

Assessment of Left Sided Filling Dynamics in Diastolic Dysfunction using Cardiac CT

Schweitzer A, Walker JR, Agmon Y, Abadi S, Carasso S,
Aronson D, Mutlak D, Lessick J. Rambam Health Care
Campus and Techion, Israel Institute of Technology, Haifa*

**Part of MD dissertation*

Conflicts of Interest

- None relating to the presentation
- Consultant for Samsung medical division

Background

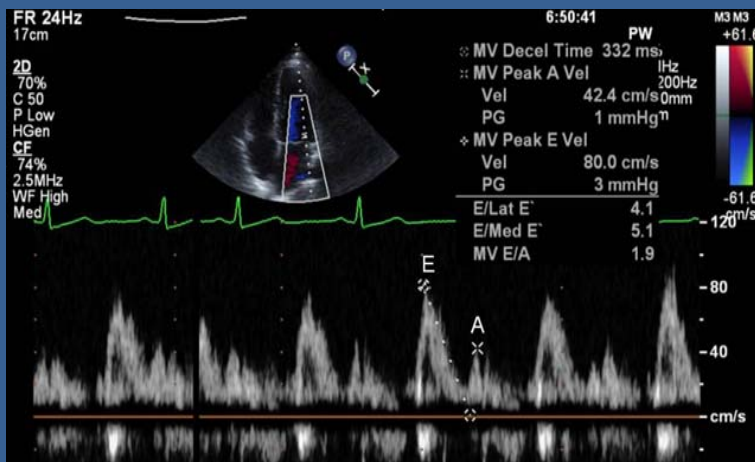
- Left ventricular (LV) diastolic dysfunction (DD) involves a complex interaction between LV and left atrial (LA) filling dynamics.
- Until now, it has not been possible to easily obtain simultaneous LV and LA volume curves to perform this analysis.

Aim

- To analyse CT-based filling dynamics in a group of patients with diastolic dysfunction and in a normal control group, compared to Echo-Doppler.
- To define the parameters which best differentiate between normal and abnormal diastolic function
- To obtain a better understanding of the pathophysiology of diastolic dysfunction

Methods I

- 40 patients with various grades of DD by echo-Doppler, using ASE criteria, and cardiac CTA within 1 month.
- 37 normal controls.



