American College of Radiology ACR Appropriateness Criteria®

Suspected Acute Aortic Syndrome

Variant 1: Acute chest pain; suspected acute aortic syndrome.

	Appropri	iateness	G0-						1 2 0 0	F	inal	Tabu	latio	ns		
Procedure	Categ	gory	SOE	Adults RRI	Peds RRL	Rating	Median	1	2	3	4	5	6		2	9
CTA chest with IV contrast	Usually appropriate		Strong	��� 1-10 mSv	���� 3- 10 mSv [ped]	9	9	0	0	0	0	0	1	1	2	14
			References		Stud	y Quality										
			27 (28360261)													
			17 (25415694)			2										
			21 (12008187)			3										
			24 (7824707)			2										
			26 (8668776)			2										
			22 (12819341)			2										
			23 (1934367)			3										
			25 (8416265)			1										
			32 (18790585)			4										
			33 (19703877)													
			30 (15115998)			3										
CTA chest abdomen pelvis with IV contrast	Usua approp	ally oriate	Limited	����� 30 100 mSv	- \$\phi \phi \phi \phi \phi \phi \phi \phi	8	8	0	0	0	0	1	1	7	3	6
		References			Stud							_			_	
			21 (12008187)			3										
			34 (12598026)			4										

			35 (16831999)			M										
CT chest with IV contrast	Usua approp		Expert Consensus	發發 發 1-10 mSv	0	7	7	0	0	2	0	4	3	5	3	1
CT chest without and with IV contrast	Usua approp		Limited	≎≎≎ 1-10 mSv	0	7	7	0	0	1	0	5	1	3	3	5
			References		Stud											
			17 (25415694)			2	_									
MRA chest without and with IV contrast	Usua approp		Strong	O 0 mSv	O 0 mSv [ped]	7	7	1	0	0	1	1	3	9	2	1
			References		Stud											
			24 (7824707)													
			26 (8668776)													
		39 (8416269)														
		40 (1735142)				3										
			25 (8416265)		1											
			38 (9395943)		3											
			35 (16831999)													
MRA chest abdomen pelvis without and with IV contrast	Usua approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	0	0	1	14	2	0
US echocardiography transesophageal	Usua approp		Limited	O 0 mSv	O 0 mSv [ped]	7	7	0	0	0	0	0	0	12	4	1
			References		Study Quality											
			47 (24030294)													
			40 (1735142)													
			43 (1934402)		3											
			45 (1555267)	3												
		46 (10593804)			4											
			44 (8772749)		3					1				1		1
Radiography chest	Usua approp		Limited	⊕ <0.1 mS		7	7	0	0	1	0	2	1	6	2	6

		References	Study												
		41 (5848976)													
		10 (10589336)													
		42 (24055476)		3				1	1						
CTA coronary arteries with IV contrast	May be appropriate	Expert Consensus	ଫଫଫ 1-10 mSv	���� 3- 10 mSv [ped]	6	6	0	0	0	0	8	4	2	2	1
MRA chest without IV contrast	May be appropriate	Limited	O 0 mSv	O 0 mSv [ped]	6	6	0	0	0	2	6	9	0	0	0
		References		Study											
		37 (11930077)													
		36 (20013276)													
Aortography chest	May be appropriate	Limited	��� 1-10 mSv		5	5	1	0	4	3	7	2	0	1	0
		References		Study		•									
		3 (12900496)		_											
		14 (1621436)													
		13 (8074043)													
		1 (26205591)		3											
MRA chest abdomen pelvis without IV contrast	May be appropriate	Expert Consensus	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	4	9	4	0	0	0
US echocardiography transthoracic resting	May be appropriate	Strong	O 0 mSv	O 0 mSv [ped]	5	5	0	0	0	1	10	3	3	0	0
		References		Study Quality			-								
		39 (8416269)		4											
		40 (1735142)		3											
		25 (8416265)			1										
		48 (2563839)			3										
		49 (20037148)		2											

3

44 (8772749)

CT chest without IV contrast	May approp		Strong	��� 1-10 mSv	0	4	4	1	1	7	3	3	2	1	0	0
		References			Study											
			15 (23521452)													
			16 (24939821)													
MRI chest abdomen pelvis without IV contrast	May approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	4	4	0	5	3	7	2	0	0	0	0
MRI chest abdomen pelvis without and with IV contrast	Usually approp		Expert Consensus	O 0 mSv	O 0 mSv [ped]	3	3	0	4	5	2	4	1	1	0	0

Appendix Key

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

Appropriateness Category: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

SOE: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- Study Quality: The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.