

Ablation de TV

# Apport de l'imagerie et identification du substrat anatomique

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# DISCLOSURES

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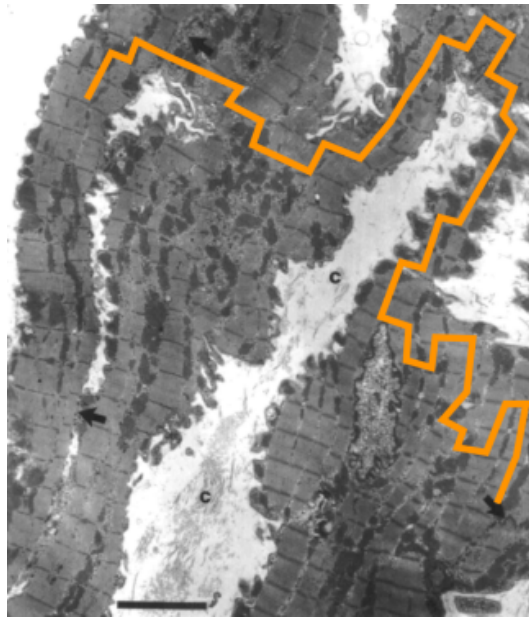
**Shareholder:** Co-founder of inHEART

**Grant/Research Support:** Siemens Healthineers  
Guerbet  
Medtronic

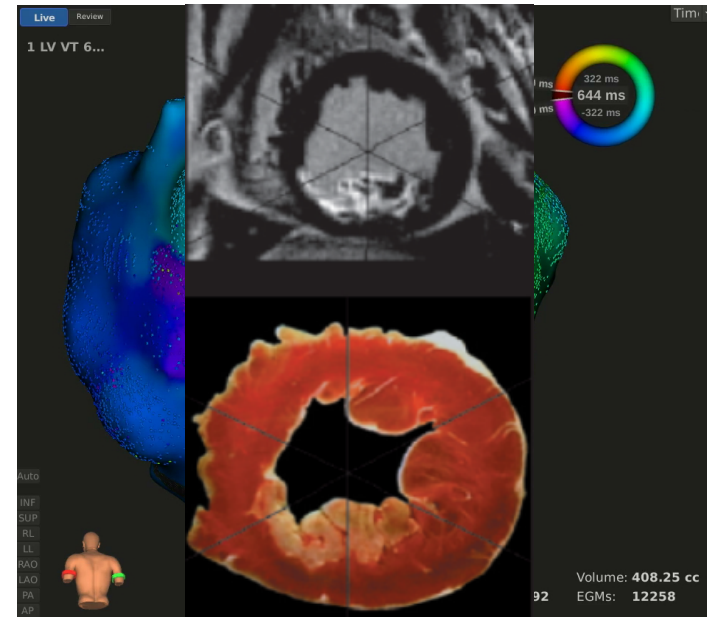
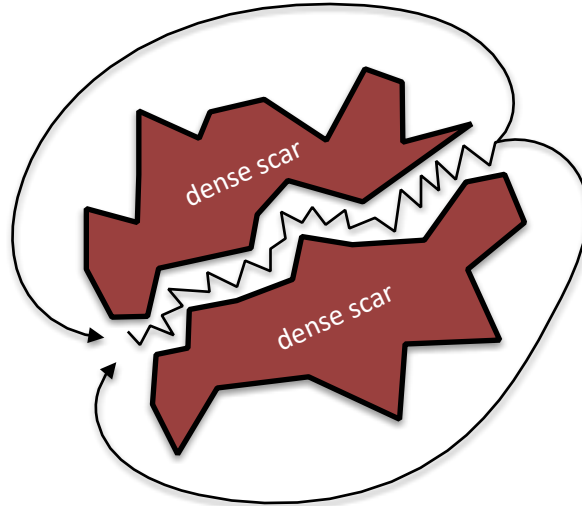
**Speaker/Consultant fees:** Siemens Healthineers  
Biosense Webster  
Boston Scientific  
Abbott  
Fineheart  
Farapulse



# VENTRICULAR ARRHYTHMIA MECHANISMS



Ursell PC et al.  
*Circ Res.* 1985;56:436-51



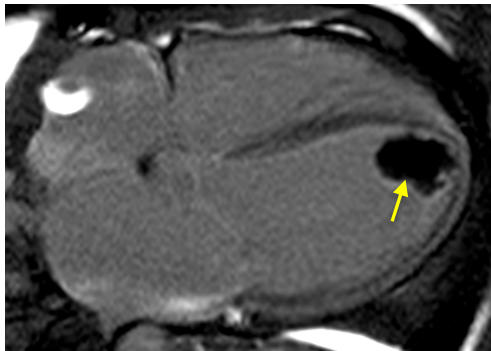
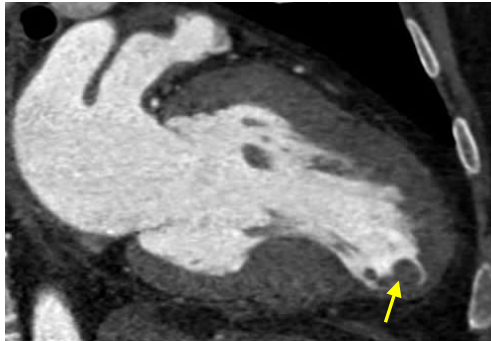
Wagner A et al.  
*Lancet.* 2003;361:374-9



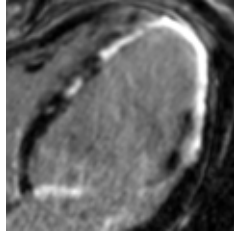
# VT ABLATION

## PRE-PROCEDURAL PLANNING

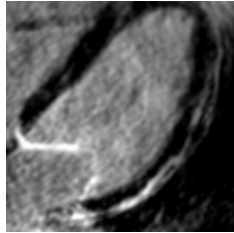
### THROMBUS



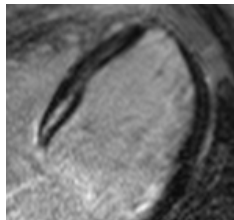
### ACCESS ROUTE



LV endo

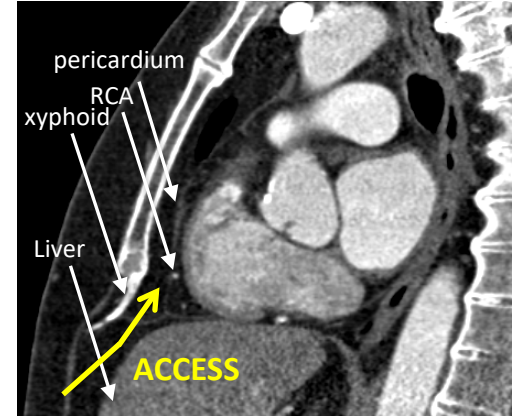


CS?  
Epicardial?



LV+RV endo?  
Septal artery?

### EPICARDIAL ACCESS



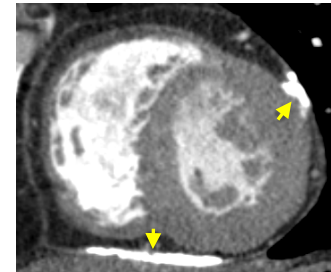
pericardium

RCA

xyphoid

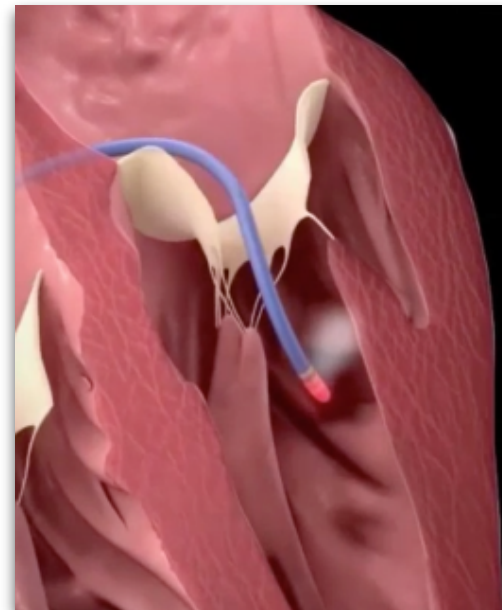
Liver

ACCESS





# INTRA-PROCEDURAL GUIDANCE: **WHY?**



Diagnosis (4-5h)