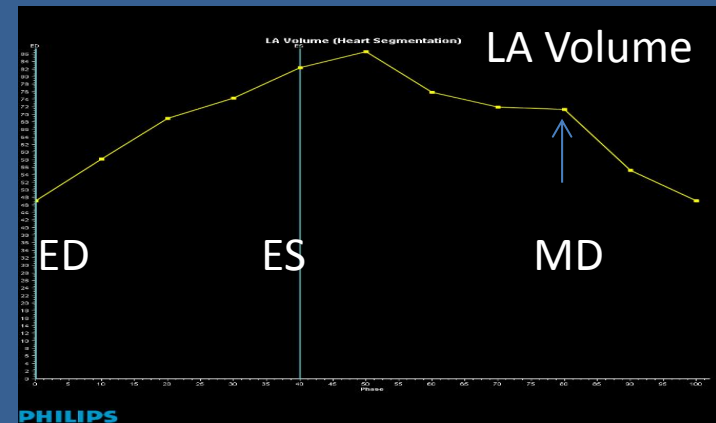
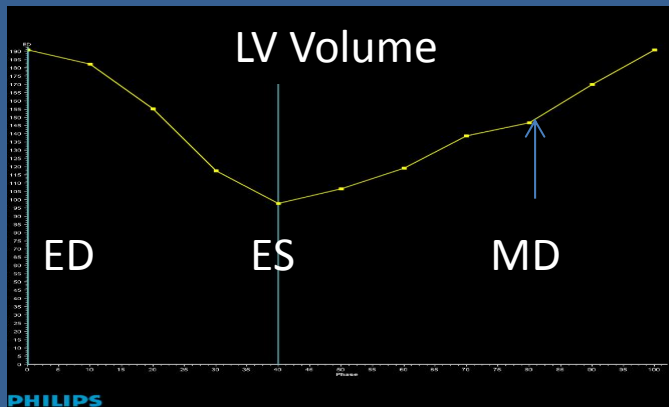
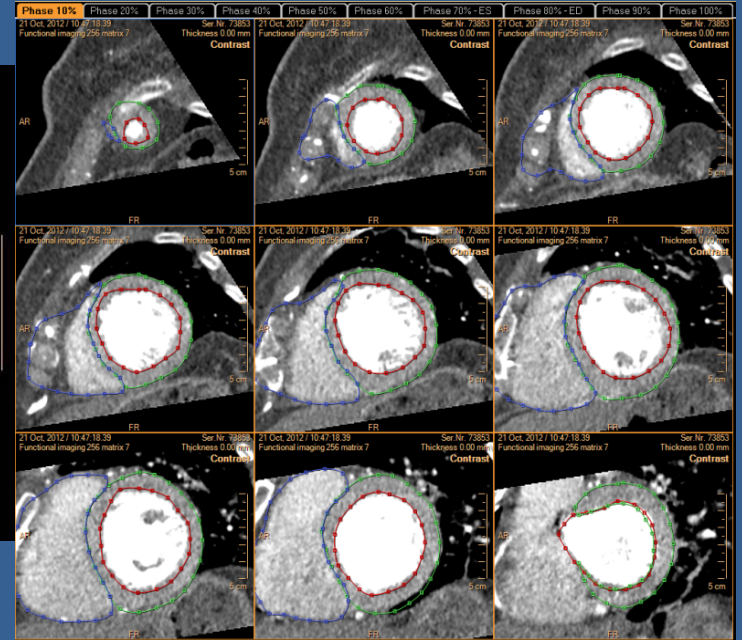
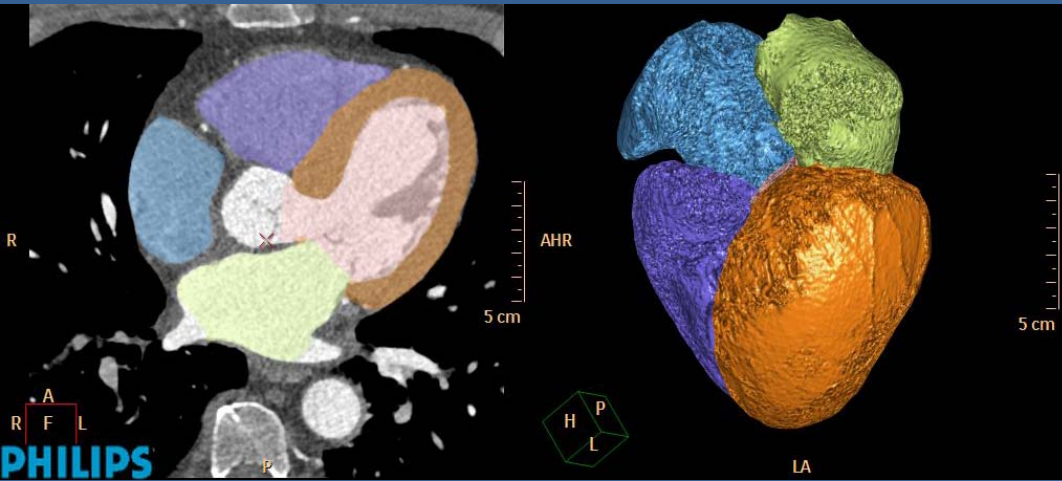
Patient Characteristics

	Normals (37)	All DD (40)	Mild DD (10)	Mod DD (20)	Severe DD (10)
Age	57 ± 11	64 ± 12	63 ± 9	70 ± 9	52 ± 14
Male	51%	55%	60%	50%	60%
BSA	1.88 ±0.17	1.95 ±0.18	1.98 ±0.17	1.88 ±0.18	2.06 ±0.14
Diabetes	14%	40%	20%	45%	50%
HTN	46%	90%	100%	95%	70%
CAD	5%	55%	70%	40%	60%
FC>I	0%	45%	20%	45%	70%

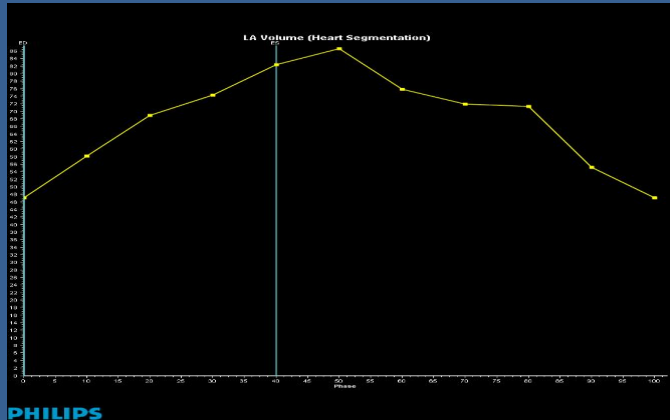
Methods II

- LV and LA volumes were measured every 10% of the RR interval, using semi-automatic software, and end-diastole (ED), end-systole (ES) and mid-diastole (MD) identified.
- From these 3 volumes, systolic, early-diastolic and late-diastolic volume changes were calculated.

