

Place de l'IRM cardiaque dans l'HFpEF

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Liens d'intérêt

- Consulting and lecture fees:
 - Astra Zeneca
 - Bayer
 - Bristol-Myers Squibb (BMS) – Pfizer
 - Vifor Pharma
 - Novartis
 - Boehringer Ingelheim
 - Amarin corporation
 - Siemens Healthineers (France, Global)
 - GE Healthcare (France)
 - MEDIS imaging
 - Hexacath

- Research grants:

- Servier
- Bayer



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Part 1: Cardiac MRI in HFpEF



2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure

Developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC)

With the special contribution of the Heart Failure Association (HFA) of the ESC

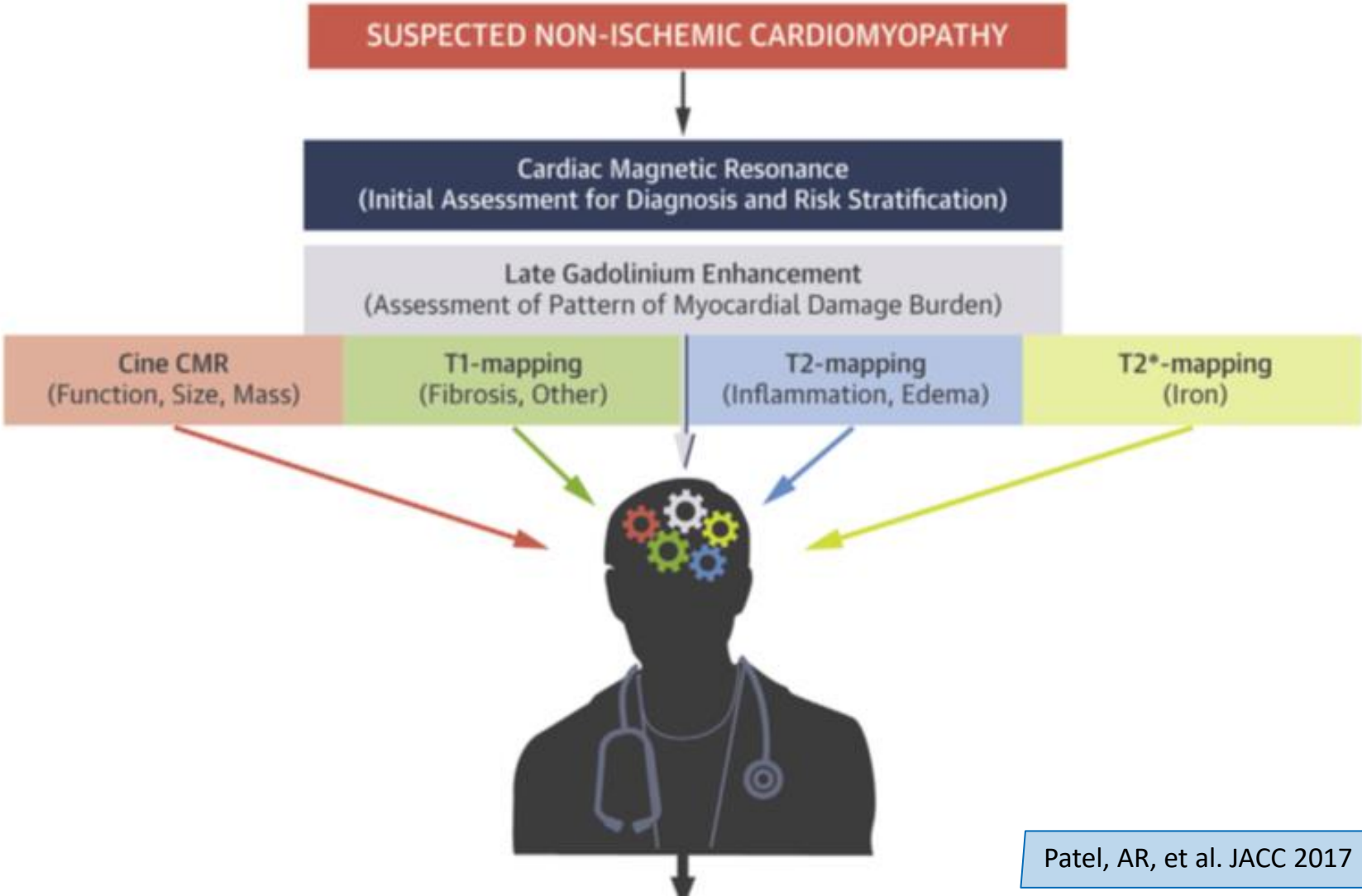
Investigation	Class	Level of Evidence
CMR imaging is recommended to evaluate cardiac structure and function, to measure LVEF, and to characterize cardiac tissue, especially in subjects with inadequate echocardiographic images or where the echocardiographic findings are inconclusive or incomplete (but taking account of cautions/contraindications to CMR).	I	C
Coronary angiography is recommended to evaluate the coronary anatomy in patients thought to have CAD, and who are considered suitable for coronary revascularization, to evaluate the coronary anatomy.	I	C
Myocardial perfusion/ischaemia imaging (echocardiography, CMR, SPECT, or PET) should be considered in patients thought to have CAD, and who are considered suitable for coronary revascularization, to determine whether there is reversible myocardial ischaemia and viable myocardium.	IIa	C



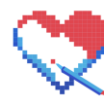
“... CMR is recommended to evaluate cardiac structure and function.”

Role of CMR

Heart failure and cardiomyopathy



Patel, AR, et al. JACC 2017



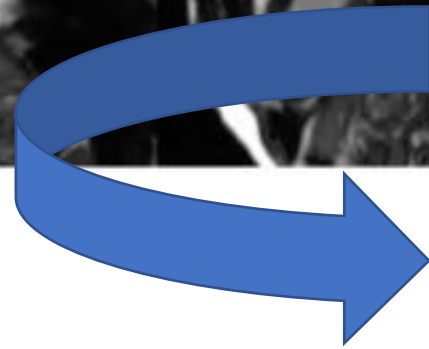
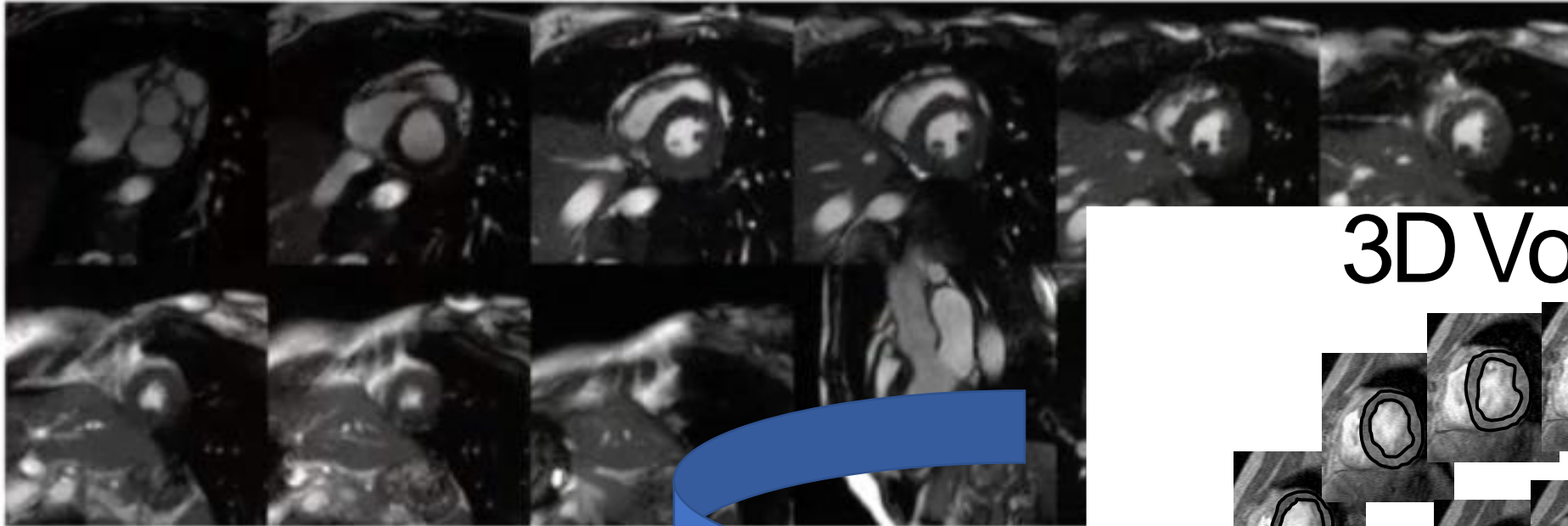
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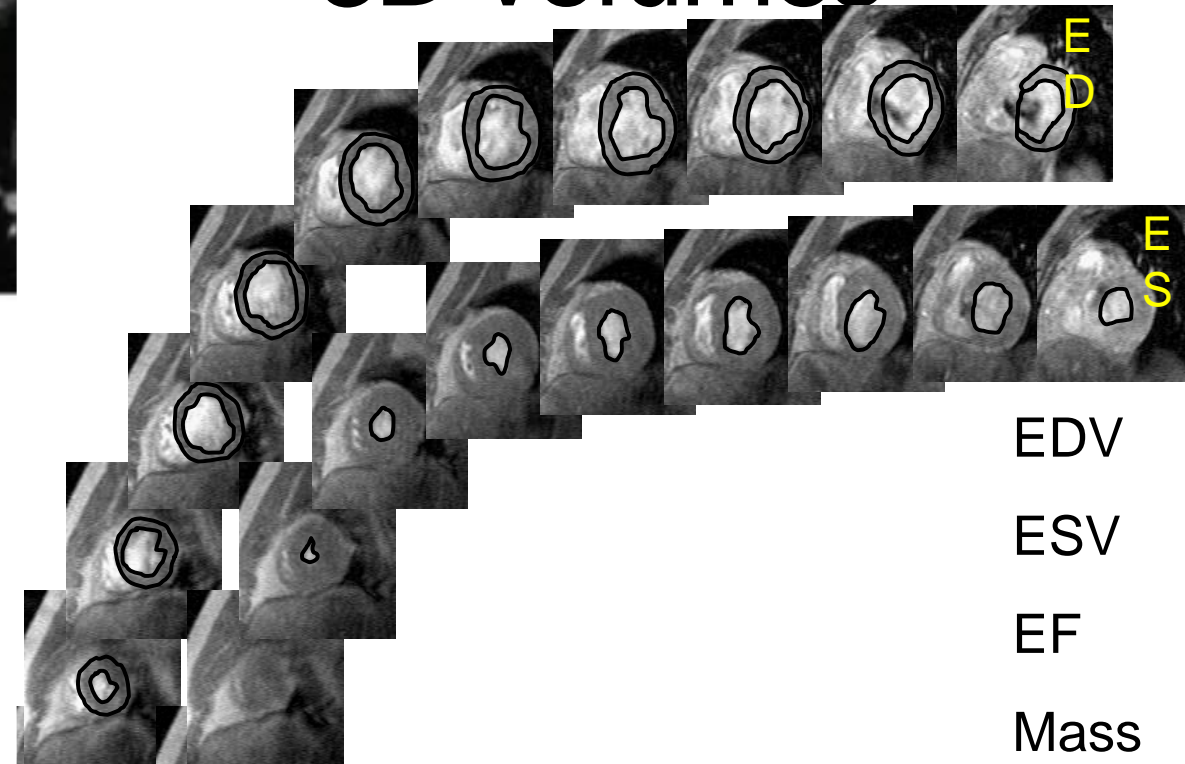
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Cine-CMR

