

BIOELECTRICIDAD y MODELADO BIOELÉCTRICO DEL CORAZÓN

Universidad Politécnica de Valencia, España
Universidad Nacional de Lomas de Zamora, Argentina

Prof. José M. Ferrero

Universidad Politécnica de Valencia, España



TEMA 9

SIMULACIÓN COMPUTACIONAL DE ARRITMIAS CARDIACAS

Chema Ferrero

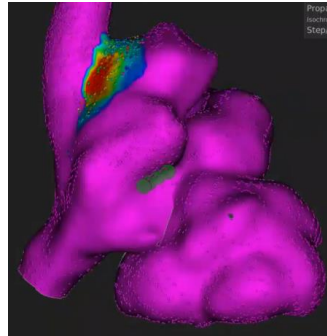
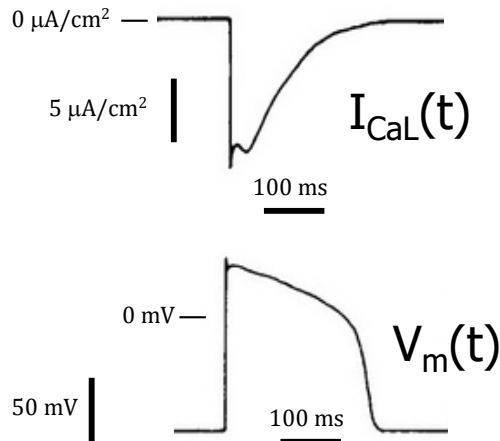
Bioelectricidad y Modelado Computacional del Corazón

TEMA 9

SIMULACIÓN COMPUTACIONAL DE ARRITMIAS CARDIACAS

- 9.1.- Fundamentos bioeléctricos de las arritmias por reentrada
- 9.2.- Simulación computacional de arritmias en isquemia miocárdica aguda
- 9.3.- Efecto de fármacos en arritmias en isquemia miocárdica aguda
- 9.4.- Terapia de ablación en infarto crónico
- 9.5.- Construcción de un modelo cardiaco 3D personalizado a paciente
- 9.6.- Mejora de la terapia de ablación en pacientes post-infarto mediante simulación

En episodios anteriores...



$$p_{osf} = \prod_i f_{isf}(t, V_m) \quad f = 1 \dots N_f \quad i = 1 \dots N_C$$

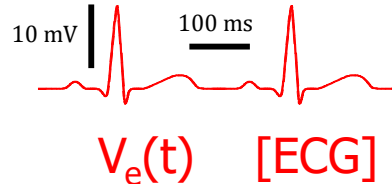
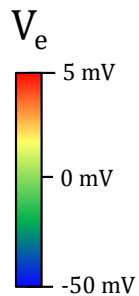
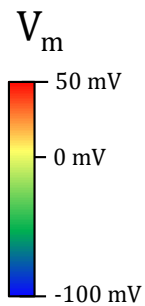
$$\frac{df_{isf}}{dt} = \frac{f_{isf, \infty}(V_m) - f_{isf}(t)}{\tau_{isf}(V_m)} \quad i = 1 \dots N_C$$

$$E_s = \frac{RT}{z_s F} \ln \frac{[S]_e}{[S]_i} \quad S = Na^+, Ca^{2+}, K^+, Cl^-$$

ECUACIONES DEL MODELO BIDOMINIO

$$\beta \vec{\nabla} \cdot (\sigma_i \vec{\nabla} V_m) = C_m \frac{\partial V_m}{\partial t} + \sum_f \bar{G}_{sf} p_{osf} (V_m - E_s) + \sum_{b,i} I_{b,i} + I_{est}$$

Ecuación de la propagación

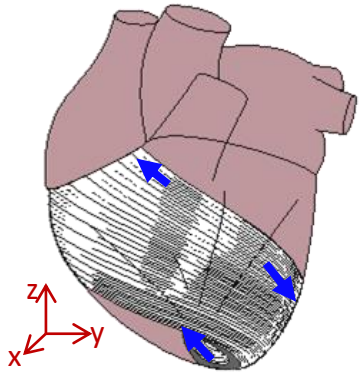


$$(1 + \lambda) \vec{\nabla} \cdot (\sigma_e \vec{\nabla} V_e) = -\vec{\nabla} \cdot (\sigma_i \vec{\nabla} V_m)$$

Ecuación del Potencial Extracelular

$$\bar{\sigma}_e = \lambda \bar{\sigma}_i \quad \beta = \frac{1}{(1 + \lambda) S_v}$$

En episodios anteriores...



$$\beta \vec{\nabla} \cdot (\sigma_i \vec{\nabla} V_m) = C_m \frac{\partial V_m}{\partial t} + \sum_f \bar{G}_{sf} p_{osf} (V_m - E_s) + \sum_{b,i} I_{b,i} + I_{est}$$

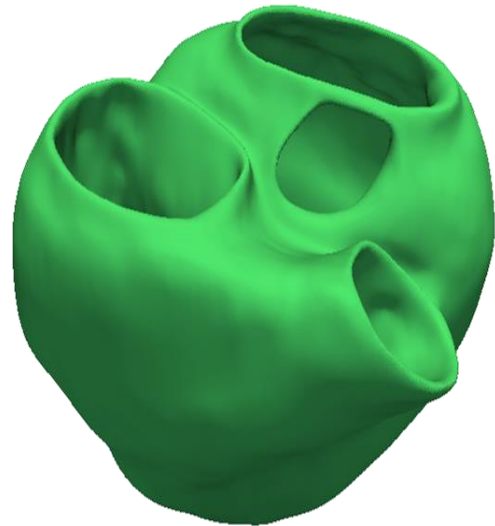
$$p_{osf} = \prod_i f_{isf}(t, V_m)$$

$$E_s = \frac{RT}{z_s F} \ln \frac{[S]_e}{[S]_i}$$

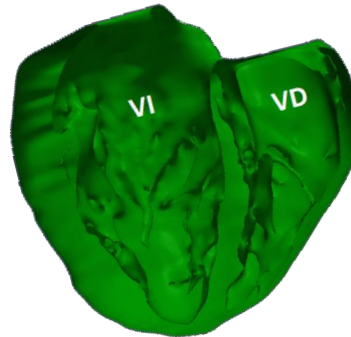
$$\frac{df_{isf}}{dt} = \frac{f_{isf,\infty}(V_m) - f_{isf}(t)}{\tau_{isf}(V_m)}$$

Epicardio: O'Hara et al., 2011, versión EPI
 Midmiocardio: O'Hara et al., 2011, versión MID
 Endocardio: O'Hara et al., 2011, versión ENDO
 Purkinje: Stewart et al., 2009
 Infarto/fibrosis: MacCannel et al., 2007
 Isquemia aguda: Gironés-Sangüesa et al., 2020

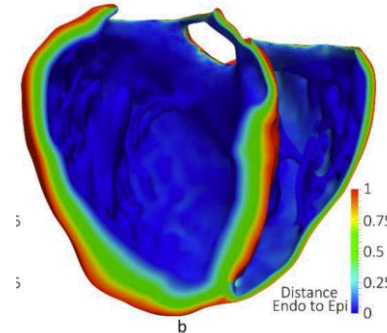
Corazón (ventrículos)