Segmentation of volumes



Left Atrial Function



Atrial filling:

Systolic filling volume (S)

Diastolic filling and emptying volumes (D
E)

Atrial emptying volume (A)

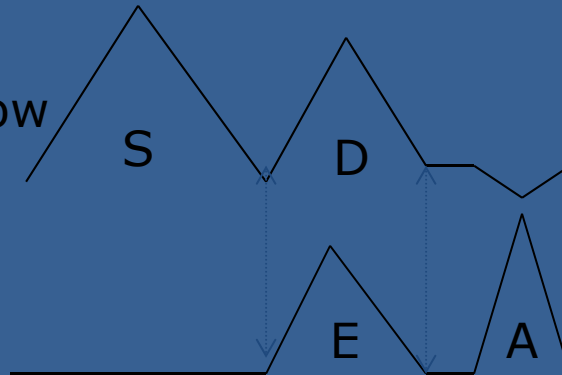
$$S = \Delta \text{Atrial V (ES-ED)}$$

$$A = \Delta \text{Atrial V (MD-ED)}$$

$$D = E - \Delta \text{Atrial V (ES-MD)}$$

↙ Ventricular early filling

Pulmonary vein inflow

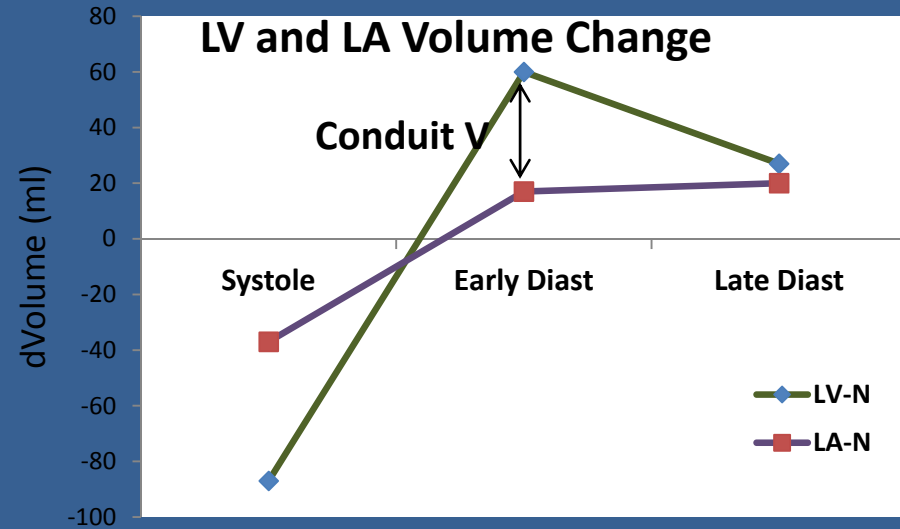
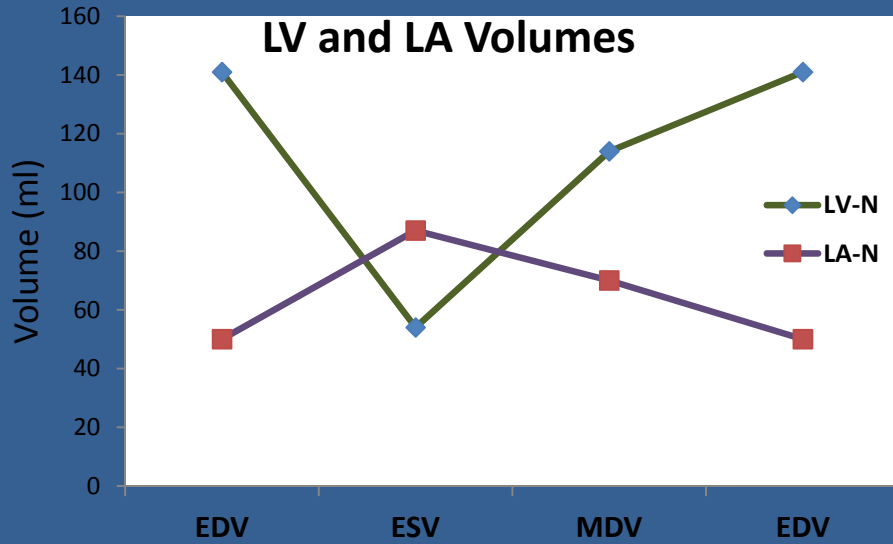