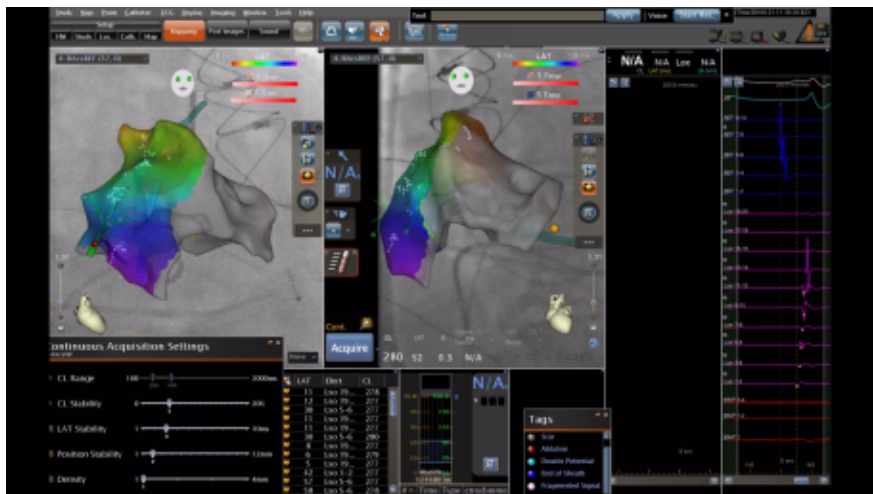
Therapy (1h)

Procedure Time



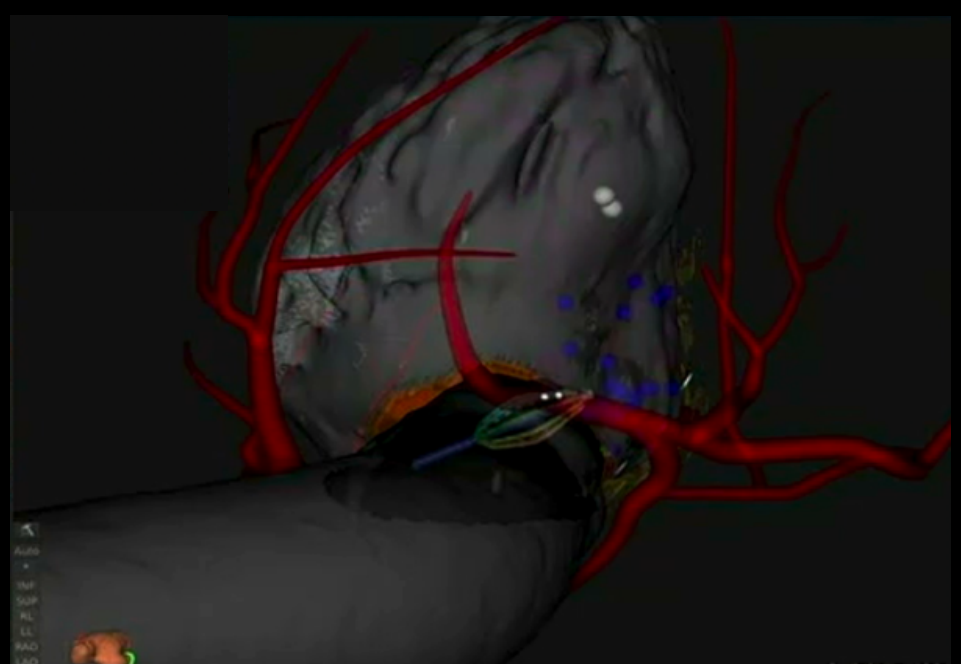
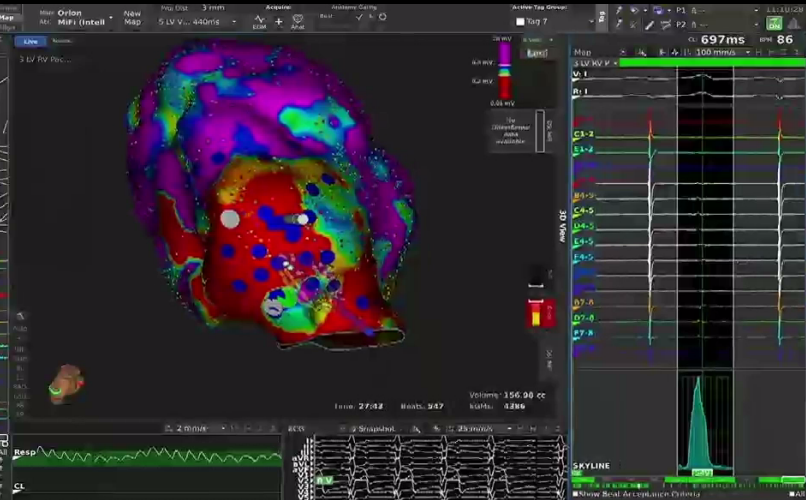
# INTRA-PROCEDURAL GUIDANCE: **HOW?**

Intra-operative **electrical** diagnosis



Pre-operative **structural** diagnosis

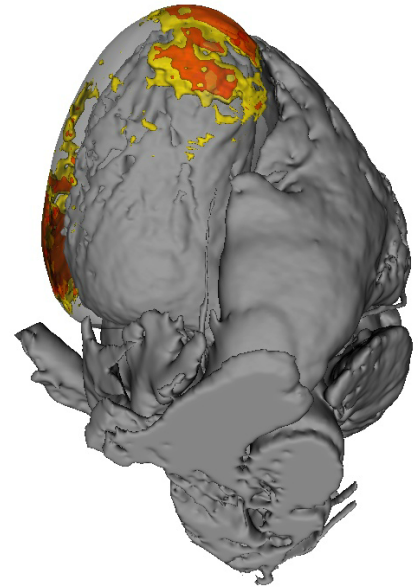
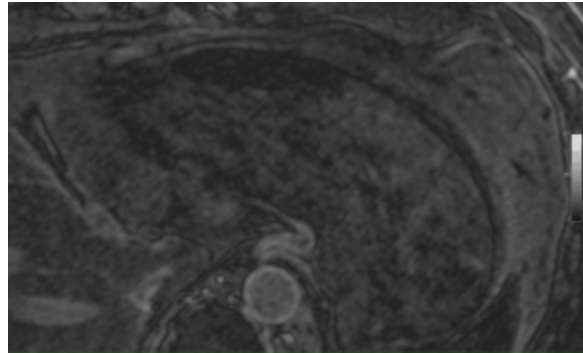
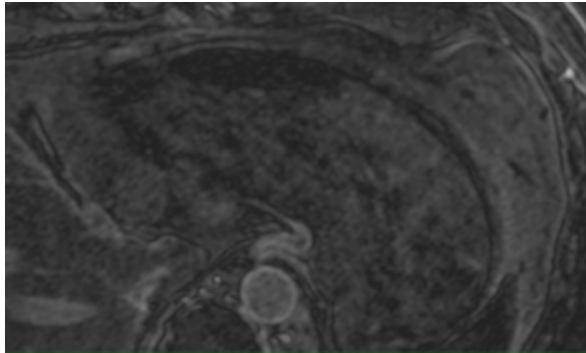
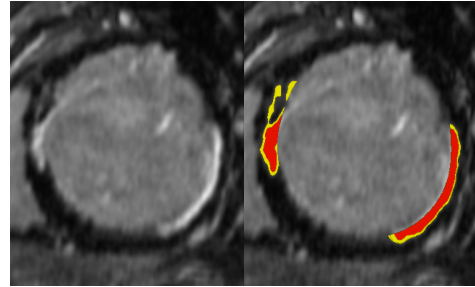
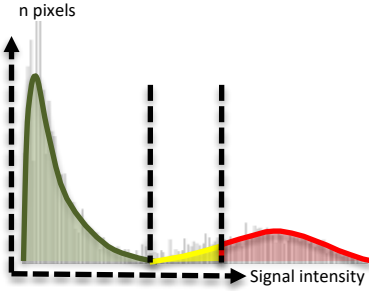
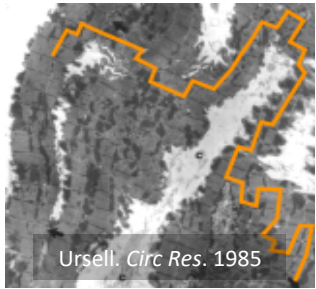




