INTRA CARDIAC SHUNT EVALUATION USING ADVANCED CARDIAC IMAGING

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NO DISCLOSURES AT THIS TIME

GOALS OF EVALUATION

- Determine threshold for intervention, Qp/Qs >1.5
- Assess suitability for intervention
- Guidance of intervention-sizing/morphology
- Checking for associated anomalies that may need attention



ECHO

- Grssohuthfkrfduglrjudsk | #dq#txdqwli | #biwwr0uljkwtkxqwlqj #e | #Fs2Tv#urp #Grssohulghulyhg#sxop rqIf# dqg#druwlf#eorg#borz v
- Qrq0bydvlyh/#rqd#l#rxjk#nvwpdwh#r#vkxqw#pdjqlxgh#
- Dghtxdwh#dfrxvwlf#zbgrzv#Edqqrw#eh#rewdbphg#bq#bd#sdwbqwv#
- vp dathurw#q#kh#p hdvxuhp hqw#ri#gbp hwhu#QYR W#JYR W #byvergxfh#oluj h#hurw#byvr#iorz #Edofxodwirqv1

CATH

- Wkh#r{phwiE#dvvhvvphqw#ri#r{|jhq#Erqwhqw#ru#vdwcudwirqv#q#kh#yduirxv#ijkw0vgh# khduw#Ekdpehuv#v#hfrughg#dqg#dorzv#rqh#vr#ghwhupiqh#ervk#vkxqw#vfdwirq#dqg# pdjqixgh1#
- Iqydvlyh
- Iqvhqvldyh#iru#ghwhfwlqj#vpda#vkxqwv#
- Hvwp dwh#ri#vkxqwp djqlxgh#p d|#eh#vrp hz kdw#p suhflvh#q#sdwhqwv#z lkr#olujh#vkxqw1

ROLE OF ACI (ADVANCED CARDIAC IMAGING)

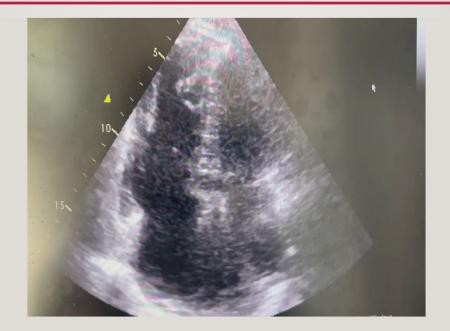
- Udsb/#dffxudwh/#prqbydvlyh/#dqg#zbhd/#dssdfdeoh#phwkrg#ri#hvwpdwbj#wh# pdjqlxgh#ri#pwdfdugbf#briv0wr0ubjkv#vkxqwbpj#v#phvldeob1
- Fought # U#dqg# Gught # WD



CASE #I

- 50 year old Caucasian female referred for heart murmur, fatigue and exertional dyspnea
- History : hypertension, dyslipidemia
- Exam: soft systolic murmur
- Echo