Mitral Valve outflow

Ventricular Systole (Atrial filling) Early Filling Atrial Contraction (Emptying)

Atrium fills & empties simultaneously

Atrial Function

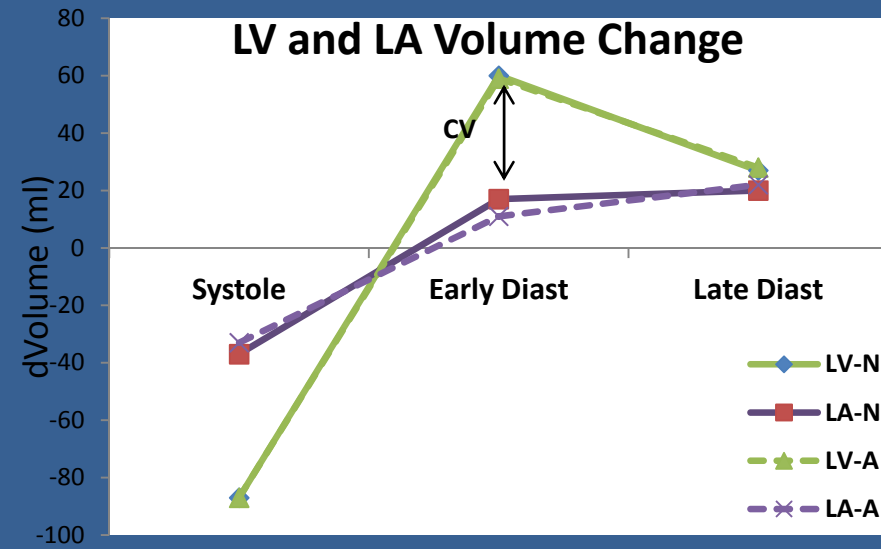
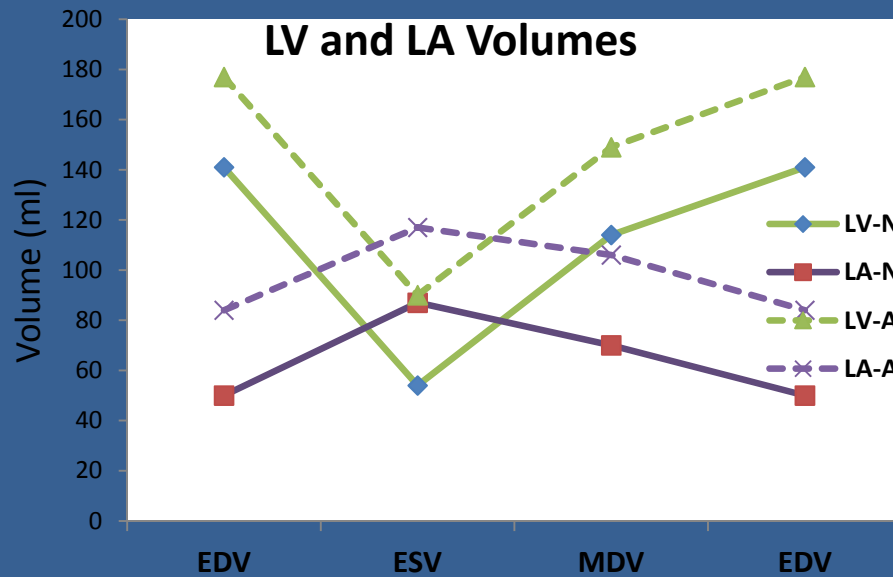


Results (Echo-Doppler)

Parameter	All Normals	DD-All	p (N vs.DD)	DD-Mild	DD-Mod	DD-Severe
Echo E/A	1.1±0.4	1.4±0.9	0.14	0.7±0.1	1.1±0.4	2.6±1.0
Echo E/E'	8.3±1.6	16.8±7.4	<0.001	11.1±3.3	17.8±6.2	20.2±9.8
E	72±10	87±9	<0.001	56±8	92±18	108±25
DT	203±44	195±56	ns	233±51	207±45	135±25
LA area	17±3	24±4	<0.001	20±3	25±3	27±3
Est. PAP	29±5	41±12	<0.001	30±6	39±9	52±12

