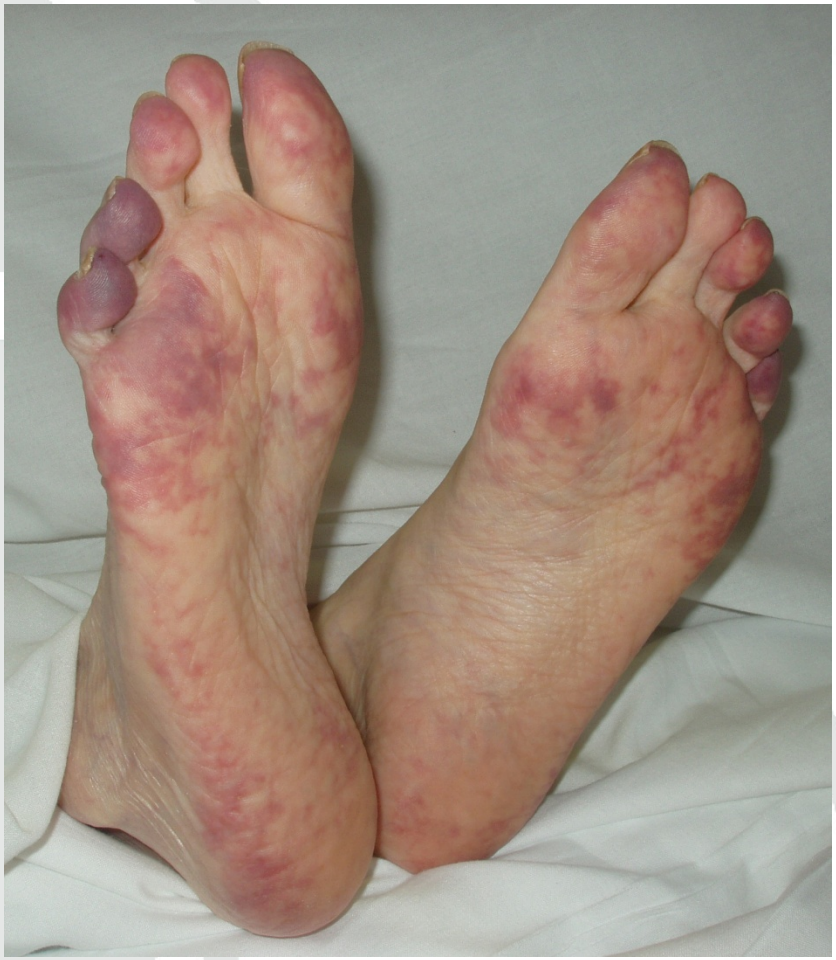
Trombus aortic mural





- Tipic en pacients aterosclerosos amb FR CV

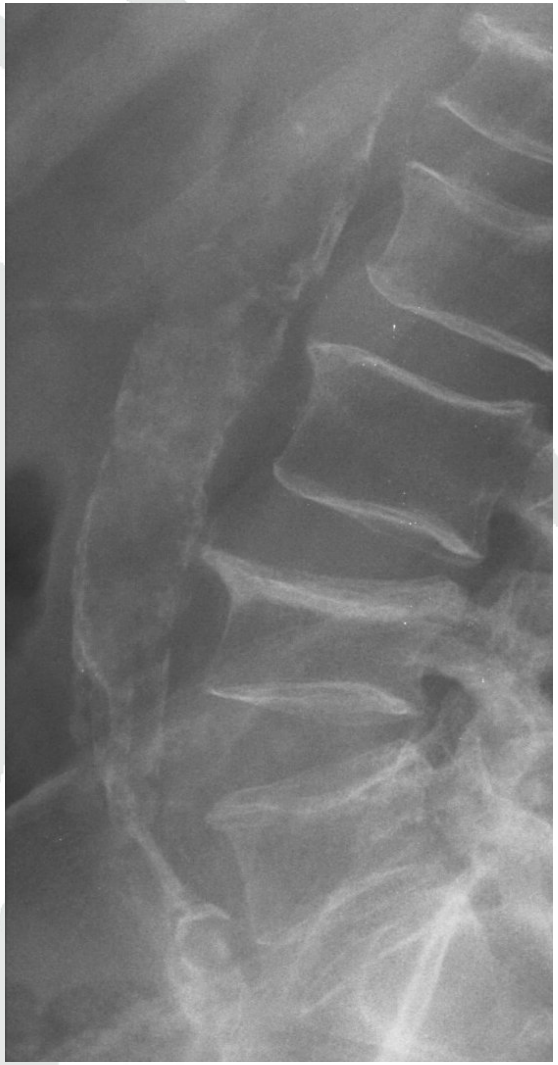
- **Risc embolització distal (AVC, EEII, visceral…)**