Left ventricle parameters



3D Volumes



LV parameters

- HFpEF \rightarrow LVEF \geq 50%
- LV ED volume (LV dilation if >100 ml/m²)

EDV

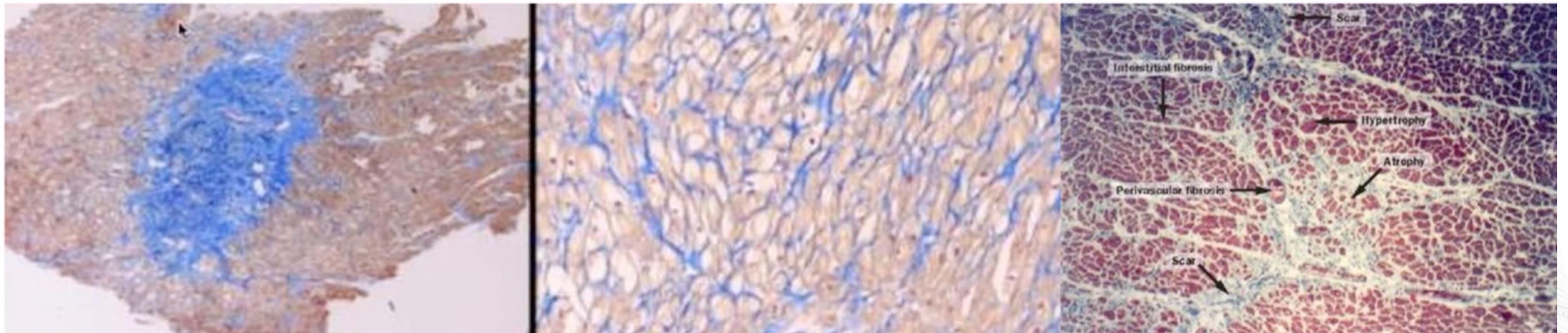
ESV

EF

Mass

Myocardial fibrosis

Two types of myocardial fibrosis



Replacement fibrosis

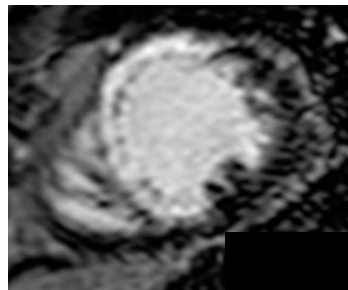
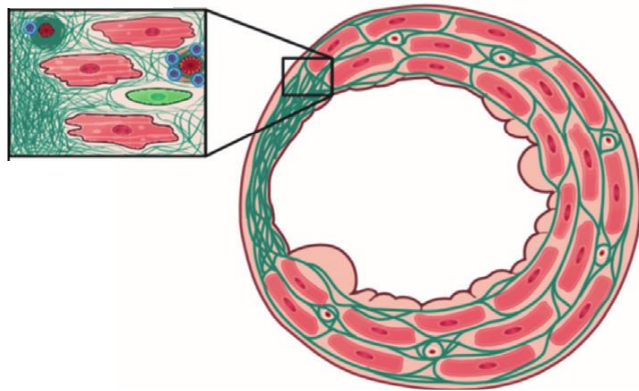
Interstitial fibrosis

Mixture

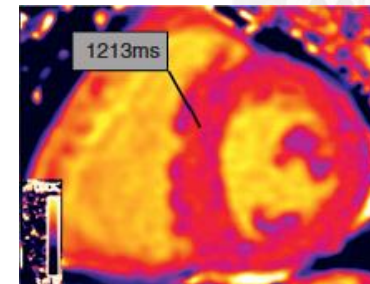
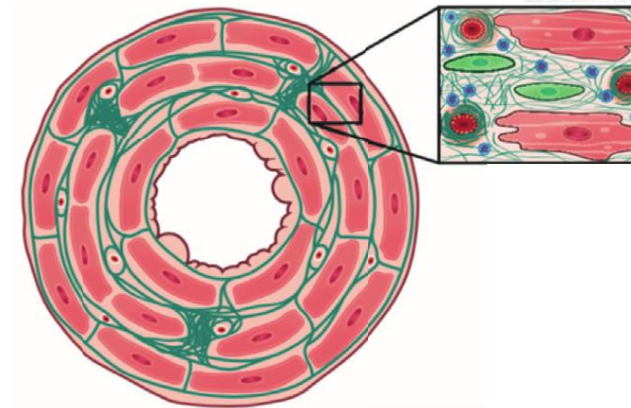
Myocardial fibrosis

Two types of myocardial fibrosis

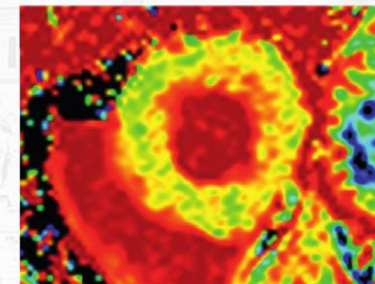
Replacement fibrosis (focal myocardial scar)



Diffuse interstitial fibrosis



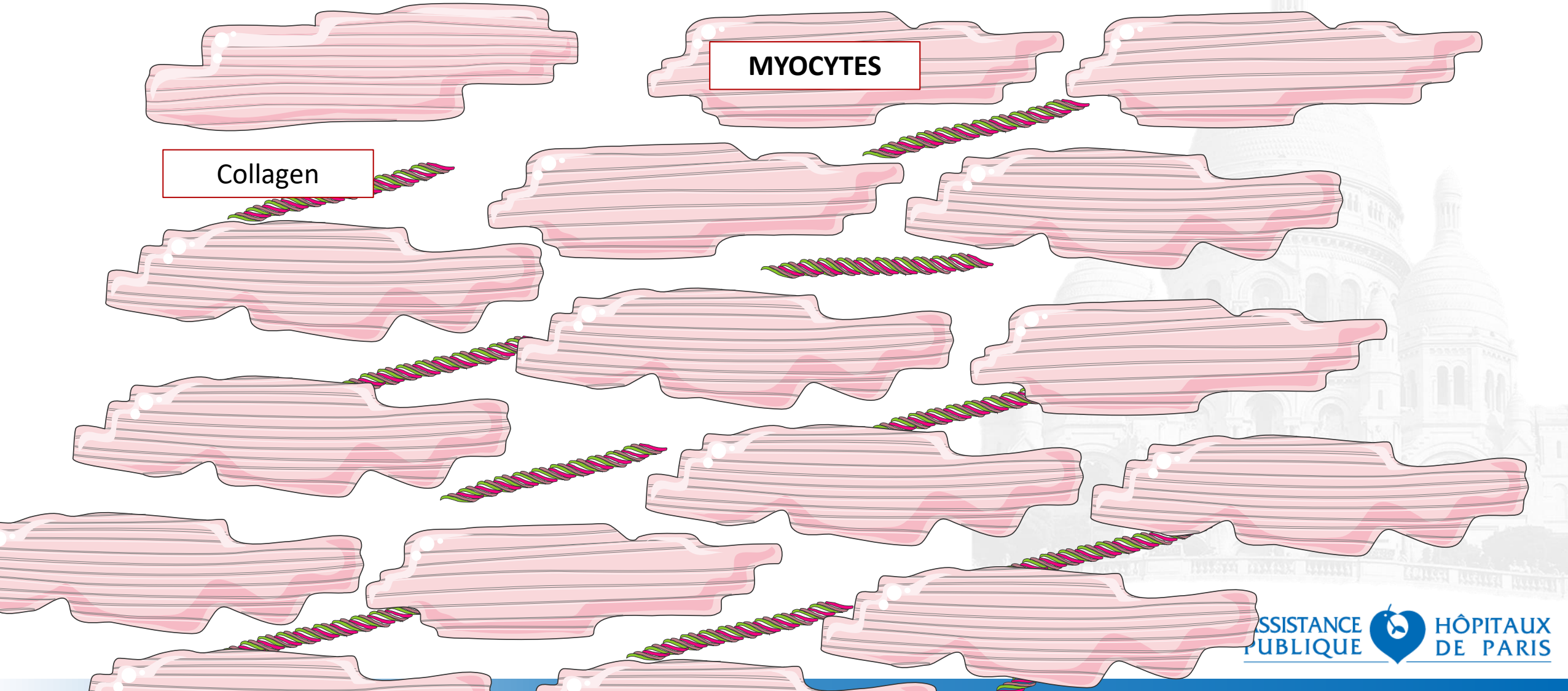
Native T1 mapping



ECV mapping

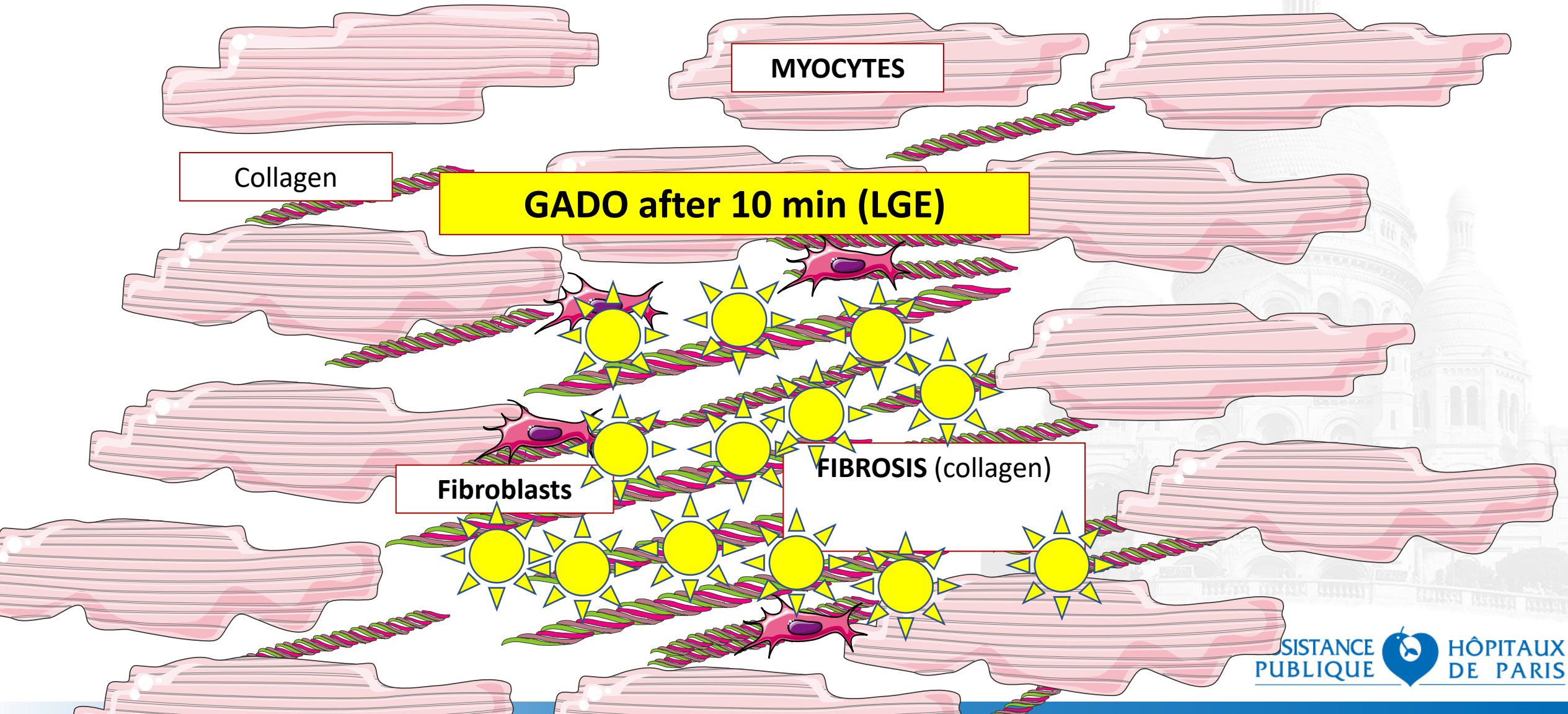
Replacement fibrosis in CMR

What is the Late gadolinium enhancement (LGE)?



