

# **Constrictive Pericarditis in the Modern Cardiology Era**

## **Quantitative Analysis of Constrictive Physiology Using Four-Dimensional Magnetic Resonance Imaging**

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Heart Failure and Pulmonary Hypertension (Myocardial/Pericardial Diseases, Heart Failure)

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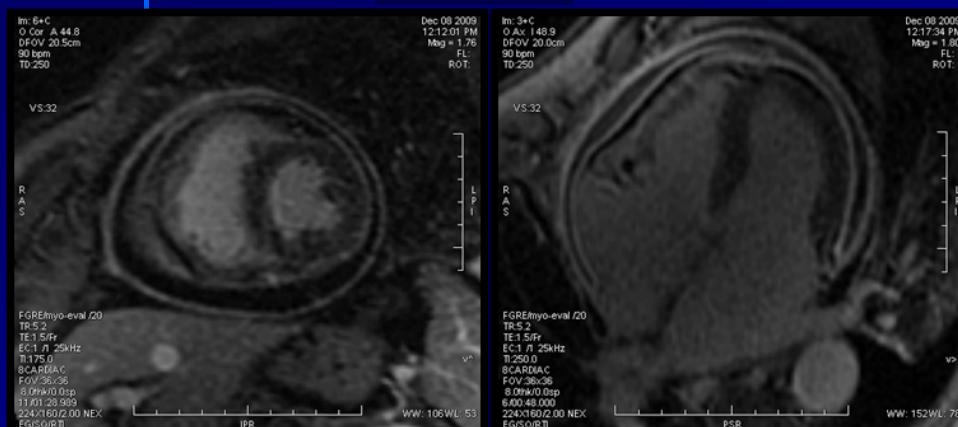


# Presenter Disclosure Information

- The authors have no conflicts of interest

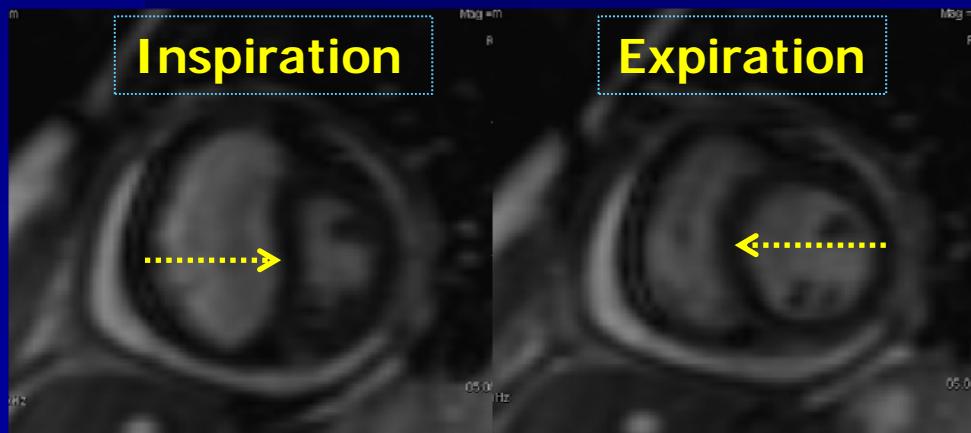
# Constrictive Pericarditis:

MRI



Doppler echo & Cardiac Catheterization

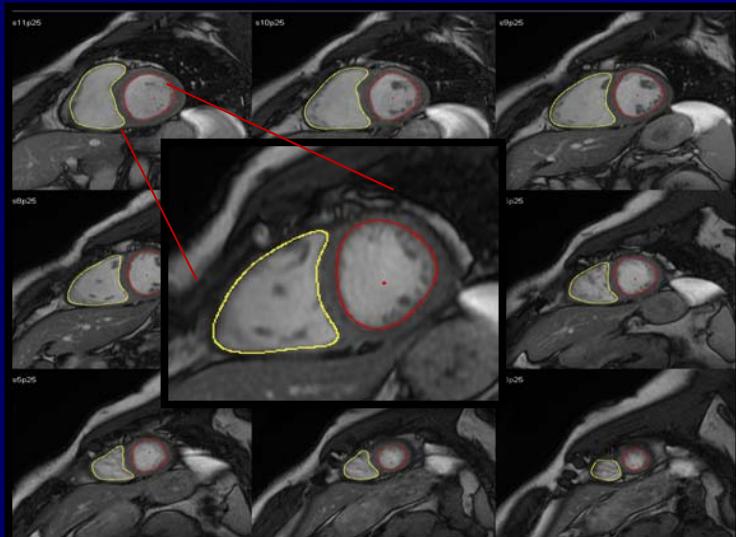
1. Ventricular interdependence
2. Dip and Plateau



