

THE WALL STREET JOURNAL.

A Time Bomb Near My Heart

Discovering you have an aortic aneurysm could save your life. But first you have to figure out what to do with the information.

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In September I learned I have an aneurysm in my aortic artery just above the heart. At 43, I was thin and fit, and ate well. Not a drink since age 22, or a smoke since 28. Only two weeks before getting this diagnosis I set a personal record in the Olympic-distance triathlon (two hours, 28 minutes), finishing ahead of most competitors half my age.

What surprised me most, however, was the diagnosis itself. I hadn't realized a living person could actually have an aneurysm. I thought they struck out of the blue, quicker than you could say goodbye, and with lethal force. Everybody I'd ever heard about having an aneurysm was dead.

The popular perception that aneurysms are as unpredictable as lightning persists largely because doctors offer no warnings to known high-risk groups. People whose first-degree relatives died of aneurysms are at higher risk but generally aren't being screened. Still, a significant percentage of aneurysms strike people outside any known risk group. I've yet to lose any first-degree relatives (parents or siblings); my grandfathers died of cancer, and my grandmothers lived past 90. My blood pressure is fine, I haven't smoked in 15 years and I don't have Marfan's. My diet is low in animal fats and high in fruits and vegetables, and I exercise an hour a day or more.

Smugness and Fear

In fact, it was with an attitude of smugness that I entered the **Princeton Longevity Center** one morning last September. I went as a journalist, intrigued by this new clinic's proposition that not everyone born the same year is the same age. After a daylong battery of exams and deep analysis of your family history, diet and lifestyle, the center promises to tell you your "biological age," versus your chronological age.

One of the procedures is an EBT scan, meant to examine the coronary arteries. A buildup of calcium or plaque in these arteries, which feed blood into the heart, is

a warning sign of heart disease. I climbed into the electron-beam tomography machine -- an advanced CT scanner -- thinking I'd ace this test, and I did. "Ninety-nine percent of subjects of your age and gender have a higher calcium score, and 0% have a lower score," said the computerized summary.



But there was a problem elsewhere. The scan happened to catch a good glimpse of my aortic artery, which ascends from the heart, then curves downward through the stomach to the legs, supplying blood throughout the body. At a point just above the heart, this artery was enlarged. "It's generous," said Harvey Hecht, the center's cardiologist. It sounded like a good thing. But it wasn't. In most locations in most people, Dr. Hecht explained, the aorta measures 2.6 centimeters in diameter. The scan showed mine, at this point just above the heart, to be 4.6 centimeters. When I asked what this meant, Dr. Hecht mentioned the A-word. Aneurysm. Dr. Hecht told me that if mine grew to five or 5.5 centimeters, surgery would be recommended to remove it. Then he gave me the most serious look I've ever received from a physician. "You do not want to have that surgery," he said.

At the end of the day, I had a consultation with Dr. David Fein, chief executive of the Princeton Longevity Center. He's a brilliant doctor with a reassuring manner. But when he told me that afternoon that this diagnosis didn't call for panic, and that overall I'd proved to be four years

younger than my actual age, I hardly heard him.

False Hopes

Before talking to some cardiac surgeons devoted almost exclusively to thoracic aneurysms, I heard various doctors express the idea that the discovery of an aneurysm as small as mine could turn out to be disadvantageous. Some doctors doubt that all aneurysms grow, and suggest that I might spend years taking tests and feeling nervous about a condition that would never really threaten me. But from the tiny scattering of physicians who have made aneurysm research and treatment their mission, I did not hear this kind of talk. Their data, much of it too new to have spread beyond their circle, suggest that aortic aneurysms virtually always grow, and that the bigger they get the greater the risk of rupture or dissection. The unanimous view of these experts is that the discovery of any aneurysm is fortunate.

What Now?

But the experts don't have the information you really want -- how to keep this bubble from growing and bursting. The bottom line is that no doctor knows how to keep aneurysms from growing. The best information on growth rate and risk of rupture show that aortic aneurysms of the chest grow about one-tenth of a centimeter a year. The risk of rupture or dissection exceeds the risk of surgery when an aneurysm in the ascending aorta reaches 5.5 centimeters. If my 4.1-centimeter aneurysm grew at a rate of one-tenth a centimeter a year, it wouldn't reach the surgical standard for more than a decade. Or maybe it will never reach that standard. In rare cases, rupture and dissection occur in aneurysms of my current size. To me, the danger of rupture or dissection is scariest of all. I'm not required to wait until my aneurysm reaches the surgical standard of 5.5 centimeters to get on the operating table, and I don't intend to. I'm doing it at 5.



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