

Underwriter's Corner

LEFT ATRIAL ENLARGEMENT

Left Atrial Enlargement (LAE) can be difficult to underwrite, especially when there is a current history of hypertension, obesity, sleep apnea, or valve issues. Is LAE on an echocardiogram standard or ratable? What guidelines should we use to determine if a rating is needed? Are additional debits needed for LAE?

The left atrium is a chamber of the heart that receives the oxygenated blood from the lungs. It then pumps the blood through the mitral valve and into the left ventricle. LAE is a form of cardiomegaly. To fully understand LAE, first we need to know what some of the causes are. LAE is most often seen with obesity, atrial fibrillation, and Hypertension. It can also be seen with congestive heart failure, obstructive sleep apnea, or mitral valve disease (regurgitation or stenosis). Sometimes LAE can be isolated with no underlying medical cause. Why is LAE concerning? LAE with Hypertension is associated with an increased risk of heart attack and stroke. This is also true when atrial fibrillation and LAE coexist together. If LAE and atrial fibrillation are left untreated, blood clots can form which can then cause a stroke. For this reason, most patients with atrial fibrillation and LAE are treated with blood thinners to reduce the risk of stroke.

When reviewing echocardiogram values with LAE, there are gender specific normal ranges. According to one of our staff cardiologists, these established guidelines are recommended to determine the severity:

- **Normal:** < 4.1 cm in men or < 3.9 in women:
- **Mild:** 4.1-4.6 cm in men or 3.9-4.2 cm in women
- **Moderate:** 4.7-5.1 in men or 4.3-4.6 in women
- **Severe:** 5.2 cm or greater in men or 4.7 cm or greater in women

Usually no additional debits are required for mild LAE when there are other existing factors such as obesity and hypertension or when no cause is found. However, moderate to severe LAE should be regarded more cautiously.

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LEFT ATRIAL ENLARGEMENT CASE STUDIES

CASE STUDY #1 MALE AGE 55 FOR 500,000

History of chronic Atrial Fibrillation on Coumadin since 2010. Stress test was negative for ischemia in 2010. Echo 2013 showed stable mild Aortic Stenosis and mild LAE 4.4. Manual would suggest low substd for chronic Atrial Fibrillation with controlled rhythm since 2010, now 5 years out. The manual suggests low substd for mild Aortic Stenosis. Should we rate for BOTH Aortic Stenosis and Atrial Fibrillation? Should we rate for LAE as well?

Atrial fibrillation is often seen in patients with Aortic Stenosis. Rating for BOTH Aortic Stenosis and Atrial Fibrillation is actually rating excessively since Atrial Fibrillation is more than likely the result of the Aortic Stenosis. With the appropriate medical referral, we could rate this file overall at one rating for everything. No additional debits are needed for the LAE since it is the consequence of the chronic Atrial Fibrillation.

CASE STUDY #2 MALE AGE 60 FOR 1,000,000

History of HTN diagnosed 10 years ago with poor control in the past but good control in the last two years with BP average 140/80. Routine echo in 12/2013 showed moderate LAE of 5.0 cm and mild LVH with the Ejection Fraction normal. Plan to repeat echo in 2 years. Otherwise has normal lipids, build, and family history. Should we rate for the LAE and LVH? What do you think the cause of the Echo findings are?

These Echo findings are likely related to his past history of poorly controlled HTN which has caused his left atrium to enlarge. It is more than likely irreversible. A small rating is probably the best course of action here with the combination of LVH and moderate LAE with a past history of poorly controlled HT.

CASE STUDY #3 FEMALE AGE 45 FOR 3,000,000

Build of 6.0 340 with normal BP, lipids. An echo done for some SOB showed mild to moderate LAE of 4.25 cm with no valve issues. The SOB was felt related to deconditioning. Should there be extra debits applied for her LAE? Should we allow all the credits for the build?

The LAE is likely related to her obesity. On this case, allowing all the credits available in our manual for the build may not be wise. However, no additional debits for LAE are truly necessary either.