



**Louise Fearnside** has completed this personal reflection on **15/11/2022**

**Paper:** Summer 2022 CPD Questions

**Personal Reflection:**

Being involved with the local AAA screening programme, I found these two articles particularly interesting. I was aware of the low prevalence of AAA in women, but it was good to get an appreciation of recent numbers and more importantly, low numbers remaining in a high risk women group. It was interesting to learn that aortas between 2.5 and 2.9 cm were automatically referred to the local vascular unit for a follow-up scan in 5 year's time. This is something that I would like to discuss further in our local programme as I routinely come across sub aneurysmal aortas which I feel would benefit from a referral to the local vascular unit and a timely follow up scan performed. Reflecting on practice following a review of the second paper, I cannot account a single time I have come across a popliteal artery aneurysm in a women and is likely due to the very low prevalence in women. What they appear to have omitted from the paper is what size they actually classify as an aneurysm. I have generally gone with the rule of 1.5 times larger than the normal proximal segment. There is no mention of this in this paper and classification is stated as <20mm. Defining what constitutes a popliteal aneurysm can sometimes be challenging, especially when someone has generally large calibre vessels with no distinct dilation throughout. Similarly, someone can present with an obvious dilated section of artery when compared to a normal appearing segment but be below an accepted size threshold.