TTE : RV DILATION



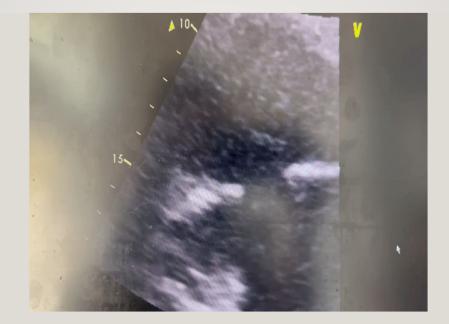


TTE SUGGESTING A SECUNDUM ASD

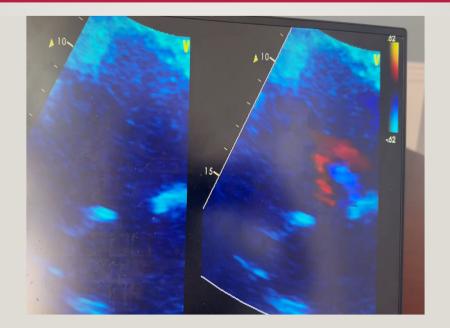




ASD ON ECHO

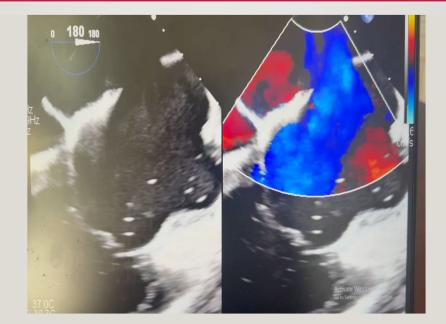


ASD: COLOR





TEE : SIZING OF THE ASD FOR CLOSURE









TEE QUANTIFIED WELL

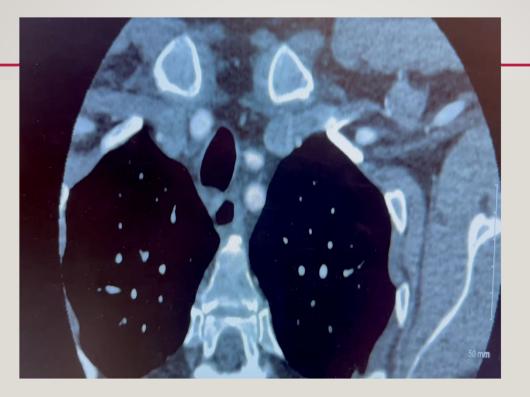
- Qp/Qs 1.9
- Dilated RV
- Preserved EF , mild MR



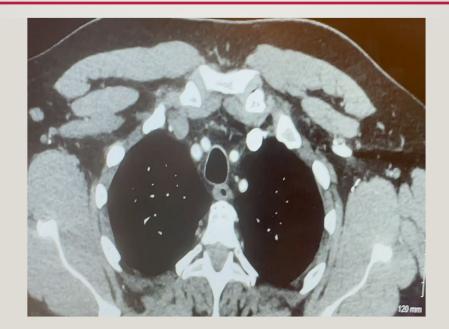
ROLE OF ADVANCED IMAGING HERE

- Shunt quantification done with TEE, Qp/Qs 1.9
- Sizing of ASD apt for percutaneous closure
- Associated anomalies ??

CARDIAC CT



UNFORTUNATE CASE: MISSED PAPVR

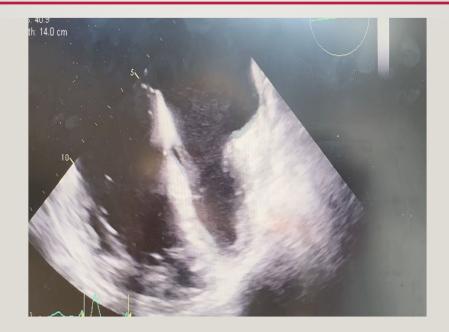




CASE #2

- 66 yr old lady with exertional shortness of breath and edema
- Systolic murmur, bp normal
- sleep study, PFTs done in the past –unremarkable
- Referred to us