**➔ Improved efficacy**  
**Shorter procedures**  
**Simplification/standardization**



# SUBSTRATE MAPPING FROM MRI: LATE GADOLINIUUM ENHANCEMENT

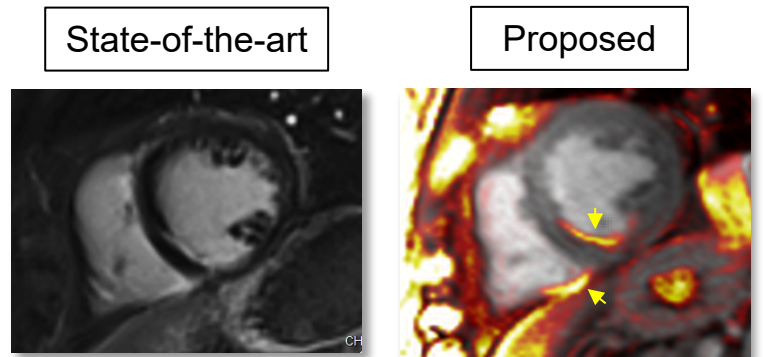
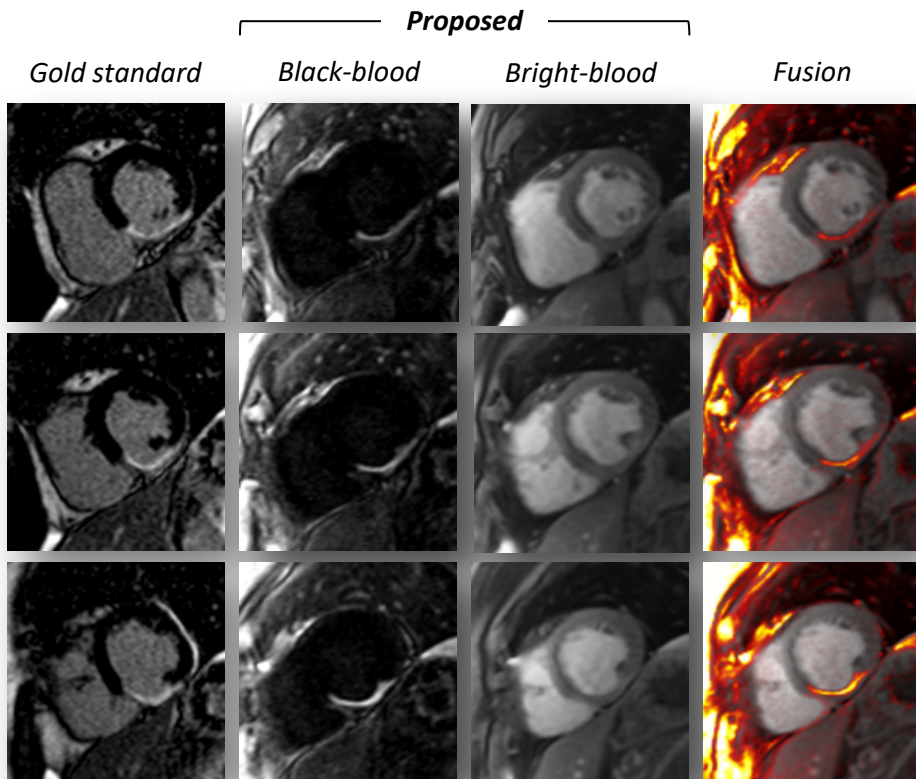




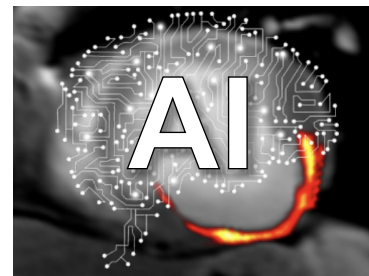


# INNOVATIONS

## NOVEL LGE CONTRASTS



➔ Improved sensitivity / specificity



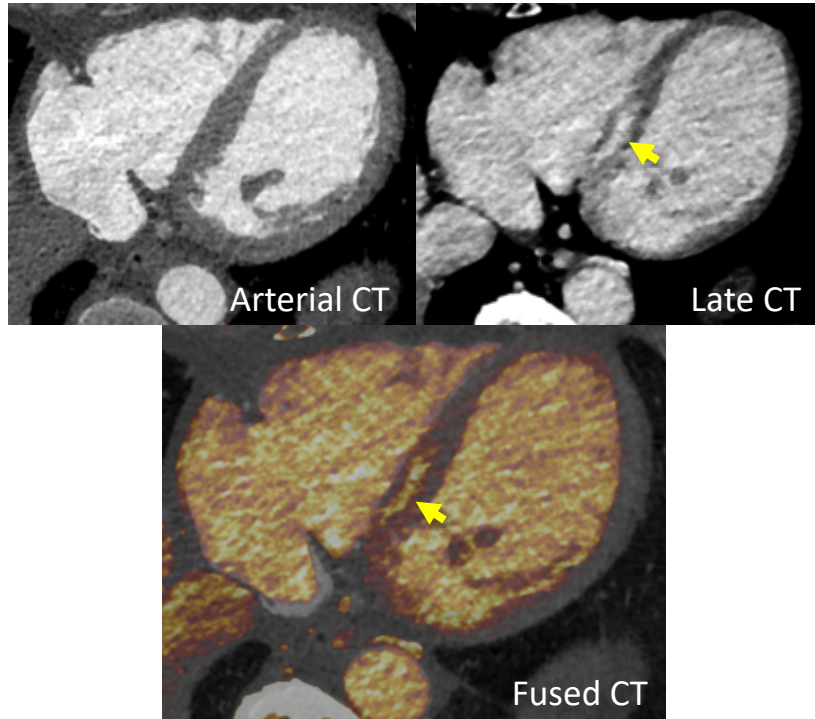
➔ Automated quantification



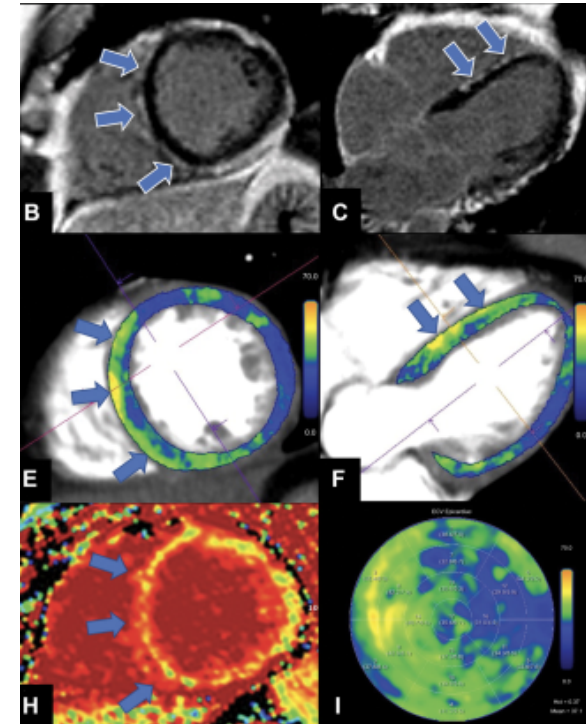
# SUBSTRATE MAPPING FROM CT

## MULTI-PARAMETRIC

### LATE IODINE-ENHANCED CT



### EXTRACELLULAR VOLUME CT

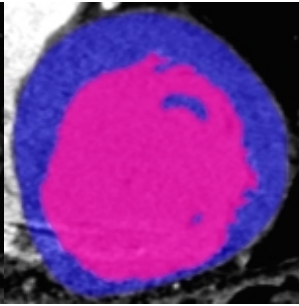
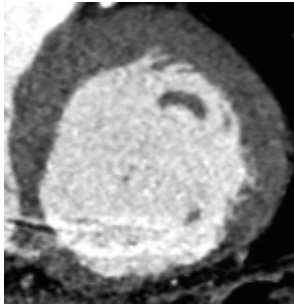




