Doctor Summary

In this case, the patient, Ms., was not completely worked up to exclude an infrarenal abdominal aortic aneurysm. The vast majority of infrarenal aneurysms are asymptomatic, and had the abdominal aorta been imaged in its entirety, the large infrarenal abdominal aortic aneurysm would have been discovered. This would have led to a more favorable outcome for the patient.The primary focus was on the patient's syncope, which was totally appropriate and wonderfully worked up. However, when the 4.9cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement, the rest of the aorta should have been imaged. Had this been done, there is a high probability that the outcome would have been much more favorable.The Board's allegation of "failure to evaluate a patient with syncope and thoracic aneurysm for abdominal aortic aneurysm" has merit, and the care which this patient received on this point fell below the standard of care.Respectfully submitted,MDHelpful Answer: Yes, it appears that there was a failure to completely work up the patient, Ms., for an infrarenal abdominal aortic aneurysm. This oversight likely contributed to an unfavorable outcome for the patient. The primary focus on the patient's syncope was appropriate, but the rest of the aorta should have been imaged when the 4.9cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement.

Patient Summary

The patient, Ms., was not fully worked up to exclude an infrarenal abdominal aortic aneurysm. The vast majority of infrarenal aneurysms are asymptomatic, and given the significant ectasia and eccentric calcification of the thoracic aorta, the entire intraabdominal aorta should have been imaged. Had this been done, the large infrarenal abdominal aortic aneurysm would have been discovered, and the patient's outcome would likely have been more favorable. The care provided to the patient for syncope was appropriate, but the focus should have expanded to include imaging of the rest of the aorta when the 4.9 cm aortic aneurysm was discovered at the level of the diaphragm along with celiac artery involvement. The radiologist reading and/or performing the pulmonary artery CT scan should have continued imaging the rest of the aorta at that juncture. The Board's allegation of "failure to evaluate a patient with syncope and thoracic aneurysm for abdominal aortic aneurysm" has merit, and the care provided fell below the standard of care.