CT: morphology

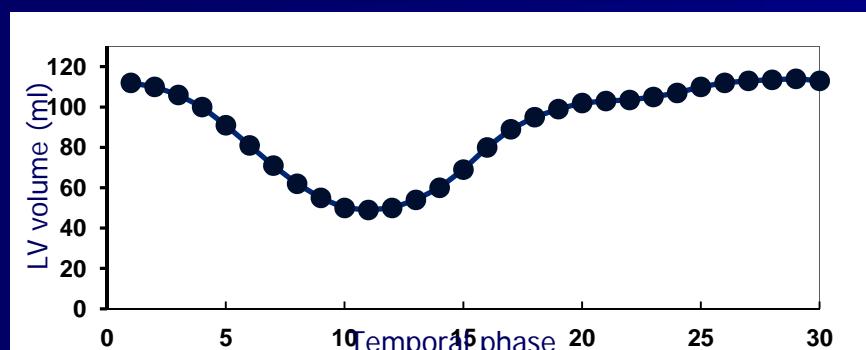
# Quantitative Analysis

Phase 1 Phase 2 Phase 3 ..... 30



High signal-noise ratio  
high temporal resolution  
highly accurate and reproducible

MRI is the standard of reference  
for the assessment LV & RV  
volumes and function\*



**4D MRI**

2010 expert consensus document on cardiovascular magnetic resonance  
J Am Coll Cardio. 2010;55:2614-62

# Purpose

- to analyze the effect of constrictive pathophysiology on LV and RV function:
  - Quantitative assessment of LV and RV systolic function and filling parameters
  - Comparison of these parameters between left and right ventricle
  - Diagnostic performance of systolic and diastolic parameters

# Methods: Study Population

14 patients  
pathologically proven CP

Pericardectomy

10 normal subjects  
referred for cardiac MRI

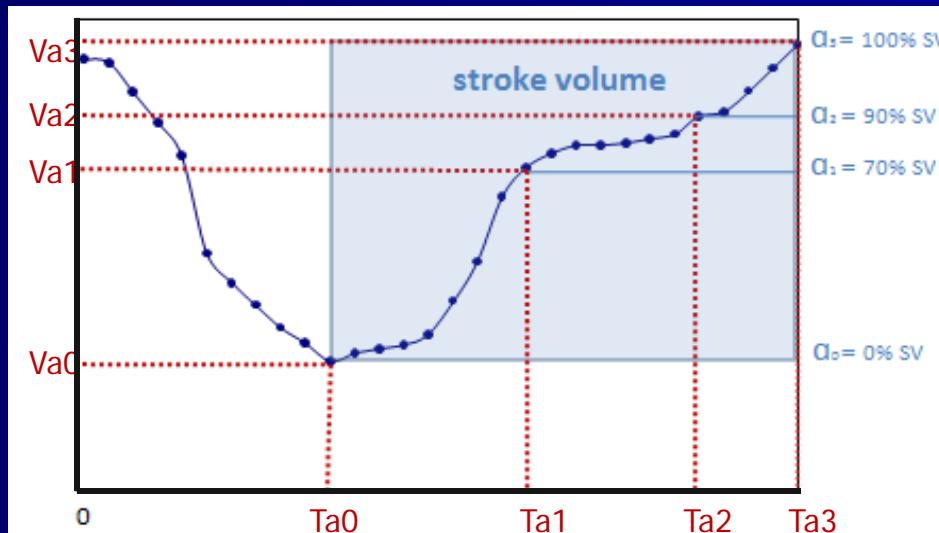
- Framingham risk score < 1%
- Normal ECG
- Normal clinical examination

# Baseline Characteristics

	Normal subjects	Pts with CP
Number	10	14
Age, years	$55 \pm 5.1$	$62 \pm 14.5$
Gender, male	10 (100%)	14 (100%)
BMI, kg/m <sup>2</sup>	$25.6 \pm 2.3$	$27 \pm 3$
BSA, m <sup>2</sup>	$1.99 \pm 0.08$	$1.97 \pm 0.2$
Heart rate	$67.3 \pm 9.2$	$79.3 \pm 18.9^*$