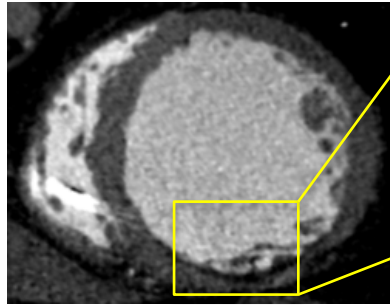
# SUBSTRATE MAPPING FROM CT

## MULTI-PARAMETRIC

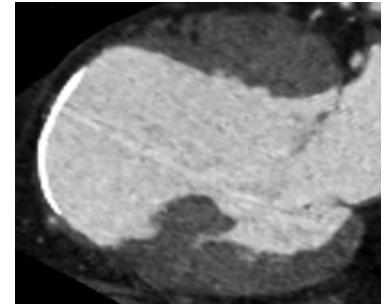
ARTERIAL



Wall thinning

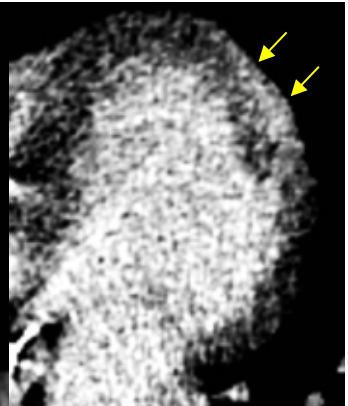
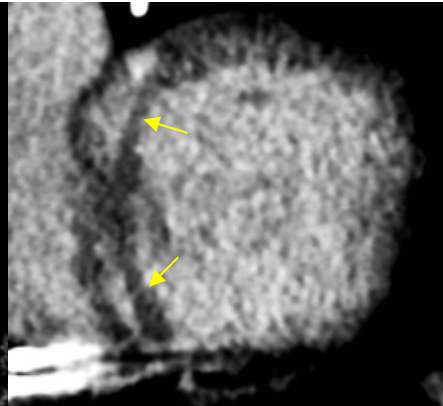
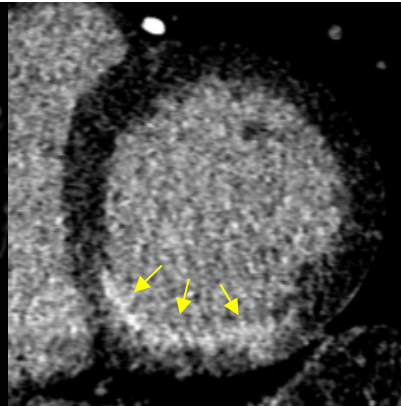
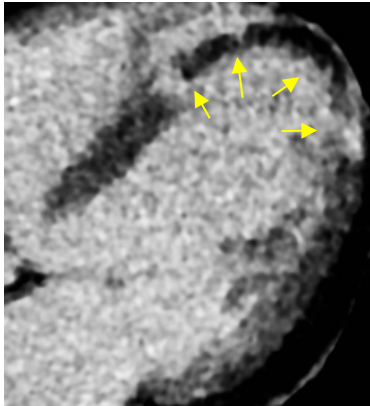


Fat



Calcification

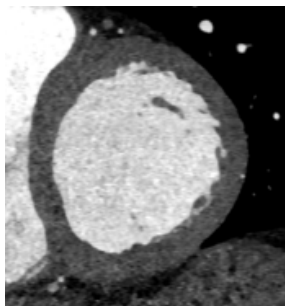
LATE



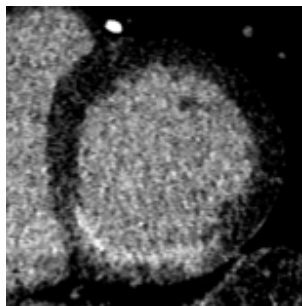
Late iodine enhancement



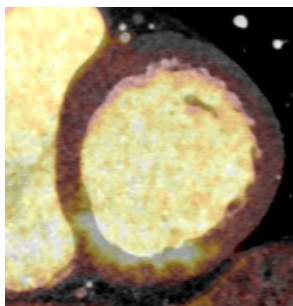
# SUBSTRATE MAPPING FROM CT: POST-INFARCTION



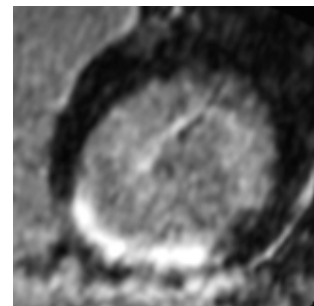
CT arterial



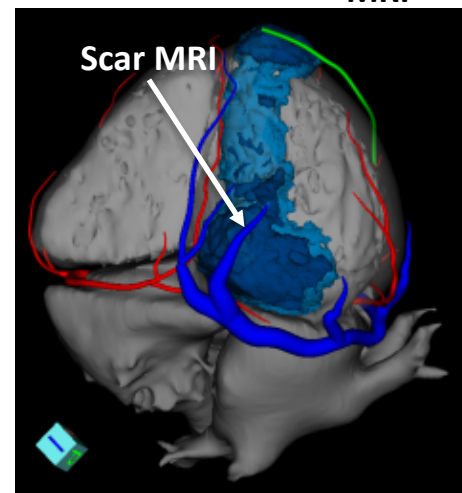
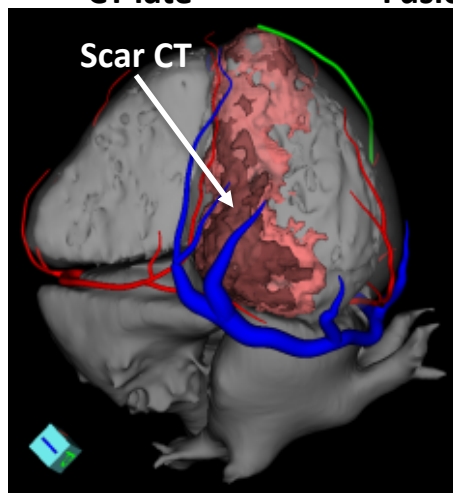
CT late



Fusion



MRI



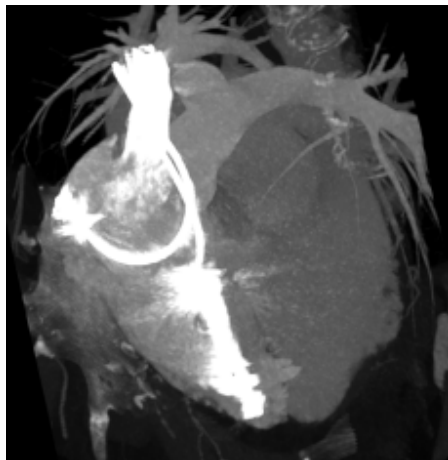
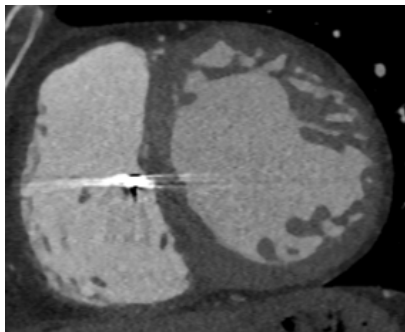


# CHOOSING THE RIGHT MODALITY

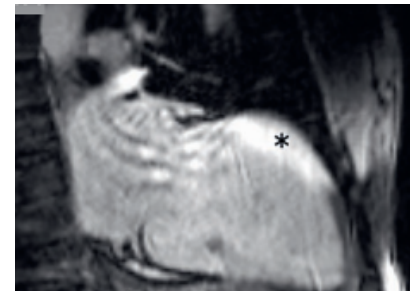
## ICD ARTIFACTS?

