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Experience of ultrasound diagnosis of abdominal aortic aneurysm (AAA) in risk patients in a primary care center in Huelva, Spain

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Andalusian Public Health Care System (SAS, Servicio Andaluz de Salud) has not an established screening for AAA nowadays. The aim of this study is to investigate the prevalence of AAA in a risk group in Primary Care by means of ultrasound diagnosis. Observational, descriptive and consecutive study in a selected group of patients, N=73, margin of error 5%, 95% IC, for an estimated prevalence of 5%, from October 2012 till April 2013.

Inclusion criteria: Males and females with a direct family member affected/died after AAA, males between 60 and 75 years old who had hypertension and were smokers, females between 60 and 75 years old who had 3 or more of these diseases: Diabetes, obesity, hypertension, autoimmune disease, stroke, myocardial infarction, pulmonary embolism, DVT, smoker.

Exclusion criteria: BMI > 40, palliative patients, patients who do not belong to this Public Primary Care Center. We studied sociodemographic factors, quantitative factors such as weight, height, BMI, Ankle-brachial index, abdominal aortic diameter, time of consultation.

Ultrasound: Aloka Prosound 2, UST 9137 (AlokaGmbH, Germany). It was done by a ST4-trainee of Family Medicine trained in this technique. N 74, 46 females (62%) and 28 males (38%), average age 66,09 (SD 9,39). BMI 30,68 (SD 4,15). 100% caucasians. 5% with mild peripheral vascular disease. 2 people were pre-diagnosed and referred to Internal Medicine/Radiology for confirmation with an abdominal aortic diameter > 3cm. 1 AAA was confirmed. The average time of consultation was 24,51 minutes (SD 5,58). 1 case of AAA was detected in Primary Care by a Family Medicine ST4-trainee from a selected group of 74 people. Patient underwent surgery successfully. We think that ultrasound can be a new diagnosis weapon for Family Doctors.