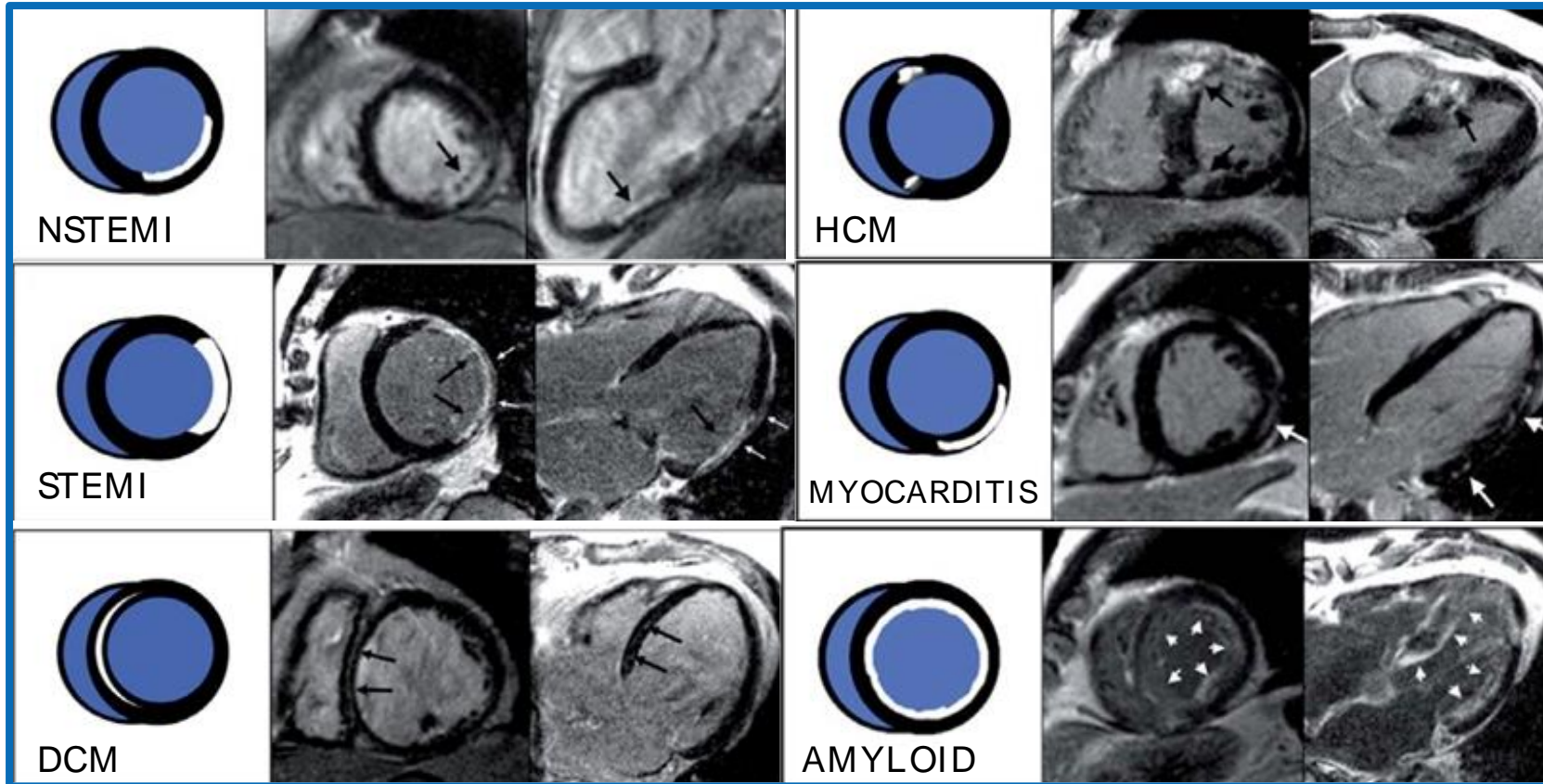
Replacement fibrosis in CMR

What is the Late gadolinium enhancement (LGE)?



Replacement fibrosis in CMR

What is the Late gadolinium enhancement (LGE)?



"LGE = focal increase of the extracellular volume"

i.e. myocardial necrosis, fibrosis, myocardial edema, amyloid deposits...

Mahrholdt H et al , EHJ 2005



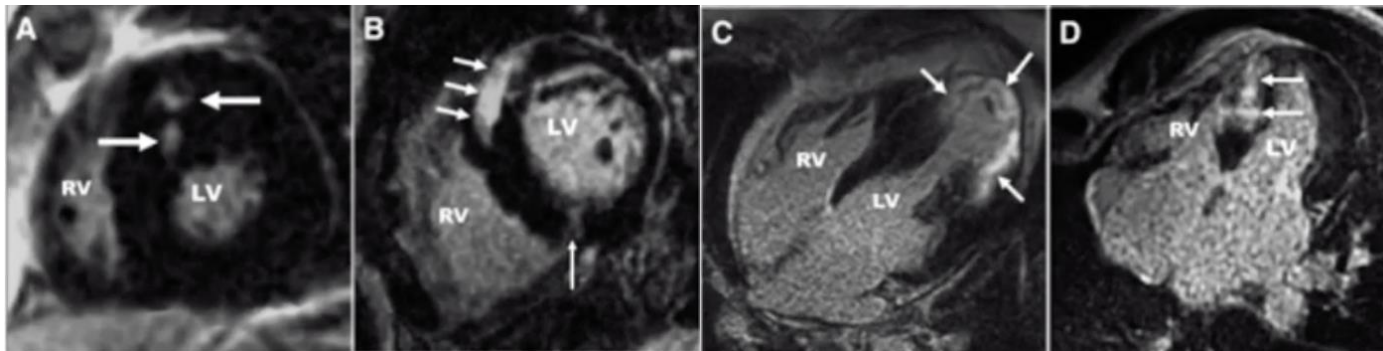
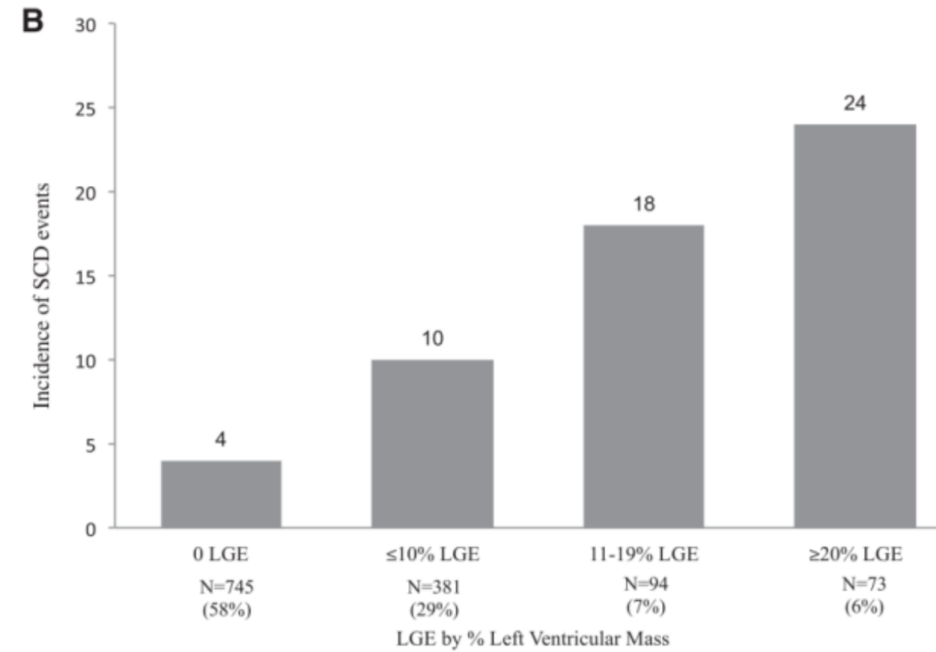
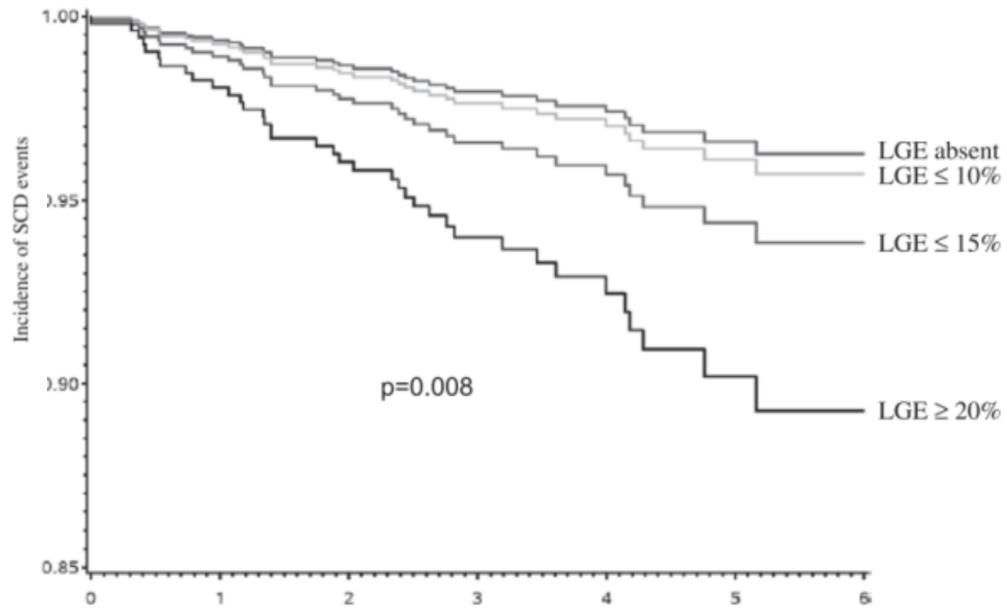
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Prognostic value of LGE

