

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكترونى والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY



Strain analysis using feature tracking cardiac magnetic resonance (FT-CMR) in assessment of myocardial viability in chronic ischemic patients

Thesis
Submitted for Partial Fulfillment of MD Degree in Radiodiagnosis

Presented by

Sara Wahid Hussein Tantawy

Ass. Lecturer of Radiology Faculty of Medicine - Ain Shams University

Under Supervision of

Prof. Dr. Ahmed Samir Ibrahim

Professor of Radiology
Faculty of Medicine - Ain Shams University

Prof. Dr. Shaimaa Abdelsattar Mohammad

Professor of Radiology Faculty of Medicine - Ain Shams University

Assistant Prof. Dr. Ahmed Mohamed Osman

Assistant professor of Radiology Faculty of Medicine - Ain Shams University

Lecturer Dr. Wesam Emam El Mozy

Lecturer of Radiology
Faculty of Medicine - Cairo University

Faculty of Medicine Ain Shams University 2021



First and foremost, I thank Allah for giving me strength to complete this work.

I would like to express my deepest gratitude and appreciation to my supervisors: **Prof. Dr. Ahmed Samir Ibrahim**, and **Prof. Dr. Shaimaa Abdelsattar Mohammad**, Professors of Radiology, Faculty of Medicine, Ain Shams University; **Assistant Prof. Dr. Ahmed Mohamed Osman**, Assistant Professor of Radiology, Faculty of Medicine, Ain Shams University; and **Dr. Wesam Emam El Mozy**, Lecturer of Radiology, Faculty of Medicine, Cairo University, for their constructive criticism, generous assistance and continuous support. I had the privilege to work under their supervision.

Last but not least, words cannot express my gratitude to all members of my family, especially my parents and my husband, for pushing me forward in every step of this journey. I would also like to thank all members of Ain Shams Radiology department and all my colleagues at Aswan Heart Centre for their unforgettable kindness and collaboration.

Candidate

Sara W. Tantawy

List of Contents

Title	Page number
> Acknowledgements.	I
Contents.	II
List of figures	IV
List of tables.	IX
> Abbreviations & symbols	X
INTRODUCTION	1
AIM OF THE WORK	4
REVIEW OF LITERATURE	
> Chapter 1: Anatomy of the LV	5
Chapter 2: AHA recommendations in CMR LV imaging	12
Chapter 3: Histopathology of normal myocardium and ischemic scar	27
> Chapter 4: Recent guidelines defining chronic	32
ischemic patients and the use of non-invasive imaging in chronic ischemia	
Chapter 5: LV mechanics and basis of CMR strain analysis	40
PATIENTS AND METHODS	58
RESULTS	73
CASE EXAMPLES	79
DISCUSSION	91
STUDY LIMITATIONS AND RECOMMENDATIONS	98

CONCLUSION	99
SUMMARY	100
REFERENCES	103

List of Figures

FIGURE	COMMENT	PAGE
Figure 1	Position of the heart in the thorax and its relations with the thoracic structures. (The Editors of Encyclopaedia Britannica, 2020)	5
Figure 2	Right and left ventricles separated by the interventricular septum. Note the thick versus thin trabeculations of the right and left ventricles respectively. (Anderson, Razavi and Taylor, 2004)	6
Figure 3	Longitudinal sections of the right (A) and left (B) ventricles, with B showing the 3 parts of the left ventricle. (Ho, 2009)	8
Figure 4	The internal features of the left ventricle after removing its free wall (Whiteman <i>et al.</i> , 2021)	9
Figure 5	the long axis of the heart (yellow arrow) in relation to the long axis of the body (green arrow) (Anderson <i>et al.</i> , 2014)	11
Figure 6	AHA proposed imaging planes. (Cerqueira et al., 2002)	13
Figure 7	Defined LV planes and segments according to the AHA guidelines (Cerqueira et al., 2002)	15
Figure 8	Bull's eye representation of myocardial segments and the recommended nomenclature of each segment according to location. (Cerqueira et al., 2002)	16
Figure 9	Localizer CMR cardiac planes acquisition: First, Coronal (A), Sagittal (B) and axial (C) localizer images are taken through the thorax. Second, Using the axial images (C), the localizer vertical long axis (2 chamber) view (D) through the left atrium and ventricle is planned. Third, axial (E) and 2 chamber (F) localizers are used to take short axis localizer views, from base to apex (G). (Nacif et al., 2010)	19
Figure 10	The long axis cine images of the heart as planned on the short axis localizer images (A), for acquisition of the SSFP cine images of the 4 chamber (B), 3 chamber (C) and 2 chamber views (D and E). Ao: Aorta, DA: Descending aorta, LA: Left atrium, LV: Left ventricle, PA: Pulmonary artery, RV: Right ventricle. (Nacif et al., 2010)	20
Figure 11	Long axis LV planes as displaying along the bull's eye representation of the AHA segmental model. (Partridge and Anderson, 2009)	21
Figure 12	Application of AHA segmental model on CMR 4 chamber, 3 chamber and 2 chamber long axis views and basal, mid and apical short axis views. (Partridge and Anderson, 2009)	22
Figure 13	coronary arterial anatomy. (Ogobuiro et al., 2020)	24