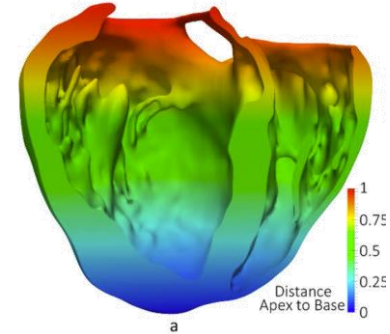
Geometría



Heterogeneidad transmural



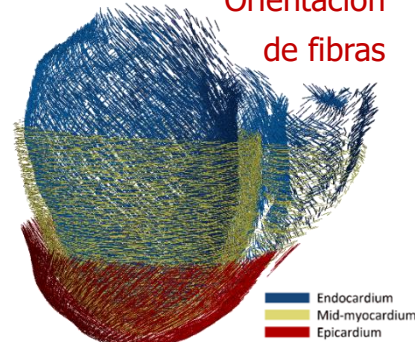
Heterogeneidad ápex-base



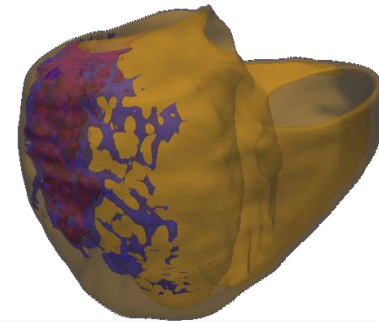
Sistema His-Purkinje



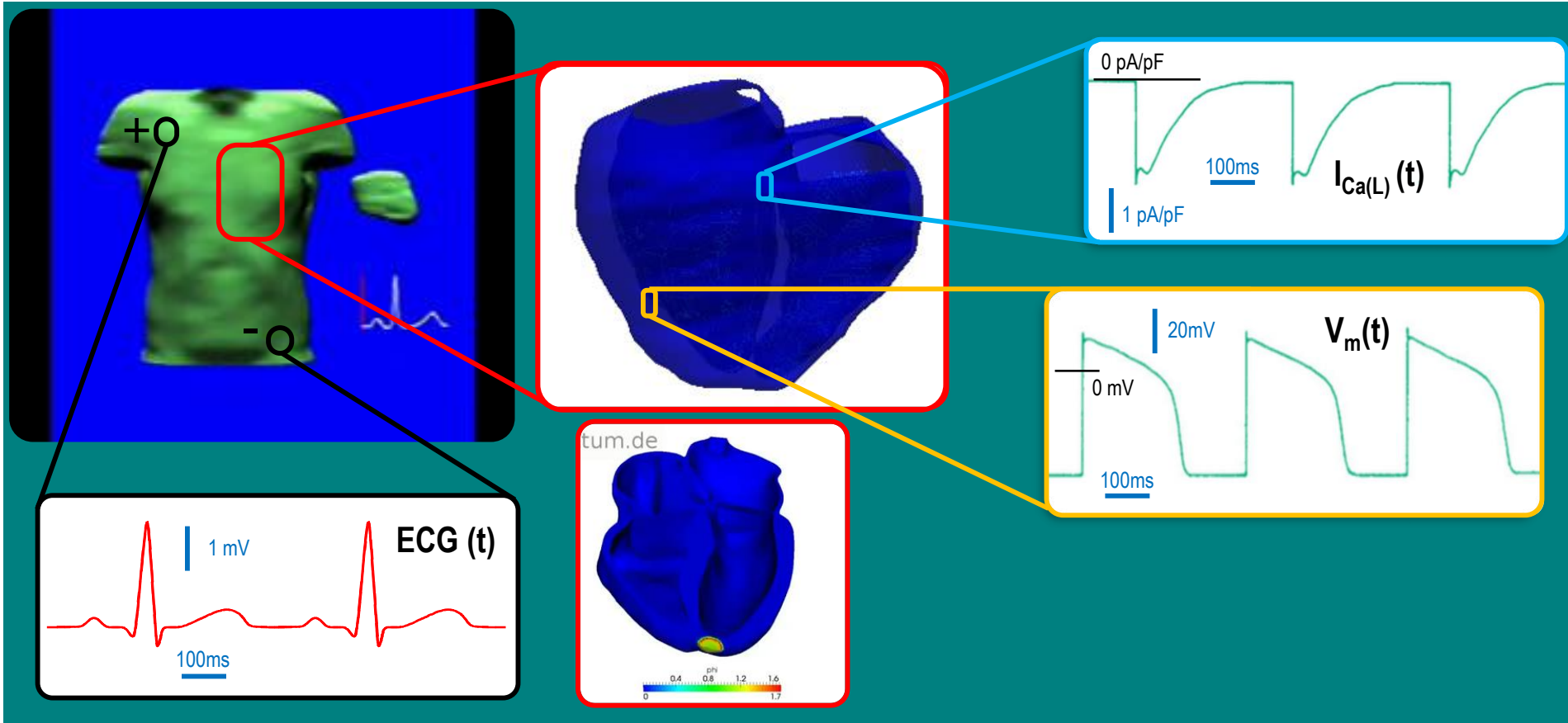
Orientación de fibras



Isquemia o infarto



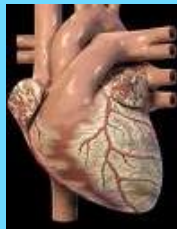
Multiscale cardiac simulations



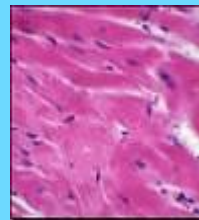
Body



Organ



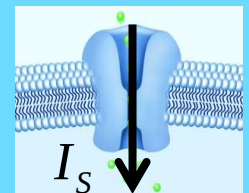
Tissue



Cell

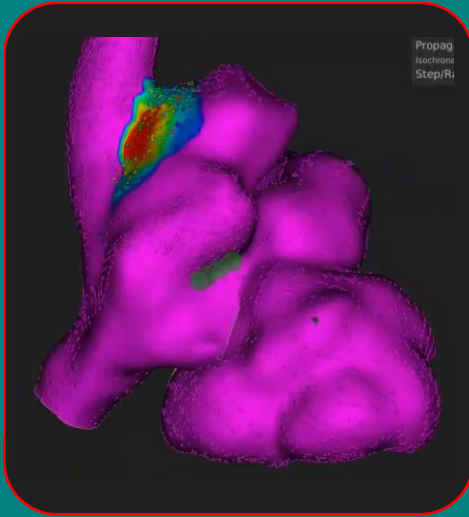


Ion channel



Multiscale cardiac simulations

experimental



[A. Ferrero et al., 2017]

simulation

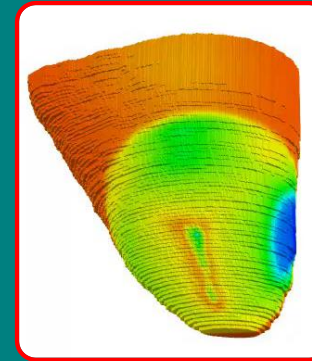


[Ch Ferrero et al., 2016]

NORMAL

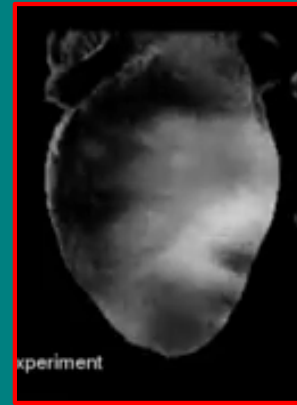
"sinus rhythm"

simulation



[Heidenreich et al., 2011]

experimental



[Gray et al., 1995]

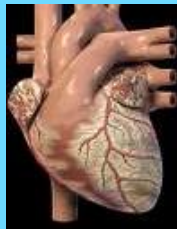
ABNORMAL

"reentry"

