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### aortic aneurysms

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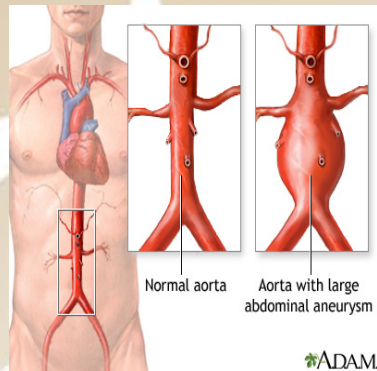
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# Aortic Aneurysm

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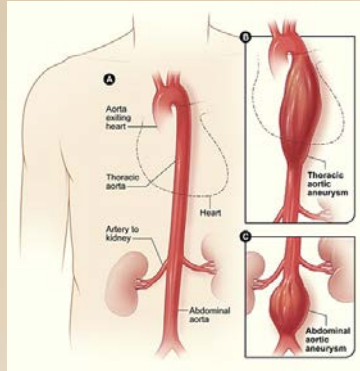
## What is an aneurysm?

- Aortic aneurysms are characterized by local inflammation with degeneration around the aorta, which leads to weakening and widening of the vessel.
- Can be congenital or acquired and occur at different locations of the thoracic or abdominal wall
- Wall rupture is ultimately a mechanical failure that occurs when intramural stresses exceed wall strength



## Why Aneurysm

- Working in a cardiac surgery intensive care has allowed me to take care of patients with aneurysm repairs and it generated an interest to learn more behind the pathophysiology of their making.



## Pathophysiological process

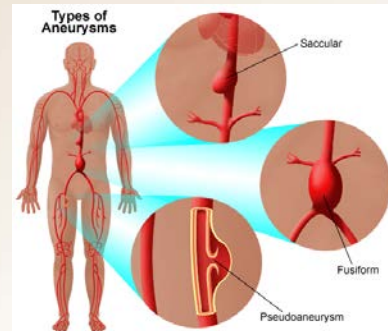
- IL-6 has already been suggested as prognostic biomarker for AAA
- Elastic strength and displacement under stress depend on the smooth muscle cells in the aortic wall
- In the early stage of aneurysm, endothelial cells, under hemodynamic shear stress, secrete major attractant protein, MCP-1, and IL-6
- This triggers recruitment of monocytes from the blood into the media layer of the arterial wall
- The monocytes mature into macrophages
- Macrophages from the adventitia are also chemoattracted by MCP-1, IL-6 and IL-8
- T cells are activated by contact with macrophages in the presence of IL-12, and macrophages are activated by IFN- $\gamma$  produced by the T cells
- Fibro-blasts produce collagen, and the collection of MMP, TIMP and collagen weaken the ability of the adventitia layer to withstand stress.
- Macrophages are known to cause apoptosis in SMCs, and this leads to reduction in elastin, thus weakening the elastic strength of the media.

## Significance of pathophysiology

- Fatal hemorrhage, paraplegia caused by interruption of anterior spinal artery, abdominal ischemia stroke, myocardial ischemia, lower extremity ischemia, renal failure, impotence, and cardiac tamponade.

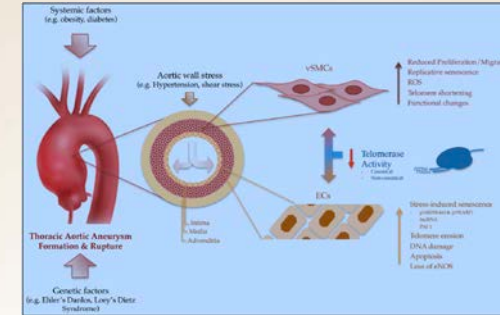
## Signs and symptoms

- Sudden, intense and persistent abdominal or back pain, which can be described as a tearing sensation
- Pain that radiates to your back or legs
- Sweatiness
- Clamminess
- Dizziness
- Nausea
- Vomiting
- Low blood pressure
- Fast pulse



## Nursing Interventions

- Monitor for signs and symptoms of spinal cord ischemia such as pain, numbness, paresthesia, and weakness caused by dissection.
- Monitor for signs of stroke or cardiac tamponade caused by dissection.
- Check extremities for sensation, temperature, pulses, color, capillary refill, and petechiae.
- Monitor for bleeding from the wound and for signs of hemorrhage, hypotension, tachycardia, pallor, and diaphoresis.
- Monitor urinary output hourly.
- Administer antibiotics, if ordered, to prevent infection.
- Administer pain medication, as ordered, or monitor patient-controlled analgesia.
- Teach the patient about blood pressure medications and the importance of taking them as prescribed.
- Teach the patient to recognize and report signs and symptoms of an expanding aneurysm or rupture.



## Risk Factors/ findings

- The central histological findings in non-syndromic Abdominal thoracic aortic aneurysm (ATAA) analyses are the loss of smooth muscle cells (media degeneration) and the alteration of elastic fiber structures
- Major factors are: the MMP2/9-TIMP system, smooth muscle stress and cell death, aging processes (telomere length), alterations in genes and protein expression and function
- The major risk factor for non-syndromic ATAA formation is hypertension, and anti-hyper-tensive therapy is a *gold standard* in the treatment of ATAA patients.

## Conclusion

- Aortic aneurysms result from degeneration of the medial wall, which occurs as a normal part of the aging process as well as with hypertension, atherosclerosis, trauma or infection, immunologic conditions, and as a complication of Marfan Syndrome
- Thoracoabdominal aortic aneurysm may originate in the ascending aorta and aortic arch (frequent site of dissection) or in the lower descending thoracic aorta and upper abdominal aorta.
- Aortic aneurysms develop by various pathophysiological processes and is clinically significant for life.
- Surgical Intervention is the only way to fix these processes once a certain circumference develops.

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