



ESC 2014: New Aortic Diseases Guidelines



The 2014 ESC Guidelines on the diagnosis and treatment of aortic diseases offer a comprehensive discussion of the acute and chronic diseases of the thoracic and abdominal aorta in adult patients.

The document fills the gap between multiple ESC Guidelines on different heart conditions and on peripheral artery diseases published in 2011, according to a report written by Prof. Michal Tendera of Medical University of Silesia in Katowice, Poland, and Prof. Petros Nihoyannopoulos of Imperial College in London, UK.

The report was presented at this year's ESC Congress which ran from 30 August to 3 September. The ESC Congress is currently the world's largest international congress for cardiovascular medicine.

While aortic diseases are usually asymptomatic, the authors note that acute aortic syndromes are among the most dramatic clinical conditions. It is often a challenge to clinicians when differentiating between acute coronary syndromes and aortic dissection. Nonetheless, a precise diagnosis is important since treatment strategies are quite different, write the authors.

Importance of Imaging Techniques

Imaging techniques -- including ultrasound, computed tomography and magnetic resonance imaging --are helpful in making the diagnosis. Despite the emergence of endovascular therapies, the report says surgical treatment is often necessary. In many cases, a hybrid approach may be required.

Prognosis in patients with acute aortic syndromes steadily improves, hence there is an increasing need for structured follow-up. However, as the clinical course may be insidious, screening programmes are being developed in specific populations, the authors say.

The wide spectrum of the aortic diseases encompasses aortic dissections, thoracic and abdominal aneurysms, intramural haematomas, traumatic injuries, penetrating ulcers, and lesions associated with the bicuspid aortic valve. All of these aspects are covered in the new ESC guidelines.

Special attention is given to genetic and congenital aortic diseases, since preventive measures may decrease the likelihood of clinical events. The latest ESC guidelines also discusses the following:

- Aortic diseases in the elderly population, in which atherosclerotic or thromboembolic complications are likely to occur;

- Porcelain or coral reef aorta which can cause major problems in patients scheduled for cardiac surgery; and
- Inflammatory diseases and aortic tumours.

Understandably, aortic diseases fall within the scope of interest not only of cardiologists but for other specialists as well, including radiologists, cardiac and vascular surgeons, acute care specialists and others. As such, the latest ESC guidelines should have an impact on medical practice well beyond cardiology.

The role of these new ESC guidelines on the diagnosis and treatment of aortic diseases cannot be overemphasised, according to the authors.

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