



PREVALENCE OF ARTERIAL ANEURYSMS IN PATIENTS WITH FIBROMUSCULAR DYSPLASIA: A REPORT FROM THE UNITED STATES REGISTRY FOR FIBROMUSCULAR DYSPLASIA

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Session Title: Arterial Vascular Diseases: Novel Concepts in Diagnosis and Therapy

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Background: Fibromuscular dysplasia (FMD) is a disease of medium-sized arteries that may result in stenosis, dissection or aneurysm. It is unclear how FMD patients who develop an arterial aneurysm differ from those who do not.

Methods: Patients enrolled in the FMD Registry from 10 U.S. centers were divided into two cohorts: those with known arterial aneurysms versus those without.

Results: Of the 615 total patients in the FMD Registry, 559 patients had sufficient data for comparison. 124 (22.2%) reported an arterial aneurysm. The five most common aneurysm locations were renal (34.5%), carotid (24.5%), celiac (14.5%), aortic (13.6%) and cerebral arteries (10.9%). Forty patients (36.4%) had more than one aneurysm with a maximum of 5 aneurysms reported. The differences between FMD patients with and without an aneurysm are shown in the table below.

	Aneurysm No. (%)	No Aneurysm No. (%)	p-value
	124/559 (22.2)	435/559 (77.8)	8
Male	20/124 (16.1)	29/435 (6.7)	0.0002
Age at onset of hypertension (mean ± SD)	39.9 ± 16.0	44.3 ± 14.3	0.031
Family history of aneurysm	25/100 (25.0)	76/383 (19.8)	0.27
Hi story of subarachnoid hemorrhage (SAH)	5/108 (4.6)	4/419 (1.0)	0.021
Presenting symptoms or signs	32		
Headache	61/112(54.5)	231/409 (56.5)	0.75
Hypertension	81/118 (68.6)	265/415 (63.9)	0.38
Cervical bruit	16/103 (15.5)	103/387 (26.6)	0.020
Am aurosi s fugax	1/102 (1.0)	25/405 (6.2)	0.041
Homer's syndrome	1/103 (1.0)	25/385 (6.5)	0.025
Multiple vascular bed involvement	71/120 (59.2)	190/408 (46.6)	0.017
Mesenteric involvement	31/74 (41.9)	28/194 (14.4)	< 0.0001
Intracranial carotidinvolvement	25/69 (36.2)	18/193 (9.3)	< 0.0001

Conclusion: Roughly 1 in 5 FMD patients reported an aneurysm. Male FMD patients were more likely to develop an aneurysm than female FMD patients. FMD patients with aneurysms had earlier onset of hypertension, higher prevalence of subarachnoid hemorrhage, and were more likely to have FMD identified in multiple vascular beds, especially mesenteric and intracranial carotid artery involvement. Further research is needed to determine the cause of arterial aneurysms in FMD and more effectively recognize FMD patients at risk for aneurysm formation.