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CT: artifacts from **leads (minor)**



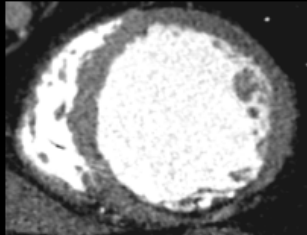
MR: artifacts from **can (major)**



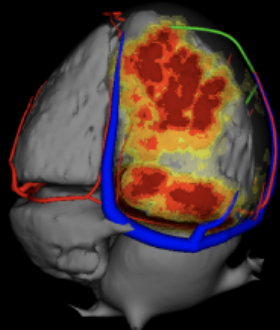


# CHOOSING THE RIGHT MODALITY UNDERLYING DISEASE?

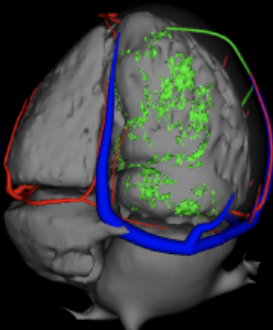
## POST-INFARCTION



Arterial CT

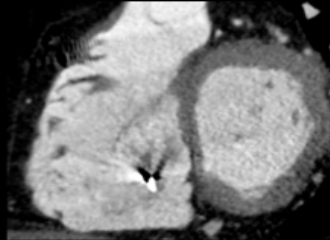


Wall thickness

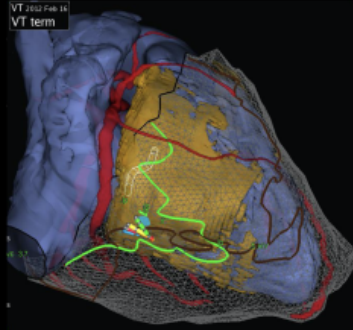


Myocardial fat

## ARVC

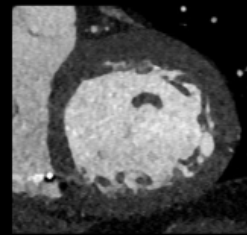


Arterial CT

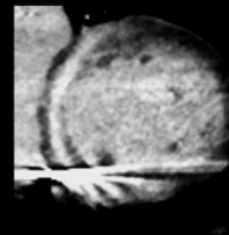


Myocardial fat

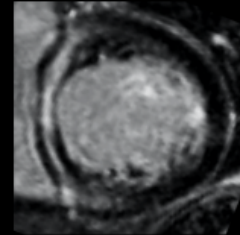
## NICM



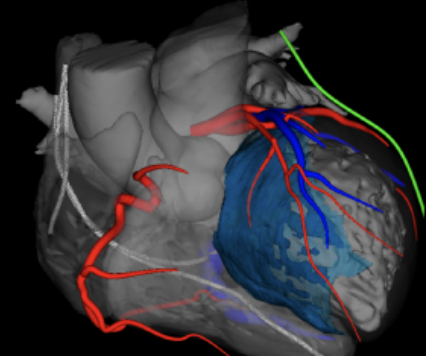
Arterial CT



Late CT



Late MR

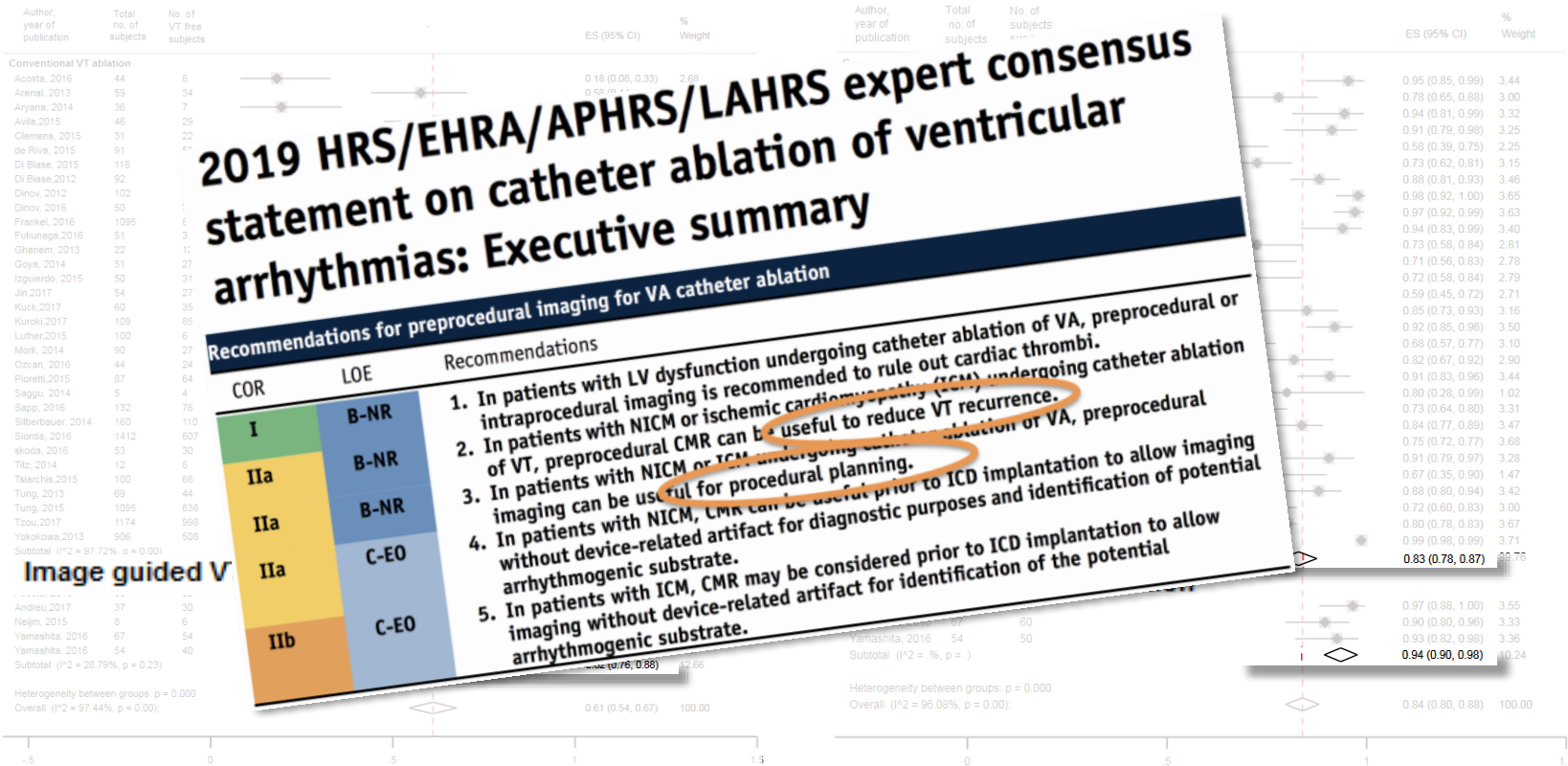


Late enhancement dense scar & grey zone



# IMAGE-ASSISTED ABLATION IMPACT ON OUTCOME

VT-FREE SURVIVAL



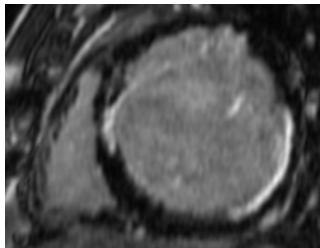
**2019 HRS/EHRA/APHS/LAHS expert consensus statement on catheter ablation of ventricular arrhythmias: Executive summary**

**Recommendations for preprocedural imaging for VA catheter ablation**

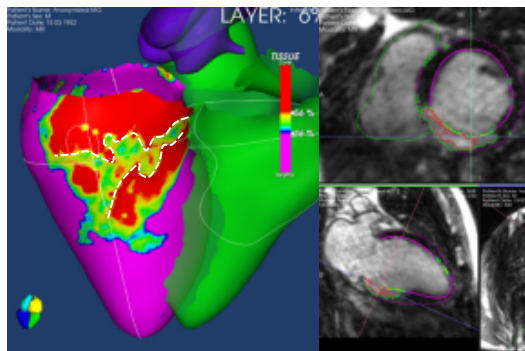
COR	LOE	Recommendations
I	B-NR	1. In patients with LV dysfunction undergoing catheter ablation of VA, preprocedural or intraprocedural imaging is recommended to rule out cardiac thrombi.
Ia	B-NR	2. In patients with NICM or ischemic cardiomyopathy (ICM) undergoing catheter ablation of VT, preprocedural CMR can be useful to reduce VT recurrence.
Ia	B-NR	3. In patients with NICM or ICM undergoing catheter ablation of VA, preprocedural imaging can be useful for procedural planning.
Ia	C-EO	4. In patients with NICM, CMR can be useful prior to ICD implantation to allow imaging without device-related artifact for diagnostic purposes and identification of potential arrhythmogenic substrate.
Ia	C-EO	5. In patients with ICM, CMR may be considered prior to ICD implantation to allow imaging without device-related artifact for identification of the potential arrhythmogenic substrate.



