

The negative effects of reduced attention to standard guidelines for screening and surgery of abdominal aortic aneurysms during the coronavirus disease 2019 pandemic



We read with interest the article by Sullivan et al.¹ The authors analyzed the Society for Vascular Surgery Vascular Quality Initiative registry from September 2020 to February 2021,^{2,3} finding that the elective-nonelective rates of operations were not significantly different from the historical value supposing little restriction in the performance of elective procedures.

We have analyzed the number of patients who had surgery for ruptured abdominal aortic aneurysm (rAAA) in Pavia in the 2 years of the pandemic (February 2020-February 2022). Twenty-seven patients underwent surgery for rAAA. During the first year, 18 patients had surgery similarly to the previous 10 years (mean, 18.9 patients per year). In the second year of the pandemic, only nine patients had surgery for rAAA.

We analyzed the number of patients who had surgery during the outbreak (14 months) and during the no-outbreak periods (10 months). In the 2 years of the pandemic, seven patients underwent surgery during the outbreak. In the same months of the previous 10 years, the mean of operated patients for rAAA was 32 every 2 years. During the no-outbreak periods (10 months), 20 patients underwent surgery with an increase of 25% in comparison with the mean of the same period of the previous 10 years (16 patients every 2 years) ($P < .01$) (Table).

Of the 27 patients, 14 (52%) were not aware of the AAA. Five patients with an AAA with a maximum diameter between 55 and 68 mm decided to postpone the operation. The remaining eight patients had an AAA with an initial maximum transverse diameter ranging from 32 to 54 mm (mean, 43 mm) and postponed their ultrasound follow-up visit during the pandemic.

During the outbreaks of coronavirus disease 2019, a significant number of patients with rAAA might not have reached the hospital.^{2,3} It is possible that the similarity between the ratio of elective and nonelective procedures before and during the pandemic reported by Sullivan et al may be misleading because a significant number of patients with rAAA did not reach the hospital.

Our experience supports the importance to follow standard guidelines as concern surgery for AAA.⁴⁻⁶

Table. Prevalence of surgery for ruptured abdominal aortic aneurysms during the outbreak and no-outbreak periods of coronavirus disease 2019 (COVID-19) infection in comparison with previous years ($P < .001$)

	2010-2019	2020-2022
Total	189	27
COVID-19 outbreak periods		
Autumn	73 (38.6)	4 (14.8)
Winter	50 (26.5)	3 (11.1)
No COVID-19 outbreak periods		
Spring	43 (22.7)	11 (40.7)
Summer	23 (12.2)	9 (33.3)
Values are number (%).		

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Reply



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