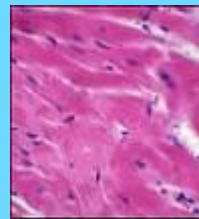
Body



Organ



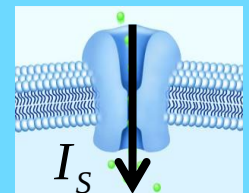
Tissue



Cell

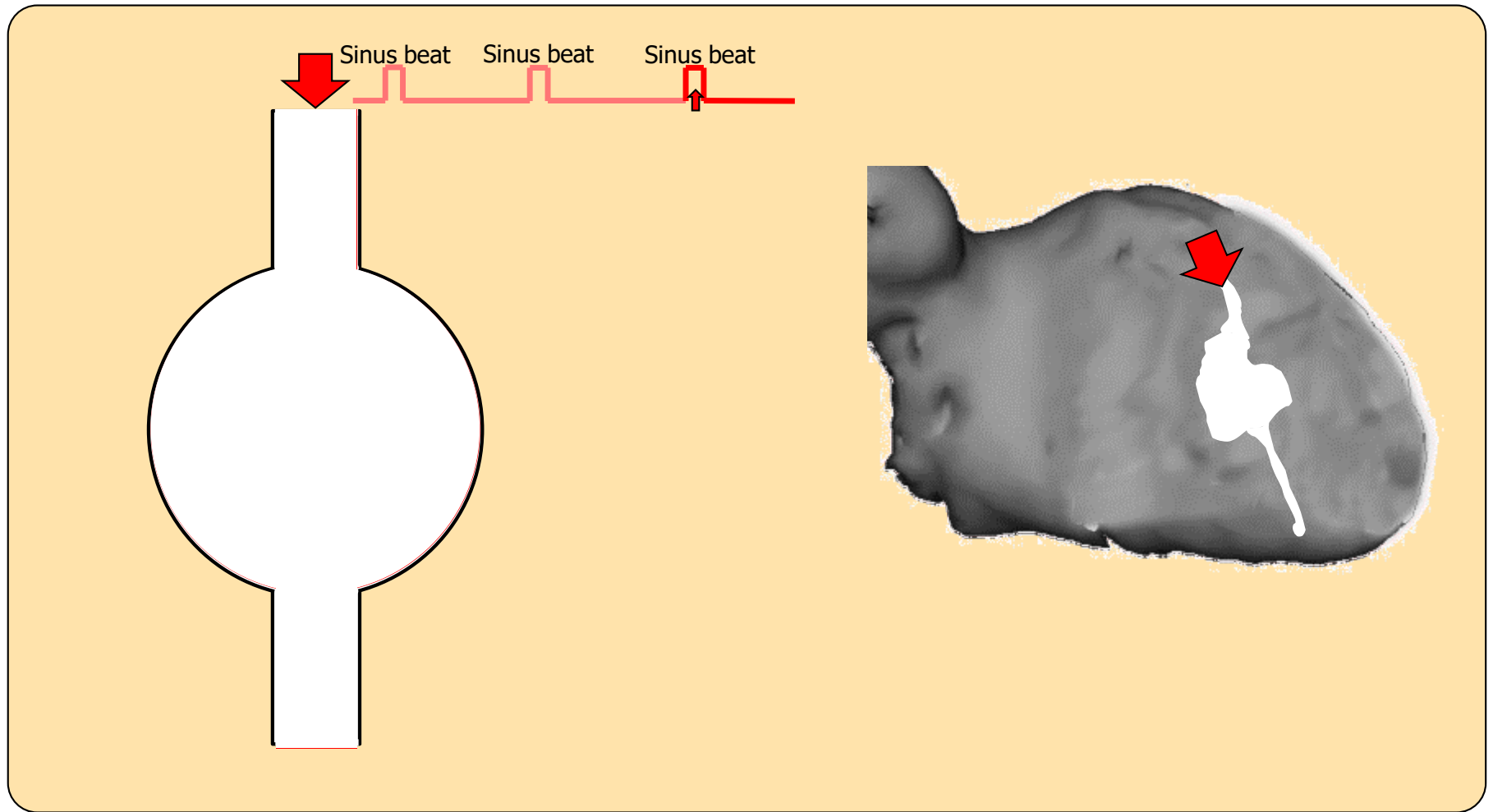


Ion channel



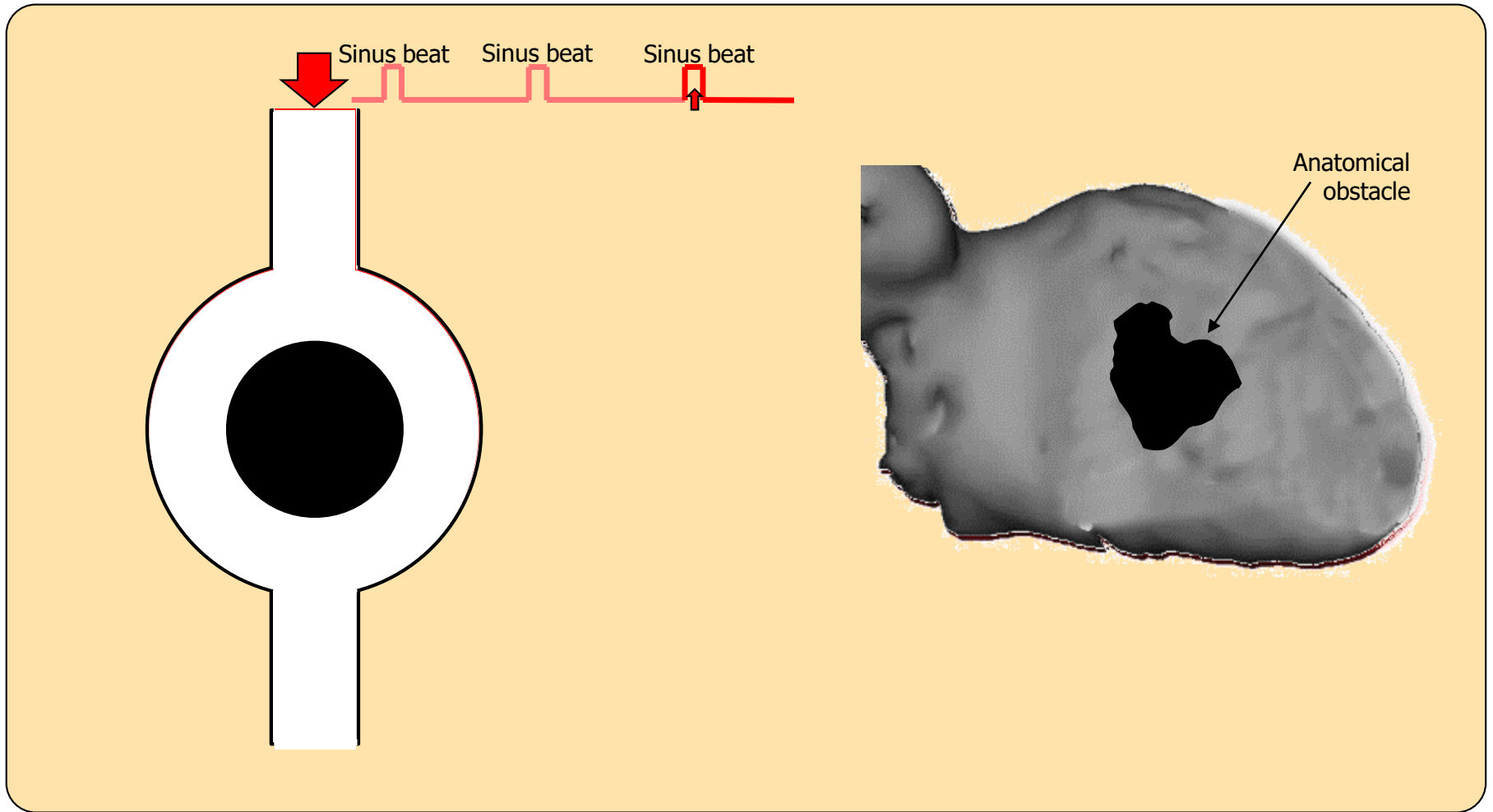
Reentrant Cardiac Arrhythmias

Normal tissue, sinus beats



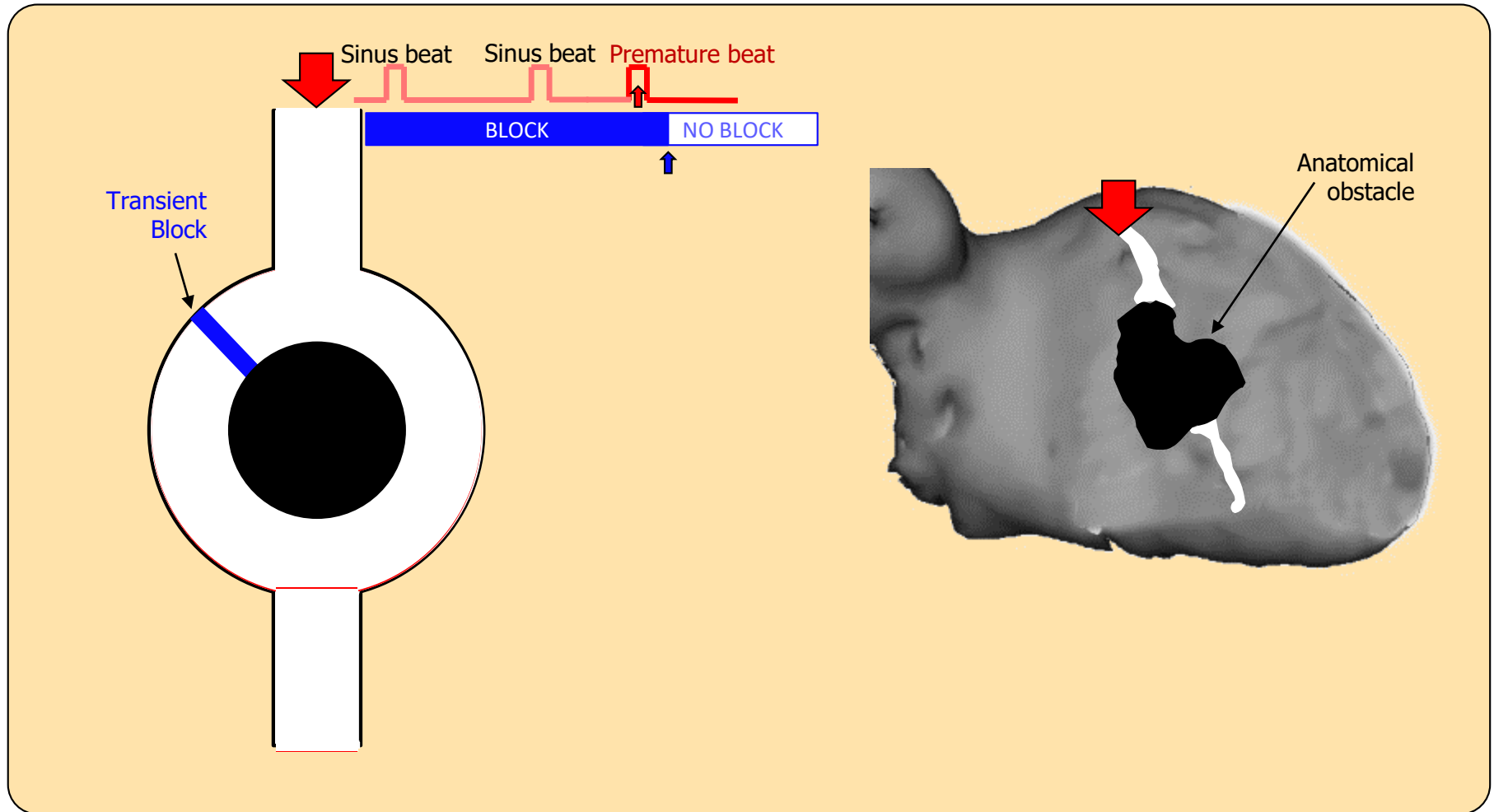
Reentrant Cardiac Arrhythmias

Abnormal tissue (obstacle), sinus beats



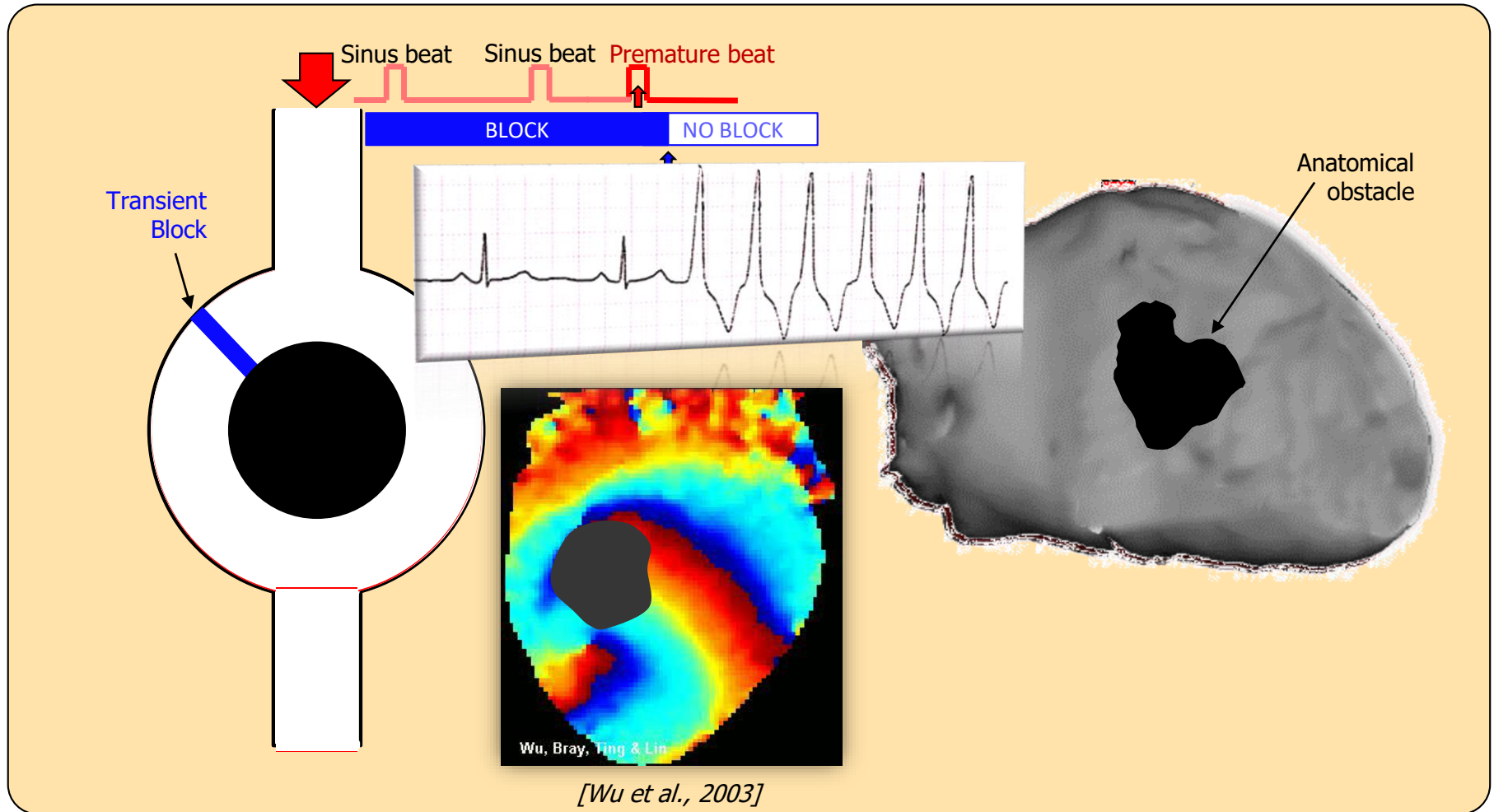
Reentrant Cardiac Arrhythmias

Abnormal tissue (obstacle), premature beat + transient block



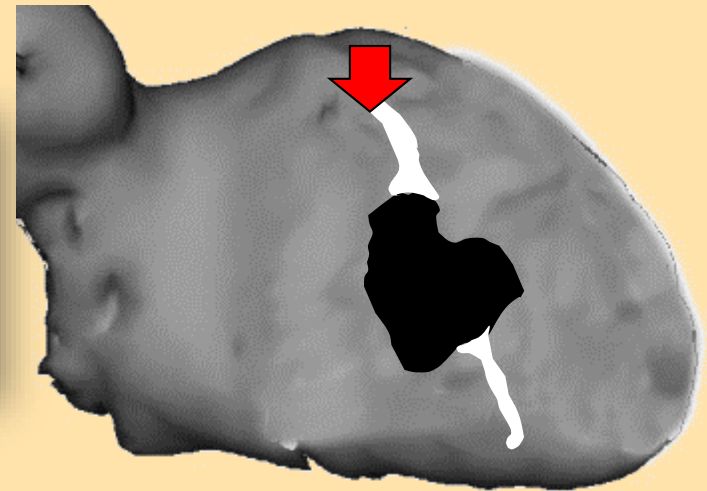
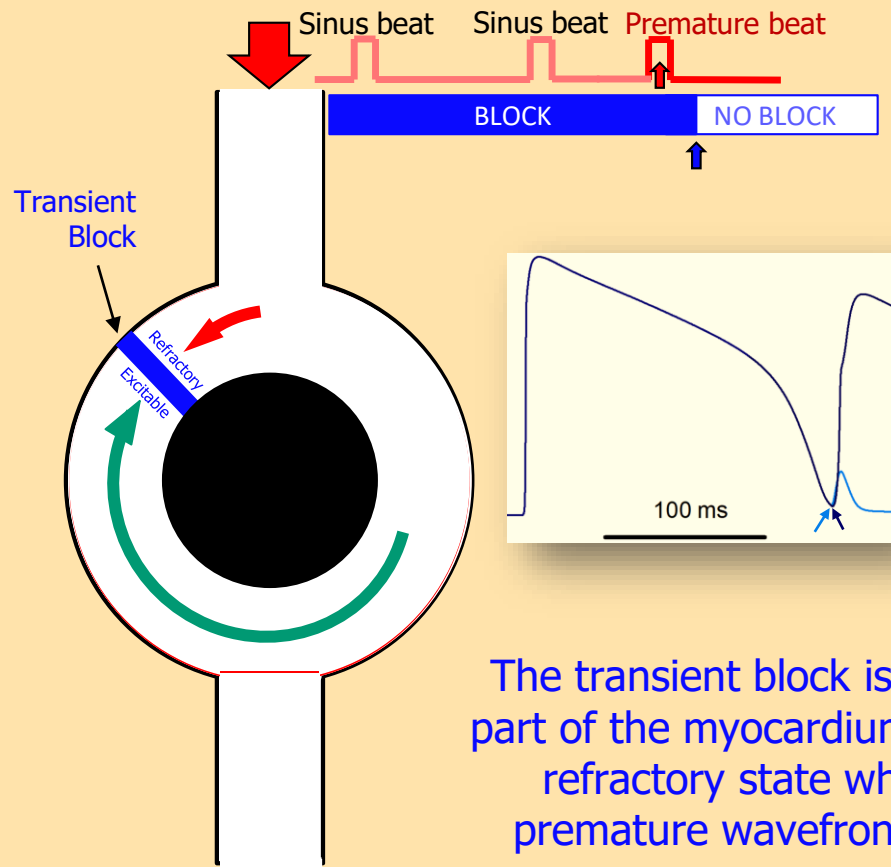
Reentrant Cardiac Arrhythmias

