

Detecting abnormal septal motion by combining spatial and electrical information from endocardial mapping data in CRT candidates

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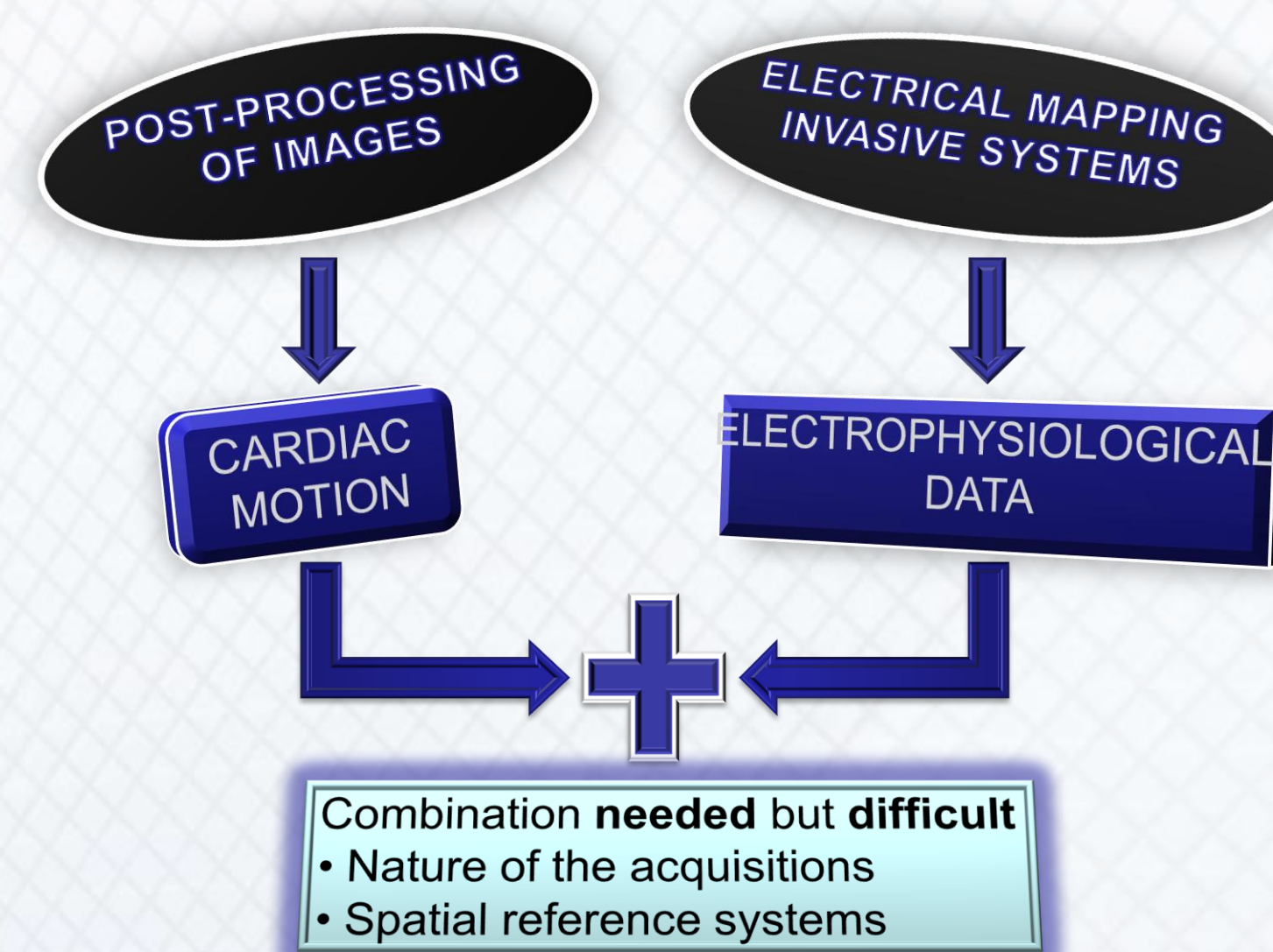
PURPOSE

Need of new patient selection indices for better success rates
• < 30% of non-responders

Abnormal, fast, septal motion (septal flash) might show mechanical inefficiency induced by LBBB

Difficult to combine information on local myocardial motion with electrical activation

