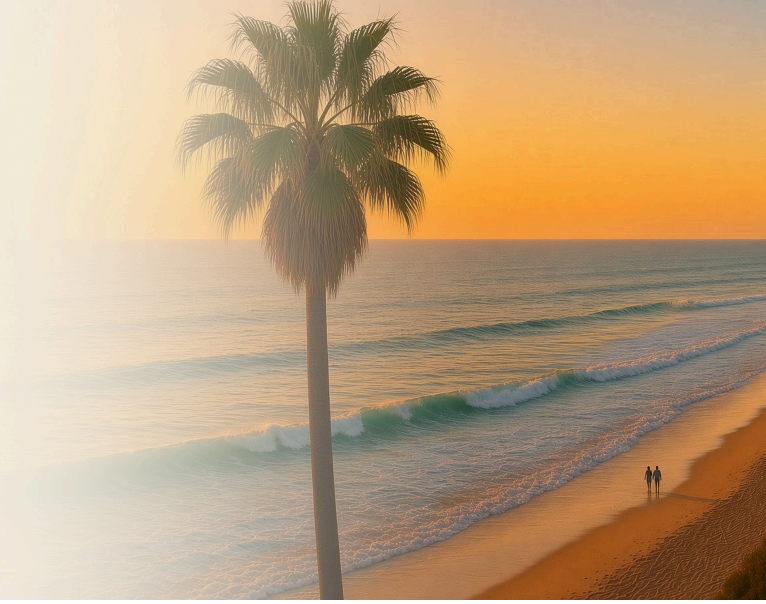
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When Your Aorta Is Widened

Ectasia and an aneurysm are the same widening at different sizes, and your number sets how often it is checked.

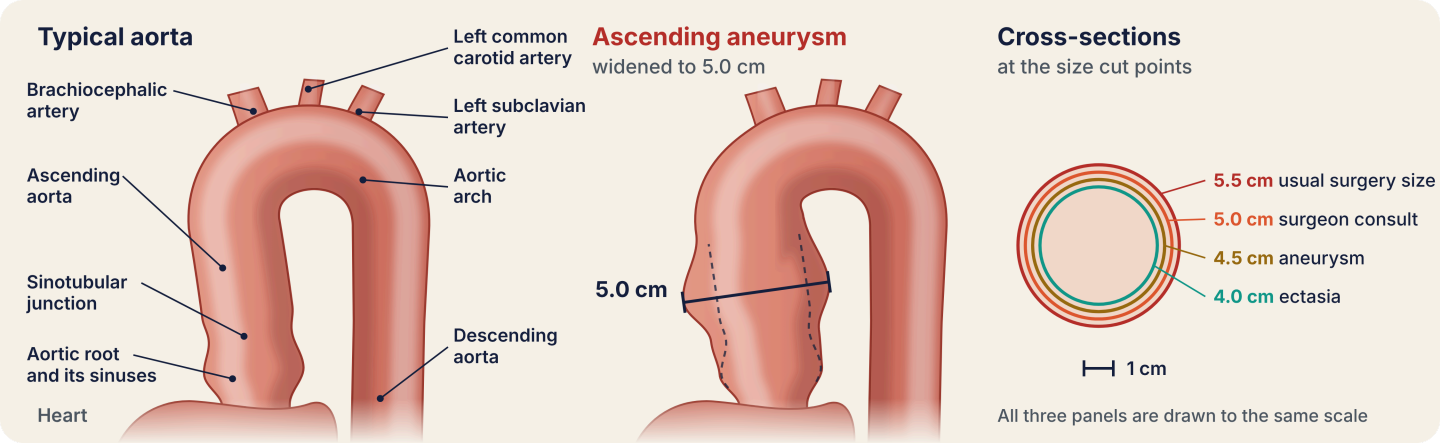
4.0 to 4.4 cm
is ectasia, a mild widening that is imaged once a year

4.5 cm
or larger is an aneurysm, imaged every 6 months

5.5 cm
the typical surgery threshold for someone without a genetic cause

WHAT IT IS

The first stretch of your body's main artery



The label changes at 4.5 cm because that is where the monitoring schedule changes and the surgery conversation begins. Most people have no symptoms and find out from imaging done for another reason.