TEE



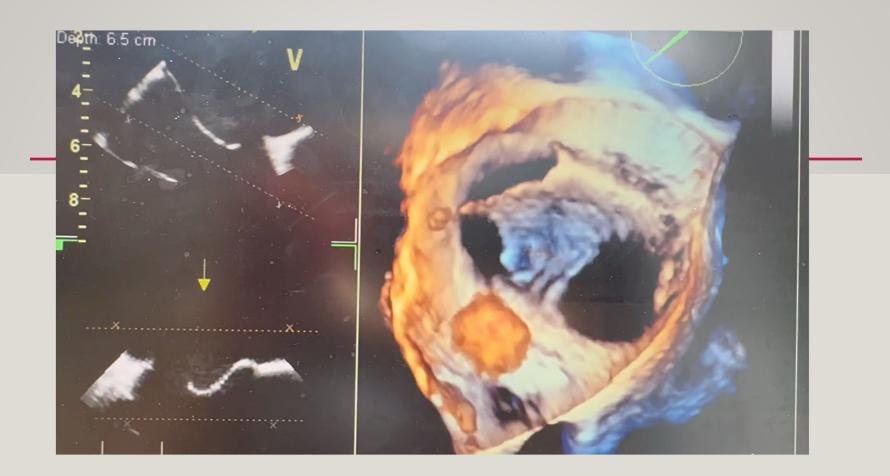


TEE: BETTER VISUALIZATION OF THE ASD















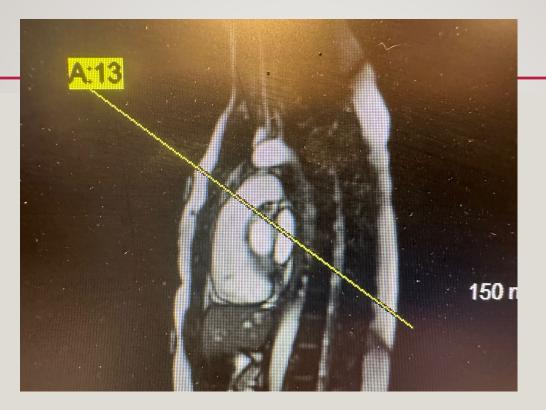
CARDIAC MRI

- Qp Q/s 2.8
- RVEDVI 135 ml/m2
- RVEF 35%
- Referred to surgery given several ASD

CMR: FLOW PHYSICS

- Skdvh0glihuhqfh#phkrgv#duh#edvhg#rq#kh#sulqfson#kdwk/gurjhq#pxfon#prylpj#kurxjk#d#pdjqhwE# ihog#judghqwdffxpxodwh#d#skdvh#vkliw#sursruwrqdd#ur#khl#yhorf1/1#
- Iorz #F ###dofxodwhg#e |#p xooks | bj #eorg#yhorf W #Y #e |#wh#furvv0vhfwlrqddduhd##D #r #wh#ydvfxodu#
 vvoxfwxuh#r #pwhuhvw##F @Y#[#D
- Z 1/k#/k1/#hfkq1:xh/#brz #fdq#eh#p hdvxihg#tx1fnd #
- Vfdqv#fdq#eh#shuirup hg#fq#bivv#kkdq#5#p lqxwhv