# Time volume curve

## Filling parameters

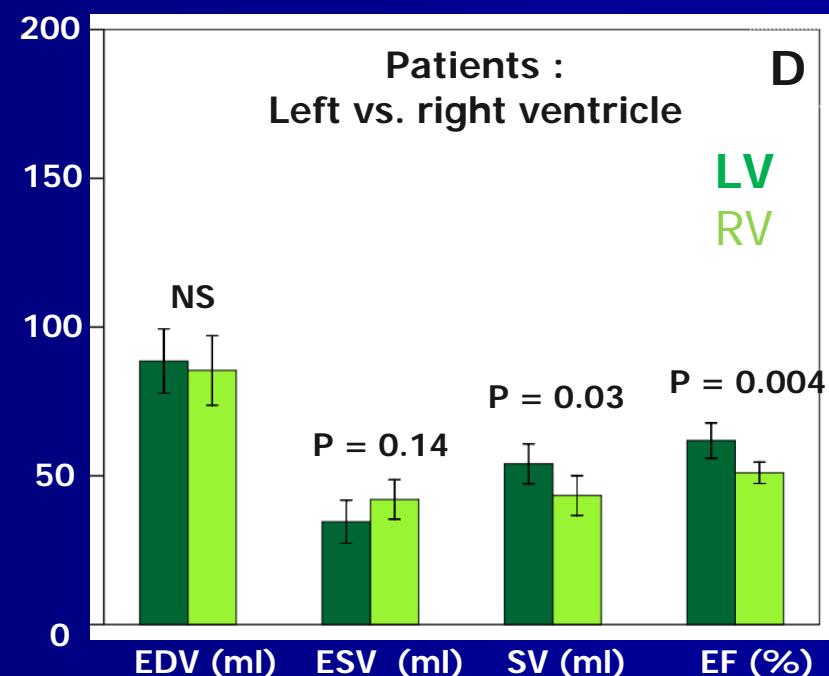
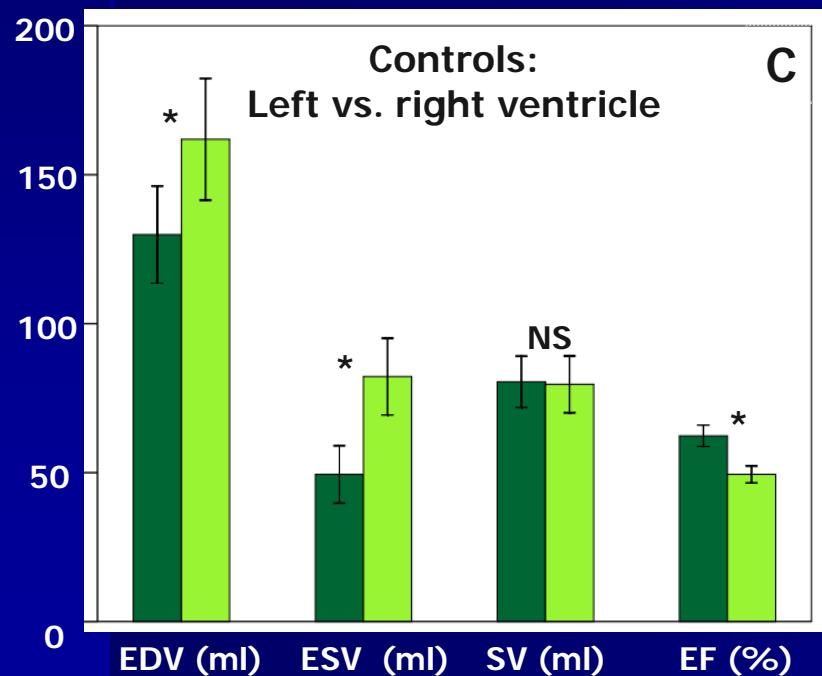
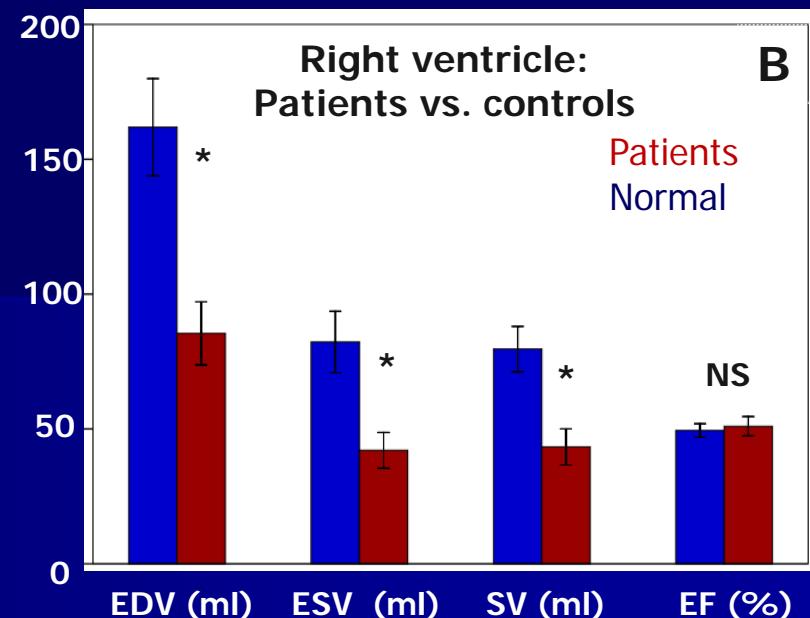
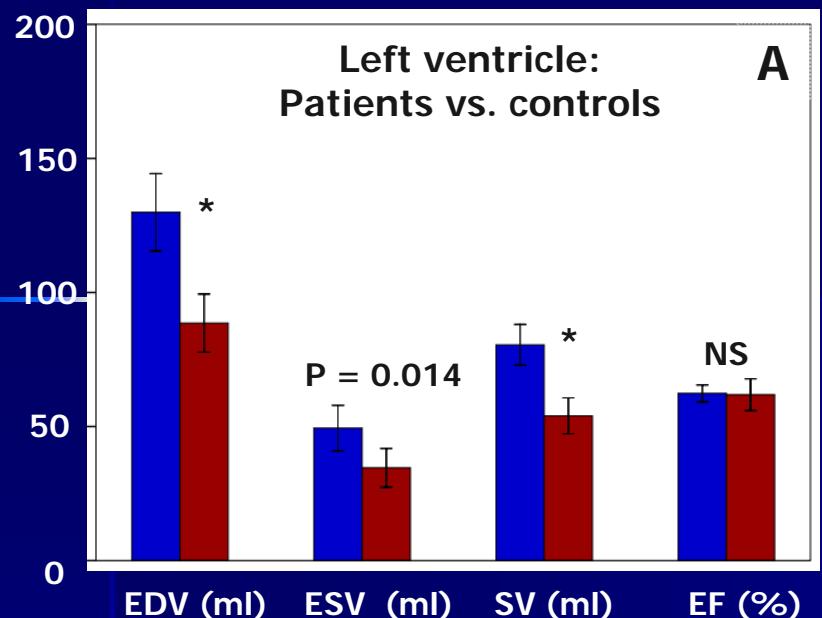