Abnormal tissue (obstacle), premature beat + transient block



Reentrant Cardiac Arrhythmias

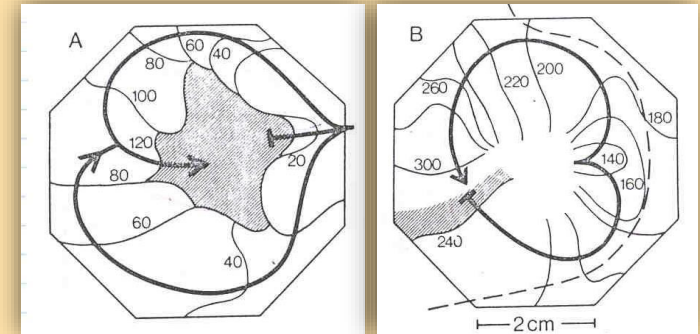
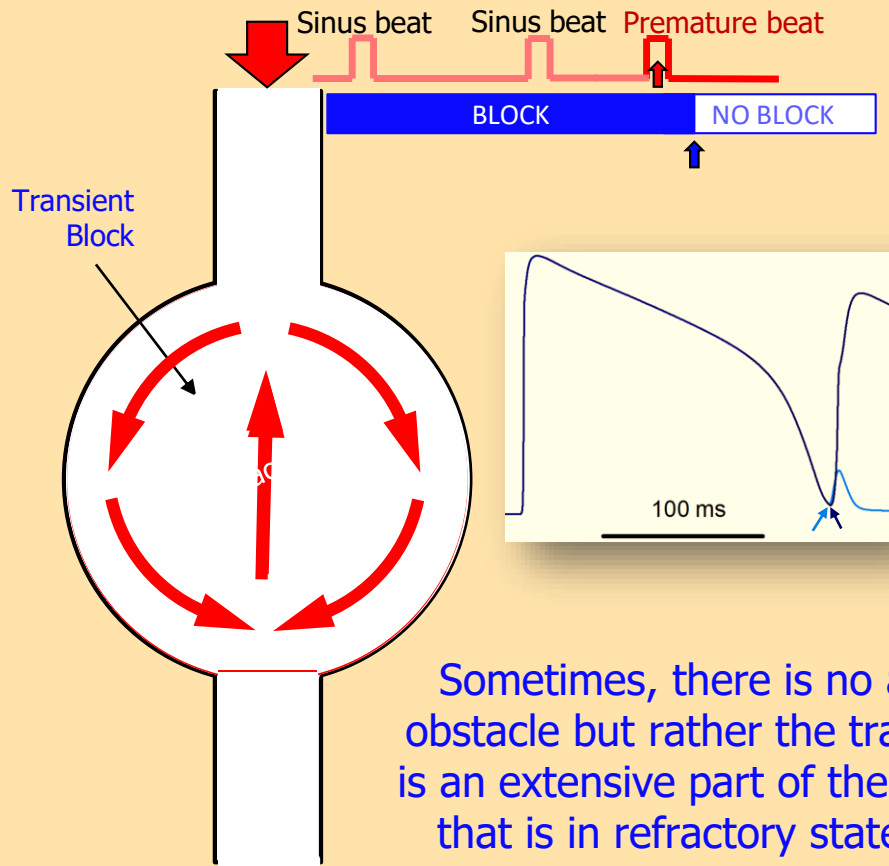
Abnormal tissue (obstacle), premature beat + transient block



The transient block is usually a part of the myocardium that is in refractory state when the premature wavefront arrives

Reentrant Cardiac Arrhythmias

Abnormal tissue (obstacle), premature beat + transient block

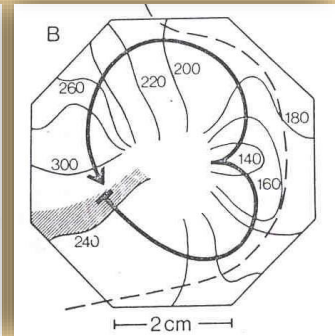
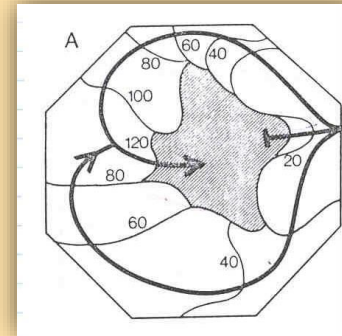
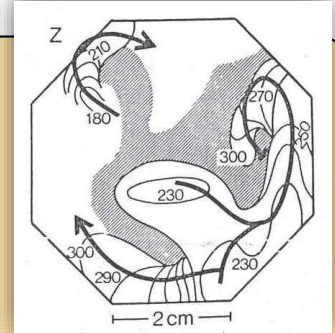
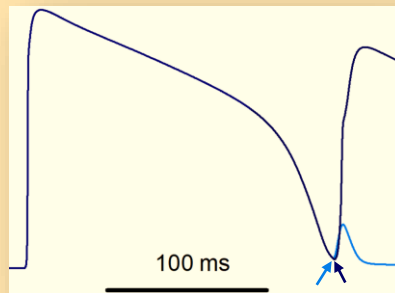
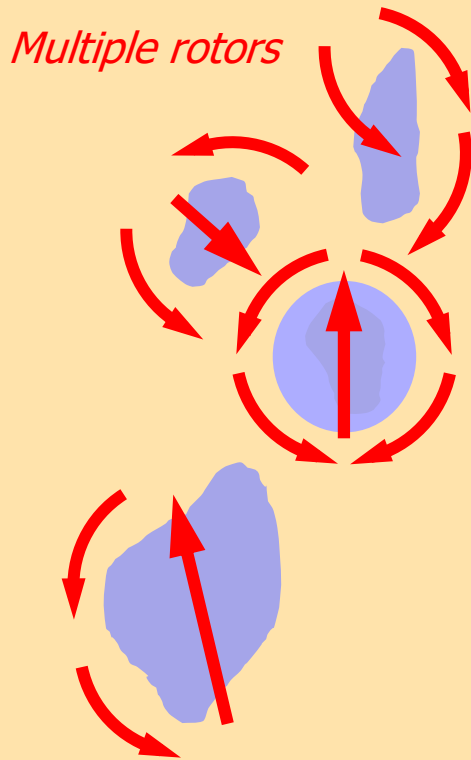


Wit & Janse, 1981

Sometimes, there is no anatomical obstacle but rather the transient block is an extensive part of the myocardium that is in refractory state when the premature wavefront arrives

Reentrant Cardiac Arrhythmias

Abnormal tissue (obstacle), premature beat + transient block

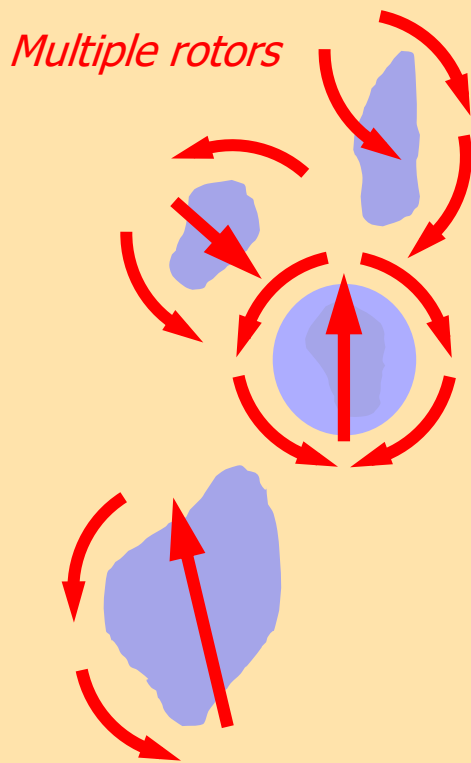


Wit & Janse, 1981

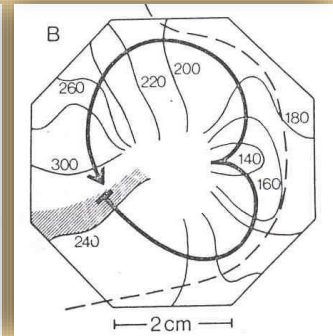
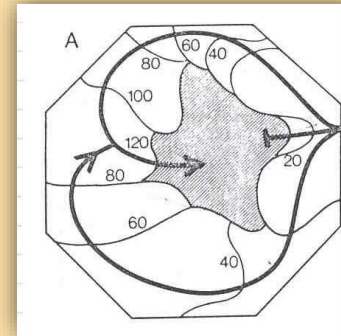
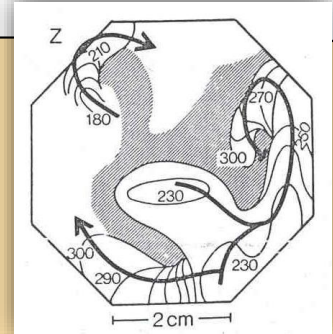
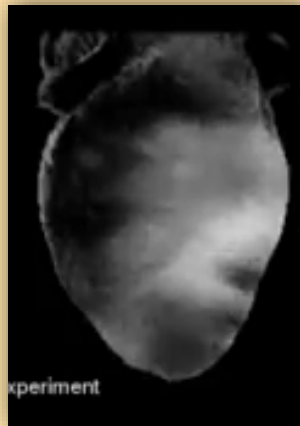
Sometimes, there is no anatomical obstacle but rather the transient block is an extensive part of the myocardium that is in refractory state when the premature wavefront arrives

Reentrant Cardiac Arrhythmias

Abnormal tissue (obstacle), premature beat + transient block



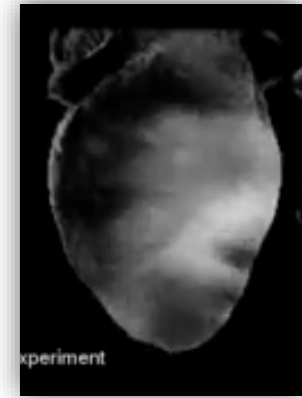
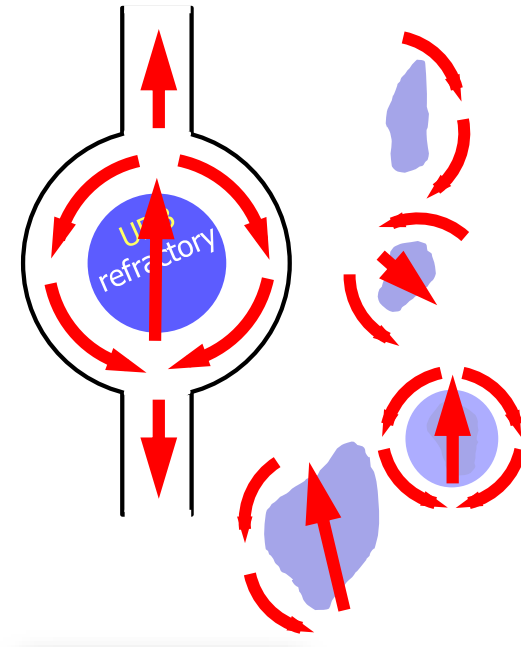
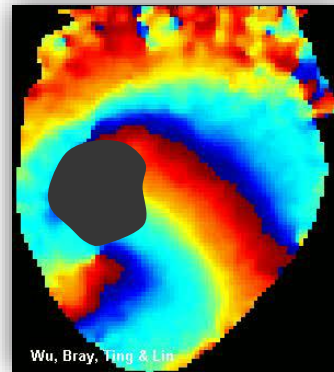
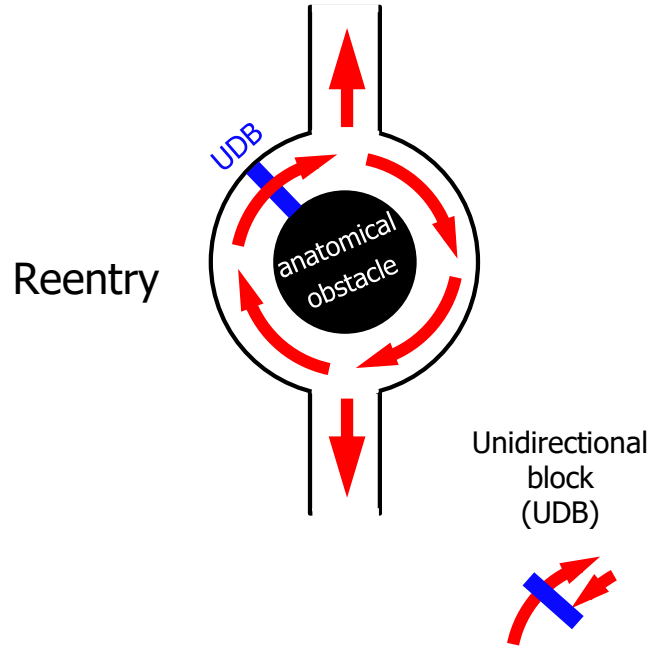
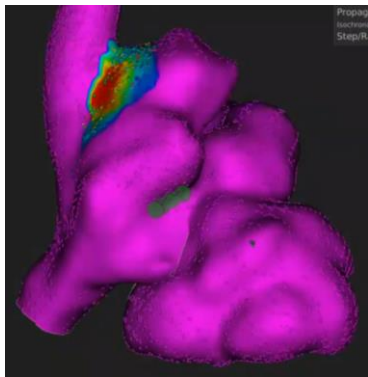
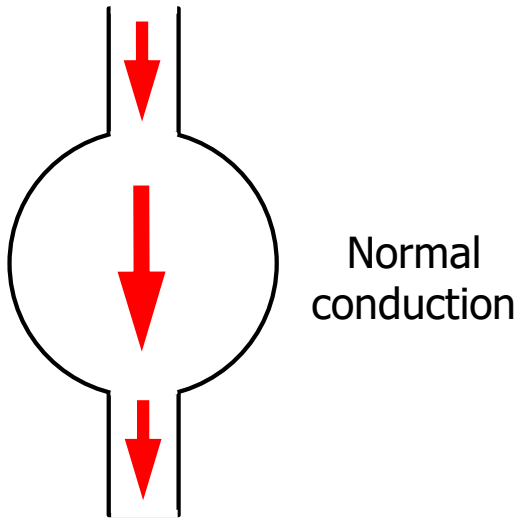
[Gray et al., 1995]



Wit & Janse, 1981

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Reentrant Cardiac Arrhythmias: summary



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CRÉDITOS...

