

Image-based Modeling of Cardiac Tachyarrhythmias

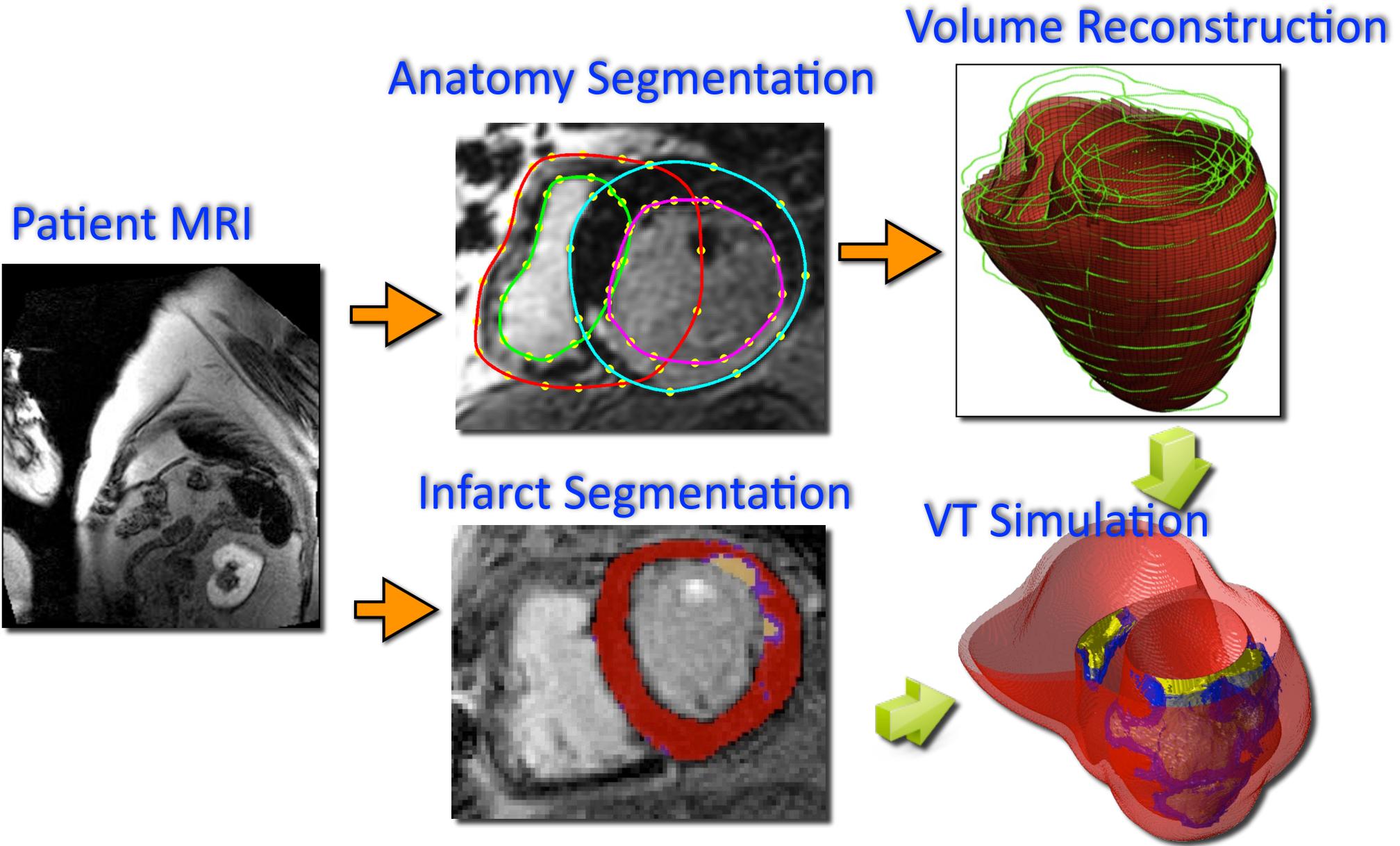
Natalia Trayanova,
Murray B. Sachs Professor, Department of Biomedical Engineering
and Institute for Computational Medicine



VEPL Project



Modeling of VT in Hearts with Infarction



Retrospective Feasibility Study

Feasibility of image-based simulation to estimate ablation target in human ventricular arrhythmia

Hiroshi Ashikaga, MD, PhD,^{*†} Hermenegild Arevalo, MS,^{††} Fijoy Vadakkumpadan, PhD,^{††} Robert C. Blake III, MCS,^{††} Jason D. Bayer, PhD,^{††} Saman Nazarian, MD, PhD, FHRS,^{*} M. Muz Zviman, PhD,^{*} Harikrishna Tandri, MD,^{*} Ronald D. Berger, MD, PhD, FHRS,^{*†} Hugh Calkins, MD, FHRS,^{*} Daniel A. Herzka, PhD,[‡] Natalia A. Trayanova, PhD, FHRS,^{††} Henry R. Halperin, MD, MA, FHRS^{*†§}

From the ^{}Division of Cardiology, and [†]Department of Biomedical Engineering, Johns Hopkins University School of Medicine, Baltimore, Maryland [‡]Institute for Computational Medicine, Johns Hopkins University School of Medicine, and [§]The Russell H. Morgan Department of Radiology and Radiological Sciences, Johns Hopkins University School of Medicine, Baltimore, Maryland.*

BACKGROUND Previous studies suggest that magnetic resonance imaging with late gadolinium enhancement (LGE) may identify slowly conducting tissues in scar-related ventricular tachycardia (VT).

OBJECTIVE To test the feasibility of image-based simulation based on LGE to estimate ablation targets in VT.

METHODS We conducted a retrospective study in 13 patients who had preablation magnetic resonance imaging for scar-related VT ablation. We used image-based simulation to induce VT and estimate target regions according to the simulated VT circuit. The estimated target regions were coregistered with the LGE scar map and the ablation sites from the electroanatomical map in the standard ablation approach.

RESULTS In image-based simulation, VT was inducible in 12 (92.3%) patients. All VTs showed macroreentrant propagation patterns, and the narrowest width of estimated target region that an ablation line should span to prevent VT recurrence was 5.0 ± 3.4 mm. Of 11 patients who underwent ablation, the results of image-based simulation and the standard approach were consistent in 9 (82%) patients, where ablation within the estimated target region was associated with acute success (n = 8) and ablation outside the

estimated target region was associated with failure (n = 1). In 1 (9%) case, the results of image-based simulation and the standard approach were inconsistent, where ablation outside the estimated target region was associated with acute success.

CONCLUSIONS The image-based simulation can be used to estimate potential ablation targets of scar-related VT. The image-based simulation may be a powerful noninvasive tool for preprocedural planning of ablation procedures to potentially reduce the procedure time and complication rates.

KEYWORDS Image-based simulation; Ventricular arrhythmia; Catheter ablation; Cardiac MRI; Computer simulation

ABBREVIATIONS 3-D = 3-dimensional; ECG = electrocardiogram/electrocardiographic; EPS = electrophysiology study; HZ = heterogeneous zone; ICD = implantable cardioverter-defibrillator; LGE = late gadolinium enhancement; LV = left ventricular; MI = myocardial infarction; MRI = magnetic resonance imaging; SI = signal intensity; VT = ventricular tachycardia

(Heart Rhythm 2013;10:1109–1116) © 2013 Heart Rhythm Society. All rights reserved.

Progress: 1st Patient Enrolled

