
ROSEMONT, Ill., June 16, 2020 – The Society for Vascular Surgery (SVS) has released new clinical practice guidelines on the appropriate care and treatment of aneurysms of the visceral arteries. Visceral artery aneurysms are rare and often poorly defined, but are a clinically important vascular condition.

These SVS evidence-based practice guidelines offer recommendations to inform the diagnosis, treatment options, screening and follow-up of visceral aneurysms. Evidence-based size thresholds for repair of aneurysms of the renal arteries, splenic artery, celiac artery and hepatic artery, among others are included. Open surgical and endovascular repair strategies are described as well as specific circumstances in which aneurysms may be considered for repair at a smaller size such as in women of childbearing age. False aneurysms are also discussed.

Of all intra-abdominal aneurysms, visceral arteries affect only five percent of cases. Visceral artery aneurysms include both true aneurysms as well as pseudoaneurysms. The clinical significance of visceral artery aneurysms is mainly related to their potential for rupture and, once that happens, the challenges of diagnosis and treatment.

“Nearly one-fourth of visceral artery aneurysms reported have presented with rupture, and the mortality rate of these diagnosed ruptures is at least 10 percent, probably higher,” said lead author Rabih Chaer, MD. “The mortality following ruptured celiac artery aneurysms and ruptured splenic artery aneurysms in pregnant women approaches 100 percent.”

With the increased use of sophisticated forms of intra-abdominal imaging, including magnetic resonance imaging and angiography (MRI, MRA) and computerized tomographic scans and angiography (CT, CTA), occult visceral artery aneurysms are being diagnosed with increased frequency.

“The detailed imaging studies have allowed for an improved ability among vascular surgeons to identify asymptomatic lesions, and an enhanced potential for preoperative or pre-procedural planning and elective treatment of these aneurysms,” Dr. Chaer said. “Improvements in endovascular therapies have also allowed an enhanced ability for treatment of these often anatomically complex lesions with a large variety of individualized and precise catheter-based therapies.”
These clinical practice guidelines provide much needed guidance to vascular surgeons who treat patients with aneurysms of the renal and visceral arteries. The ultimate treatment goal should be to prevent aneurysm expansion and potential rupture by exclusion from the arterial circulation while maintaining necessary distal or collateral bed perfusion.

Read the new guideline at add the URL link: http://b.link/vasguidelines. Follow the SVS on Facebook @VascularHealth, Twitter @VascularSVS and Instagram @societyforvascularsurgery

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