GOAL: Estimate septal flash motion from endocardial contact mapping data



METHODS

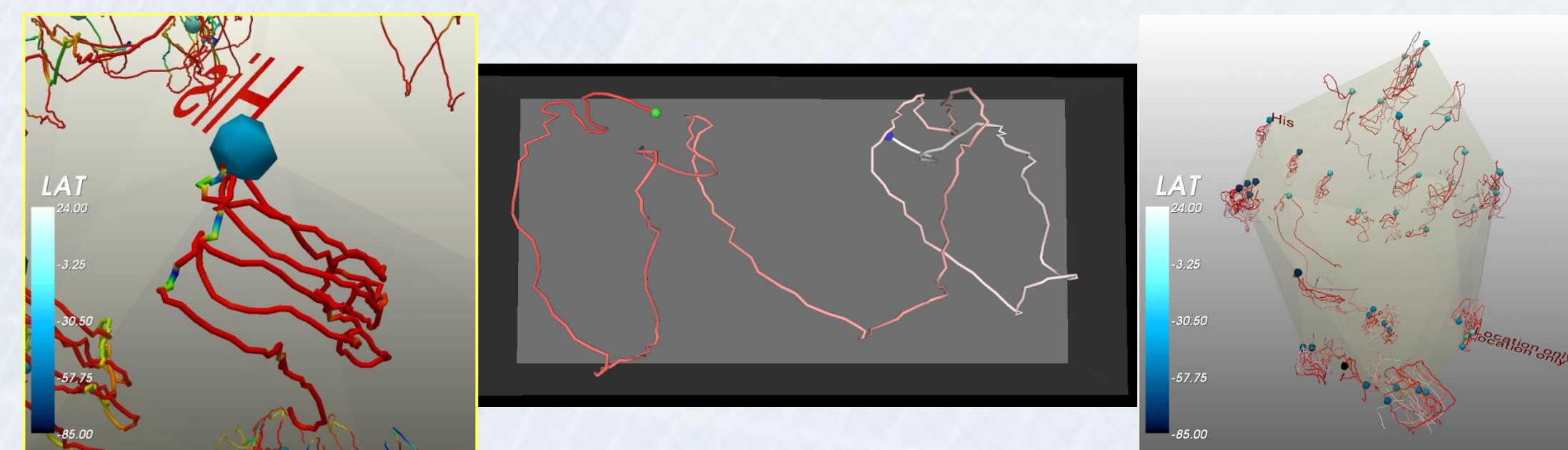
Patient population

- 10 patients showing heart failure
- Candidates for CRT according to standard criteria
- B: baseline; F: 6 months follow-up

