# The Role of Multidetector CT In The Assessment of The Left Ventricular Function

Essay

Submitted for Partial fulfillment of the Master Degree in Radiodiagnosis

Presented by

#### **Mary Rabea Mahrous**

M.B.B.Ch.

Resident of Radiodiagnosis at National heart institute

**Supervisors** 

#### **Prof.Dr. Laila Hosny Mahmoud**

**Professor of Radiodiagnosis** 

Faculty of Medicine

Ain Shams University

#### **Dr. Amir Louis Luka**

Lecturer of Radiodiagnosis

Faculty of Medicine

Ain Shams University

2011

# دور الأشعة المقطعية متعددة المقاطع في تقييم وظائف البطين الأيسر للقلب

بحث

مقدم توطئة للحصول على درجة الماجستير في الأشعة التشخيصية

مقدم من

ماري ربيع محروس

بكالوريوس الطب والجراحة

طبيب مقيم الاشعة التشخيصية بمعهد القلب القومي

المشرفون

# الأستاذ الدكتور / ليلي حسني محمود

أستاذ الأشعة التشخيصية

كلبة الطب

جامعة عين شمس

#### الدكتور/ امير لويس لوقا

مدرس الأشعة التشخيصية

كلية الطب – جامعة عين شمس

كلية الطب

جامعة عين شمس

2011



First and. foremost, I feel always indebted to **Allah**, the most kind and the most merciful.

I would also like to express my great thanks and gratitude to **Prof. Dr. Laila Hosny Mahmoud** Professor of Radiodiagnosis, Faculty of Medicine, Ain Shams University, for giving me the honour of being her candidate, working under her supervision, guided by her scientific experience, precious advices and valuable remarks.

I would like to express my deepest thanks and gratitude to **Dr. Amir**Lewis louka, Lecturer of Radiodiagnosis, Faculty of Medicine, Ain Shams

University, for his generous help and continuous encouragement for achieving this work.

I would also like to express my love, respect, appreciation and thanks to my family for their kind care and love which without them I could not properly finish this work.

Mary Rabea Mahrous

#### **Contents**

List of Abbreviations	i
List of Tables	iii
List of Figures	iv
Introduction	1
Aim of the work	3
Anatomical Consideration of The Heart	4
Physiological Background	34
Pathologic Concepts	47
Technique of MDCT of The Heart	56
Assessment of Left Ventricular Function	90
Summary and Conclusion	117
References	119
Arabic summary	

#### **List of Abbreviations**

Abbreviation	Stands for
AHA	American heart association
AM	Acute marginal branch
ASC Ao	Ascending aorta
AV	Atrio-ventricular
bpm	Beats per minute
BSA	Body surface area
CAD	Coronary artery disease
СВ	Conus branch
CCT	Cardiac computed tomography
CMPs	Cardiomyopathies
CMRI	Cardiac magnetic resonance imaging
CO	Cardiac output
CS	Coronary sinus
CT	Computerized tomography
CTA	Computerized tomography angiography
ECG	Electrocardiogram
EDV	End diastolic volume
EF	Ejection Fraction
ESV	End-systolic volume
HCM	Hypertrophic Cardiomyopathy.
HM	Hibernating myocardium
HR	Heart rate
HU	Hounsfield unit
IMB	Intermediate branch
IVC	Inferior vena cava
LA	Left atrium
LAA	Left atrial appendage
LAD	Left anterior descending
LCx	Left circumflex
LV	Left ventricle
LVEF	Left ventricular ejection fraction

#### **List of Abbreviations (Cont.)**

LVMM	Left ventricular myocardial mass
LVV	Left ventricular volume
MDCT	Multidetector Computerized tomography
MI	Myocardial infarction.
MIP	Maximum-intensity projection
MRI	Magnetic resonant imaging
MV	Mitral valve
PA	Pulmonary artery
PDA	posterior descending artery
PV	Pulmonary vein
RA	Right atrium
RAA	Right atrial appendage
RCA	Right coronary artery
RV	Right ventricle
SN	Sinus node
SPECT	Single photon emission computed tomography
SV	Stroke volume
SVC	Superior vena cava
TTE	Trans thoracic echocardiography

#### **List of Tables**

Table	Title	Page
1	Coronary Artery Segments.	28
2	Comparison of prospective ECG-gating and retrospective ECG-gating for diagnosis of coronary artery disease (with 64- or more detector row scanners).	64
3	Cardiac CTA acquisition parameters recommended by constructers for currently available scanners.	80
4	Clinically relevant cardiac function parameters.	102
5	Reference values of global left ventricular function for all ages.	103