Universidad Politécnica de Valencia, España

Chema Ferrero
Beatriz Trénor
Lucía Romero
Karen Cardona
Mireia García-Darás
Patricia Olcina
Ana González
Marta Gironés
Claudia Esteban
Inés Llorente



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POLITÈCNICA
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José Félix Rodríguez



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Universidad Nacional de Lomas de Zamora, Argentina

Elvio Heidenreich



Universidad de Cuenca, Ecuador

Edison Carpio



Universidad Internacional de Valencia, España

Juan Francisco Gómez



Duke University, Singapore

Frank Starmer



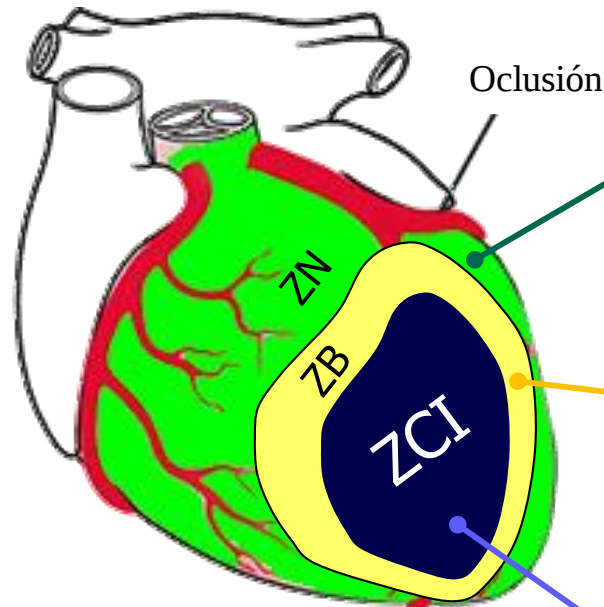
Universidad de Zaragoza, España

Andrés Mena-Tóbar

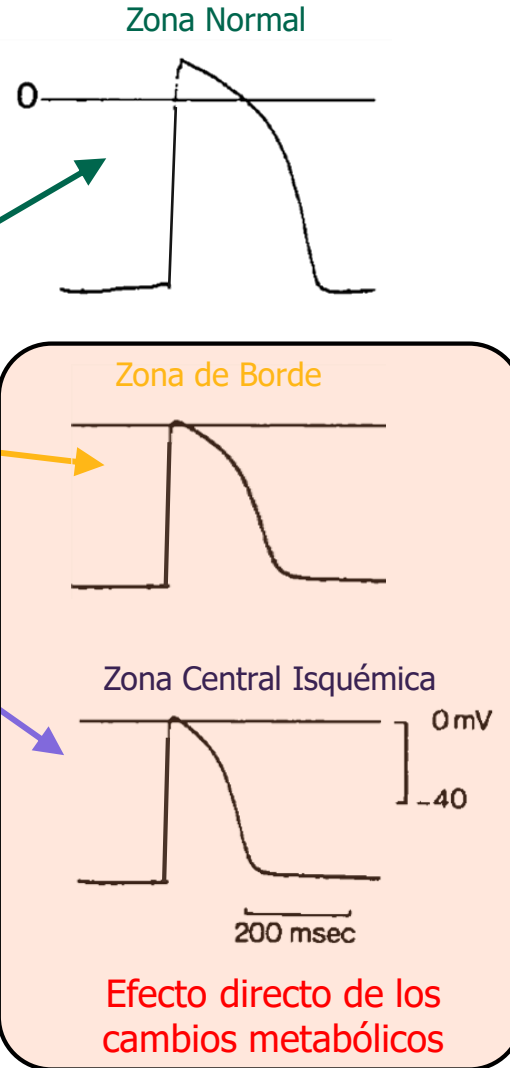


Isquemia miocárdica aguda

0-30 min: ISQUEMIA AGUDA

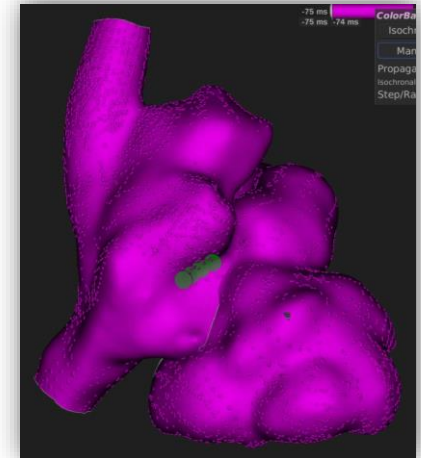


ZCI: Zona Central Isquémica
ZB: Zona de Borde
ZN: Zona Normal



(tiempo ÷ 25)

[A Ferrero et al, 2018]



Ritmo Sinusal

[Gray et al., 1995]

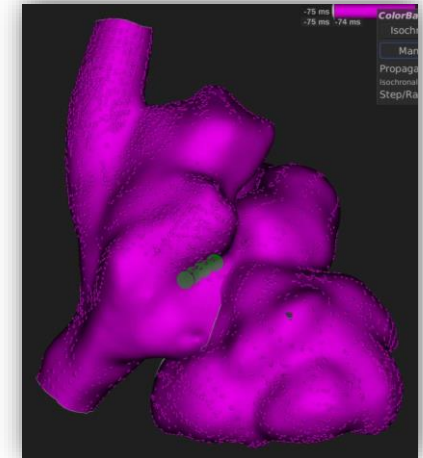


Fibrilación Ventricular

Isquemia miocárdica aguda

(*tiempo ÷ 25*)

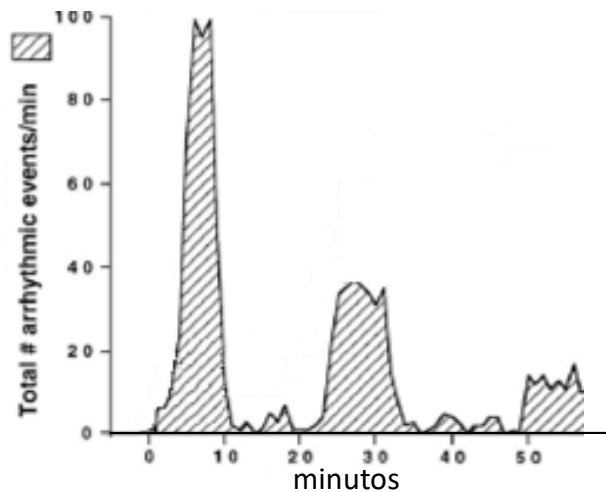
[A Ferrero et al, 2018]



Ritmo Sinusal

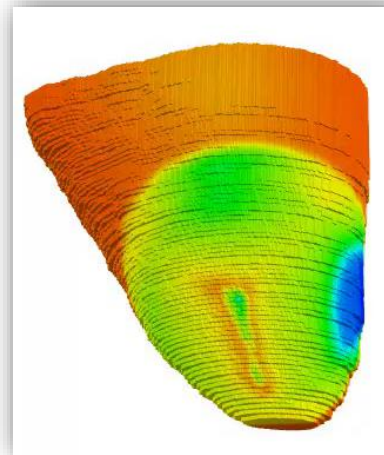
7,000,000 de muertes al año

RIESGO DE SUFRIR ARRITMIAS



[Smith et al,1995]

[Heidenreich et al., 2011]

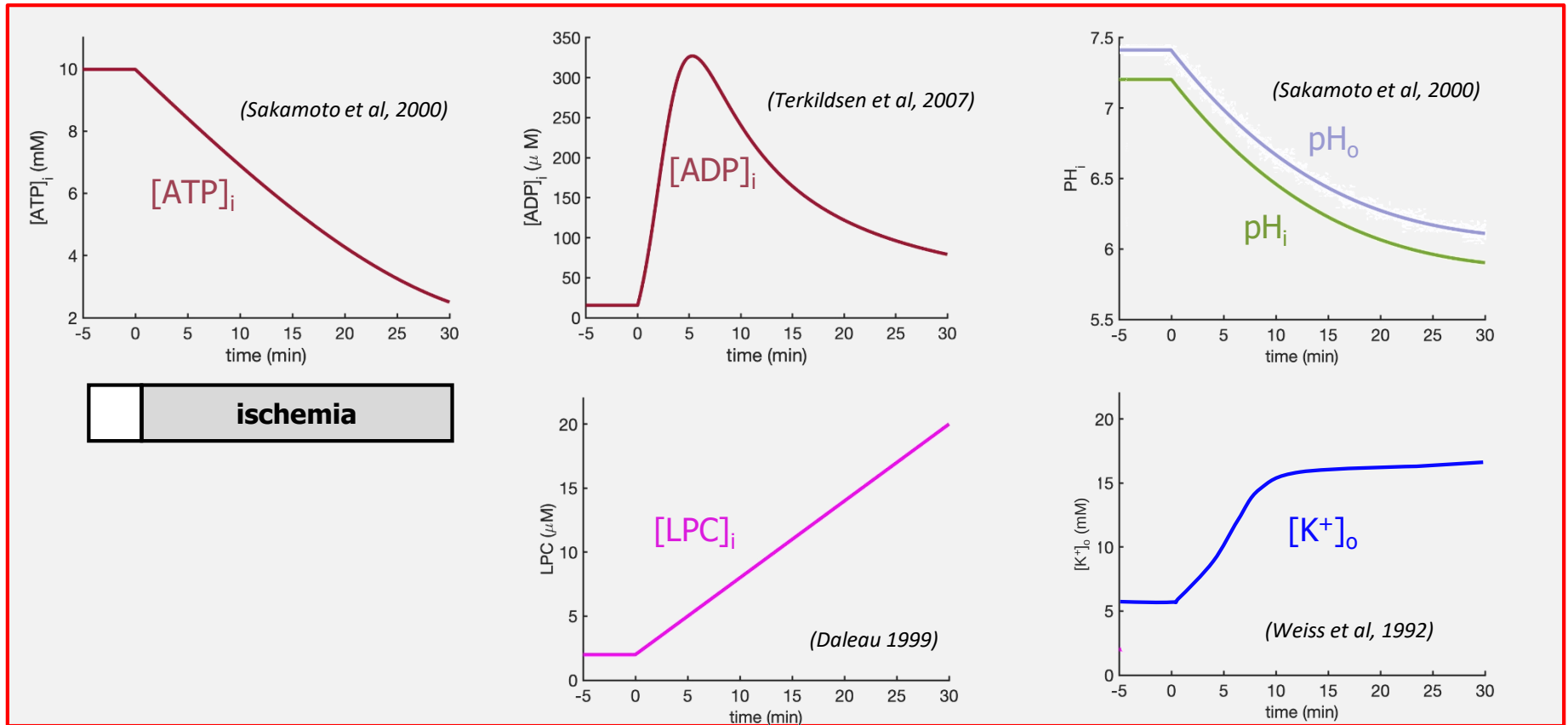


[Gray et al., 1995]



Fibrilación Ventricular

Los cambios metabólicos en isquemia miocárdica aguda...



