

Stellingen

behorende bij het proefschrift

Thoracic Aortic Disease: Imaging and Clinical Aspects

1. Echocardiographic follow-up measurements of the aorta should be performed with the leading edge to leading edge method, because this is most comparable with CT or MRI, and during systole, since the aorta is better visualized and the largest diameter is measured. (this thesis)
2. The inter-observer variability between two sonographers, who separately acquired the aortic images and measured the aortic diameter, is limited. (this thesis)
3. During screening of the thoracic aorta in people at risk for dilatation, computed tomography or magnetic resonance imaging should be performed at least once for optimal imaging of the entire aorta and to check the reliability of echocardiography in a patient. (this thesis)
4. The current cut-off value of 40 mm for aortic dilatation does not apply to the elderly people. (this thesis)
5. In the elderly population, the descending thoracic aortic diameter is an additional marker for increased cardiovascular risk, in particular among women. (this thesis)
6. Relative aortic size is more important than absolute aortic size in predicting complications. (Davies 2006 Ann Thorac Surg)
7. In addition to the chronological age, the degree of frailty and functional status should be taken into account in therapeutic strategies for cardiovascular disease.
8. Moderate-intensity aerobic activity — such as jogging, cycling, walking, etc. — is rarely associated with significant elevations in blood pressure and should be encouraged in patients with thoracic aortic aneurysm. (Cikach 2018 Cleveland Clinic Journal of Medicine)
9. Artificial intelligence will change radiology, but it won't replace radiologists. (Thomas H. Davenport and Keith J. Dreyer)
10. A team is not a group of people who work together. A team is a group of people who trust each other. (Simon Sinek)
11. Perseverance is not a long race; it is many short races one after the other. (Walter Elliot)