QP

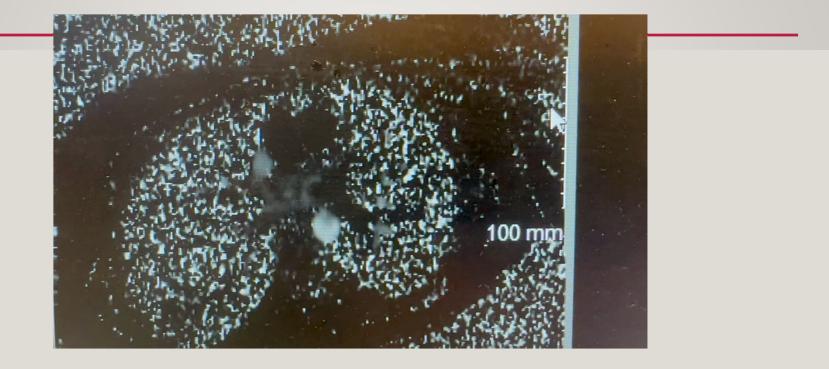


QS



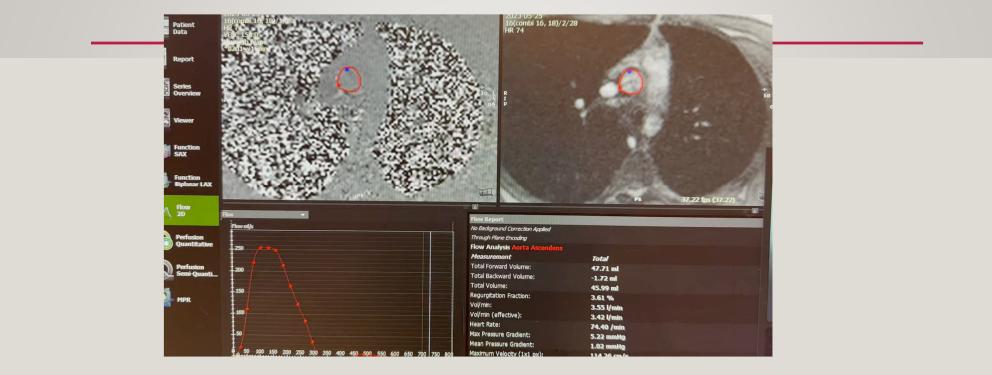


PHASE CONTRAST: COMPLEX FLOW ANALYSIS





FLOW



CMR ADVANTAGES

- vdih/#hdvrqded#frpiruvdeoh/#grqbydv}h/#dqg#hdvbd#shuiruphg#dq#txwsdwhqw#
 vhwdgj#z1xrxw#xh#qhhg#iru#rql}bj#dgbwlrq#ru#dqwdydvfxodu#qnhfwlrqv1#
- vlqjoh#arz #phdvxuhphqw#duh#shuiruphg#ads bjd##q#bivv##kdq#6#plqxwhv,#doorz lqj#d# frpsolwh#khprg |qdplf#dvvhvvphqw#q#bivv##kdq#43#plqxwhv1#
- h{fhotqv#ylvxdd}dwlrq#r#wkh#duhd#dqg#yhorfW|#suribh##p shgp hqw#suhvhqwhg#e|# erg |#vkdsh#dqg#v]}h#duh#r#dwoh#frqfhuq1#

Circulation. 1995;91:2955-2960

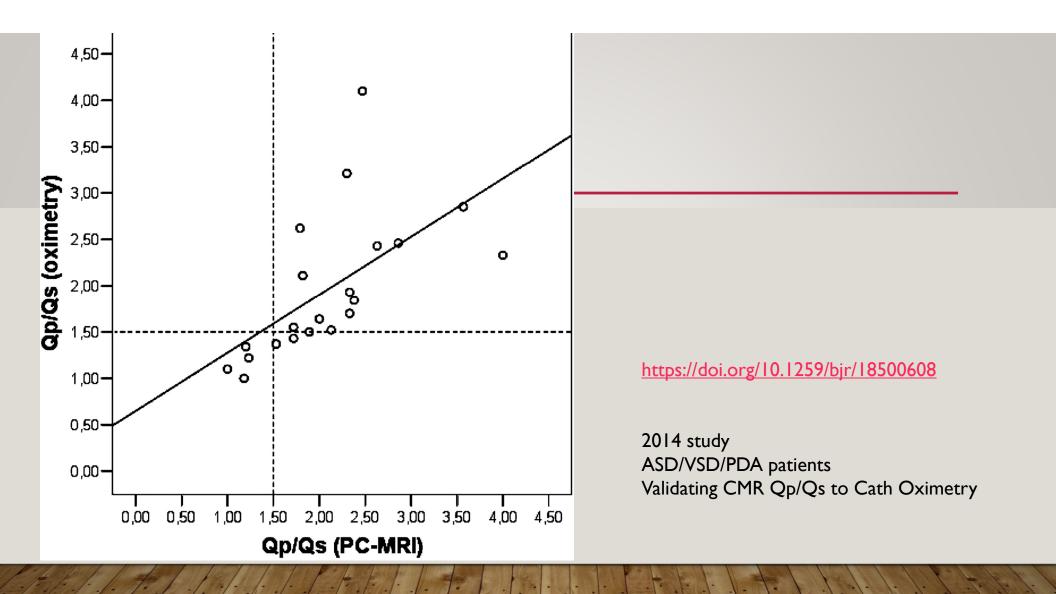
CMR ADVANTAGES

- Dvvrfblwng#Jqrp ddhv/#vxfk#Jv#Jqrp dorxv#sxp rqdu/#yhqrxv#gudlqdjh# ru#sdwhqw#gxfwxv#Juwhulrvxv
- vlxdd}h#qwdfdugdf#wxfwxhv#ehiruh#dqg#diwhu#vxujlfdd#qwhuyhqwlrq
- Uhfrqvvxfv#kuhh0gþhqvlrqd#pdjhv#ri#khdu#dqg#juhdv#hvvhov#q# sdwhqvv#zkrvh#dqdvrp |#v#frpson{1