HFpEF patients with LV hypertrophy / HCM



Chan et al. Circulation 2014



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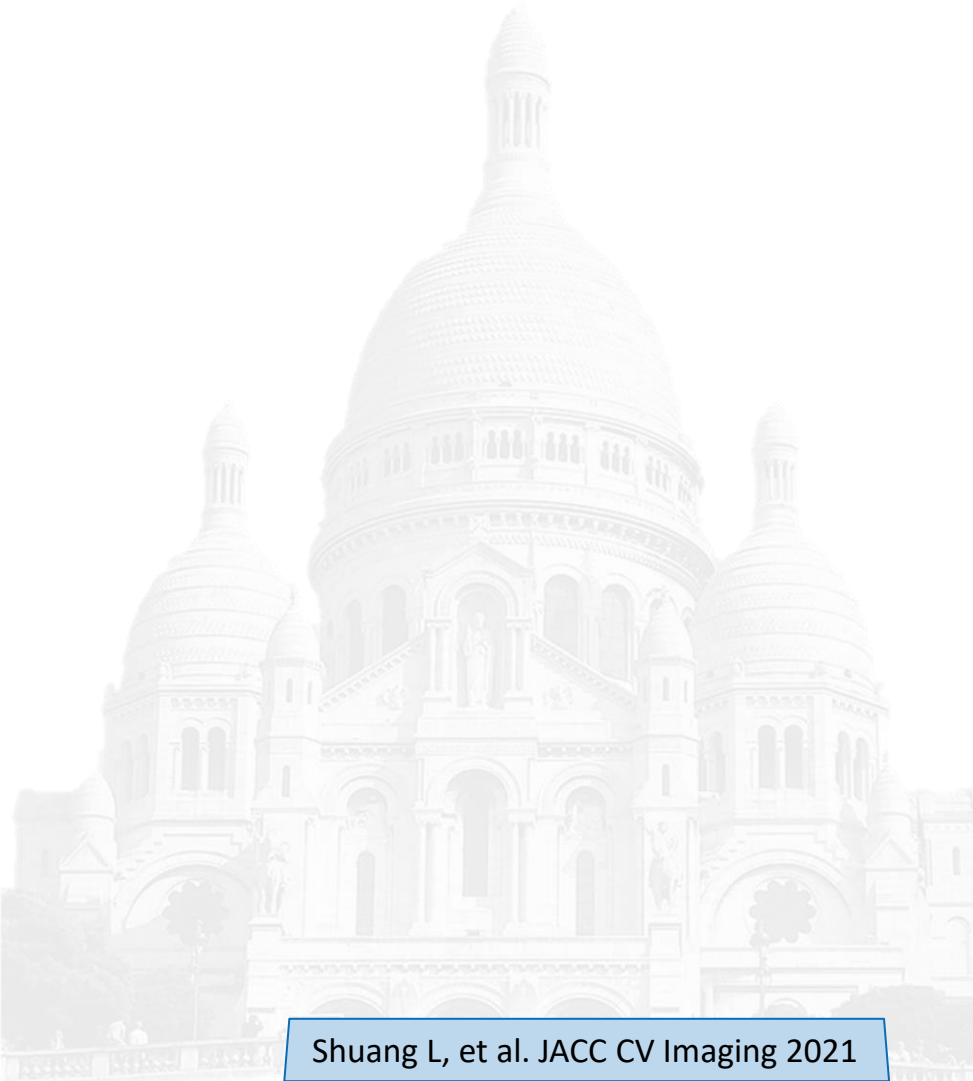
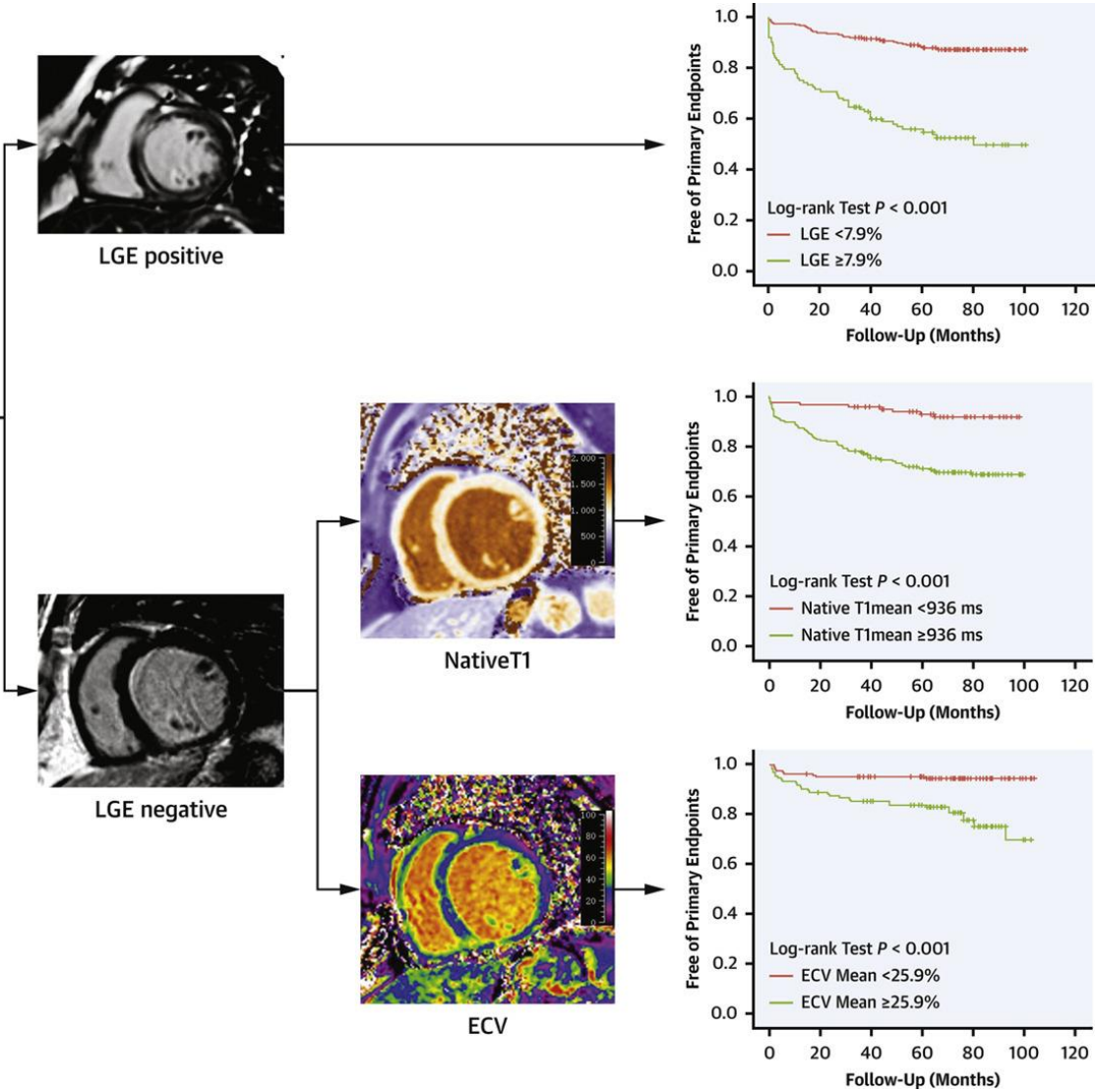


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Prognostic value of diffuse interstitial fibrosis

TI/ECV mapping

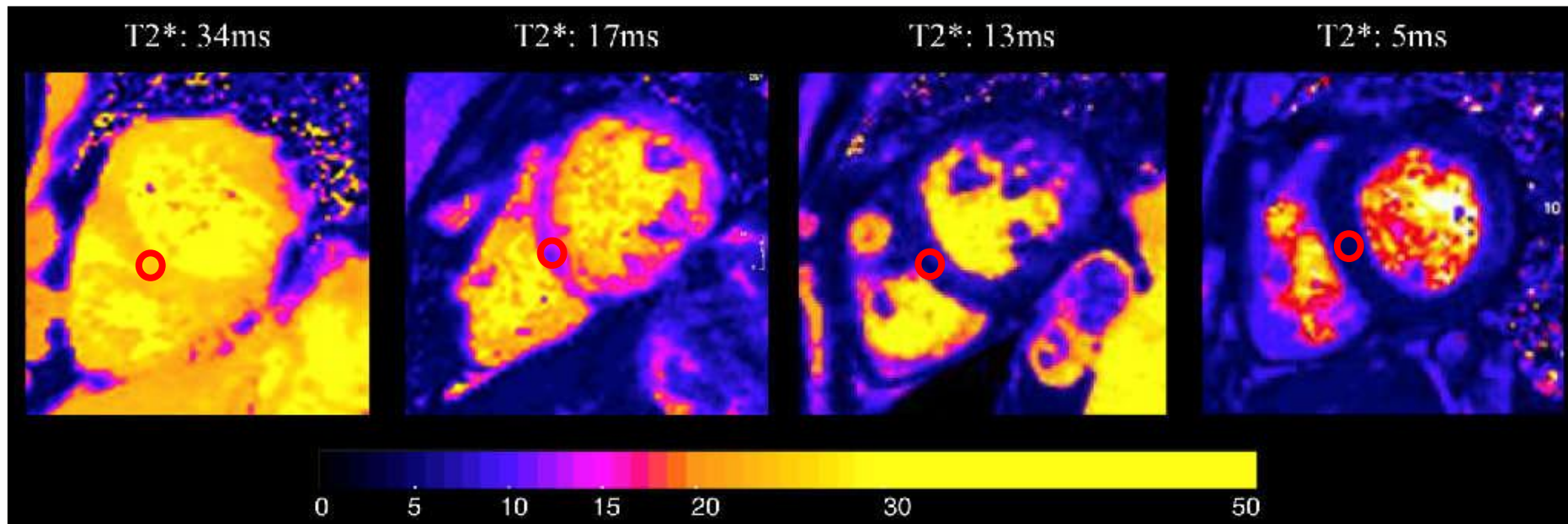
777 patients



Shuang L, et al. JACC CV Imaging 2021

T2* mapping

Hemochromatosis

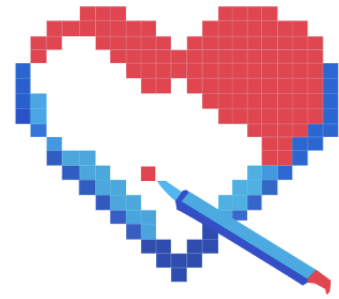


T2* mapping mid-septal (ROI) :

- norme ≥ 20 ms
- Hemochromatosis < 20 ms

Part 2: MIRACL.ai platform





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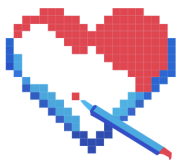
Multimodality Imaging Research for Analysis Core Laboratory and Artificial Intelligence



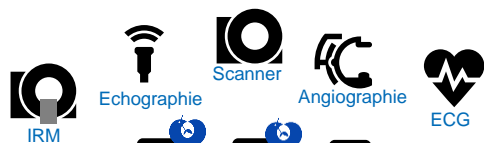
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**Pseudonymisation
et Transfert sécurisé des données**



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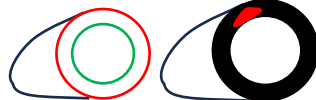
**Stockage
sécurisé**



**Analyse
et post-traitement
par des experts**



Annotations,
segmentations...



