Leeds Radiology

Advice regarding incidental vascular abnormalities on Trauma CT

Aneurysms:

If an aneurysm is detected, check if the patient has had precious imaging (EI and Xero) as known aneurysms smaller than the treatment threshold are normally on surveillance.

Infrarenal aortic aneurysms:

a. Over 5.5 cm in maximum axial diameter- Urgent referral to vascular surgery
b. Symptomatic aneurysm- Urgent referral to vascular surgery
c. Suspected mycotic aneurysm- Urgent referral to Vascular surgery d. Change in size of 1cm in 1 year- urgent referral to vascular surgery e. New, asymptomatic infrarenal aneurysm <5.5 cm in maximum axial diameter recommend routine referral to Vascular surgery

Aneurysms in the pancreaticoduodenal arcade (often associated with coeliac axis stenosis)- recommend referral to vascular surgery. Treatment should be considered regardless of size.

New, asymptomatic aneurysms in iliac, popliteal, renal, or splenic aneurysm should be referred to vascular surgery to organise surveillance.

For guidance, current thresholds for elective treatment are:
CIA aneurysm- 4cm
Popliteal artery aneurysm- 2cm
Splenic artery aneurysm- 3cm (lower in women of childbearing age)
Renal artery aneurysms -2cm (lower in women of childbearing age)

- *Include any recommendations in the "comments" section of your report*
- *Check with on-call consultants if unsure*
- *This American article may be of value for other vascular incidental findings*:

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