

Quantitative Myocardial T1 and T2 mapping In a Swine Model of Ventricular Tachycardia

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Target Audience

Scientists/clinicians interested in myocardial tissue characterization.

Purpose/Introduction

Ventricular tachycardia ablation reduces the incidence of implantable cardioverter defibrillator (ICD) therapy in patients with history of myocardial infarction¹. However, a high recurrence rate of VT is observed after ablation in these patients¹. Therefore, the development of new techniques to identify the VT substrate may have important clinical impact. In this perspective, we have recently developed a swine model of re-entrant VT, where sustained monomorphic re-entrant VT can be induced in all animals. In this study, we sought to provide in-vivo characterization of this model using myocardial tissue characterization techniques of T₁, T₂ and high-resolution LGE.

Materials and Methods

All imaging was performed using a 1.5 T Philips scanner. A model of re-entrant VT was induced in 11 Yorkshire swine using a 180 minutes balloon occlusion of the mid left anterior coronary artery. In-vivo CMR was performed at 52±13 days after infarction. Subsequently, each animal underwent an electrophysiology study with programmed stimulation to assess for VT inducibility.

In-vivo CMR Protocol: In-vivo CMR was performed with sedation, intubation and mechanical ventilation of each animal. Pre-contrast imaging included native T₁ mapping (using MOLLI²) and T₂ mapping³. Post-contrast imaging was performed after bolus injection of 0.2 mmol/kg of gadobenate dimeglumine and included post-contrast T₁ mapping (using MOLLI²) and high resolution late enhancement (LGE)⁴.

Imaging Sequences: Quantitative myocardial tissue characterization sequences (T₁/T₂ mapping) used an ECG-triggered single shot acquisitions with balanced-SSFP imaging readout and the following parameters: (TR/TE=4.3/2.1ms, flip angle=35°(T₁ mapping)/85°(T₂ mapping), FOV=360×276 mm², voxel size=2×2 mm², slice thickness=8 mm, 10 slices (T₁ mapping)/5 slices(T₂ mapping), SENSE factor=2).

High resolution LGE (3) was performed using a free breathing navigator-gated inversion recovery gradient echo sequence with the following parameters (TR/TE/α=6.5/3.0ms/25°, FOV=270×270×112 mm³, voxel size=1×1×1 mm³, compressed sensing factor=4).

Data Analysis: Analysis was performed offline using an in-house platform. The areas of hyper-enhancement in LGE data was used to visually guide a manual segmentation of the corresponding areas in all T₁ and T₂ maps. A similar approach was used to delineate an area of healthy myocardium all T₁ and T₂ maps. T₁/T₂ maps with artefacts were discarded from the analysis. Native T₁ times and T₂ times are reported for both "remote area" and "area of hyper-enhancement in LGE".

Results

Sustained re-entrant VT was induced in all animals. Areas of elevated native T₁ times and T₂ times corresponded well to areas of reduced post-contrast T₁ times and LGE hyper-enhancement (Figure 1). These findings were found reproducible over all animals (Figure 2) where areas corresponding to LGE hyper-enhancement had higher native T₁ times (1276±45 vs. 1047±29, p<0.001) and T₂ times (85±6 vs. 52±4, p<0.001) than remote area.

Conclusions

Areas corresponding to LGE hyper-enhancement have elevated native T₁ times and T₂ times in the developed swine model of re-entrant VT.

Acknowledgements

Grant support from NIH R01EB008743-01A2 and Boston Scientific.

References

- [1]Reddy,NEJM,2007; [2]Messroghli,MRM,2004; [3]Akçakaya,MRM, 2014; [4]Akçakaya,Rad.,2012

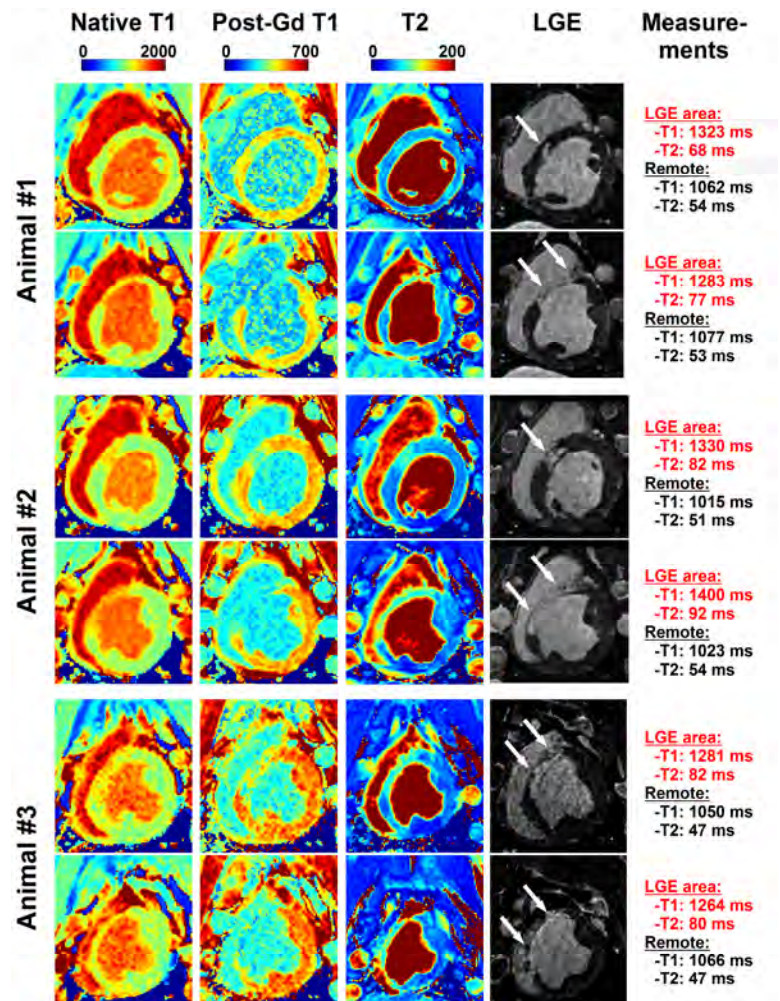


Figure 1. Native T₁ maps, post-contrast T₁ maps (post-Gd T₁), T₂ maps and LGE obtained in 3 swine. Elevated native T₁ times and T₂ times can be observed in the area of LGE hyper-enhancement.

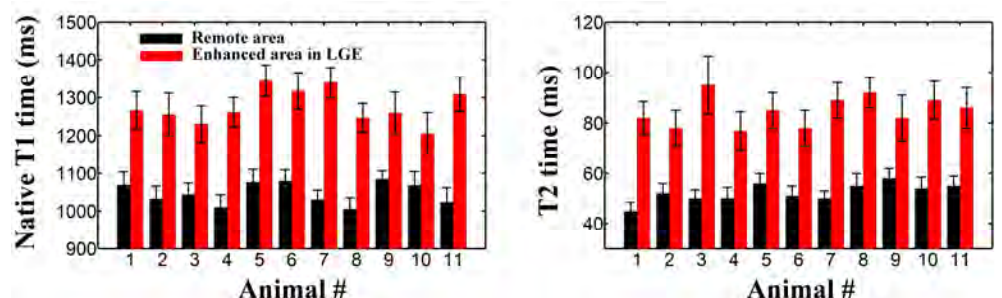


Figure 2. Native T₁ times and T₂ times measured in area corresponding to LGE hyper-enhancement (red) and in remote area (black). Higher T₁ times and T₂ times were obtained in area corresponding to LGE hyper-enhancement (p<0.001).