Abdominal Aortic Aneurysm (Critical Diagnosis)
9/2/18

Kidney stones are a diagnosis of exclusion. When you see flank pain or testicular pain or lower abdominal pain on that triage note, you have to consider leaking abdominal aortic aneurysm, as well.

<u>5 Important components of evaluating a patient with suspected AAA:</u>

1. History
    a. Typical pt: > 60 yo, smoking hx, sudden onset, severe back pain
    b. Can also be: crampy flank or abdominal pain
    c. Undifferentiated shock
2. Exam
    a. “Pulsatile abdominal mass” - textbook answer (but easy to miss!)
    b. Vital signs: can be stable or unstable
3. Testing Plan
    a. CBC, CMP, Coags, PT/INR
    b. Type and Screen - order for possibility of blood transfusion
    c. Lactate - order for all shock patients
    d. Bedside US - positive if aorta diameter > 3cm
4. Treatment Plan
    a. If ruptured AAA: “massive transfusion protocol” (FFP, platelets, meds, etc)
    b. Blood pressure management:
        i. Goal: “low-ish normal” (MAP ~ 65, Systolic ~ 100’s)
        ii. Transfuse blood
        iii. Esmolol
5. Bonus Pearls
    a. Consider AAA in older pts w/ back pain or flank pain
    b. Attempt aortic bedside US prior to presentation!
    c. Find recent Abdominal CT for baseline status of aorta (AAA or no AAA?)
    d. Kidney stones are a diagnosis of exclusion! Think AAA first.