CR standardisé

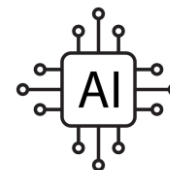


**Base de données
structurée**

(nombreuses pathologies
avec plusieurs modalités
par patient)



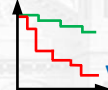
**Validation et
développement
d'algorithmes
avec ou sans IA**



**Classification
diagnostique**



Evaluation de la
valeur pronostique



Publications



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Plateforme de recherche académique « multi-centres d'expertise CHU »



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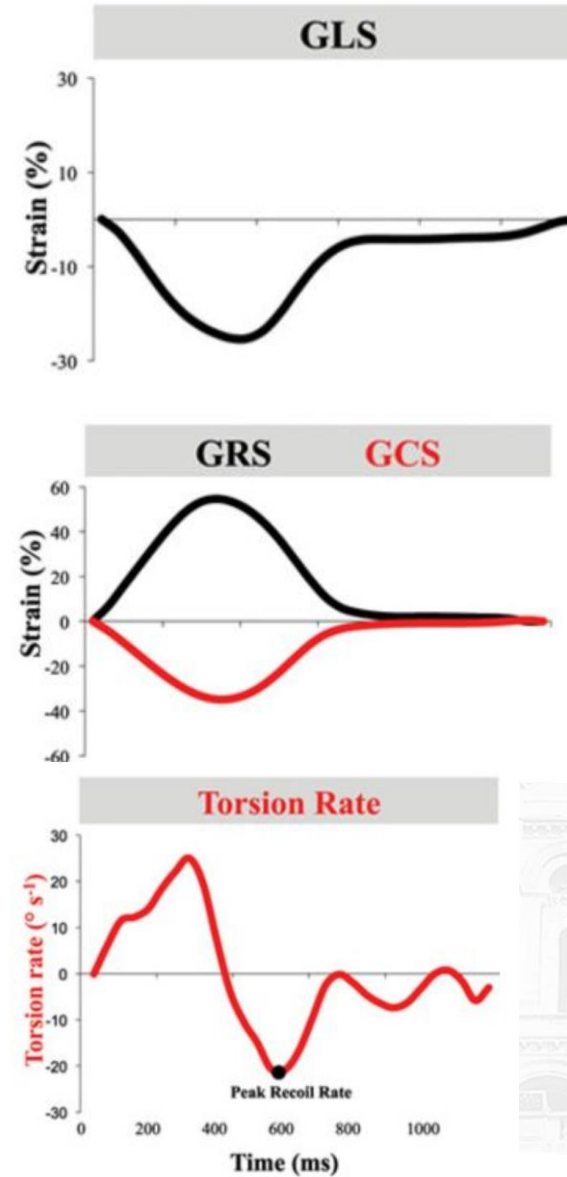
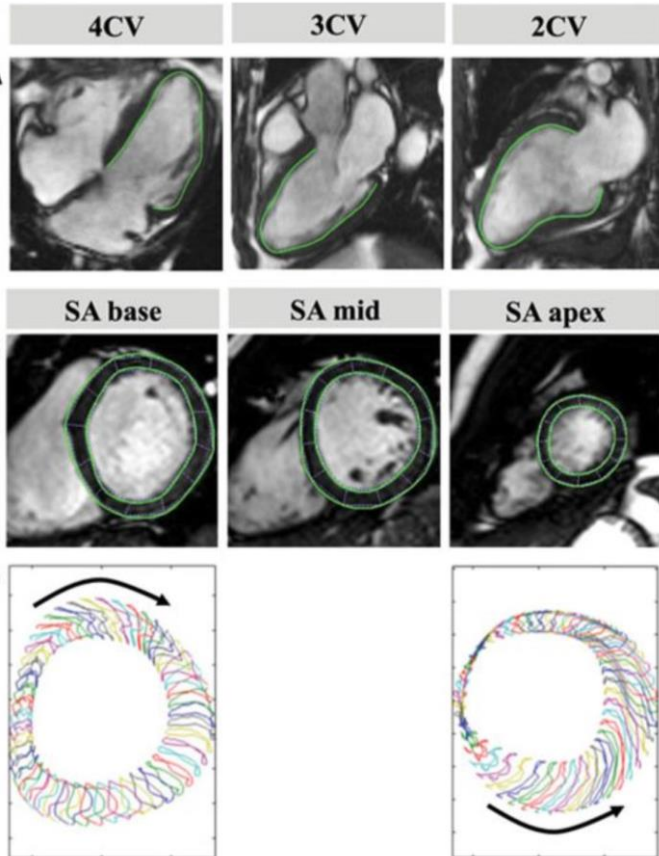


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CARDIOVASCULAIRE
PARIS
SUD



Imaging Biomarkers in HF

LV Strain



Strain longitudinal

Strain radiaire
Strain circonférentiel

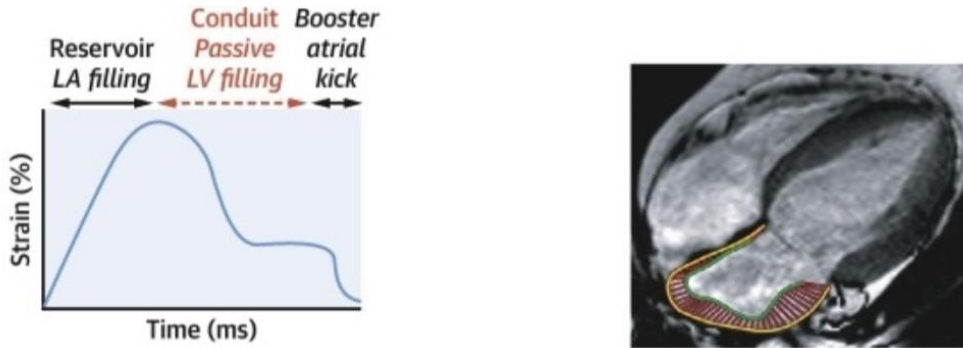
Torsion

Imaging Biomarkers in HF

LA Strain



CMR-Feature Tracking LA Strain in Dilated Cardiomyopathy

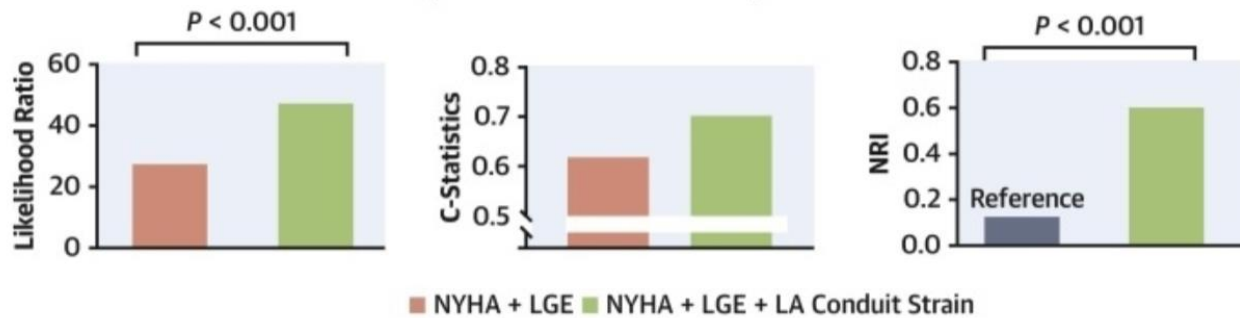


Multivariable Adjusted Analysis

Outcome: sudden/cardiac death, HF hospitalization and life-threatening arrhythmias

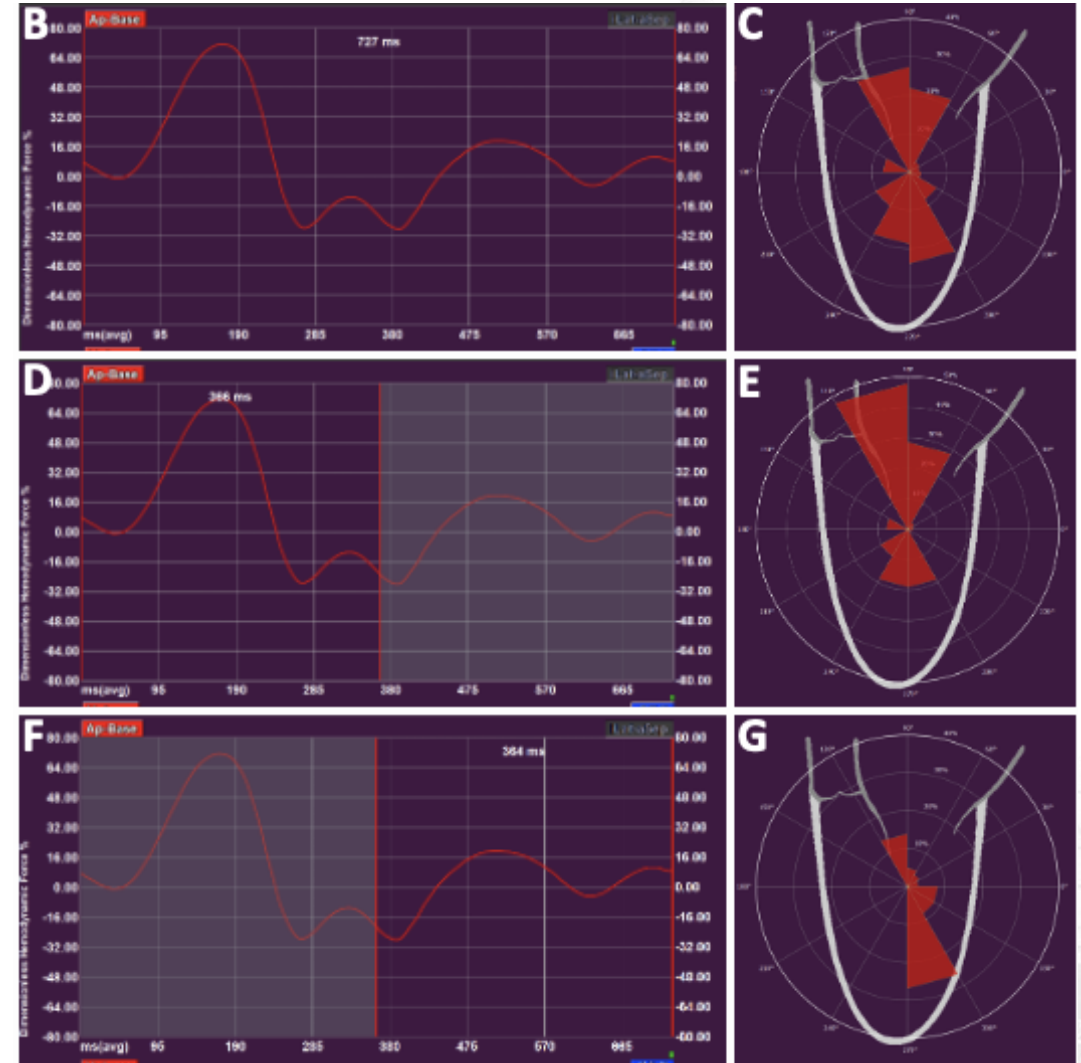
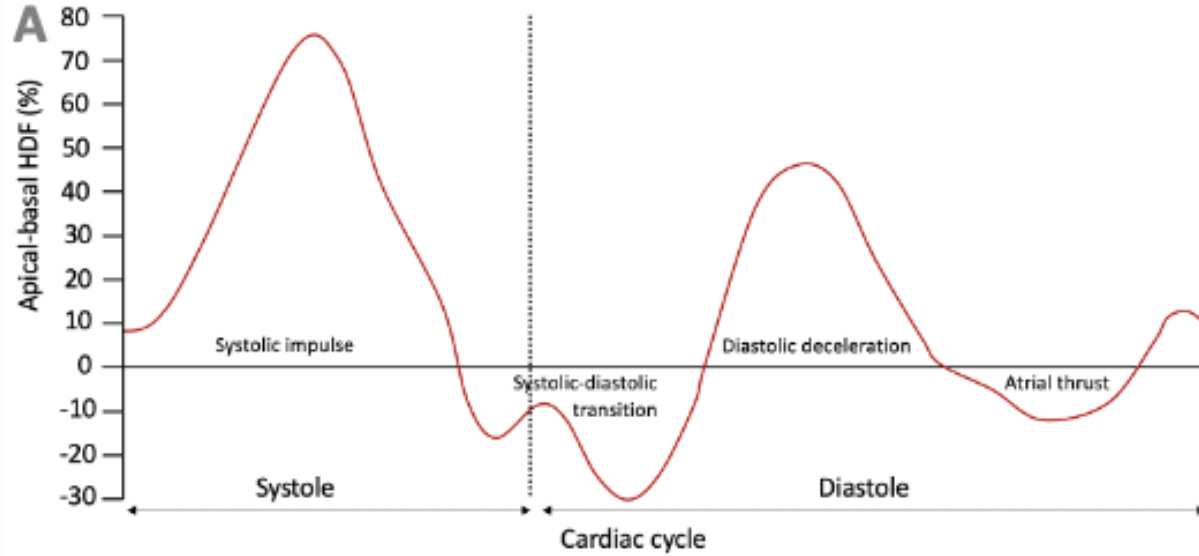
	N	HR [95% CI]	P Value
NYHA functional class >II	70	1.81 [1.05-3.12]	0.033
LGE presence	189	2.33 [1.42-3.85]	< 0.001
LA-strain (conduit) <12%	241	3.65 [2.01-6.64]	< 0.001