EDV/ESV  
SV/EF

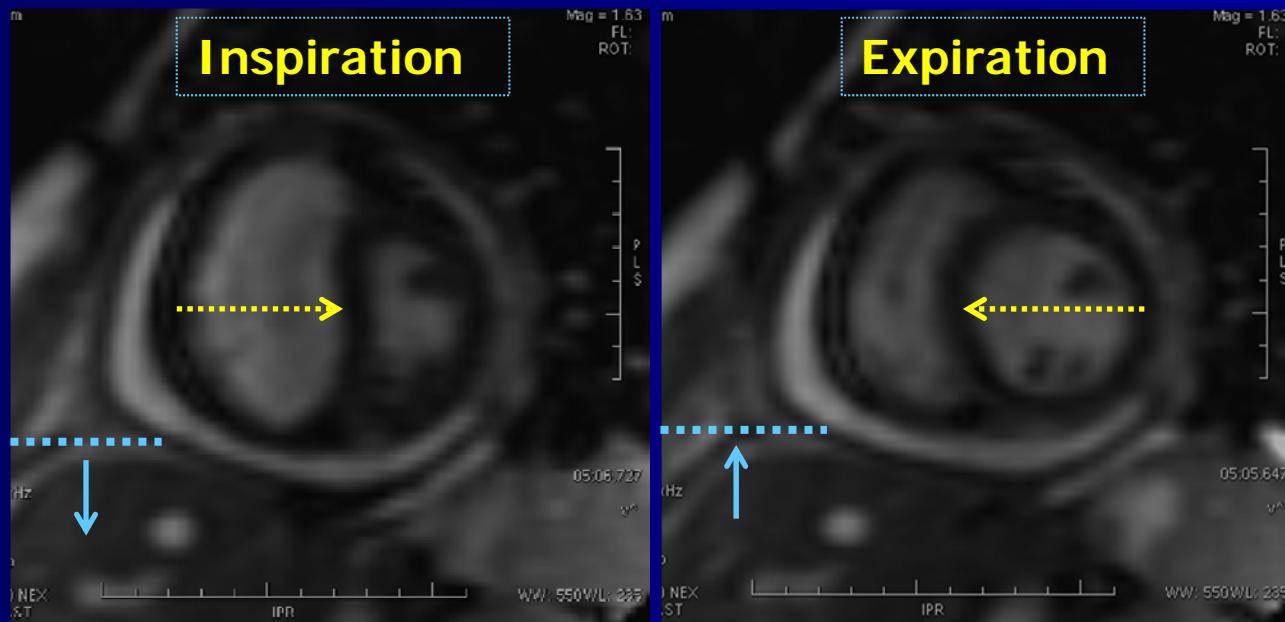
$$\text{Filling time} = (Ta_2 - Ta_0)/\text{Tcycle}$$

