Patient-specific multi-scale modeling of cardiac resynchronization therapy for dyssynchronous heart failure

Roy Kerckhoffs, PhD Andrew McCulloch, PhD

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Background

 Heart failure is the leading cause of death and disability in older adults worldwide with >250,000 deaths/year in US alone

 Cardiac Resynchronization Therapy (CRT) popular treatment of HF patients with dyssynchronous activation

 Apply patient-specific modeling of the cardiovascular system to identify CRT responders and non-responders

Goal

Integrate patient data to create patientspecific models



Patient Characteristics

	Patient	Normal or range
Sex	Male	
Age	65	
New York Heart Association HF Class	3	1 - 4 (4 being worst)
QRS width [ms]	148	40 - 120
Ejection Fraction [%]	34	50 - 70
Mitral Regurgitant Fraction [%]	49	0 - 20
Left Ventricular End- diastolic Pressure [mmHg]	23	3 - 12

*Aguado-Sierra et al, Prog Biophys Mol Biol, 2011, in press



Geometric reconstruction





64-slice CT or MRI Echo, 2 and 4 Chamber views

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Unloaded ventricular geometry



Average Projection Error





Human Myofiber Architecture



Fitted end-diastolic 3D geometry Fiber and sheet structure reconstructed from DT-MRI

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Tissue conductivity





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"Klotz curve": passive properties



Absolute pressurevolume relations

Normalized pressurevolume relations

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Mechanical properties







Circulation Properties

- Obtain from echo and catheterization:
 - valve dimensions
 - cardiac output (CO)
 - mean arterial pressure (MAP)
- Set valve dimensions, CO and MAP in Lumped systems model of circulation
- Run FE model coupled to circulation, let remaining parameters be calculated by adaptation rules (CircAdapt model)



Results: Global hemodynamics



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Results: Fiber strain



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Models of Growth and Remodeling Asymmetric growth after 2 months of RV pacing



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