### SIGNS & SYMPTOMS

**HIGH RISK**
- TAA Requiring Repair / Acute Dissection
  - Presence of known TAA of any size and with the acute onset of pain chest, back pain, or hemoptysis

**SUGGESTED PREVISIT WORKUP**
- Refer to ED, contact on-call surgeon

---

**MODERATE RISK**
- Small, Asymptomatic TAA
  - TAA 4-6+ cm found on imaging study
    - Asymptomatic
    - Dysphagia or hoarseness

**SUGGESTED WORKUP**
- Emphasis on smoking cessation
- Assiduous blood pressure control
- CTA
- Echocardiogram to screen for bicuspid aortic valve disease
- Referral to Aortic Disease Program

---

**LOW RISK**
- Small, Asymptomatic TAA <4 cm found on imaging study

**SUGGESTED MANAGEMENT**
- Emphasis on smoking cessation
- Assiduous blood pressure control
- CTA - For <4.0 cm aneurysm, follow-up CTA in 1 year
- Echocardiogram to screen for bicuspid aortic valve disease
- Referral to Aortic Disease Program if TAA growth noted OR genetic or family predisposition

---

### CLINICAL PEARLS

- All TAAs demonstrating growth, symptoms, or in the setting of family and genetic predisposition are concerning and should prompt referral.
- All first degree relatives of patients with bicuspid aortic valve disease should be screened for bicuspid valve via echocardiogram
- Bicuspid Valve patients with aneurysms should be referred to the Aortic Center

---

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.