LA Conduit Strain is a Strong Independent Prognostic Predictor, Superior to Left Ventricular Strain, LVEF and LA Volume Index, and Incremental to LGE



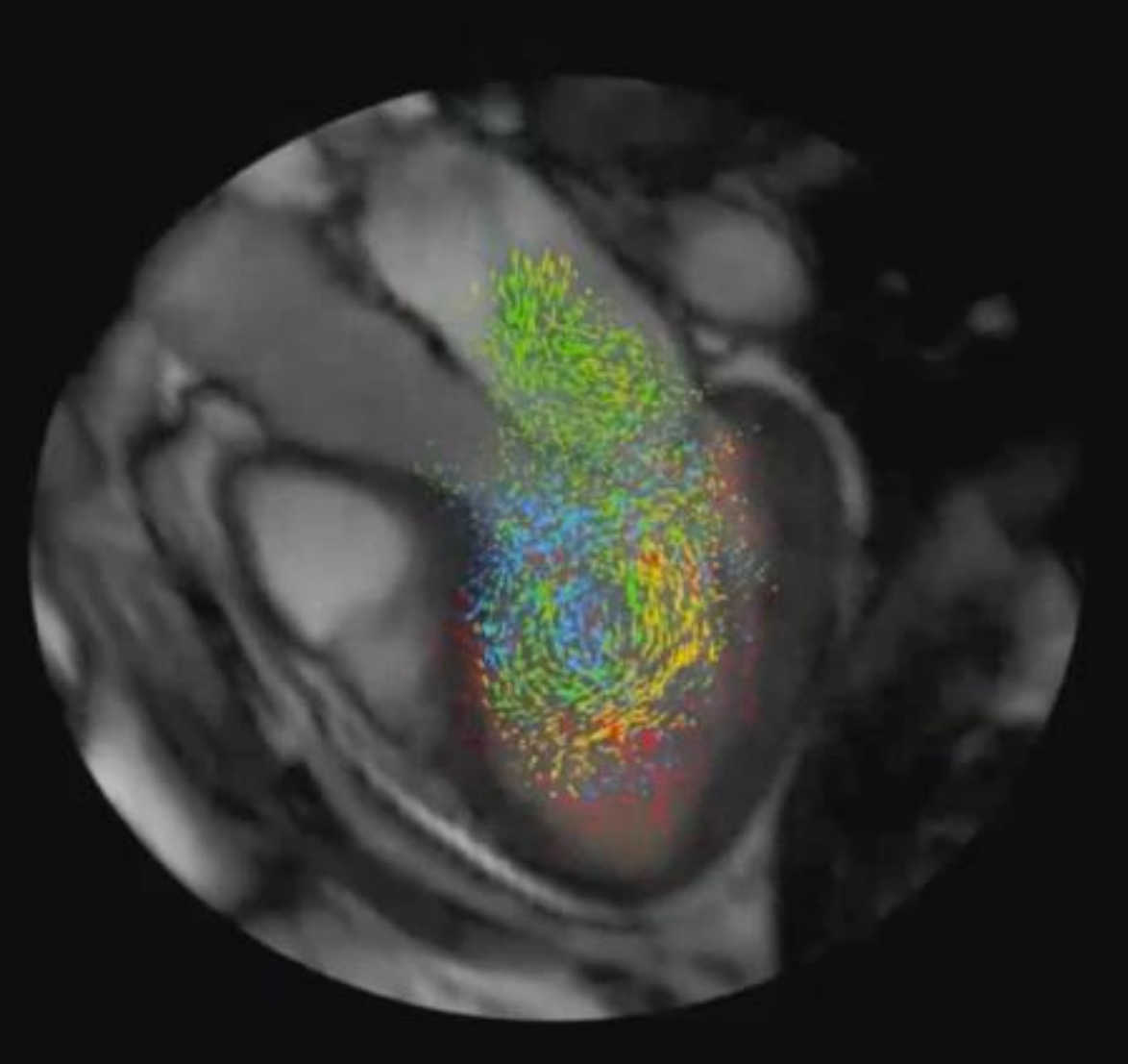
Imaging Biomarkers in HF

Hemodynamic forces (Medis imaging)



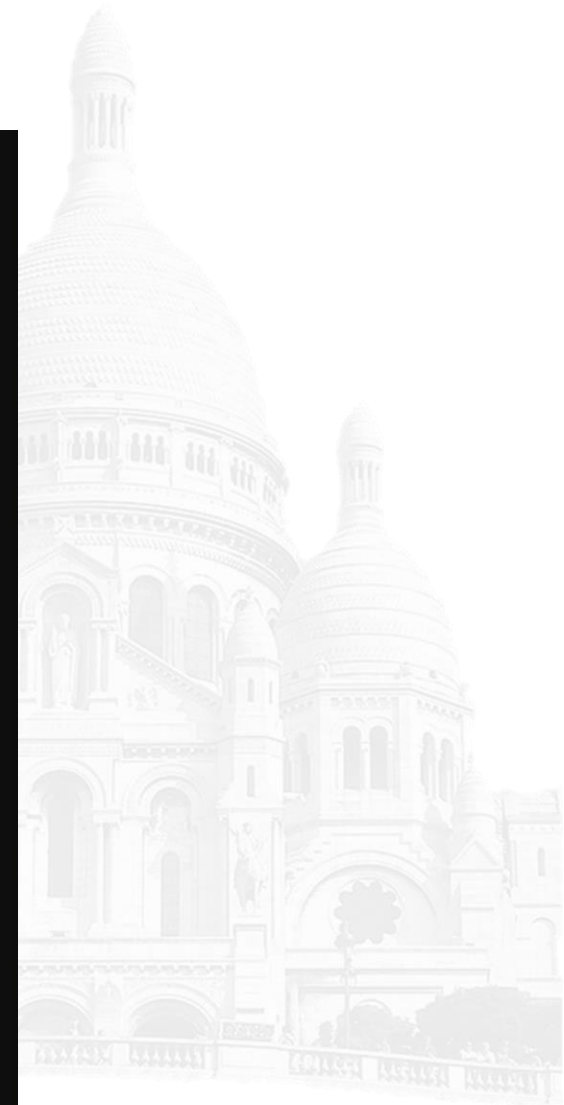
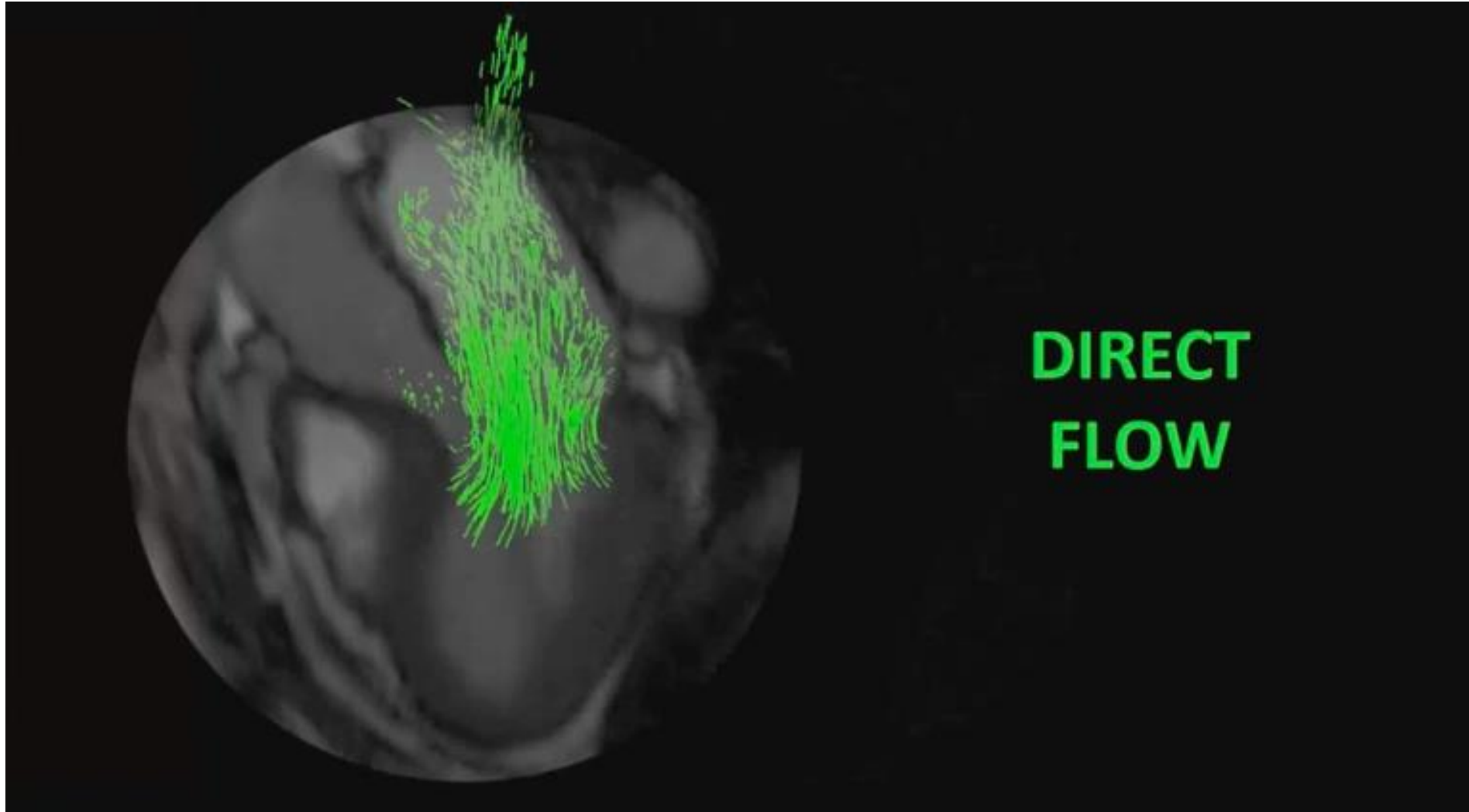
Imaging Biomarkers in HF