$$\text{Early filling volume} = (Va_1 - Va_0)$$

$$\text{Early filling volume} = (Va_2 - Va_1)$$



# Ventricular interdependence



PV pressure↑ > LA pressure → LV filling volume↑

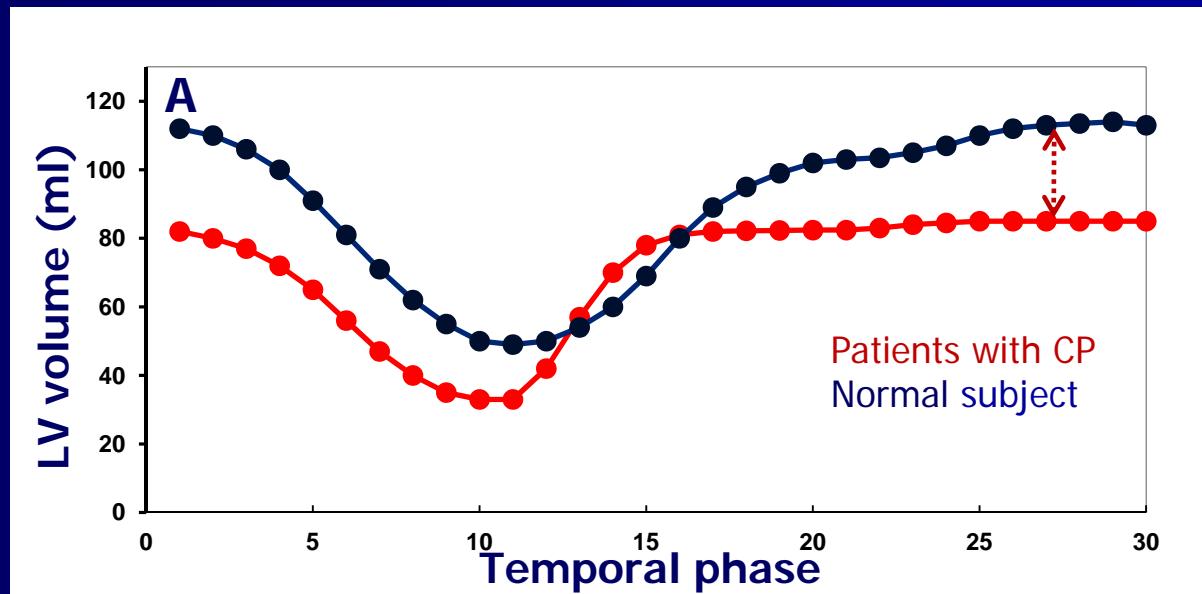


