# High Prevalence of Abdominal Aortic Aneurysm in Patients with 3-vessel Coronary Artery Disease 

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## Background

- Epidemiological screening studies suggest an association between AAA and atherosclerosis (CAD, PAD)
- Prevalence of AAA in patients with CAD is not clearly known
- Recent studies suggest a decrease in the prevalence of AAA in the general population
- Prospective study in patients undergoing coronary angiography



## Materiel and Methods

- Patients undergoing coronary angiography for known or suspected CAD or prior to valve surgery (march $2009 \rightarrow$ August 2010)
- Patients with known AAA or with previous replacement of the abdominal aorta for AAA were included
- Ultrasonographic examination of the infrarenal aorta (single examiner)
- Diagnosis of AAA based on an anteroposterior diameter $\geq$ 30 mm


## Results and discussion

## Patients undergoing coronary angiography 1027 patients

## Results and discussion

- 42 patients with AAA
newly diagnosed in 19 patients
already known in 13 patients previously repaired in 10 patients

Distribution of known and discovered AAA according to size and age

| AAA maximum diameter | Number of patients |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
|  | Discovered AAA ( $\mathrm{N}=19$ ) |  | Known AAA ( $\mathrm{N}=13$ ) |  |
|  | < 65 years | $\geq 65$ years | < 65 years | $\geq 65$ years |
| < 40 mm | 6 | 10 | 3 | 2 |
| $\geq 40 \mathrm{~mm}$ and $<55 \mathrm{~mm}$ | 0 | 1 | 2 | 2 |
| $\geq 55 \mathrm{~mm}$ | 0 | 2 | 1 | 3 |

## Results and discussion

| Characteristic | All patients $(\mathrm{N}=1000)$ | No AAA (N=958) | $\begin{gathered} \text { AAA } \\ (\mathrm{N}=42) \end{gathered}$ | Univariate analysis | Multivariate analysis |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Age (years) | $64 \pm 11.6$ | $63.8 \pm 11.6$ | $70.3 \pm 8.94$ | < 0.001 |  |
| Age $\geq 65$ | 490 (49\%) | 462(48.2\%) | 28 (66.7\%) | 0.007 | 0.003 |
| Male gender | 699 (69.9\%) | 658 (68.7\%) | 41 (97.6\%) | 0.004 | 0.005 |
| Family history | 79 (7.9\%) | 73 (7.6\%) | 6 (14.3\%) | 0.12 | 0.01 |
| Smoker ever |  |  |  | 0.03 | 0.005 |
| Past smoker | 434 (43.4\%) | 414 (43.2\%) | 20 (47.6\%) |  | 0.22 |
| Current smoker | 269 (26.9\%) | 252 (26.3\%) | 17 (40.5\%) |  | 0.003 |
| Coronary profile |  |  |  | <0.0001 | <0.0001 |
| No significant lesion (\%) | 267 (26.7\%) | 263 (27.5\%) | 4 (9.5\%) |  |  |
| 1 vessel disease (\%) | 361 (36.1\%) | 350 (36.5\%) | 11 (26.2\%) |  | 0.47 |
| 2 vessel disease (\%) | 238 (23.8\%) | 228 (23.8\%) | 10 (23.8\%) |  | 0.18 |
| 3 vessel disease (\%) | 134 (13.4\%) | 117 (12.2\%) | 17 (40.5\%) |  | <0.001 |
| Mean number of affected coronary arteries | $1.2 \pm 1$ | $1.2 \pm 1$ | $2 \pm 1$ | <0.0001 |  |
| Mean aortic diameter (mm) * | $18.1 \pm 6.02$ | $17.3 \pm 3.50$ | $41.9 \pm 13.2$ | - | - |

* after exclusion of the 10 patients with previous

AAA repair

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## Results and discussion

Prevalence of AAA according to age in male patients


## Results and discussion

Prevalence of AAA according to the coronary profile and age in male patients


Coronary profile

## Conclusion

- In our selected population, the prevalence of AAA was high in male patients aged 65 or over (8.6\%) and in those with a three-vessel CAD (12.7\%) regardless of age or cardiovascular risk factors
-Given these results, we recommend routine screening for these groups
-Long term follow-up and cost-benefit evaluation are required to provide clear evidence for this recommendation in general medical practice

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