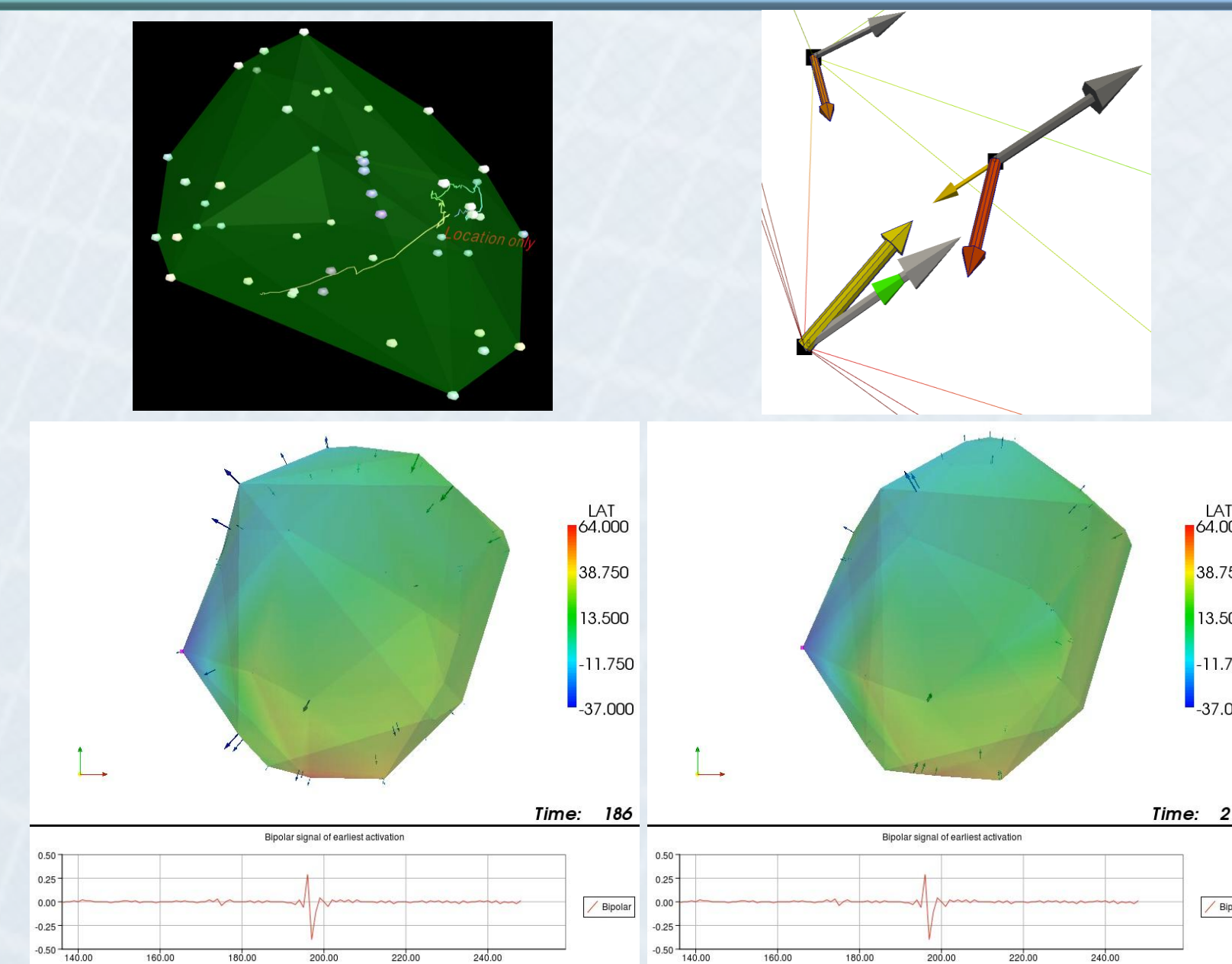
	Age	6MWT	B/F[m]	NYHA	B/F	EF (B)	ESV B/F	QRS[ms]	VVD[ms]	Clin resp	Vol resp
1	75	276	392	II/I	50.9	118/77	200	0	yes	yes	
2	71	224	380	III/II	22.8	164/67	160	0	yes	yes	
3	68	204	240	III/III	26.2	213/172	120	0	yes	yes	
4	80	176	256	III/II	25.0	205/75	200	0	yes	yes	
5	66	416	496	III/I	25.0	340/305	200	-30	yes	yes	
6	58	336	496	III/I	27.0	155/175	200	-30	yes	no	
7	55	416	416	II/I	24.8	193/198	120	-30	no	no	
8	68	245	312	III/II	9.0	260/202	140	-30	yes	yes	
9	65	308	364	III/II	26.0	138/75	120	-30	yes	yes	
10	55	-/-	-/-	III/transp	15.0	174/-	120	-30	no	no	

Mapping procedure

- CARTO system (Biosense, Webster)
- Recordings
 - Catheter position, orientation (100Hz)
 - Uni-/bipolar ECG, impedance (100Hz)
 - Local Activation Times (1kHz)