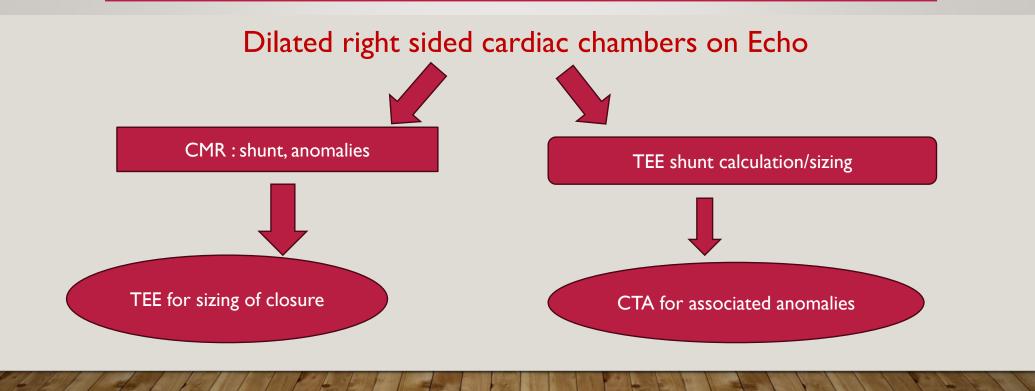


CMR VALIDATED AGAINST CATH OXIMETRY

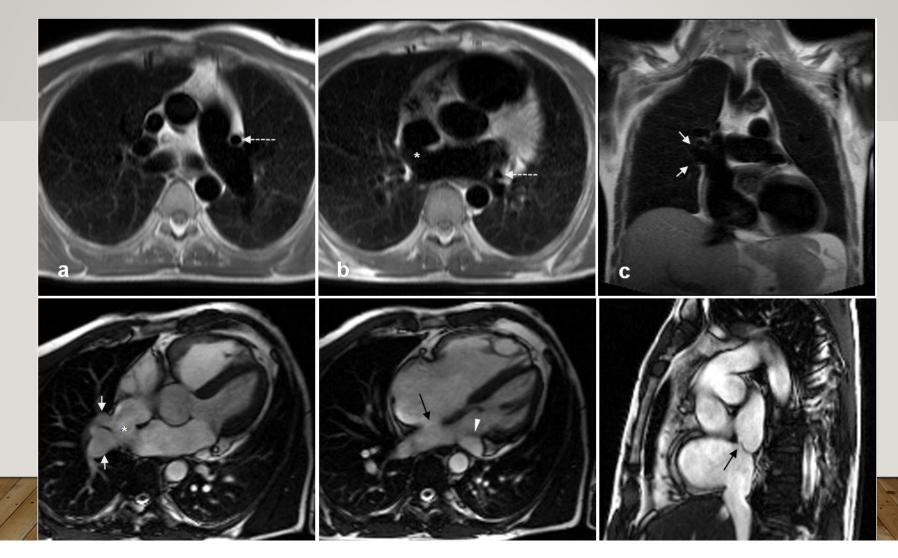
- <u>Noninvasive quantification of left-to-right shunt in pediatric patients: phase-contrast cine</u> <u>magnetic resonance imaging compared with invasive oximetry.</u> Beerbaum P, Körperich H, Barth P, Esdorn H, Gieseke J, Meyer H.Circulation. 2001 May 22;103(20):2476-82. doi: 10.1161/01.cir.103.20.2476.
- Determination of Qp/Qs by PC-MRI in children is quick, safe, and reliable compared with oximetry.



INTRA CARDIAC SHUNT: DIAGNOSTIC TRACK



CARDIAC MRI: STILL REMAINS ONE STOP SHOP



QUESTIONS ???

• Thank you