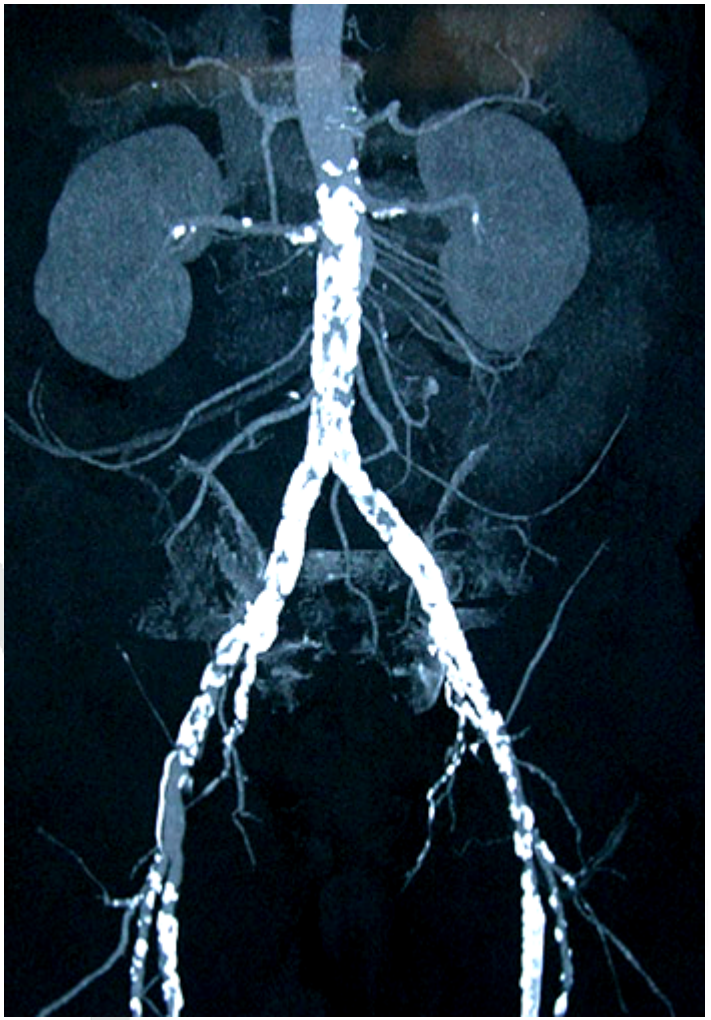


Recommendations on management of aortic plaque

Recommendations	Class[a]	Level[b]
In the presence of aortic atherosclerosis, general preventive measures to control risk factors are indicated.	I	C
In the case of aortic plaque detected during the diagnostic work-up after stroke or peripheral embolism, anticoagulation or antiplatelet therapy should be considered. The choice between the two strategies depends on comorbidities and other indications for these treatments.	IIa	C
Prophylactic surgery to remove high-risk aortic plaque is not recommended.	III	C

Calcificació aòrtica





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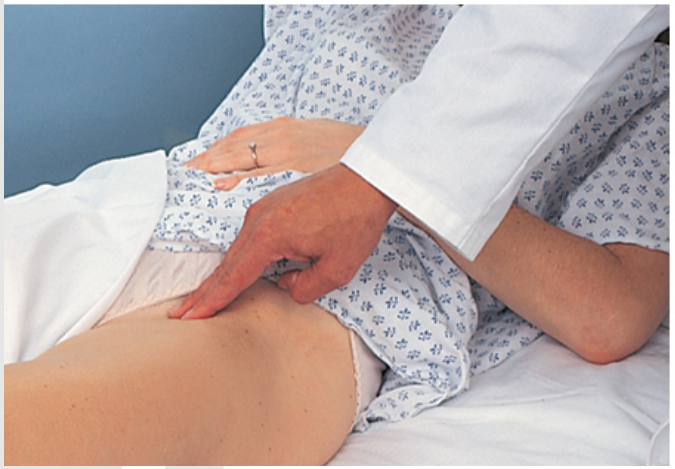
- Típic en pacients aterosclerosos amb FR CV

- **No te perquè significar patologia significativa**



Recommendations in patients with PAD: general treatment

Recommendations	Class[a]	Level[b]	Ref[c]
All patients with PAD who smoke should be advised to stop smoking.	I	B	48
All patients with PAD should have their LDL cholesterol lowered to <2.5 mmol/L (100 mg/dL), and optimally to <1.8 mmol/L (70 mg/dL), or ≥ 50% when the target level cannot be reached.	I	C[d]	-
All patients with PAD should have their blood pressure controlled to ≤140/90 mmHg.	I	A	41
ß-Blockers are not contraindicated in patients with LEAD, and should be considered in the case of concomitant coronary artery disease and/or heart failure.	IIa	B	46, 47
Antiplatelet therapy is recommended in patients with symptomatic PAD.	I	C[d]	37
In patients with PAD and diabetes, the HbA1c level should be kept at ≤6.5%.	I	C[d]	-
In patients with PAD, a multidisciplinary approach is recommended to establish a management strategy.	I	C	-