#### **List of Figures**

Fig.	Title	Page
1	3D volume rendering, The cardiac silhouette	4
2	Volume-rendered image: superior anterior view of left and right coronary arteries	5
3	Anatomy of the superior vena cava	6
4	LAO sagittal reconstruction shows RA and RAA.	8
5	Axial (left) and coronal (right) reconstructions showing the crista terminalis.	8
6	<ul><li>(a) Electronic cast traces the inflow and outflow tracts through the right ventricle.</li><li>(b) Short-axis view showing crescent shaped right ventricle curving around the left ventricle</li></ul>	9
7	Axial (left) and sagittal oblique (right) reconstructions showing the right ventricle and the moderator band.	10
8	(a) Short-axis view and (b)anatomic specimen showing the moderator band	10
9	Electronic cast from anterior (a) and cranial (b) showing the relationship between the pulmonary trunk and its branches to the aorta	11
10	3 D electronic cast of pulmonary tunk and its branches.	12
11	Axial reconstructions showing the pulmonary veins.	13
12	3D view showing left atrium, left auricle, left superior pulmonary veins, left inferior PV, right superior PV, right inferior PV	14
13	3D electronic cast showing the superior- posterior position of left atrium	15

Fig.	Title	Page
14	Two-chamber-view slice, and (b) anatomic specimen. of left ventricle; left atrium and left atrial appendage.	15
15	(a) Oblique slice showing a two-chamber view in systole. (b) The corresponding anatomic specimen.	16
16	Axial and 3D-reconstructions illustrating the shape and location of the left atrial appendage	16
17	Short-axis cross-sectional slices and a specimen showing a roughly circular left ventricle with irregular endocardial surface.	17
18	Long-axis slices showing the differences in wall thickness between anterior and inferior walls and the thin apex.	18
19	Right anterior oblique (RAO) reconstruction through the posterior aspect of the left ventricle (LV).	18
20	17 segments of the left ventricle with bull's Eye view.	20
21	The aortic root apparatus components.	21
22	(a) Oblique slice and (b) the corresponding anatomic specimen of aortic root.	21
23	3D volume rendering of the thoracic vessels from an ECG-gated spiral CT.	22
24	Electronic casts of the aortic arch branches and left heart cavities.	23
25	overview of coronary arteries.	24
26	Simple method of teaching three-dimensional coronary artery anatomy	24
27	Division of the coronary arteries	26

Fig.	Title	Page
28	Coronary artery model using 17 segments based on the AHA segmentation	27
29	Orientation of the vertical long axis and the short axis of the heart in relation to the standard anatomic planes of the body.	29
30	3D volume rendering. The heart is cut to show the two-chamber view.	30
31	Vertical long-axis MPR image.	30
32	3D volume rendering. The heart is cut to show the four-chamber view.	31
33	Horizontal long-axis MPR.	31
34	Three-chamber MPR image shows the LV papillary muscles and chordae tendineae.	32
35	3D volume rendering. The heart is cut to shows short axis view.	33
36	Short-axis MPR image shows the mid-RV and mid-LV.	33
37	Cardiac muscle structure.	34
38	Action potential curve of contractile cardiac myocyte.	35
39	Movements of ions through membrane of myocardial cells.	36
40	Graph of length-tension relationship.	37
41	Diagram illustrating the electrical and mechanical events during the cardiac cycle.	39
42	Quiescent Period.	40
43	Diagram of Atrial Systole events.	41

Fig.	Title	Page
44	Diagram of Atrial Diastole events.	42
45	Diagram of Ventricular systole events.	43
46	Diagram of Ventricular diastole events.	44
47	Drawings of the normal heart and the heart in the various phenotypes of HCM.	52
48	Early brain image from a CT head scanner.	56
49	Basic components of a modern third generation CT scanner.	58
50	Anatomy of Multidetector CT scanner.	58
51	Theoretical segments of the R-R interval.	59
52	Prospective gating.	60
53	The prospective ECG-triggered scan mode.	61
54	The retrospective ECG-gated scan mode.	63
55	Effect of temporal resolution on image	66
56	Image noise.	67
57	spatial resolution	69
58	Diagram demonstrates definition of Pitch.	71
59	Pitch in MSCT.	72
60	Graph demonstrates the necessity for scanning at low pitch value during helical cardiac CT data acquisition.	72
61	HR check.	76
62	Breath holding instructions.	77