4D Flow Components and Kinetic Energy



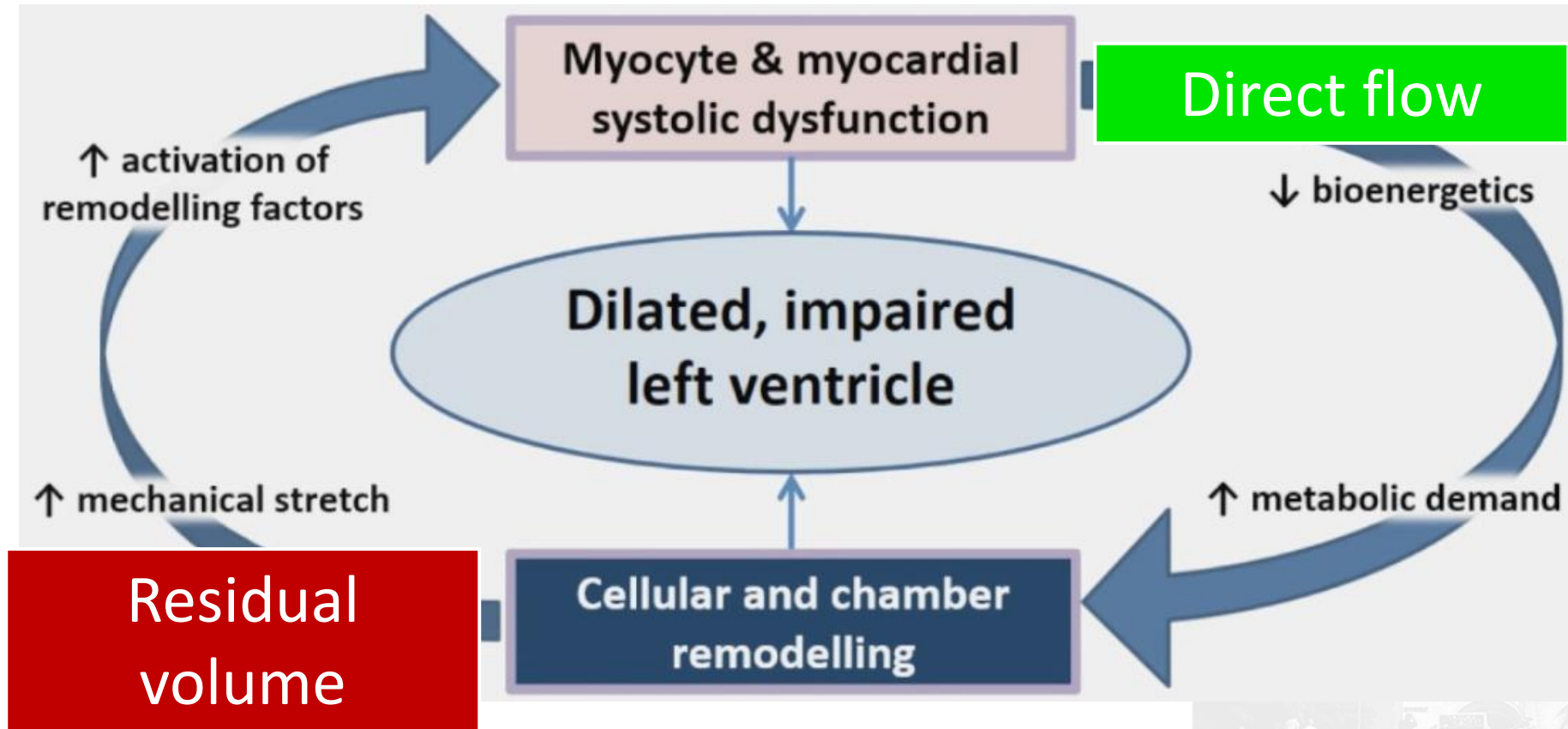
Imaging Biomarkers in HF

4D Flow Components and Kinetic Energy



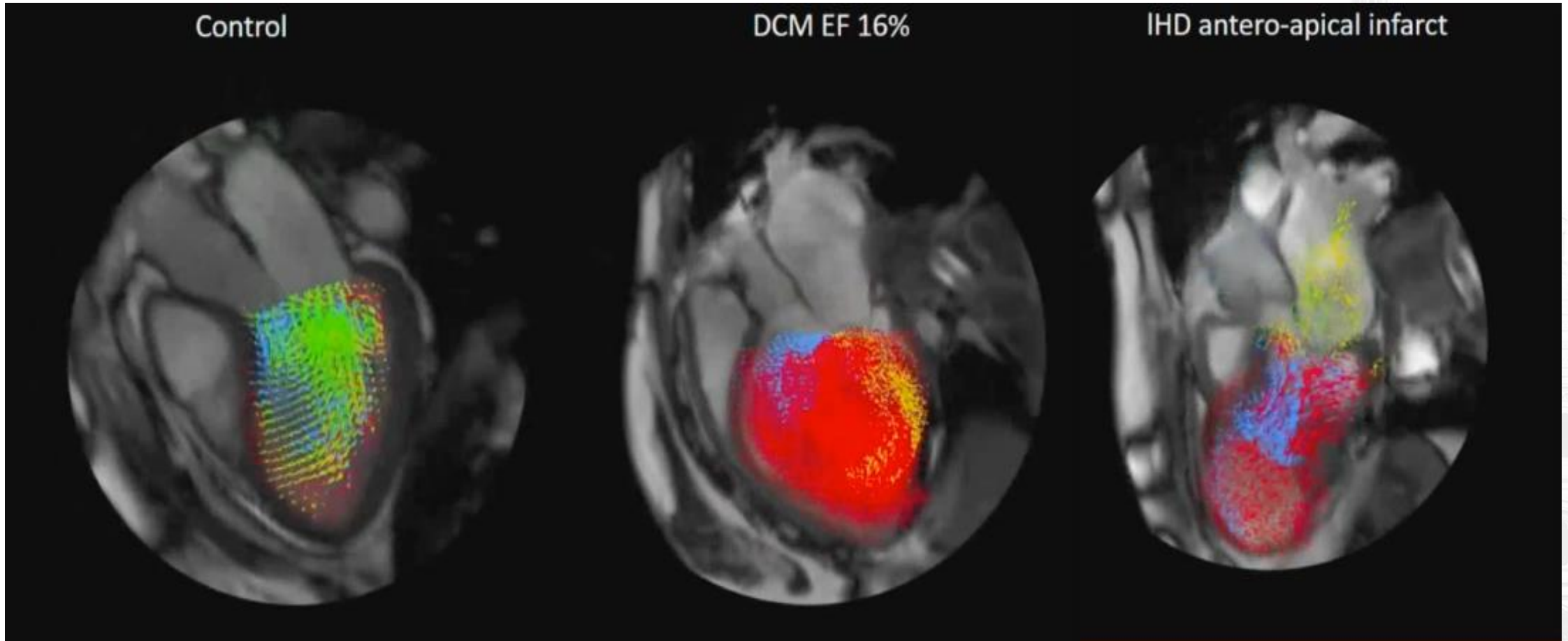
Imaging Biomarkers in HF

4D Flow Components and Kinetic Energy



Imaging Biomarkers in HF

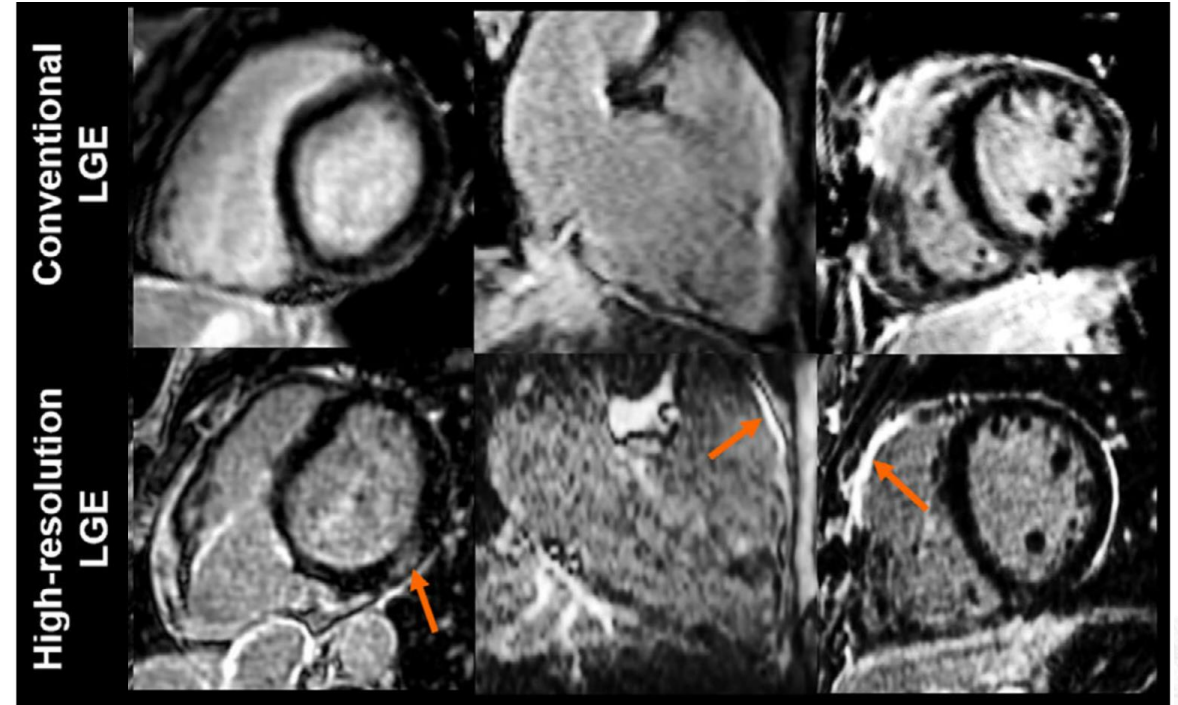
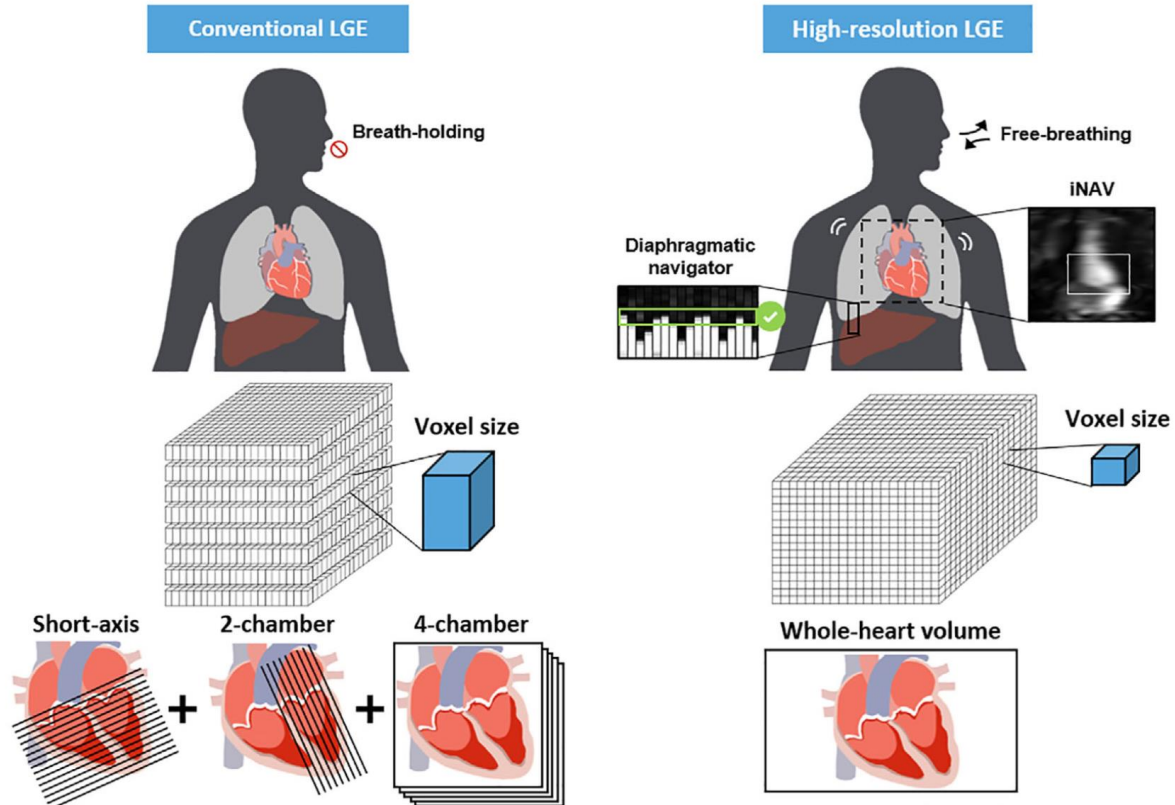
4D Flow Components and Kinetic Energy