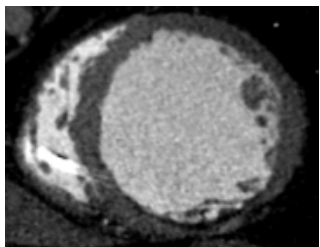
# PERSPECTIVE IMAGE-BASED TARGETS



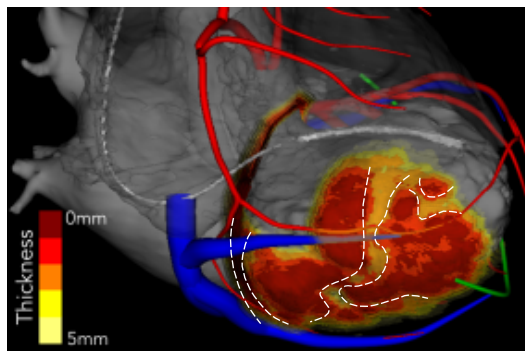
CMR



Andreu D. Heart Rhythm. 2017



CT

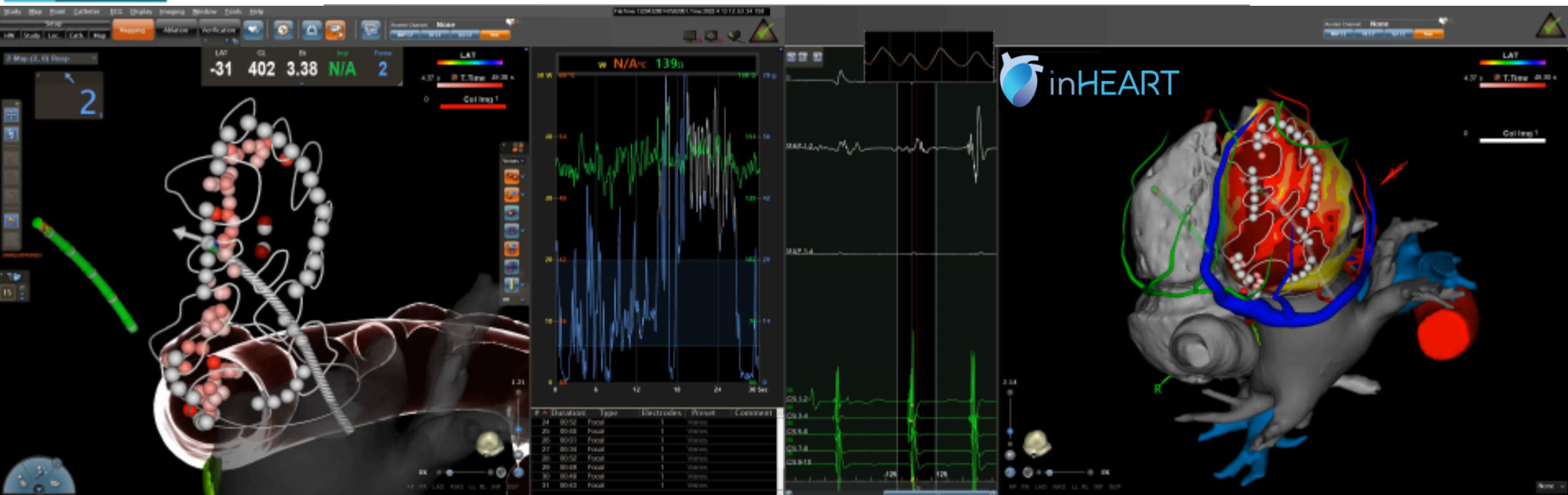


Takigawa M, et al. Heart Rhythm. 2019





# PERSPECTIVE IMAGE-BASED TARGETS



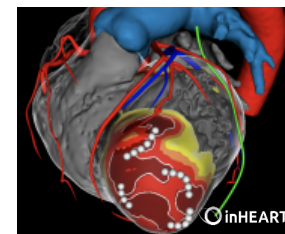
## EUROPEAN RCT (FU ongoing)

16 European centers

Primo-ablation for post-MI VT

Random. 1:1 CT channel vs. conventional approach

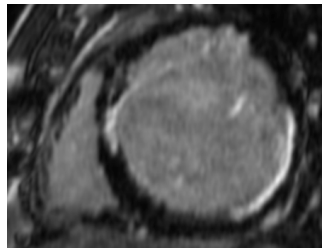
Primary endpoint: procedure time & cost efficiency