Figure 14	Territorial coronary blood supply assigned to each segment by the AHA. (Cerqueira et al., 2002)	26
Figure 15	A diagram showing the three spaces of the normal myocardium: the intracellular (1), intravascular (2) and interstitial spaces (3).	27
Figure 16	(a) Electron microscopy of a section taken parallel to the epicardial surface showing the muscle bridges between sheets (arrow) (b) a higher resolution electron microscopic image showing capillaries and connective tissue (Sapti, 2019)	28
Figure 17	Diagram showing the arrangement of cardiac muscle bundles, each with its individual blood capillary and surrounding perimysium (Ho, 2009)	29
Figure 18	Patterns of fibrosis. Generally, myocardial fibrosis could be classified as either replacement or interstitial fibrosis. Replacement of dead cells by fibrosis occurs most commonly in myocardial infarction. (Anderson et al., 2014)	31
Figure 19	Basal short axis (a) and 4 chamber (b) late gadolinium images of a chronic ischemic patient showing subendocardial enhancement (orange arrows) of the septum and anterior walls (LAD territory).	37
Figure 20	Basal short axis (a) and 2 chamber (b) late gadolinium images of a chronic ischemic patient showing transmural enhancement (orange arrows) of the inferior wall (RCA territory).	38
Figure 21	Strain measures of LV deformation using the equation (L1 – L0)/L0, where L1 is the final (end systolic) length and L0 is the initial (end diastolic) length. (Muser et al., 2018)	41
Figure 22	Diagram showing myocardial fiber organization in different layers of the myocardium. The subendocardial and subepicardial fibers are oriented obliquely longitudinally with an angle of 60° and the middle myocardial fibers are circumferentially oriented. (Bovendeerd et al., 1992)	43
Figure 23	Diagram showing fibers from different layers in continuum, yet with different orientations, the subepicardial fibers oriented in left handed helical fashion and the subendocardial fibers oriented in a right handed helical fashion. (Nakatani, 2011)	44
Figure 24	Diffusion tensor MRI image showing absence of the circumferential (blue) fibers in the septum formed only of right handed helical fibers of the subendocardium (red) and left handed helical fibers of the subepicardium (green) (Buckberg et al., 2018)	45
Figure 25	Myocardial fiber orientation: the outer subepicardial fibers (black) wrapped around the LV in a left-handed helical direction, rotate the base in a clockwise direction and the apex in a counterclockwise direction and the inner subendocardial fibers (red) wrapped around the LV in a right-handed helix rotate in opposite directions. Because of the larger epicardial radius (r1) and the smaller endocardial	47