DT=Deceleration time, LA=Left atrium, PAP=pulmonary artery pressure

Results – CT Volumes



Summary of Results - CT

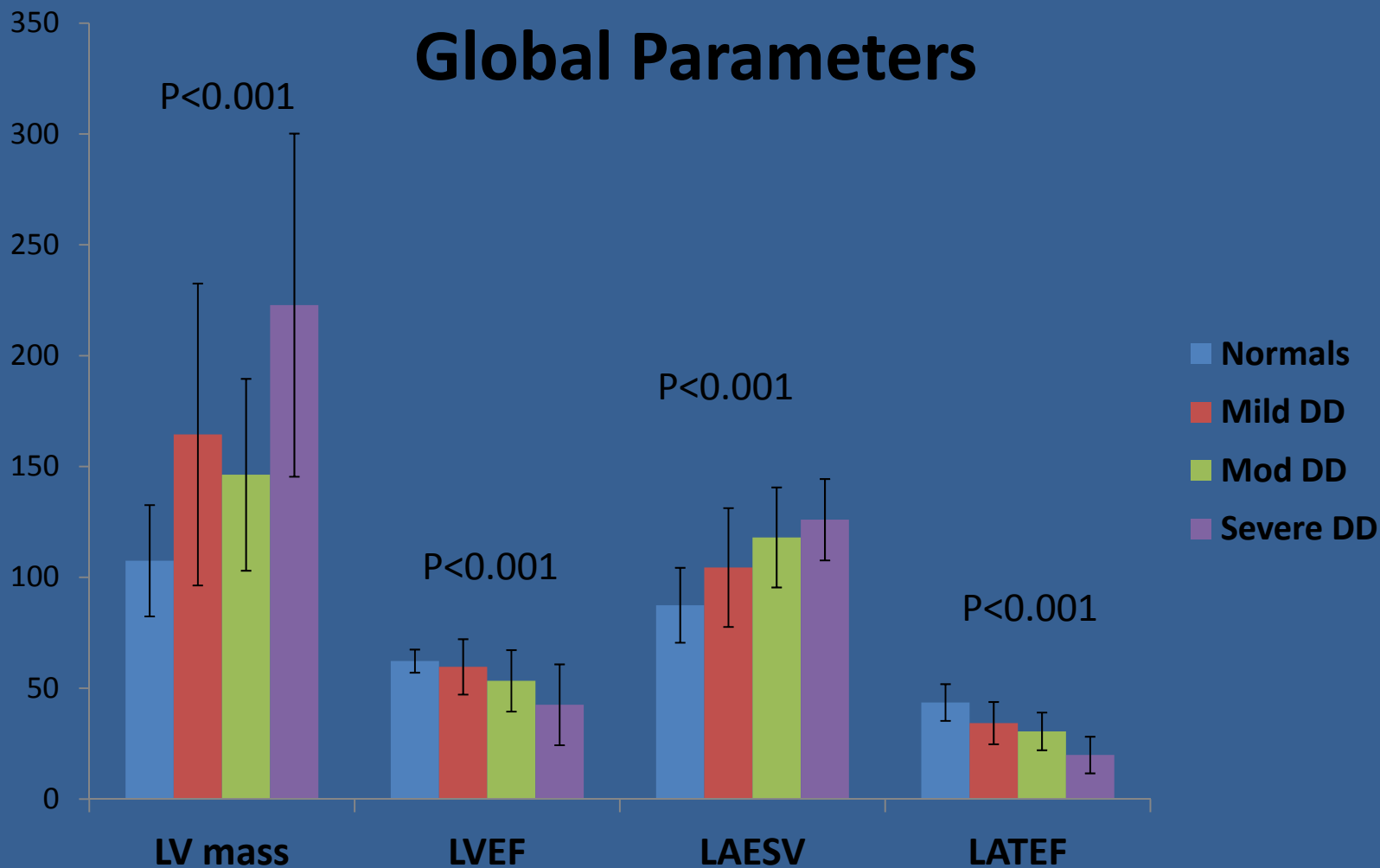
- Patients with DD had larger LV volumes and mass and lower ejection fraction (LVEF) than controls.
- They had significantly larger LA volumes and significantly worse LA function, manifesting as reduced early, late and total emptying fraction (LATEF) and increased conduit volume as a % early LV filling (%CV/E).

