


Comment on: Ultrasound screening for abdominal aortic aneurysm in high-risk women

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Dear Editor

The study by Duncan *et al.* 'Ultrasound screening for abdominal aortic aneurysm'¹ shows a low prevalence of abdominal aortic aneurysm (AAA) in women aged 64–75 deemed at high risk. They support the hypothesis that ultrasound screening for AAA is not beneficial in high-risk women. A recent review of hospitalization for AAA from 2003 to 2014 in USA by Sciria CT *et al.*² shows that out of 570,253 patients, only 23 per cent were women. Women had a significantly higher proportion of rupture (18 per cent versus 13 per cent). Female gender was a significant predictor of death for both elective and emergency endovascular and open aortic repair.

There are two interesting aspects to underline in the study by Sciria *et al.*: women admitted with a diagnosis of AAA were often older than 75 years of age (70 per cent of the women with AAA rupture and 45 per cent of those with not ruptured AAA). Men admitted with AAA were in general younger than 75 years of age (only 48 per cent with ruptured AAA and 33 per cent with not ruptured AAA were older than 75 years of age).

Coronary artery disease and diabetes were more common in men than in women with AAA.

Probably, we might hypothesize that AAA ultrasound screening is appropriate in women starting at a more advanced age than in men, rather than to exclude its utility in general. The disparity in prevalence of AAA in women in comparison with men may be related with several factors including a lower prevalence of co-morbidities, as testified by the longer life-expectancy of women in general.

Considering the increasing life expectancy and high mortality and complication rates in women with AAA, screening for AAA in women should be directed to a more specific group of patients, including those older than 75 years allowing time and possibility to referral to specialized centers.

References

1. Duncan A, Maslen C, Gibson C, Hartshorne T, Farooqi A, Saratzis A *et al.* Ultrasound screening for abdominal aortic aneurysm in high-risk women. *Br J Surg* 2021;**108**:1192–1198.
2. Sciria CT, Osorio B, Wang J, Lu DY, Amin N, Vohra A *et al.* Sex-Based Disparities in Outcomes With Abdominal Aortic Aneurysms. *Am J Cardiol* 2021;**155**:135–148.