shift the septum toward the right ventricle

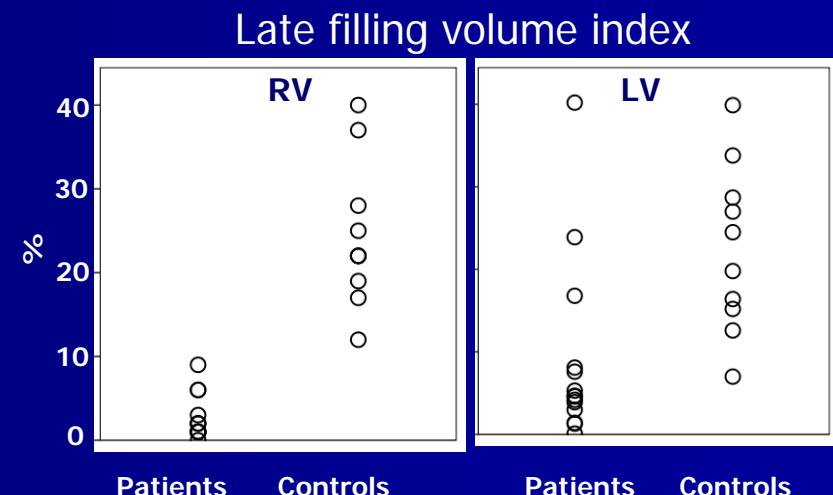
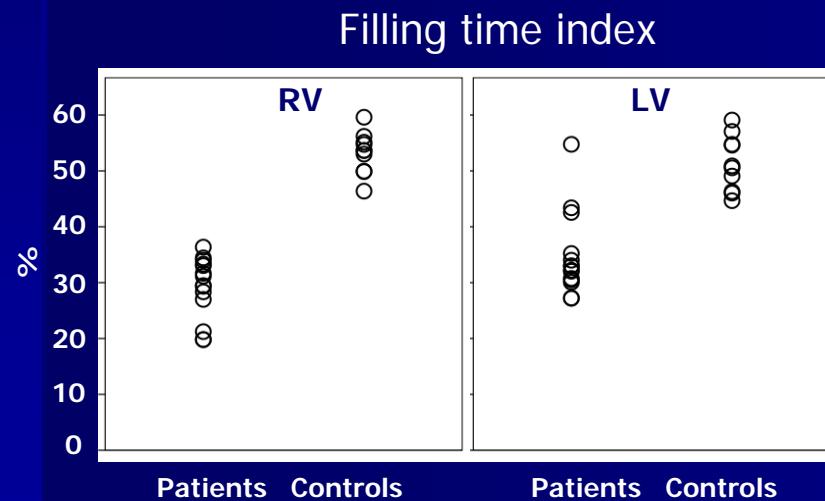
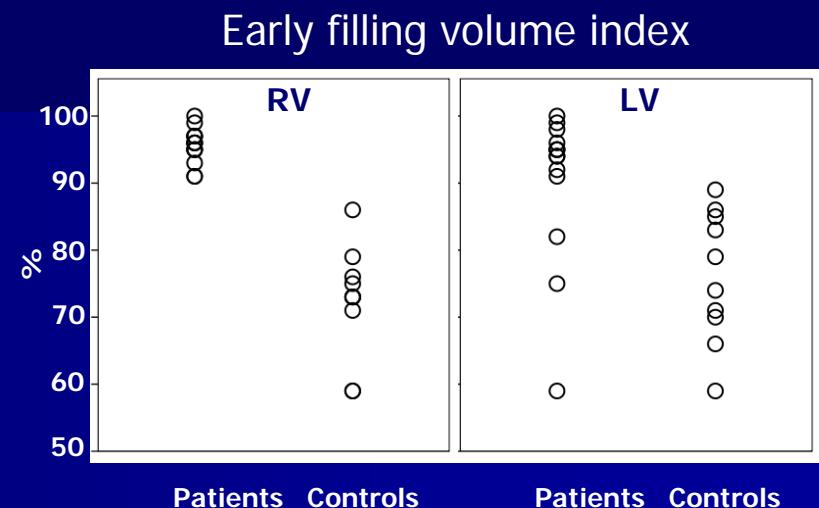
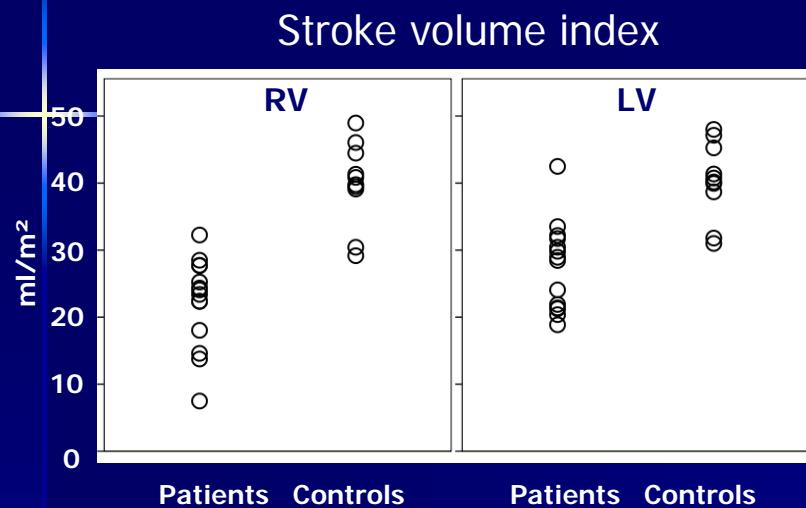
# Filling Parameters