Fig.	Title	Page
63	Connection of IV injector.	78
64	ROI is drawn in the descending aorta.	79
65	Differences between partial scan reconstruction versus multiple-segment reconstruction.	85
66	Effect of temporal resolution on reconstructed images from the same patient. (a) Partial scan reconstruction with temporal resolution of approximately 250 msec. (b) Multiple-segment reconstruction (two segments) yields a temporal resolution of approximately 105 msec.	85
67	Picture of the open gantry of a commercially available dual source CT (DSCT) system using two tubes and two corresponding detectors offset by 90°.	87
68	LV short axis images from the apex to base of the heart and various ECG related phases defined from end-diastole (End D) to end-systole (ES) and back to end-diastole (end D) during a 10- phase ECG gated reconstruction of cardiac function using Cardiac CT.	93
69	Time- LV volume curve LV volume curve obtained from retrospectively gated cardiac CT.	94
70	short-axis image reformations at the points of the maximum ventricular diameter and the minimum ventricular diameter.	94

Fig.	Title	Page
71	Right and left panels represent systolic and diastolic phases, respectively. The LV cavity volume at end-systole (LVESV) was traced manually, marked as the inner purple line. The total LV volume at end-diastole and systole (Total LVEDV and Total LVESV including the LV mass and cavity) were traced and marked as the outer green line	95
72	Endo- and epicardial contours of end diastolic (A, B) and end-systolic phases.	96
73	Semiautomatic segmentation of the left ventricle using novel CT software.	97
74	17-segmental AHA model.	105
75	Standardized Presentation of the Heart in Cardiac CT. American Heart Association 17 segment model of the left ventricle (LV); the orthogonal imaging planes are the horizontal long axis, the vertical long axis, and the short axis.	105
76	Four point scale for qualitative assessment of LV regional wall motion and graduation of LV function.	106
77	Examples of LV true aneurysm and infarction.	106

Fig.	Title	Page
78	Typical contrast-enhanced myocardial MDCT images showing axial slices (a) at baseline (pre-infarct) 5 min after contrast, (b) post infarct during first-pass contrast injection, and (c) post infarct 5 min after contrast injection. The infarcted region is represented by the sub-endocardial anterior hyperintense region (arrows).	109
79	Measurement of global functions (A) short axis view in end diastole, (B) short axis view in end systole, (C) Blood volume-versus-cardiac phase	110
80	Four-chamber view of case of cor pulmonale.	111
81	Blood volume-versus-cardiac phase plot (A) in cor pulmonale patient (B) in normal person.	111
82	Horizontal long-axis image during end-systole.	112
83	Three-dimensional caliber measurements of the myocardial walls in a vertical long axis image.	112
84	Axial CT image (A) shows asymmetric hypertrophy of the inter-ventricular septum.	113
85	Diastolic coronal view shows LV apical aneurysm in patient with HCM.	113
86	Calcified aneurysm of the apical and inferior segments of LV.	114
87	Old MI showing low attenuation value.	114
88	Short axis images of anteroseptal akinesia with extensive myocardial infarction in territory of left anterior descending artery.	115
89	Midventricular short-axis and 2-chamber views obtained during end-systole (C and D) and end-diastole (E and F).	116

#### **Introduction**

Accurate detection of left ventricular volumes and ejection fraction is fundamental for the diagnosis, prognosis and follow-up of many different forms of cardiovascular disease. (Vural et al., 2010).

Evaluation of the left ventricular structure and function is an integral step in determining prognosis and therapy for heart failure patients. (Mangalat et al., 2010).

Echocardiography is the most widely used imaging technique for this purpose. It is an easily available bedside method that is also Despite noninvasive. cheap, fast these advantages, and echocardiography has some handicaps such as a poor acoustic window and operator dependency. The image quality can be unfavorably affected in obese patients and patients with chronic obstructive lung disease, and quality echocardiographic views cannot be obtained in up to 10% of the patients. Although sonographic contrast agents can be administrated to obtain better image quality, they are not widely used. (Vural et al., 2010).

Radionuclide ventriculography and cine ventriculography have also been used for assessment of LV ejection fraction (EF) in selected patients, but are limited by poor spatial resolution and geometric assumptions. (Curtin et al., 2007).

Currently, magnetic resonance imaging (MRI) is the gold standard technique for assessing left ventricular volumes and ejection fraction. (Salm et al., 2006).

However, due to the duration and multiple prolonged breath-holds required to obtain adequate images, inability to perform the study in patients with devices and claustrophobia in some patients, MRI is not always feasible. (Mangalat et al., 2010).

With increased utilization of devices in heart failure such as implantable cardioverter defibrillators (ICDs) and pacemakers and