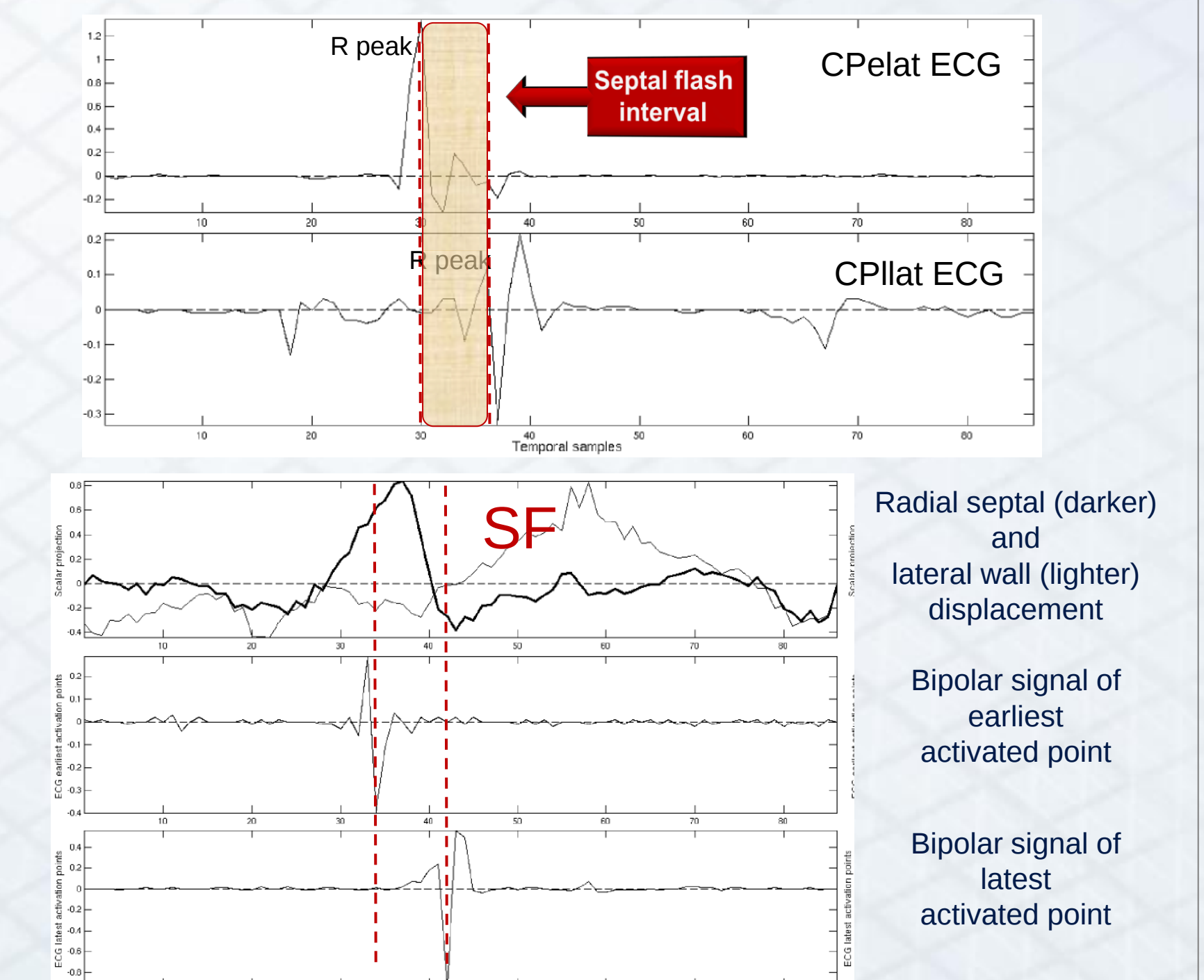
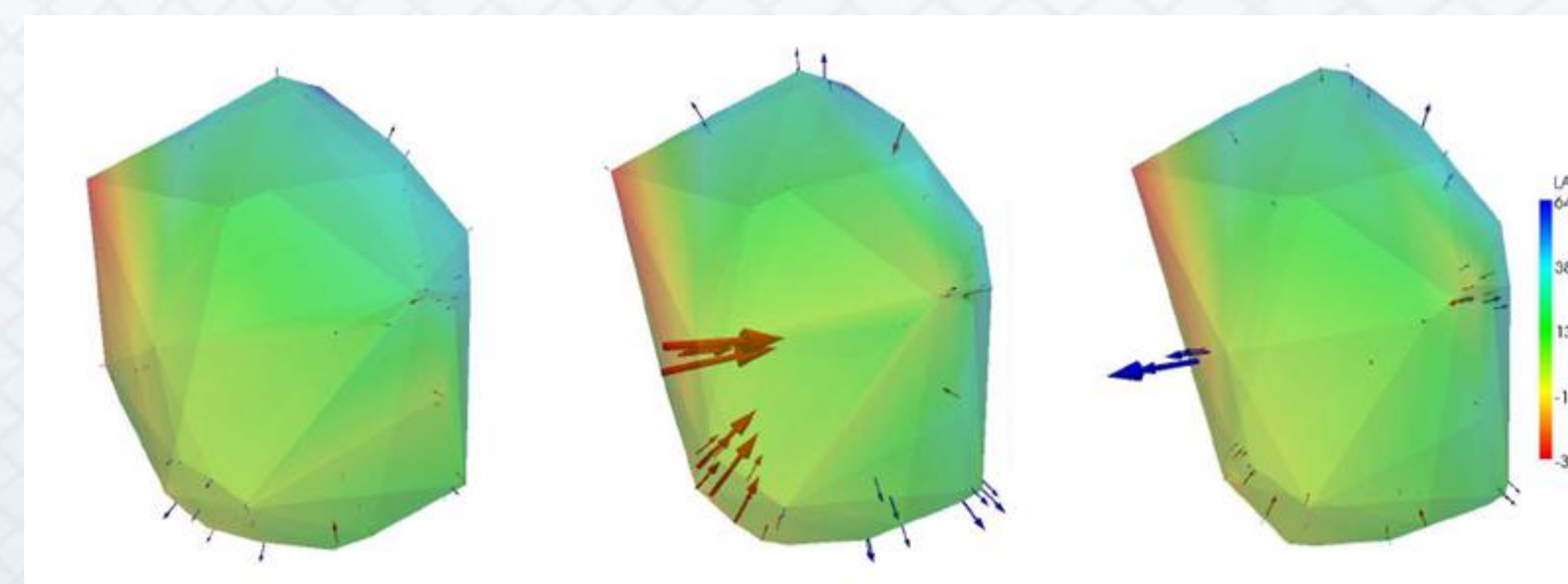
Cardiac motion analysis



