



Letter to the Editor

Controversies in screening for abdominal aortic aneurysms

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ARTICLE INFO

Article history:

Received 18 April 2019

Accepted 22 May 2019

Keywords:

Abdominal aortic aneurysm

Screening

Mortality

Aneurysm rupture

Izquierdo Gonzalez et al. support screening for abdominal aortic aneurysms (AAAs) based on risk factors for AAAs (e.g. ischemic heart disease, smoking for >20 years, etc.) [1]. They provide a risk factor classification to guide selection of high-risk patients for an AAA [1].

A recent seminar supported that screening programs for AAAs cause more harm than good [2]. It was supported that *for every 10,000 people invited to screening, 46 men avoid dying from a ruptured AAA. But for every avoided death, 4 men are diagnosed with an AAA that would never have been detected or caused health problems. Consequently, they get overdiagnosed, which causes substantial physical and psychological harms for many of them* [2].

Although population-wide screening is neither effective nor cost-effective, screening selected high-risk populations is essential to reduce the number of AAA ruptures and AAA-related deaths [3]. From 2005 to 2012, a total of 39,740 aneurysm-related deaths occurred in England and 51,475 aneurysm related deaths in the U.S.A. [4] Implementation of AAA screening programs targeting high-risk populations is therefore essential to reduce AAA-related mortality [3]. The classification by Izquierdo Gonzalez et al. [1] provides a useful guide to identify patients at high risk of harbouring an AAA.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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Declaration of Competing Interest

The author reports no relationships that could be construed as a conflict of interest.

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