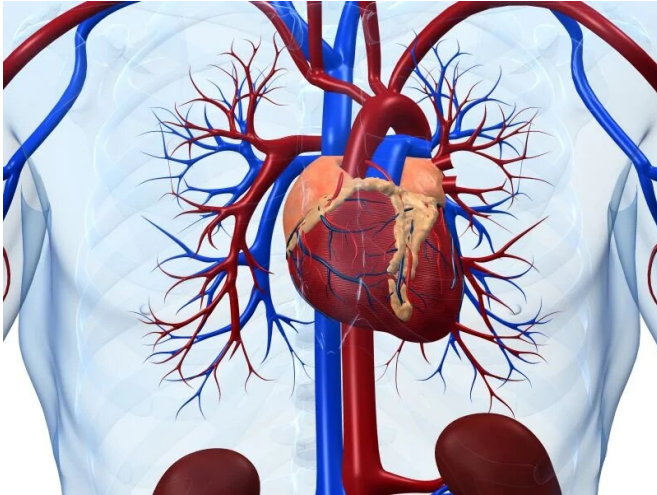


Guidelines detail how to manage aneurysms of visceral arteries

12 August 2020



enhanced [magnetic resonance angiography](#) is recommended in many cases to establish a diagnosis in patients with increased radiation exposure risks or renal insufficiency. Catheter-based angiography is recommended for preoperative planning. In many cases of ruptured aneurysm, emergent intervention is recommended. Treatment is recommended for patients of childbearing potential with noncomplicated RAA of acceptable operative risk, regardless of size; nonruptured splenic artery true aneurysms of any size should also be treated in women of childbearing age because of the risk for rupture.

"The preferred treatment of an individual patient and aneurysm must be carefully based on the particular anatomy and any associated clinical conditions as well as the underlying condition of the patient," the authors write.

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(HealthDay)—In evidence-based clinical practice guidelines, issued by the Society for Vascular Surgery and published in a supplement to the July issue of the *Journal of Vascular Surgery*, recommendations are presented for the care and treatment of aneurysms of the visceral arteries.

Rabih A. Chaer, M.D., from the University of Pittsburgh Medical Center, and colleagues developed evidence-based guidelines to inform diagnosis, treatment options, screening, and follow-up of visceral aneurysms.

The authors recommend computed tomography angiography as the diagnostic tool of choice for [patients](#) thought to have renal artery aneurysm (RAA); splenic artery aneurysm; celiac artery aneurysm; gastric or gastroepiploic artery aneurysm; hepatic artery aneurysm; superior mesenteric artery aneurysm; jejunal artery, ileal artery, and colic artery aneurysms; pancreaticoduodenal artery aneurysm; and gastroduodenal artery aneurysm. Non-contrast-

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