SLOWING IT DOWN

What you can do to slow growth

1. **Blood pressure under 130/80**
   The ACC/AHA goal, with a top number under 120 considered if you tolerate it. Home readings guide the plan.

2. **Stop smoking**
   Tobacco speeds aortic damage apart from blood pressure and cholesterol, and quitting is the highest-impact lifestyle change.

3. **Skip maximal lifting**
   Maximal lifts like deadlifts spike aortic wall stress. Stay under about 50% of your one-rep max and avoid bearing down.

Aneurysms don't shrink, so the goal is to slow growth. Walking, cycling and swimming are safe and encouraged.

Steady follow-up

This is a long-term, manageable condition. It isn't an immediate emergency and it isn't something to ignore. It calls for consistent imaging and aggressive control of the things you can change.

EMERGENCY SIGNS, IMAGING SCHEDULE AND SURGERY ARE ON THE BACK

KNOW THE WARNING SIGNS

Emergencies, imaging and surgery

EMERGENCY SIGNS

aortic dissection

Call 911	Sudden severe chest, back or belly pain that is worst at the start, often described as tearing or ripping. It raises concern for aortic dissection, a tear in the inner layer of the aortic wall. Call 911 and do not drive yourself.
Also call 911	Fainting or signs of a stroke, sudden weakness or numbness in an arm or leg, or shortness of breath, hoarseness or trouble swallowing that comes on suddenly. A new difference in blood pressure between your two arms, or loss of the pulse in a limb.

4.0 to 4.4	4.5 to 4.9	5.0 to 5.4	5.5 and up
Ectasia	**Aneurysm**	**Larger aneurysm**	**Surgical threshold**
Echocardiogram once a year	Imaging every 6 months	Every 3 to 6 months, plus a heart surgeon consult	Repair recommended for a typical patient

Sizes are in centimeters, and an echocardiogram is the usual test. CT or MRI is used when a sharper picture is needed. With Marfan syndrome, Loeys-Dietz syndrome or a bicuspid valve, imaging is every 6 months at minimum, and MRI is preferred because it has no radiation. Use the same imaging center each time if you can, because a 0.2 cm difference between scans can be real growth or measurement variability.

WHEN SURGERY IS RECOMMENDED

Typical patient	5.5 cm or larger. Women may be considered at 5.0 cm because their rupture risk is higher at smaller sizes.
Genetic causes	5.0 cm with a bicuspid aortic valve and 4.5 to 5.0 cm with Marfan syndrome. Loeys-Dietz syndrome may call for surgery even earlier, at about 4.0 to 4.5 cm depending on the gene.
Any size	Growth of more than 0.5 cm in a year, or symptoms such as chest or back pain or hoarseness.
The operation	The widened segment is replaced with a Dacron tube through the breastbone. In experienced centers, 30-day mortality is typically 1 to 3% for planned surgery. Expect 5 to 7 days in the hospital, light activity in 4 to 6 weeks and full activity in 2 to 3 months.

ALSO WORTH KNOWING

Medicines	Beta-blockers slow aneurysm growth, and ARBs may slow root growth as well in Marfan syndrome. Statins are used for atherosclerosis, without a proven effect on the aneurysm itself.
Family screening	With a genetic cause such as Marfan syndrome, Loeys-Dietz syndrome, Ehlers-Danlos type IV, a bicuspid valve or a family pattern of aortic disease, parents, siblings and children should have a screening echocardiogram.

BEFORE ANY ANTIBIOTIC

The FDA has warned that fluoroquinolone antibiotics (ciprofloxacin, levofloxacin) may increase the risk of aortic dissection in people with a known aneurysm. Remind any clinician prescribing an antibiotic that you have an ascending aortic aneurysm.

READ THE FULL ARTICLE

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ascending-aortic-aneurysm-ectasia

For education only, and not a substitute for advice from your own physician. Sources include the 2022 ACC/AHA guideline for the diagnosis and management of aortic disease, the FDA warning on fluoroquinolone antibiotics, the MIDAS Marfan trial, ACC CardioSmart and The Marfan Foundation.

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