Parameters	Normal subjects	Patients with CP	P value
<b><i>Filling time index</i></b>			
Left ventricle, % (absolute value in sec)	$51.3 \pm 4.9$ ( $0.46 \pm 0.1$ )	$34.7 \pm 7.4$ ( $0.27 \pm 0.1$ )	< 0.001
Right ventricle, % (absolute value in sec)	$53.2 \pm 3.7$ ( $0.47 \pm 0.08$ )	$29.2 \pm 5.4$ ( $0.22 \pm 0.07$ )	< 0.001
<b>P value</b>	0.2	0.04	
<b><i>Early Filling volume index</i></b>			
Left ventricle, % (absolute value in ml)	$76.1 \pm 9.8$ ( $61.5 \pm 10$ )	$90.3 \pm 11.1$ ( $41.5 \pm 12.3$ )	0.004
Right ventricle, % (absolute value in ml)	$72.4 \pm 8.8$ ( $58.1 \pm 12.1$ )	$95.6 \pm 2.5$ ( $47.9 \pm 13.2$ )	< 0.001
<b>P value</b>	0.4	0.08	
<b><i>Late Filling volume index</i></b>			
Left ventricle, % (absolute value in ml)	$22.5 \pm 10$ ( $18.5 \pm 9.5$ )	$8.9 \pm 11$ ( $4.2 \pm 4.3$ )	< 0.001
Right ventricle, % (absolute value in ml)	$24.5 \pm 8.7$ ( $19.6 \pm 8.1$ )	$2 \pm 2$ ( $1.1 \pm 1.4$ )	< 0.001
<b>P value</b>	0.6	0.046	

# Quantitative Assessment of dip and plateau/square root sign



# Stroke volume and Filling Parameters



# Diagnostic Performance

Parameters	AUC (95% CI)	Cut off (range)	Sensitivity (%)	Specificity (%)	Accuracy (%)
<i>Stroke volume index</i>					
Left ventricle	0.91 (0.80 - 1.0)	30.7 (30.5, 30.9)	100	71.4	83.3
Right ventricle	0.95 (0.85 - 1.0)	28.8 (28.5, 29.1)	100	92.7	95.8
<i>Filling time index</i>					
Left ventricle	0.95 (0.85 - 1.0)	0.44 (0.43, 0.45)	100	92.8	95.8
Right ventricle	1.0	0.41 (0.36, 0.46)	100	100	100
<i>Early Filling volume index</i>					
Left ventricle	0.87 (0.71 - 1.0)	-0.9 (-0.89 , -0.90)	100	78.6	87.5
Right ventricle	1.0	-0.89 (-0.86, -0.90)	100	100	100
<i>Late Filling volume index</i>					
Left ventricle	0.85 (0.69 - 1.0)	0.10 (0.08, 0.12)	90	78.6	83
Right ventricle	1.0	0.10 (0.09, 0.12)	100	100	100



# Conclusions I

- ❖ Reduction in left and right ventricular EDV and ESV
- ❖ End-expiratory increased LV and decreased RV stroke volume, which might reflect the phenomenon of ventricular interdependence
- ❖ The right ventricle is more affected than the left ventricle from the constricted filling pattern
- ❖ Patients with CP had significantly shorter LV and RV filling time compared with healthy subjects

# Conclusions II

- Four-dimensional MRI studies provide quantitative assessment of hemodynamic criteria used for the diagnosis of CP
- MRI quantitative analysis of systolic and diastolic parameters appears to be helpful in the diagnosis of CP