

Abdominal Aortic and Other Abdominal and Pelvic Aneurysms – Incidental (ACR guidance for managing abdominal aortic and other abdominal and pelvic aneurysms on CT)

Arterial aneurysms and enlargement (ectasia) are commonly found in multiple vascular structures in the abdomen and pelvis. Particularly for abdominal aortic aneurysms, recognizing them early can markedly reduce mortality because most of them are asymptomatic and rupture can be avoided with early intervention.

This module is based on an ACR White Paper that provided consensus for managing AAAs, penetrating aortic ulcers, iliac artery aneurysms, splenic artery aneurysms, renal artery aneurysms, and other visceral artery aneurysms >2 cm. Recommendations are provided, which can be inserted into the report, to help direct follow-up and referral for intervention.

(Ref: Khosa F, Krinsky G, Macari M, Yucel EK, Berland LL. Managing Incidental Findings on Abdominal and Pelvic CT and MRI, Part 2: White Paper of the ACR Incidental Findings Committee II on Vascular Findings. J Am Coll Radiol 2013;10:789-794.)

Table 1. Recommended intervals for initial follow-up imaging of ectatic aortas and abdominal aortic aneurysms	
Aortic Diameter (mm)	Imaging Interval
2.5-2.9	5 y
3.0-3.4	3 y
3.5-3.9	2 y
4.0-4.4	1 y
4.5-4.9	6 mo*
5.0-5.5	3-6 mo*

Note: For abdominal aortic diameters <2.5 cm, follow-up is generally thought to be unnecessary. Because the rupture of smaller abdominal aortic aneurysms is less likely, we recommend longer intervals between follow-up examinations. Follow-up intervals may vary depending on comorbidities and the growth rate of the aneurysm.
*In addition to planning follow-up imaging, one should also consider surgical or endovascular referral.