... afectan a los canales iónicos

Modelo de potencial de acción en isquemia aguda

OPEN ACCESS Freely available online

PLOS COMPUTATIONAL BIOLOGY

Simulation of the Undiseased Human Cardiac Ventricular Action Potential: Model Formulation and Experimental Validation

Thomas O'Hara¹, László Virág^{2,3}, András Varro^{2,3}, Yoram Rudy^{1*}

¹ Cardiac Electrophysiology and Arrhythmia Center, Department of Biomedical Engineering, Washington University in St. Louis, St. Louis, Missouri, United States of America, ² Department of Pharmacology and Pharmacotherapy, University of Szeged, Szeged, Hungary, ³ Division of Cardiovascular Pharmacology, Hungarian Academy of Sciences, Szeged, Hungary

Abstract

Cellular electrophysiology experiments, important for understanding cardiac arrhythmia mechanisms, are usually performed with channels expressed in non-myocytes or with non-human myocytes. Differences between cell types and species affect results. Thus, an accurate model for the undiseased human ventricular action potential (AP) which reproduces a broad range

O'Hara (2011) ... modificado para poder simular isquemia aguda

Computing in Cardiology 2020; Vol 47; 232-236

ISSN: 2325-887X DOI: 10.22489/CinC.2020.160

A Novel Model of Acute Myocardial Ischemia in Human Ventricular Cardiomyocytes

Marta Gironés-Sangüesa¹, Claudia Esteban¹, Ana González-Ascaso^{1,2}, José F Rodríguez-Matas², José M Ferrero^{1,2}

¹CI2B, Universitat Politècnica de València, Valencia, Spain

²Chemistry, Materials and Chemical Engineering Department, Politécnico di Milano, Milano, Italy

(González-Ascaso et al, 2019)

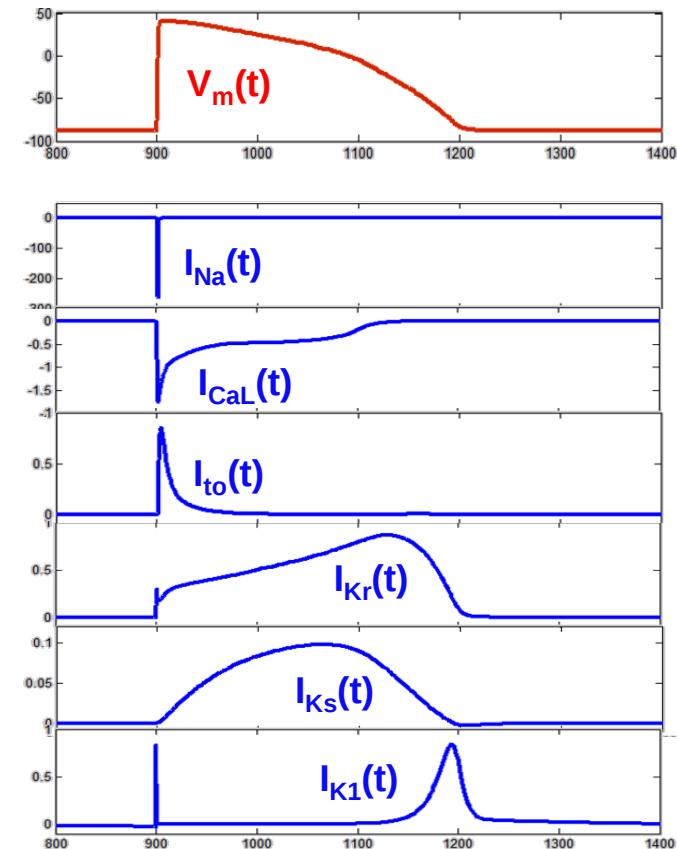
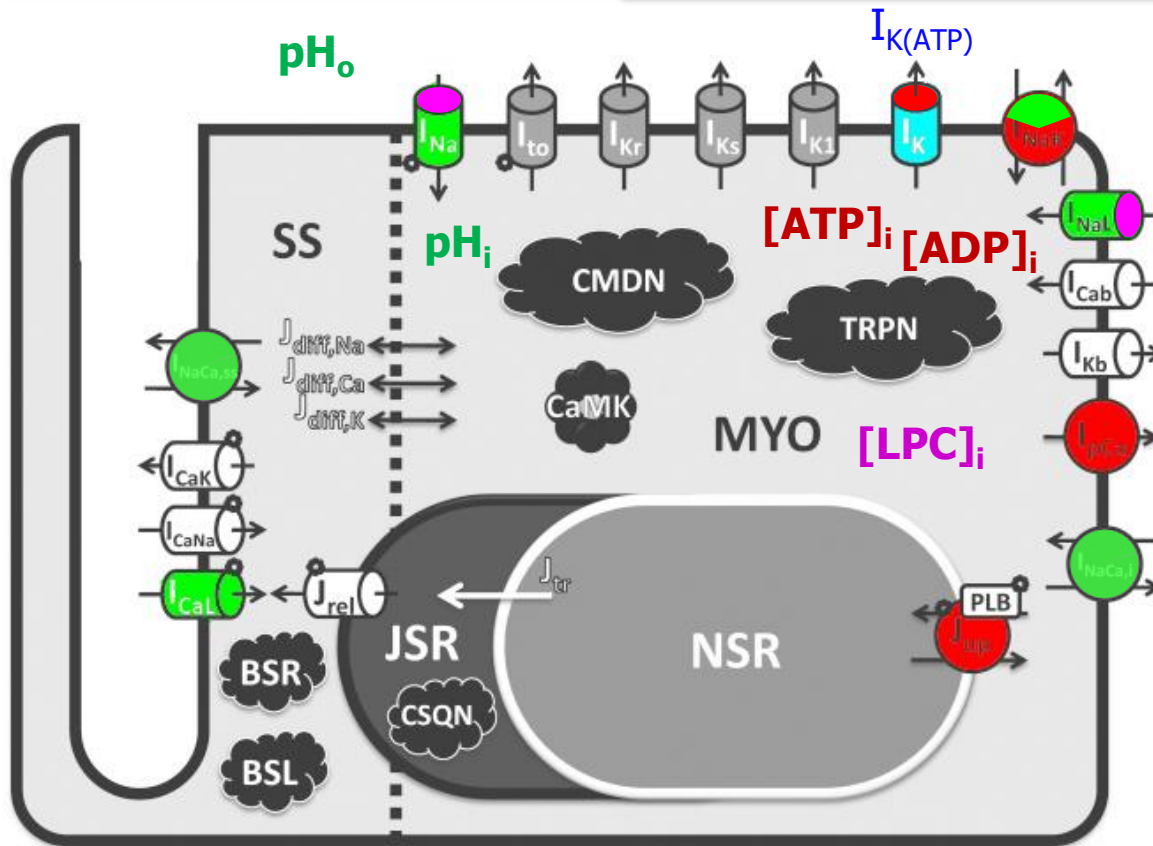
(Ferrero et al, 2003)

(Babenko et al, 1998)

(Weiss et al, 1992)

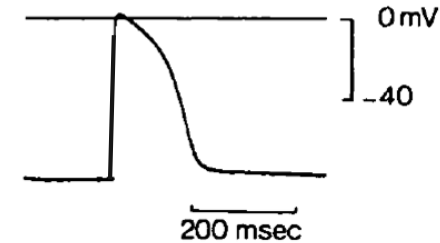
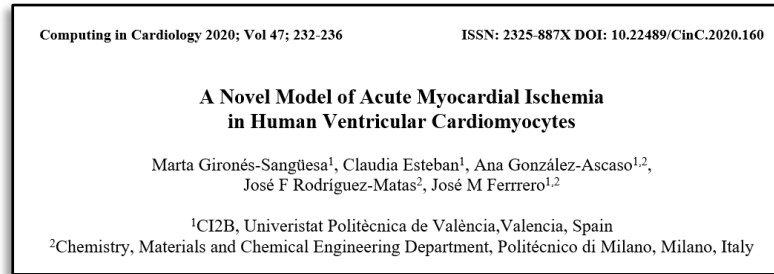
(Cortassa et al, AJP 2006)

(Ferrero et al, Circ Res 1996)

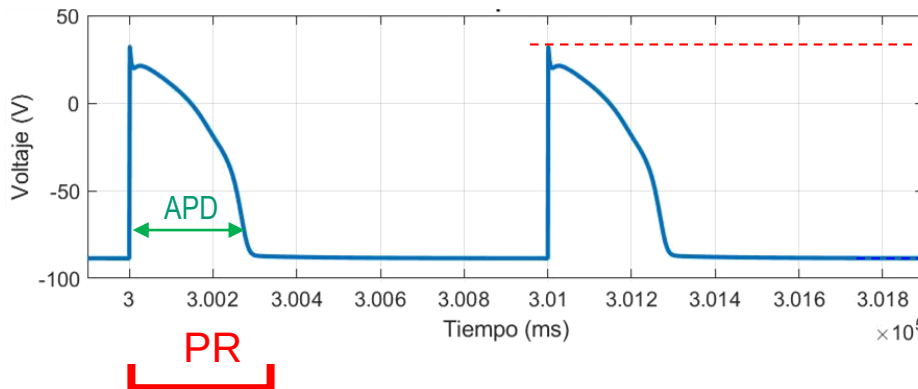


Modelo de potencial de acción en isquemia aguda

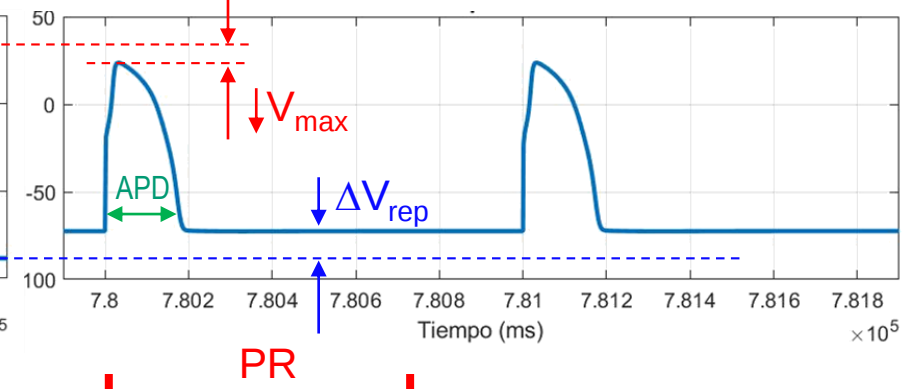
O'Hara (2011) ... modificado para poder simular isquemia aguda



Normoxia



Isquemia (5 minutos)



Cambios en el potencial de acción ventricular inducidos por la isquemia

- Disminución de la duración del potencial de acción (APD)
- Disminución (en valor absoluto) del potencial de reposo (V_{rep})
- Disminución de la amplitud máxima del potencial de acción (V_{max})
- Disminución de la pendiente máxima de despolarización ($\dot{V}_{max}$)
- Aumento del periodo refractario (RP)

