



Rx FOR SUCCESS

Thoracic Aorta

The aorta is the largest artery in the body. It carries oxygenated blood from the heart to the systemic circulation. The thoracic aorta is the portion of the aorta from the aortic valve to the diaphragm. The abdominal aorta extends from the diaphragm to the two iliac arteries, which go to the legs.

Abnormalities of the thoracic aorta are generally due to aging and/or hypertension, which contribute to ectasia (mild dilation with uncoiling and tortuosity). However, other underlying pathology must be considered. These include connective tissue disease, inflammation, infection, atherosclerotic plaque, aneurysm, congenital stenosis (coarctation), and dissection.

The status of the aortic and mitral valves is important. The combination of mitral valve prolapsed (MVP) with dilated aorta raises concern for **Marfan syndrome**. The aortic valve (bicuspid, regurgitant, or stenotic) is often involved when there is an abnormality of the thoracic aorta. **Aortic atherosclerosis** indicates a strong risk for coronary artery disease and for **cerebrovascular disease**.

Transthoracic echocardiography (TTE), though commonly done, is not an accurate way to measure the thoracic aorta. Aortic enlargement by TTE is ideally re-checked by a better test (CT or MRI). Echocardiogram is used to assess the status of the valves.

Aneurysm indicates dilation of >1.5 times normal diameter. The size of a normal thoracic aorta varies with gender and height. Stable, small (4 – 5 cm), silent aneurysms can be followed by scanning every 1 to 2 years. Some aneurysms grow quickly and need urgent surgery and others remain stable for years. Many surgeries require replacement or repair of the aortic valve along with graft replacement of the ascending aorta.

Underwriting thoracic aortic disease depends on severity of any dilation (mild, moderate, severe), stability, age of the client, and underlying pathology. Degenerative disease (aging, hypertension, atherosclerosis) is considered after repair or if the aorta is not severely dilated as outlined in the table below.

In Underwriting:

- ▶ It is assumed that the applicant has no symptoms (such as pain) related to aortic disease.
- ▶ Small spontaneous or traumatic dissections may not require surgery. All other dissections are postponed for surgical intervention.
- ▶ Young ages (<45 years) are given individual consideration.
- ▶ Additional rating may apply if the aneurysm extends beyond the thoracic aorta (into the abdomen or into the neck).
- ▶ Additional rating may apply if there is valve or other vascular disease.

Please see the important information on the back.

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UNDERWRITING GUIDELINES FOR THORACIC AORTA

Marfan syndrome Familial aortic aneurysm Takayasu's arteritis Vasculitis Ehlers-Danlos IV	Decline
Spontaneous dissection without underlying pathology	Postpone until stable, at least one year after recovery, then no less than class B
Trauma, after recovery, without underlying pathology	0
Mild dilation	Class B
Moderate dilation, stable x 1 year	Class C
Severe dilation or dissection	Decline
Degenerative disease of thoracic, operated	Class B

To get an idea of how a client with a history of Thoracic Aorta would be viewed in the underwriting process, feel free to use the *Aorta and Peripheral Vascular Disease Ask "Rx" per Underwriter (Rx80)* for an informal quote.