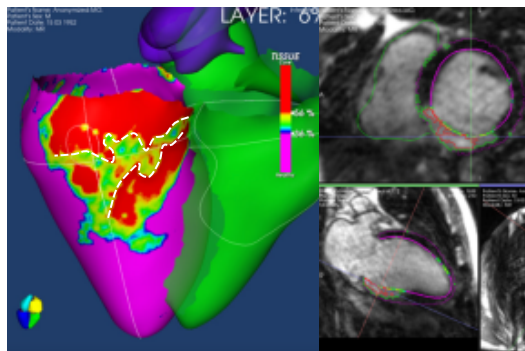


# PERSPECTIVE

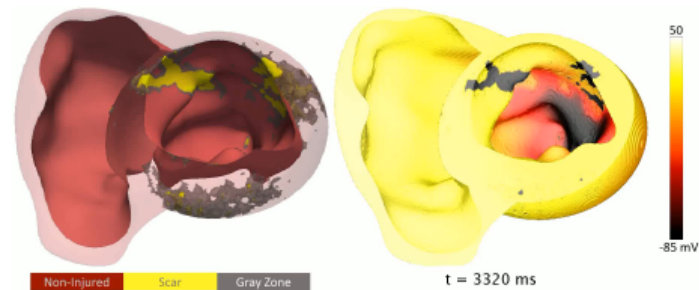
## IMAGE-BASED SIMULATION OF VT



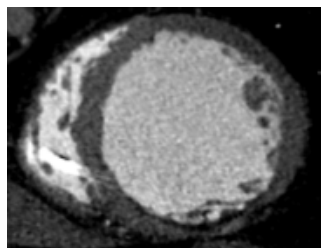
CMR



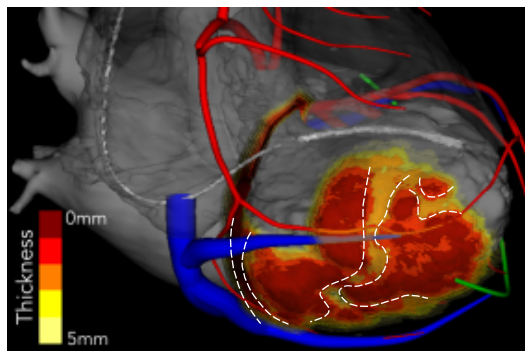
Andreu D. Heart Rhythm. 2017



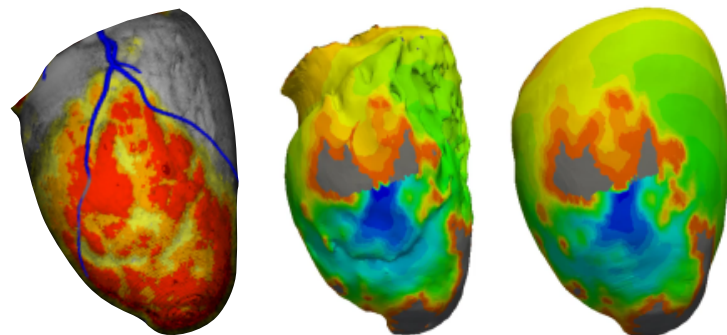
Prakosa A, et al. Nat Biomed Eng. 2018



CT



Takigawa M, et al. Heart Rhythm. 2019

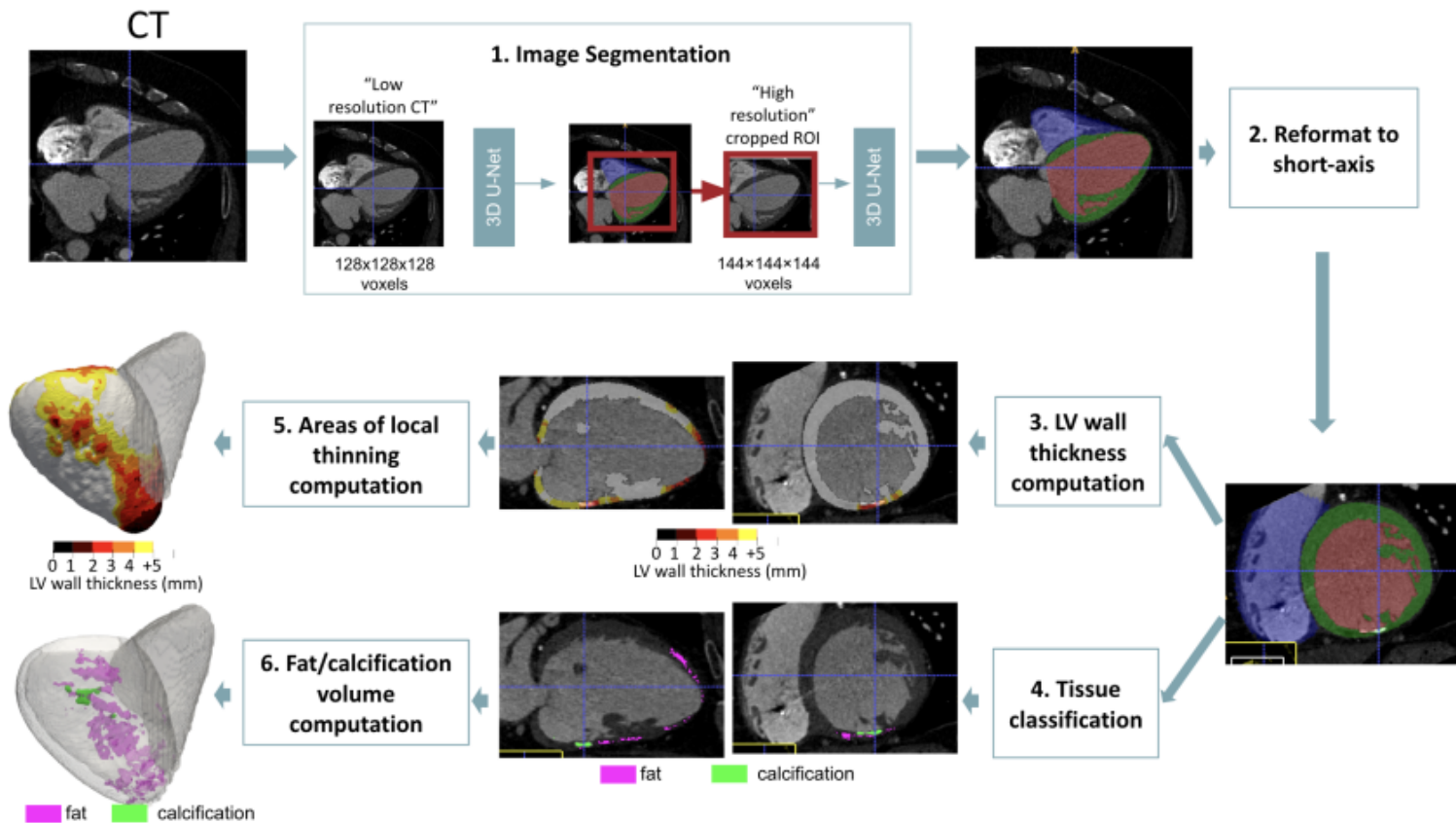


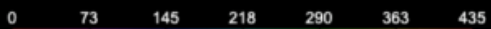
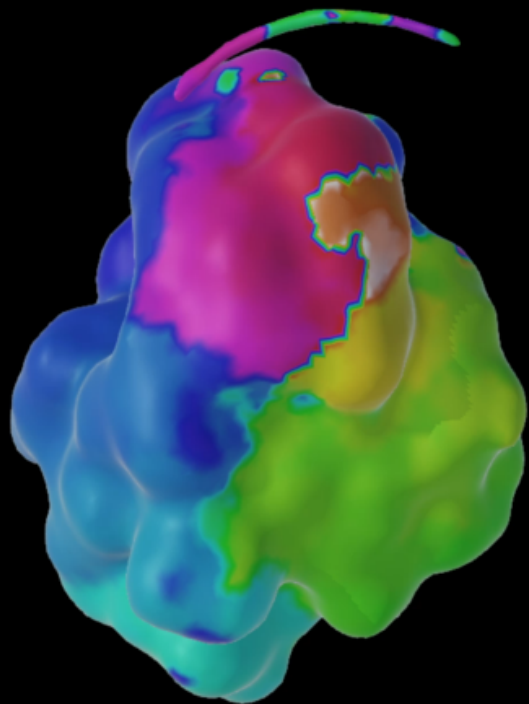
Cedilnik N, et al. Europace. 2019



# THE FUTURE IN VT

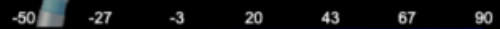
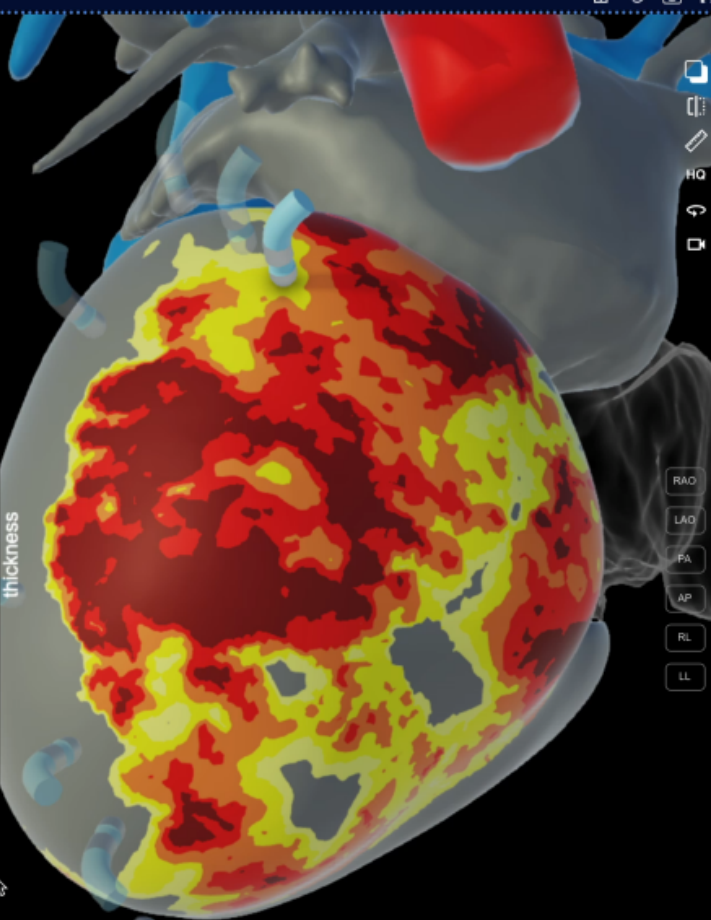
## CLINICALLY TRACTABLE SIMULATIONS





Recorded activation map (ms)

- RAO
- LAD
- PA
- AP
- RL
- LL



Transmembrane potential (mV)

- 📄
- 📏
- HQ
- 🔄
- 📄

- RAO
- LAD
- PA
- AP
- RL
- LL

Presets



Sequences



Structures

Show all Hide all

👁️ ▼ Anatomy

- 👁️ ▼ Left anatomy
  - 👁️ LA ENDO (CT) ⚙️
- 👁️ ▼ Right anatomy
  - 👁️ RA ENDO (CT) ⚙️
- 👁️ ▼ Vessels and nerve
  - 👁️ AO (CT) ⚙️
  - 👁️ PAT (CT) ⚙️
- 👁️ Myocardium (CT) 🌈 ⚙️