Results Table - CT

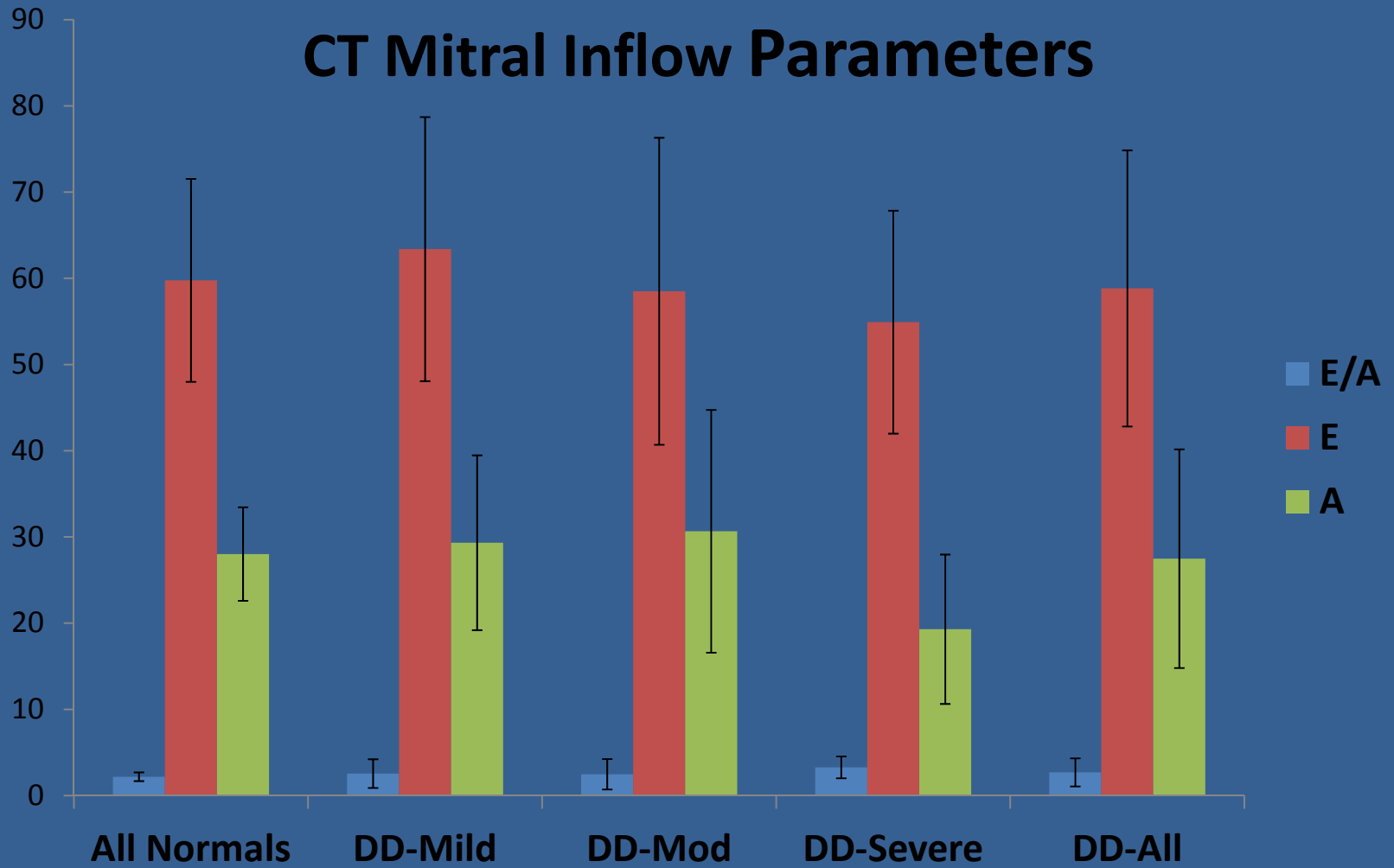
Parameter	All Normals	DD-All	p (N vs.DD)	DD-Mild	DD-Mod	DD-Severe
CT LAMDV	70±15	106±23	<0.001	93±20	107±23	116±21
CT LATEF	43.6±8.3	28.8±10.1	<0.001	34.3±9.5	30.5±8.5	19.9±8.3
LA EEV	16.4±7.1	10.8±6.5	<0.001	11.5±7.6	10.9±6.2	9.9±6.5
Conduit V	43.4±11.2	48.0±13.7	0.1	51.9±9.9	47.6±14.7	45.0±15.4
CT %CV/E	72±11	83±10	<0.001	84±11	83±10	81±11
LAAEV	21.3±4.5	21.9±8.9	ns	25.0±8.4	24.1±7.7	14.6±8.5
CT LV mass	108±25	170±66	<0.001	165±68	146±43	223±77
CT LVEF	62±5	52±16	<0.001	60±13	53±14	43±18