	radius (r2), the epicardial rotation dominates the overall LV	
	rotational direction. (Salem, Sharath and P., 2015)	
Figure 26	Left ventricle (LV) myocardial deformation directions. L= longitudinal shortening, C= circumferential shortening and R= radial thickening. (Scatteia, Baritussio and Bucciarelli-Ducci, 2017)	48
Figure 27	CMR tagging: Mid-ventricular short axis views imaged on a 1.5T machine (upper row) and a 3T machine (lower row) along the cardiac cycle. The tagging lines almost disappear at the end diastolic phases near the end of acquisition on the 1.5T machine, but persists till the end on the 3T one. (Nagao and Yamasaki, 2018)	52
Figure 28	The operator manually chooses the basal (blue box), midventricular (green box) and apical (red box) short axis cuts.	65
Figure 29	On each of the basal, mid and apical levels (from left to right), the endocardial contours (red) and epicardial contours (green) are manually traced at the end diastolic phase.	66
Figure 30	Segment feature tracking result window: the top left images display the anatomical and strain images of the LV level that the operator wishes to see, in this example: the basal level. These images can be also played as a video for visual tracking of the LV deformation. The strain image shows how the software automatically divides the short axis into 6 segments according to the AHA segmental model, assigning different colors to each segment. The white line splits the septum into half, this can be manually adjusted if necessary, for more accurate segmentation.	66
Figure 31	Segment feature tracking result window: The top right of the image shows a graphical representation of the global circumferential and radial strains (average of all segments tracked within the cross section). The software also gives the option to graphically show the strain curves of each segment. The bottom right of the image shows a bull's eye representation of the peak circumferential strain, showing the strain value of each segment with a color code reflecting the degree of strain.	67
Figure 32	Graphical plotting of the global circumferential and radial strain against time for a chronic ischemic patient. Peak global circumferential and radial strains are both reduced (-7 and 17 respectively)	68
Figure 33	Graphical plotting of the segmental circumferential and radial strain against time for a chronic ischemic patient. Each segment is given a color code by the software.	68
Figure 34	Bull's eye display of the segmental circumferential strain of a patient with non-viable scar of the basal and mid anteroseptal, inferoseptal and inferior segments, notice the markedly reduced values (displayed in variable degrees of green as they approach zero values)	69
Figure 35	Bull's eye display of the segmental radial strain of a patient with markedly reduced values of the basal anteroseptal,	69

	inferoseptal and mid inferoseptal segments equivalent to non-viable scar (displayed in variable degrees of green as they approach zero values).	
Figure 36	Exporting the results: By choosing the "export max" option, exported data can be pasted in an excel sheet with detailed tabulation of all strain values. In the example above, global circumferential and radial values are approximately -20 and 40 respectively, in a normal control case.	70
Figure 37	Excel dataset of peak segmental circumferential and radial strain values of the basal, mid and apical levels of a normal control patient.	71
Figure 38	Comparison of Global circumferential (left) and radial (right) strain between the cases and controls	74
Figure 39	Correlation between EF with the global circumferential strain (left) and radial strain (right) in cases	75
Figure 40	Comparison between viable and non-viable according to circumferential strain (left) and radial strain (right)	76
Figure 41	ROC curve for circumferential strain (-ve) (left) and radial strain (+ve) (right) to diagnose viable	77
Figure 42	Anatomical (left) and strain (right) images of the basal (A), mid (B) and apical (C) levels of the left ventricular myocardium, after endocardial (red) and epicardial (green) contouring.	79
Figure 43	Graphical plotting of the global circumferential and radial strain against time (top image). Peak global circumferential and radial strains are both within the normal values (-19 and 45 respectively). Bull's eye display of the segmental circumferential strain (bottom image) shows normal values, thus all segments are coded with variable degrees of blue.	80
Figure 44	Bull's eye display of the segmental radial strain shows normal values (coded in variable shades of red and orange), except for the basal septal segments, which could be explained by the tethering effect of the mitral annulus fibrous structures.	81
Figure 45	Basal (A), Mid (B) and apical (C) short axis and 4 chamber (D) late gadolinium images showing subendocardial enhancement (orange arrows) of the basal inferoseptal and inferior walls (Proximal PDA territory), mid anterior and septal walls and transmural enhancement (red arrows) of the septal and anterior apical walls (distal LAD territory)	82
Figure 46	Feature tracking strain analysis of the short axis images, revealed reduced peak global circumferential and radial strains (-10 and 18 respectively).	83
Figure 47	Bull's eye displays of the segmental circumferential and radial strain show much more reduced values in the apical segments with transmural enhancement compared to the mid and basal segments showing subendocardial enhancement.	83
Figure 48	Basal (A), Mid (B) and apical (C) short axis and 2 chamber (D) late gadolinium images showing transmural	84