METHODS

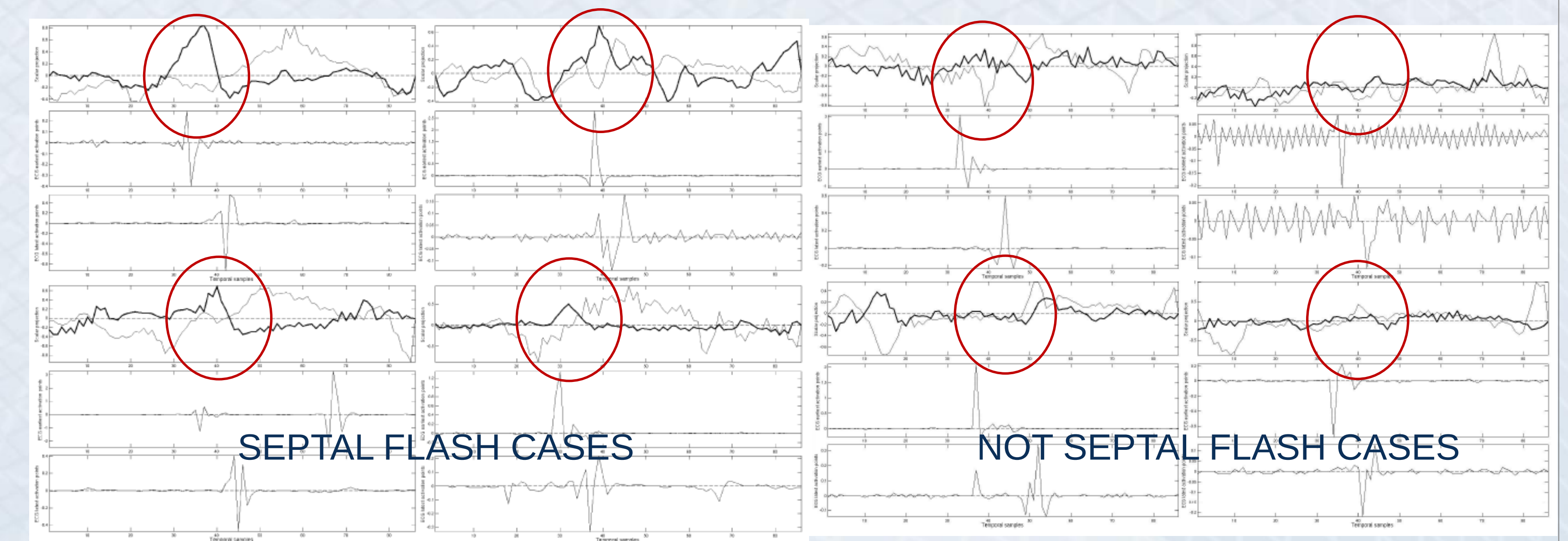
Identifying septal flash motion

- Select CARTO point with earliest LAT -> CPelat
- Select CARTO point with latest LAT -> CPilat
- Between R peaks of CPelat and CPilat -> Septal flash interval



RESULTS

- 4 SF cases
- 6 not SF cases
- Confirmed with pre-operative MRI and US



CONCLUSIONS

- First time CARTO data is used for cardiac motion analysis in CRT patients
- Recognition of fast events (e.g. septal flash) due to high acquisition rate

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