LAMDV=LA mid-diastolic volume, LATEF = LA total emptying fraction, %CV/E=conduit volume as % of early filling volume

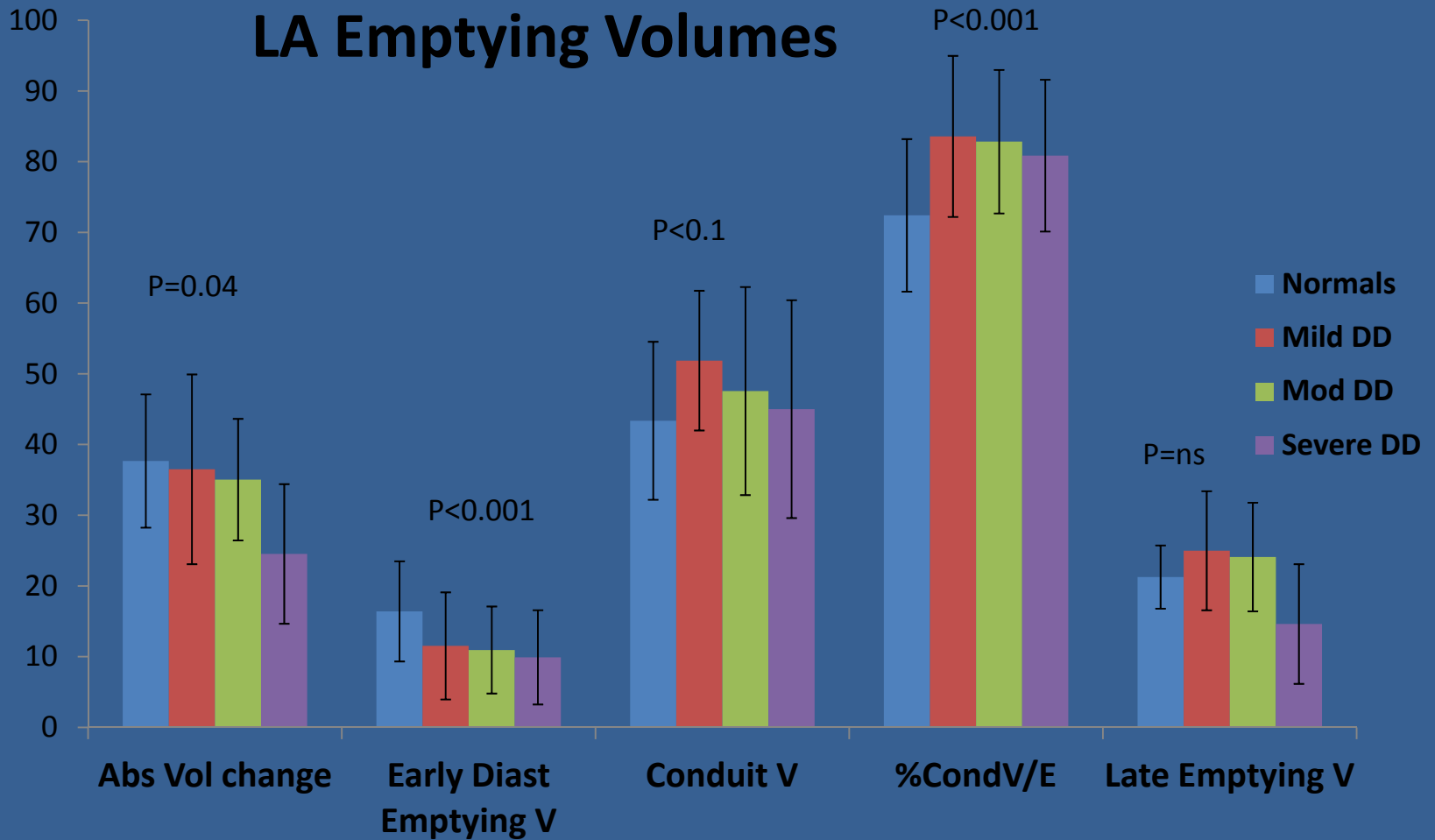
Global Parameters



CT Mitral Inflow Parameters



LA Emptying Volumes

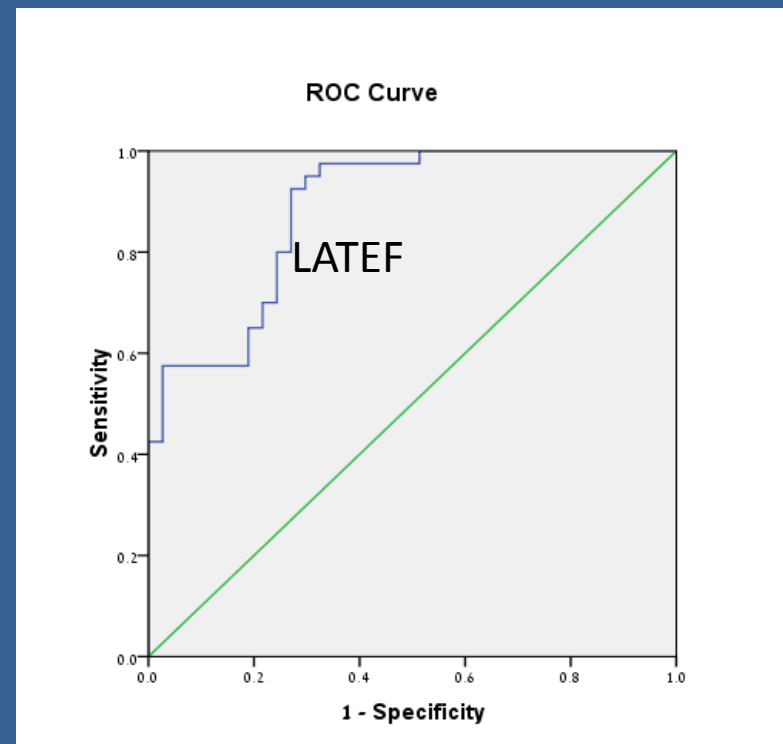
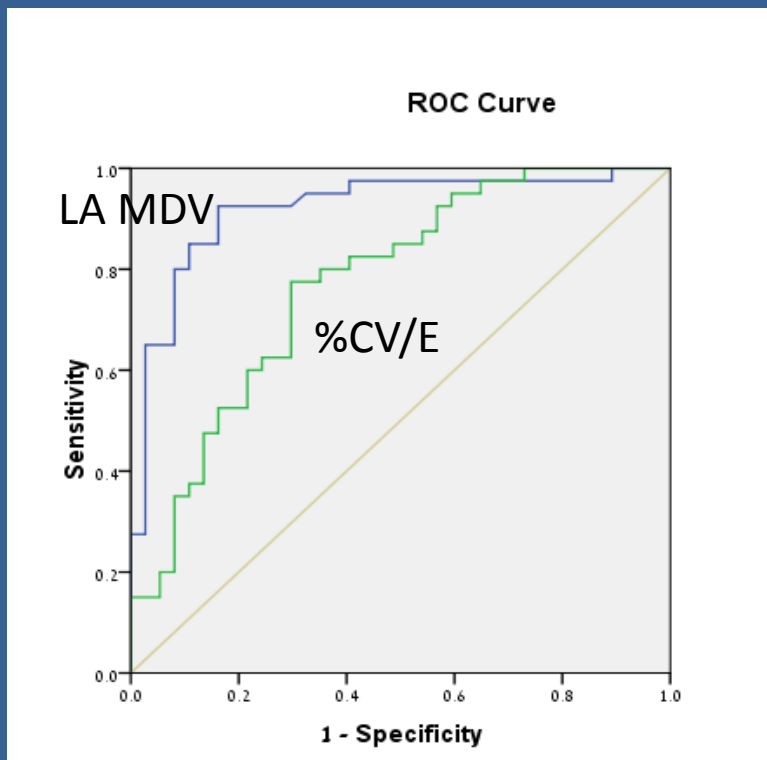


Presumed Pathophysiology

- \uparrow LVP and delayed LV relaxation in early diastole
 \downarrow
 LA elastic recoil reduced (reduced LA compliance)
 \downarrow
 Compensatory \uparrow conduit V (and atrial kick)
 \downarrow
 \uparrow ratio CV/(LV E filling)
 \downarrow
 \downarrow Atrial kick d/t atrial systolic failure in advanced stage

ROC analysis: N vs. DD

- LA MD volume AUC = 0.92
- LATEF AUC = 0.88
- %CV/E AUC = 0.77



Classification: Normal vs. Abnormal

- Logistic regression found LA MD volume, LV mass and early-diastolic emptying fraction to be independent predictors of DD.
- Logistic regression utilizing these parameters has 90% accuracy to separate between normal and abnormal diastolic function.

Conclusion

- Diastolic dysfunction is characterized by significant LA enlargement as well as reduced LA function, which worsens with worsening DD.
- CT can help detect and characterize DD, mainly via its effect on LA emptying dynamics.