	enhancement >50% (orange arrows) of the basal to apical inferior walls and parts of the inferoseptal walls (RCA territory).	
Figure 49	Feature tracking strain analysis of the short axis images, revealed reduced peak global circumferential and radial strains (-10 and 14 respectively).	85
Figure 50	Bull's eye displays of the segmental circumferential and radial strain show markedly reduced values of the inferior and inferoseptal segments, basal to mid levels. Adjacent inferolateral and anteroseptal segments also show relatively reduced values, yet greater than inferior and inferoseptal segments. This could be due to myocardial hibernation.	85
Figure 51	Basal (A), Mid (B) and apical (C) short axis and 2 chamber (D) late gadolinium images showing transmural enhancement of the anterior, anteroseptal and anterolateral basal to mid walls and all apical walls.	86
Figure 52	Feature tracking strain analysis of the short axis images revealed reduced peak global circumferential and radial strains (-10 and 17 respectively).	86
Figure 53	Bull's eye displays of the segmental circumferential and radial strain show markedly reduced values specifically of the apical segments and the anterior and anteroseptal mid walls.	87
Figure 54	Feature tracking strain analysis of the basal, mid and apical (from top to bottom) short axis images, with their relevant segmental strain curves. Notice how red and green circumferential and radial lines, specifically those corresponding to the anterior and anteroseptal mid walls, as well as the apical septal wall, are approaching the baseline near the zero values.	88
Figure 55	3 chamber view late gadolinium image showing a faint focal transmural enhancement of the mid inferolateral segment.	89
Figure 56	Global circumferential and radial strains show borderline peak values (-15 and 27). Bull's eye displays of the segmental circumferential strain show specifically reduced values of the mid inferolateral segment corresponding to the focal scar noted on the LGE image.	90

List of Tables

TABLE	COMMENT	PAGE
Table 1	Indication of CMR in CCS patients according to the ESC guidelines 2019 (Knuuti et al., 2019)	33
Table 2	Non-invasive imaging in CAD patients with heart failure according to ESC guidelines on myocardial revascularization 2018 (Neumann <i>et al.</i> , 2018)	34
Table 3	Different strain parameters and their units.	49
Table 4	The main idea, advantages and disadvantages of each CMR strain analysis technique. (Scatteia, Baritussio and Bucciarelli-Ducci, 2017)	50
Table 5	Patient population characteristics	73
Table 6	Comparison between viable and non-viable according to circumferential strain and radial strain	76
Table 7	Comparison between RWMA types according to circumferential strain and radial strain	78

List of Abbreviations

AHA American Heart Association

CABG Coronary artery bypass grafting

CAD Coronary artery disease

CCS Chronic coronary syndrome

CMR Cardiac magnetic resonance

DENSE Displacement Encoding with Stimulated Echoes

EF Ejection fraction

ECG Electrocardiogram

ESC European Society of Cardiology

FT-CMR Feature tracking – cardiac magnetic resonance

FT Feature tracking

GLS Global longitudinal strain

GCS Global circumferential strain

GRS Global radial strain

IHD Ischemic heart disease

MI Myocardial infarction

LAD Left anterior descending artery

LCx Left circumflex artery

LGE Late gadolinium enhancement

LV Left ventricle

LM Left main artery

LVEF Left ventricular ejection fraction

LVOT Left ventricular outflow tract

PCI Percutaneous coronary intervention

RCA Right coronary artery

RWMA Regional wall motion abnormality

SCS Segmental circumferential strain

SENC strain-encoded

SPECT single-photon emission computerized tomography

SRS Segmental radial strain

SSFP Steady-state in free-precession

STE Speckle tracking echocardiography

STEMI ST-segment elevation myocardial infarction