Modelado multiescala de la isquemia miocárdica

Computers in Biology and Medicine 141 (2022) 105038



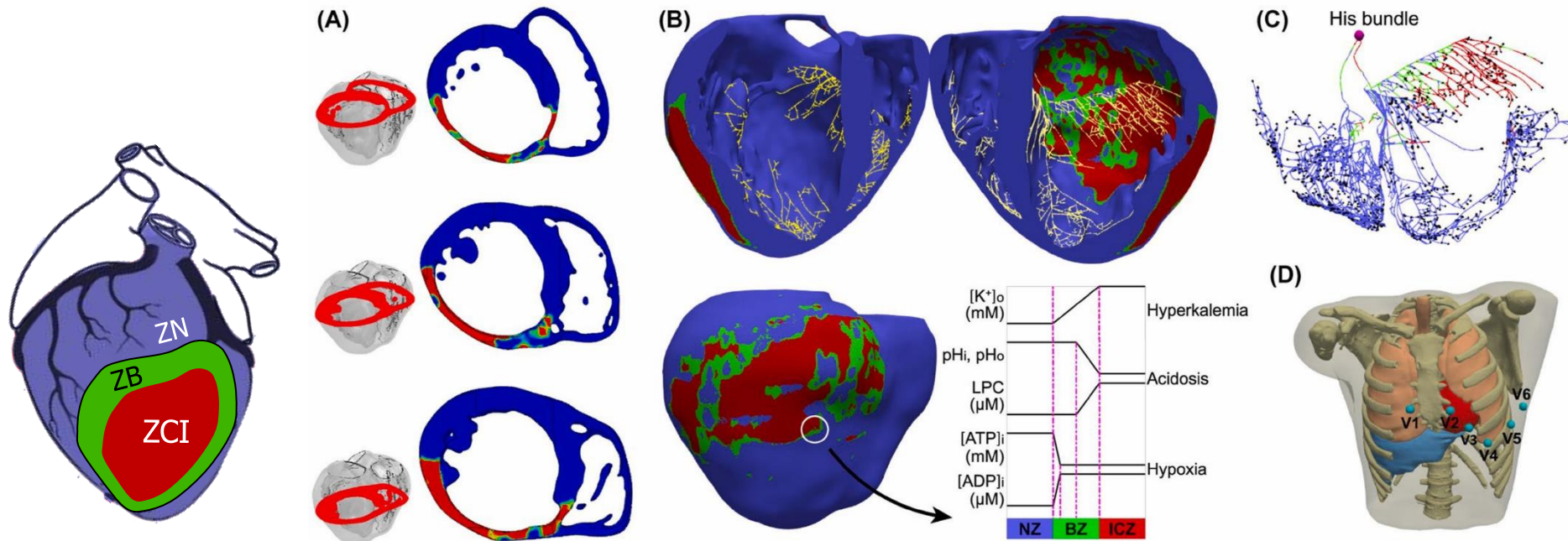
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journal homepage: www.elsevier.com/locate/combiomed



Analysis of vulnerability to reentry in acute myocardial ischemia using a realistic human heart model

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José M. Ferrero^{a,*}



[Carpio *et al.*, 2020]

Modelado multiescala de la isquemia miocárdica

Computers in Biology and Medicine 141 (2022) 105038

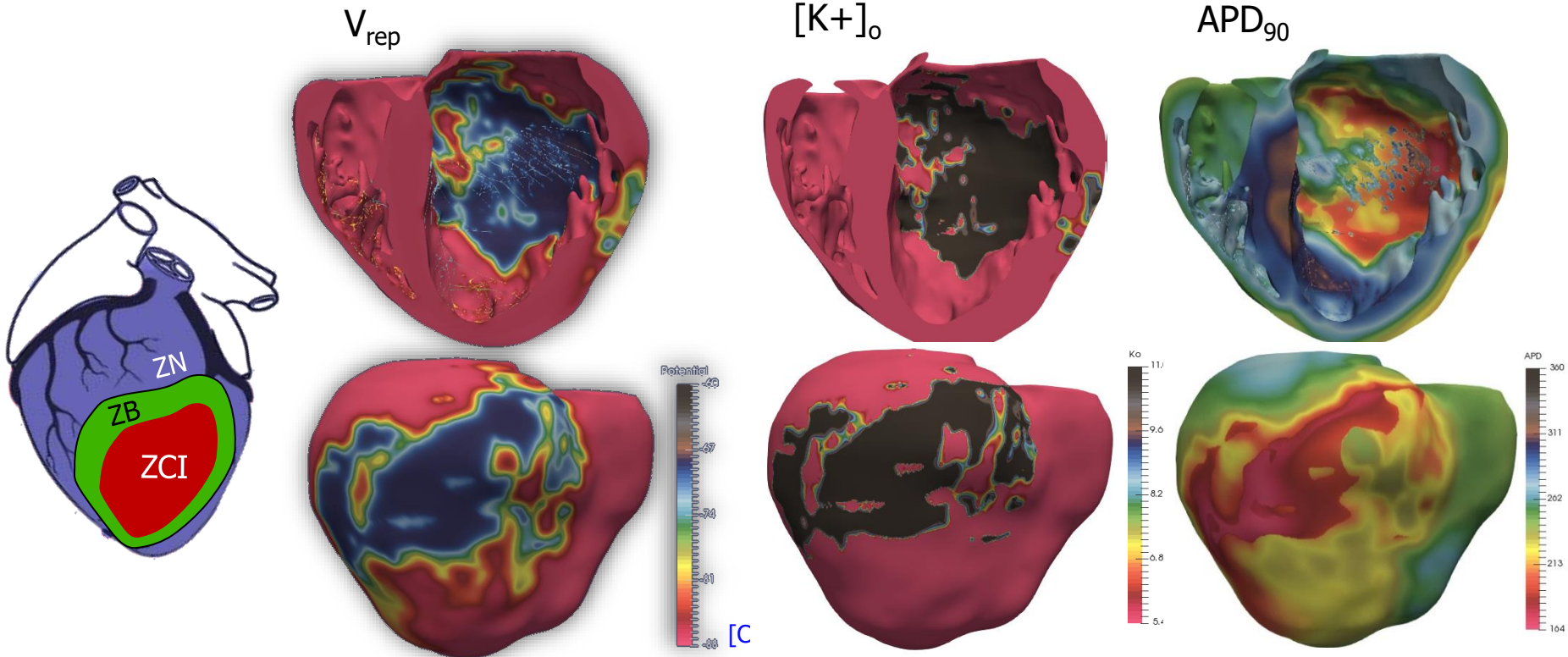
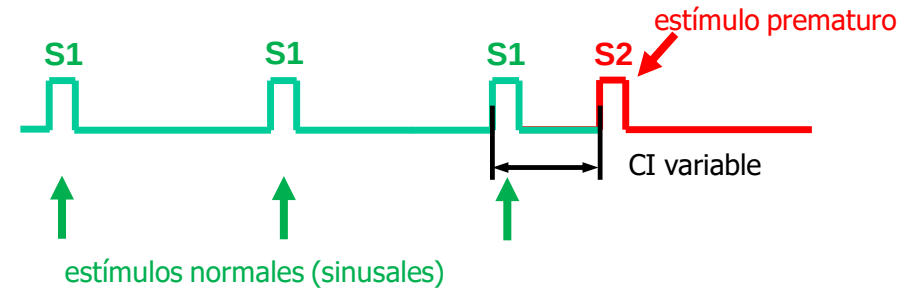


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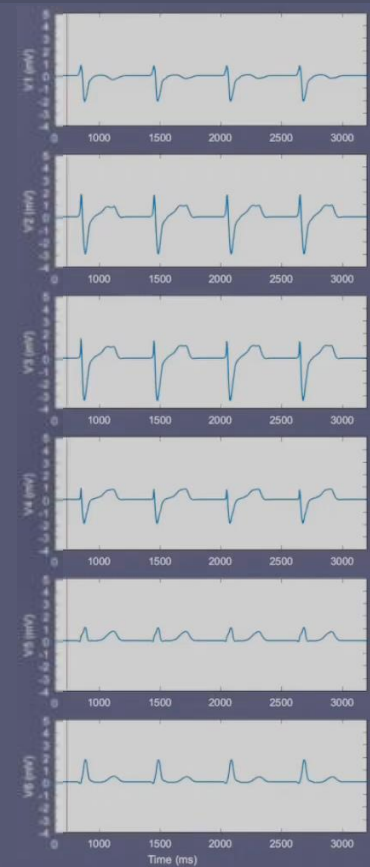
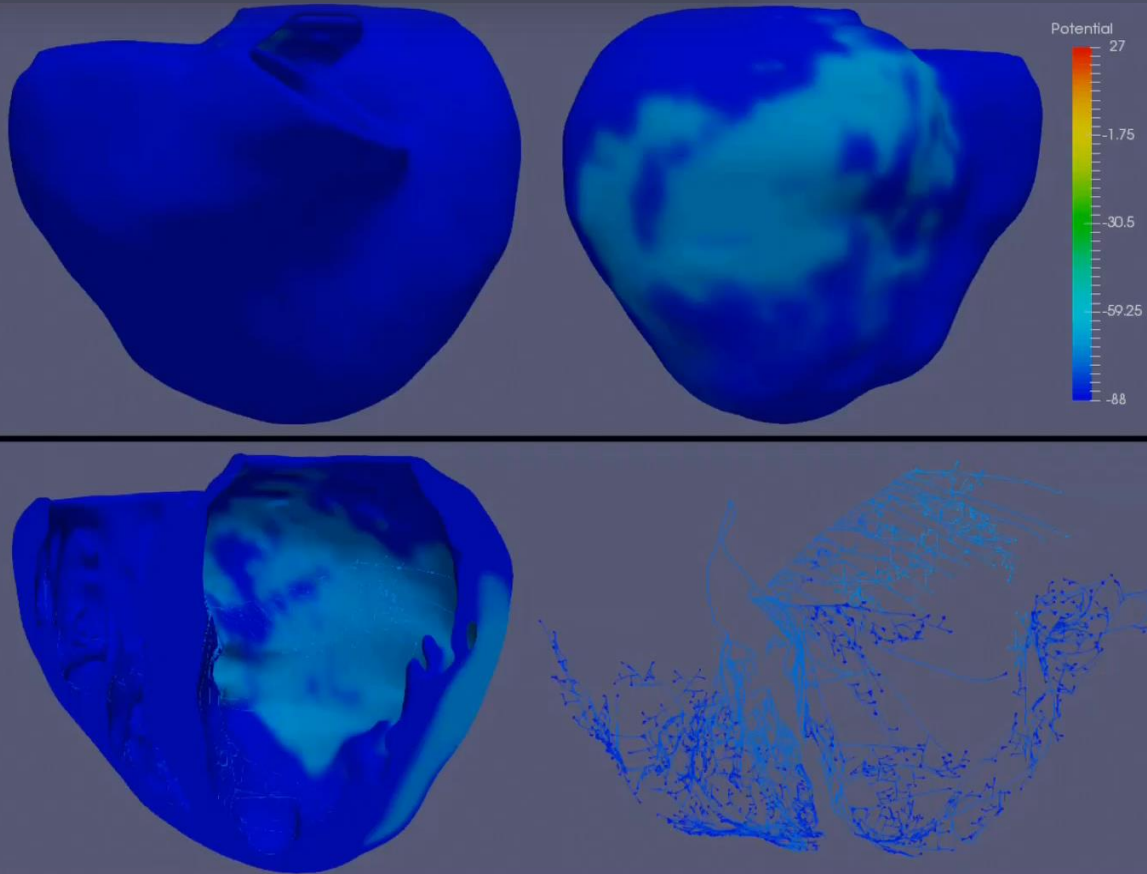
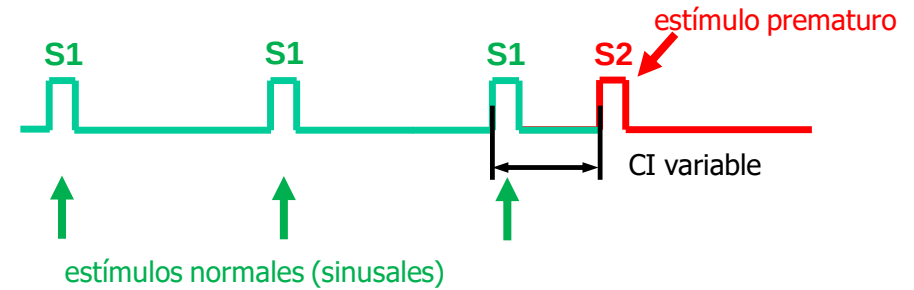


