Top Ten Things To Know
Thoracic Aortic Disease (TAD)

1. 43,000 to 47,000 deaths in the United States are attributed to diseases of the aorta and its branches.

2. It is not known exactly how many deaths are caused by TAD, but, based on autopsy studies, TAD often presents as death from aortic dissection and rupture and represents 2X more deaths than ruptured abdominal aneurysms.

3. TAD includes degenerative, structural, acquired, genetic-based, and traumatic diseases.

4. Because TAD presentation can be variable and complex, detection can be missed or delayed, especially in the acute setting. It is paramount that all healthcare professionals understand the importance of early recognition and prompt treatment and/or referral for a wide variety of thoracic aortic diseases.

5. TAD is often asymptomatic until an acute presentation. Imaging is the only method to detect TAD and determine the risk for future complications.

6. Outcomes are better when TAD treatment is done in stable, asymptomatic high-risk patients than in the acute setting. Identification and early treatment is key to improving outcomes.

7. Genetic alterations or mutations predispose some individuals to aortic disease. Identification of these genetic alterations can lead to early identification of those at risk.


9. Additional areas addressed: special considerations in pregnancy, institutional and hospital quality concerns, nursing care and patient/family education, long-term issues, and suggestions for future research directions and issues.

10. These guidelines include recommendations for risk evaluation, diagnosis, and treatment, as well as surveillance recommendations, to help ensure appropriate quality care and outcomes for TAD patients.


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