Opacity  100

Maps

Colors

Min  1

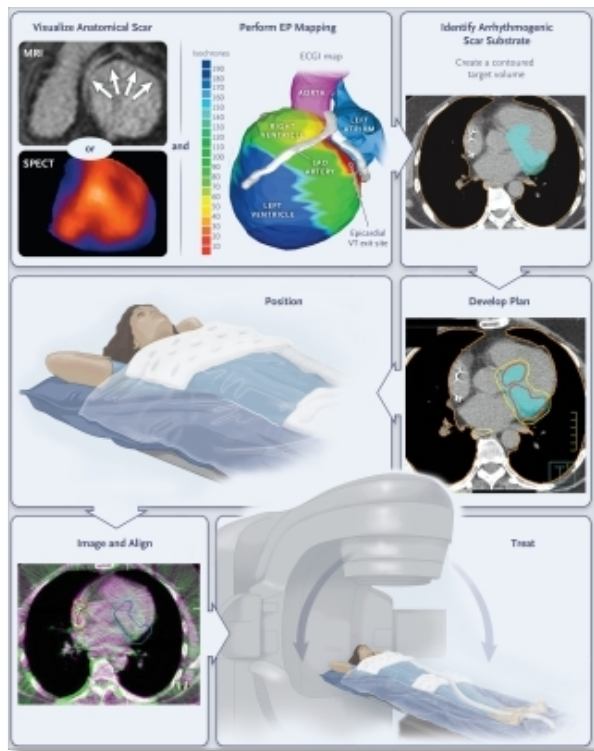
Max  6

Sequence

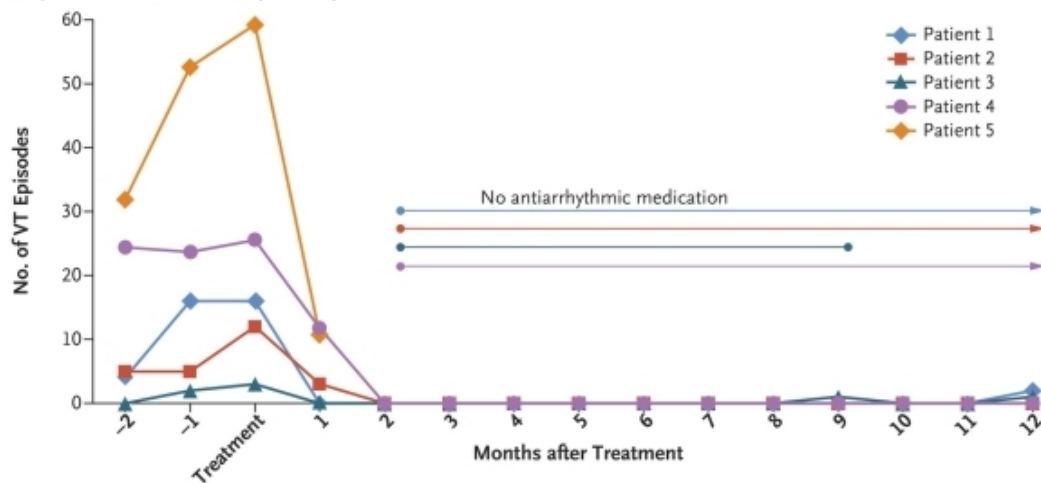


# Noninvasive Cardiac Radiation for Ablation of Ventricular Tachycardia

Phillip S. Cuculich, M.D., Matthew R. Schill, M.D., Rojano Kashani, Ph.D., Sasa Mutic, Ph.D., Adam Lang, M.D., Daniel Cooper, M.D., Mitchell Faddis, M.D., Ph.D., Marye Gleva, M.D., Amit Noheria, M.B., B.S., Timothy W. Smith, M.D., D.Phil., Dennis Hallahan, M.D., Yoram Rudy, Ph.D., *et al.*



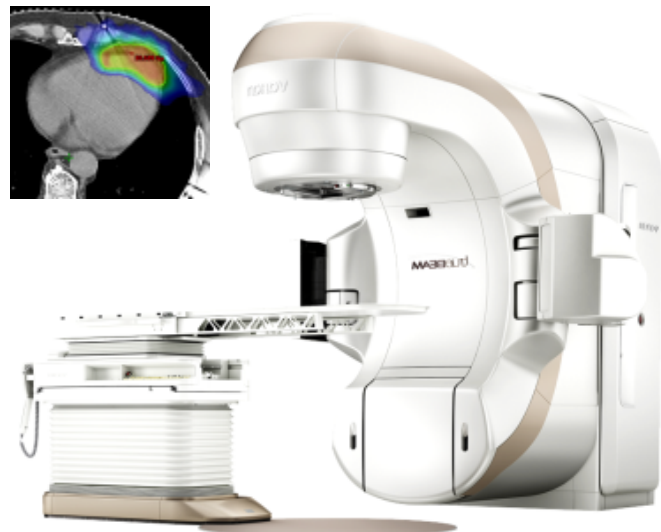
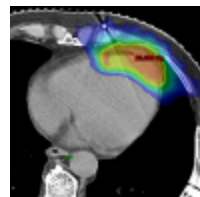
Monthly Assessment of All VT Episodes per Patient





# PERSPECTIVE

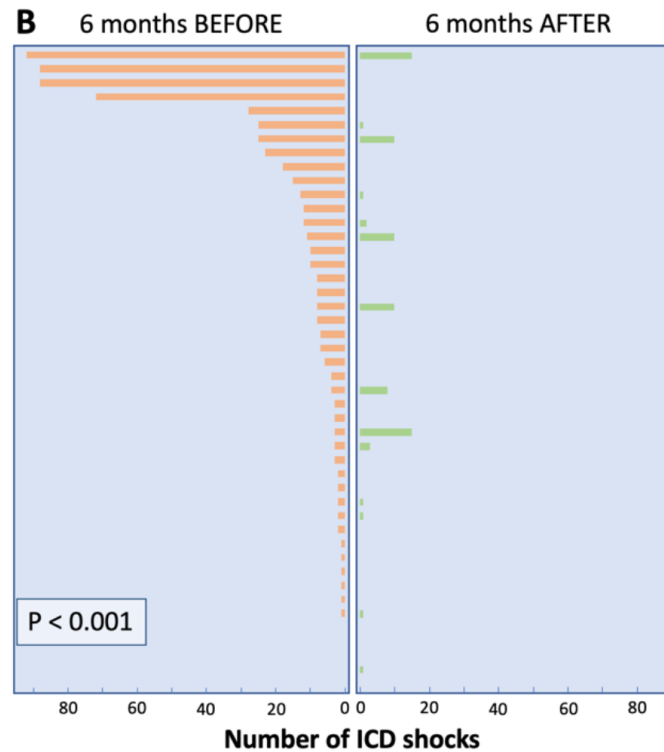
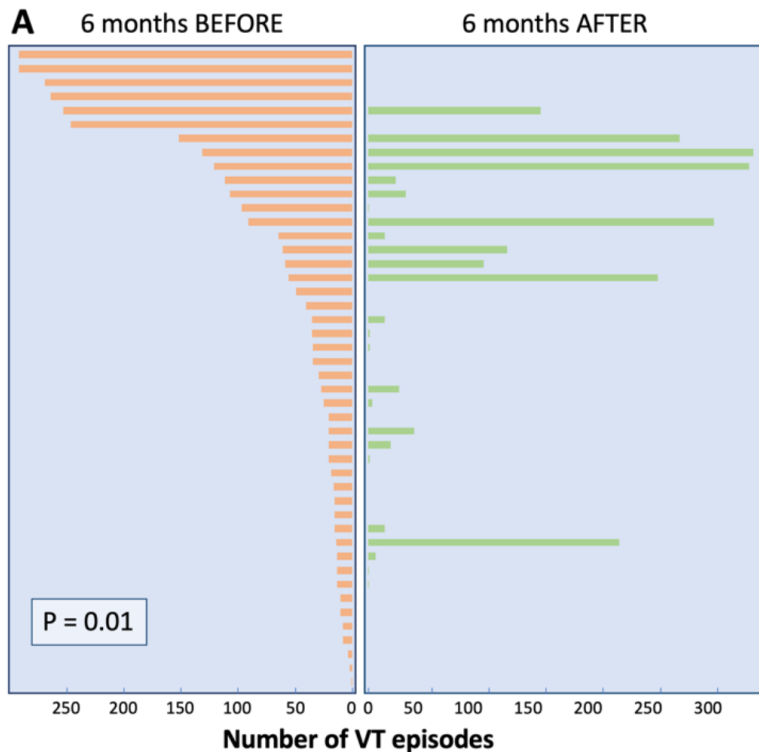
## IMAGE-GUIDED RADIO-ABLATION OF VT





# RADIOABLATION OF VT

## CLINICAL RESULTS (N=51)

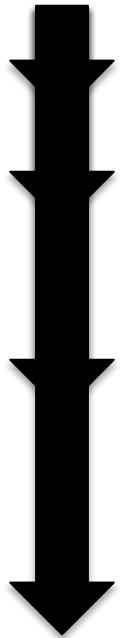




# CONCLUSIONS

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## Role of pre-procedural imaging in catheter ablation



**before ablation**

diagnosis of underlying etiology

**ablation planning**

detection of thrombus

need for epicardial access

challenges of epicardial access

**ablation guidance**

enhanced definition of substrate & anatomy

identifying structures at risk (coronaries, phrenic)

direct definition of ablation targets

**perspective**

fully non-invasive cardiac ablation