Study in progress for HFpEF...

Innovations in CMR

3D High-Resolution LGE sequence

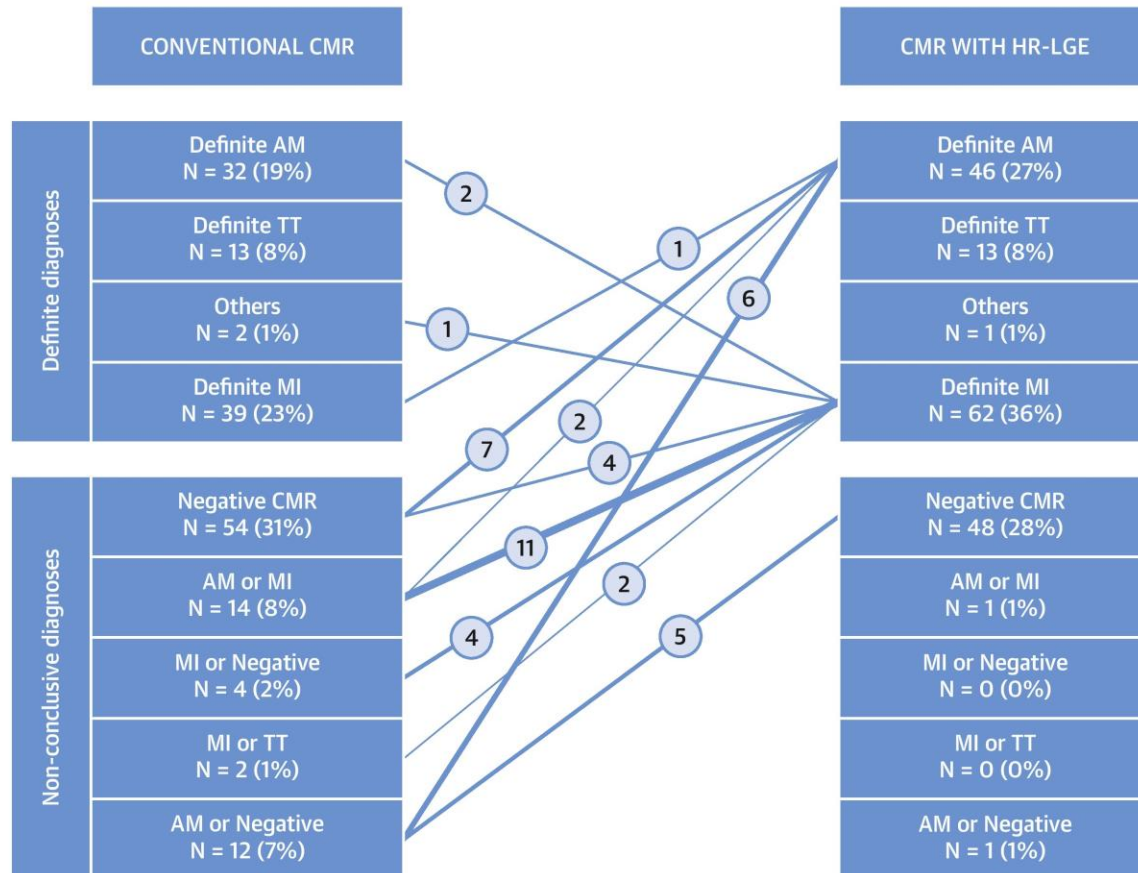


3D-HR LGE: voxel size $1.25 \times 1.25 \times 2.5$ mm

Innovations in CMR

3D High-Resolution LGE sequence

CENTRAL ILLUSTRATION: Diagnostic Changes Introduced by HR LGE Imaging (172 Patients With Both Conventional CMR and HR LGE Imaging)



Lintingre, P.-F. et al. J Am Coll Cardiol Img. 2020;13(5):1135-48.

- 172 patients with MINOCA
- and negative or inconclusive conventional LGE

**Changes in final diagnosis
for 26% of patients with
MINOCA!**

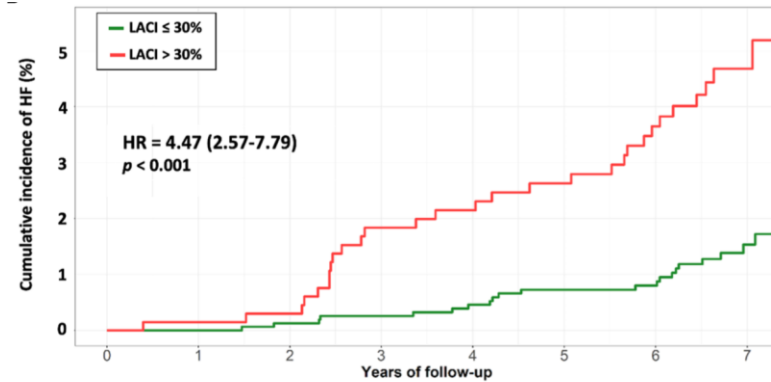
Nouvel index de couplage OG/VG

Left atrioventricular coupling index (LACI)

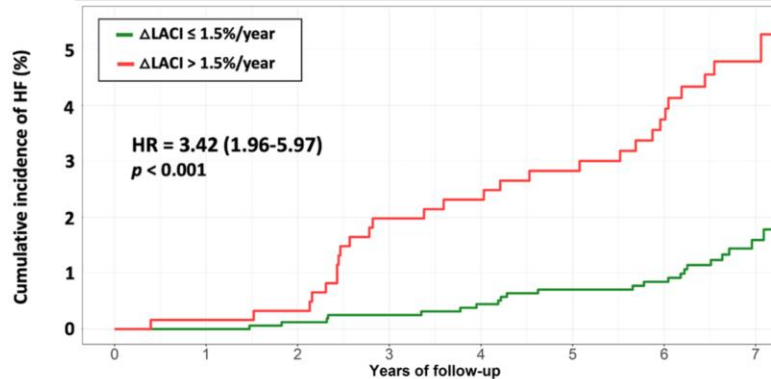
$$\text{LACI} = \frac{\text{Volume TD OG (ml)}}{\text{Volume TD VG (ml)}}$$

Most powerful prognostic imaging biomarker to predict the risk of HFpEF

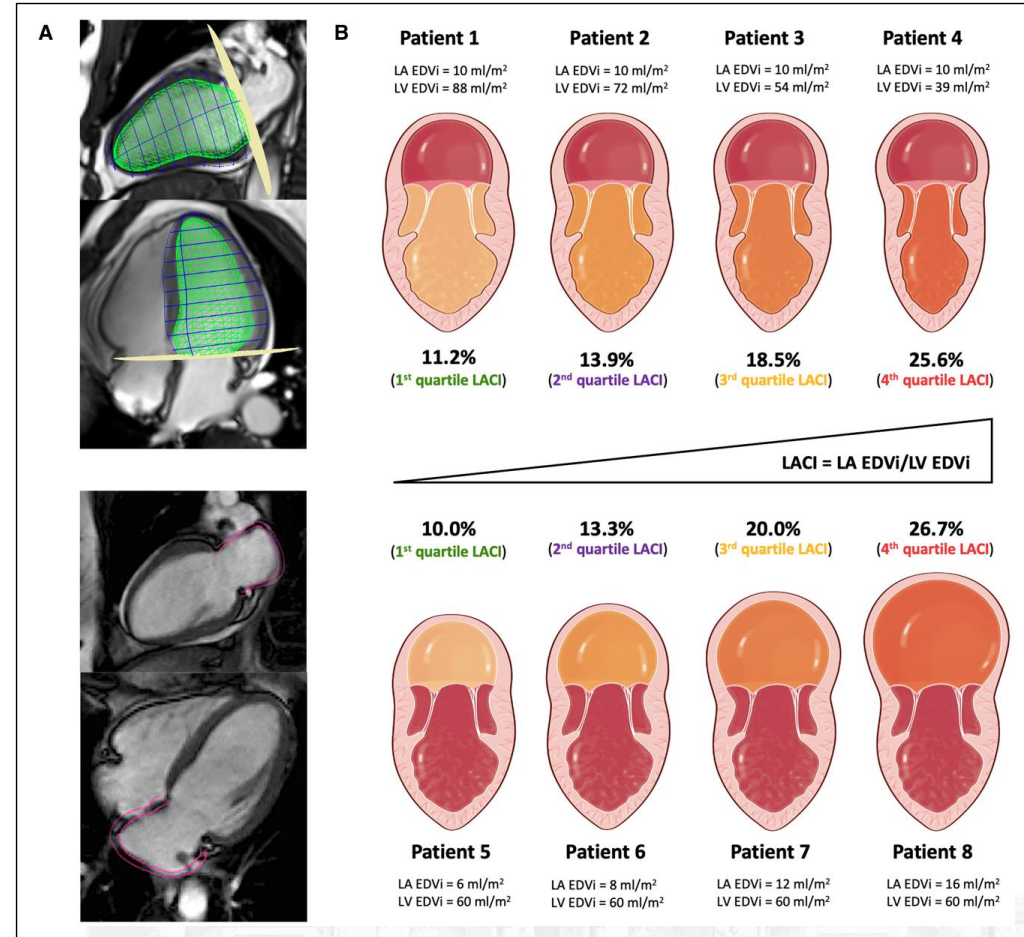
LACI > any LA or LV imaging biomarkers



Number at risk	1571	1566	1547	1517	1489	1445	1332	606
—	679	669	654	635	617	594	549	211



Number at risk	1627	1620	1597	1565	1531	1489	1378	600
—	623	615	604	587	575	550	503	217



Pezel T, et al. Hypertension. 2021;78(3):661-671.
 Pezel T, et al. Front Cardiovasc Med. 2021;8:704611.
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Merci pour votre attention !