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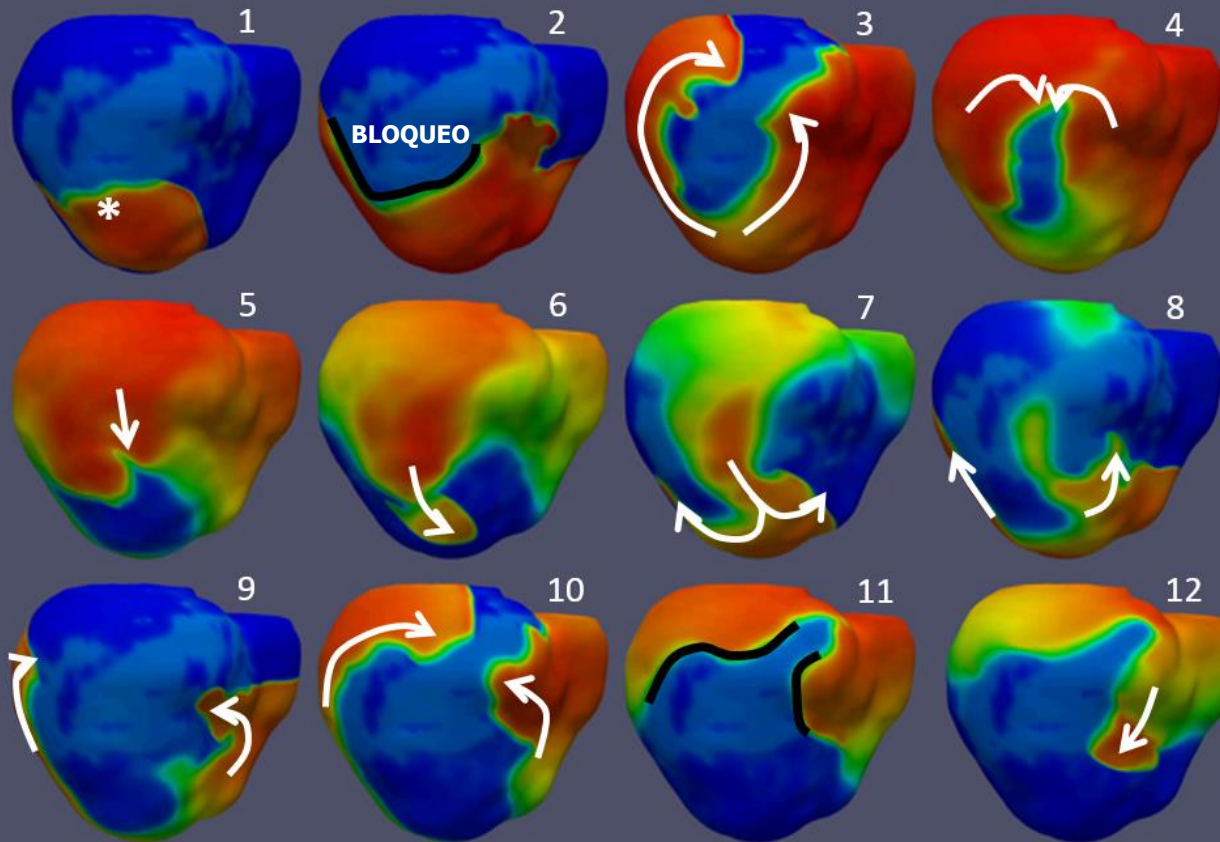
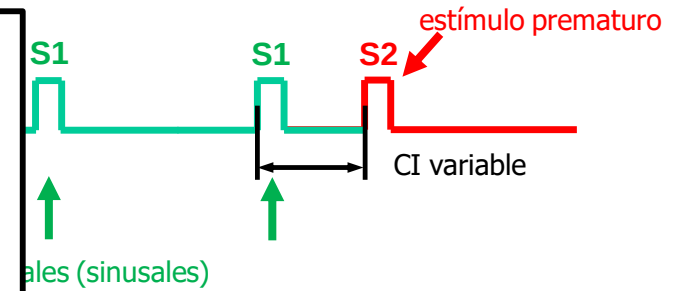
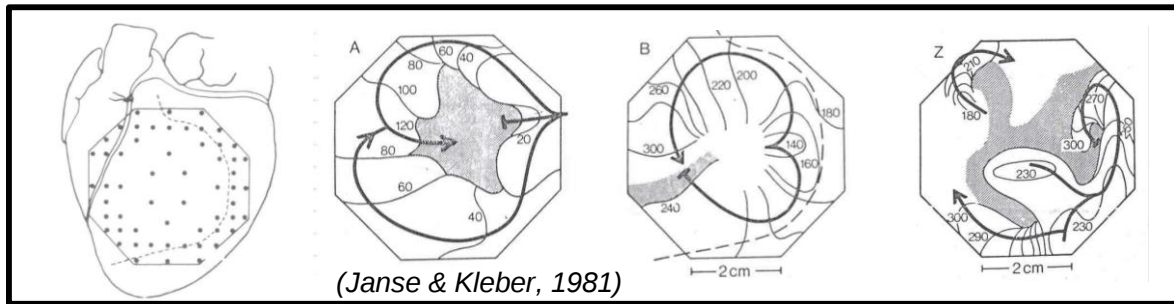


Analysis of vulnerability to reentry in acute myocardial ischemia using a realistic human heart model

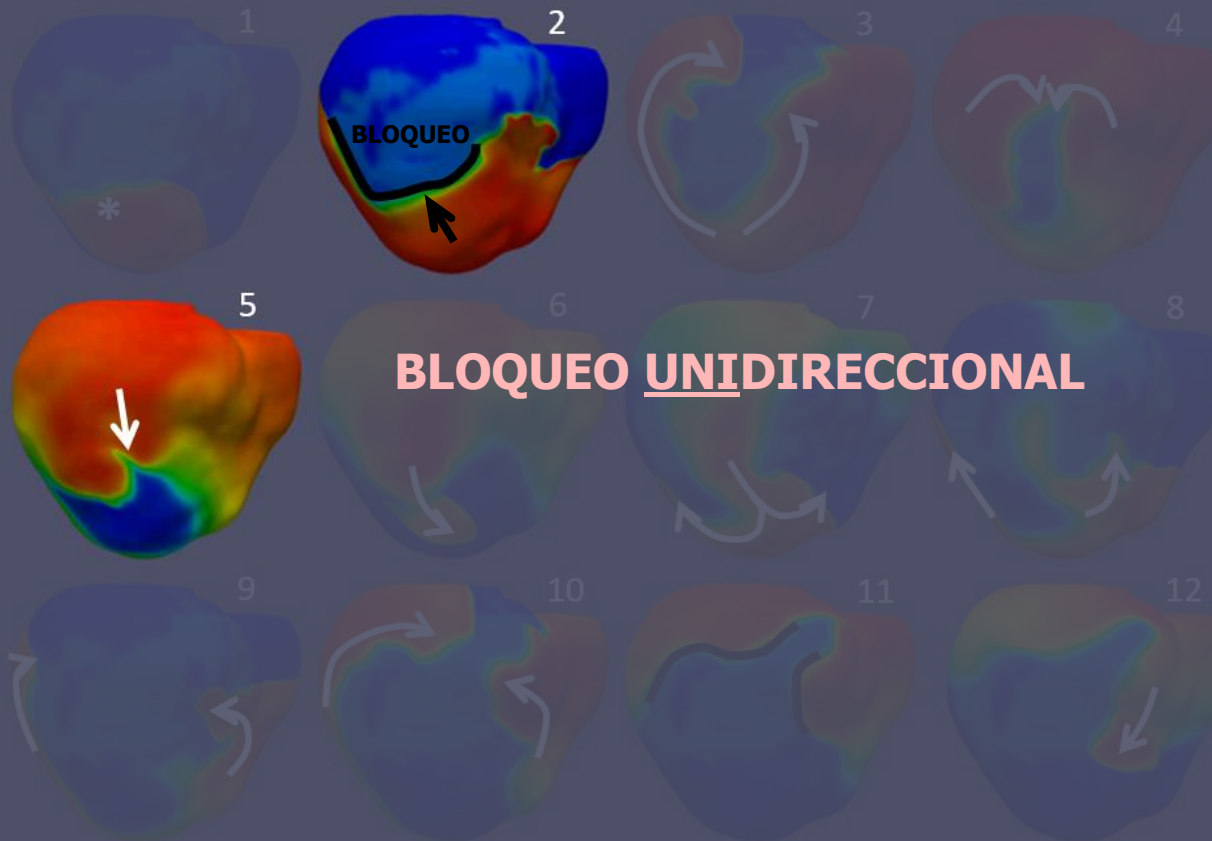
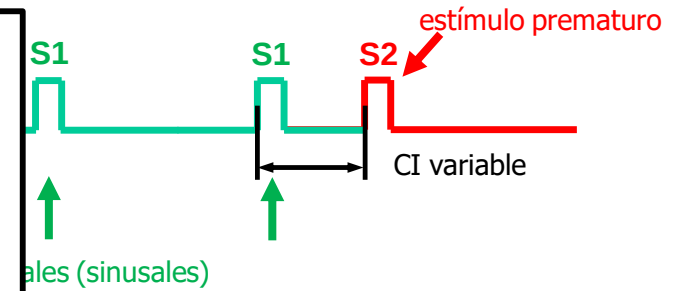
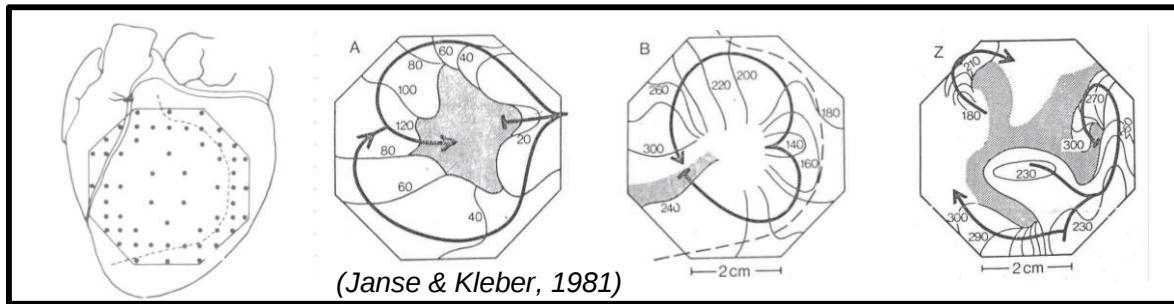
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Modelado multiescala de la isquemia miocárdica

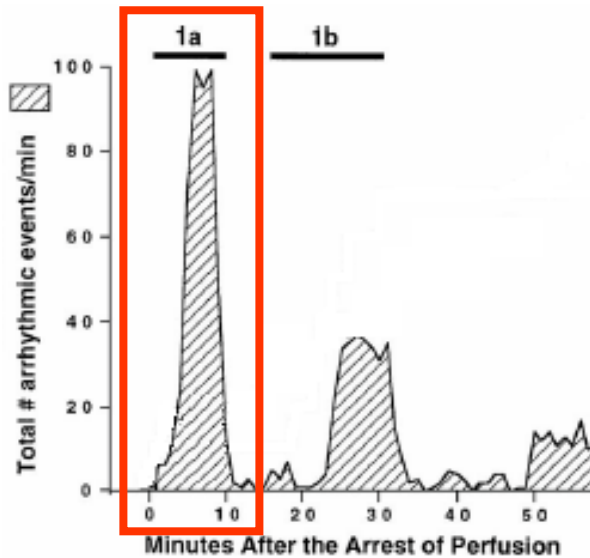
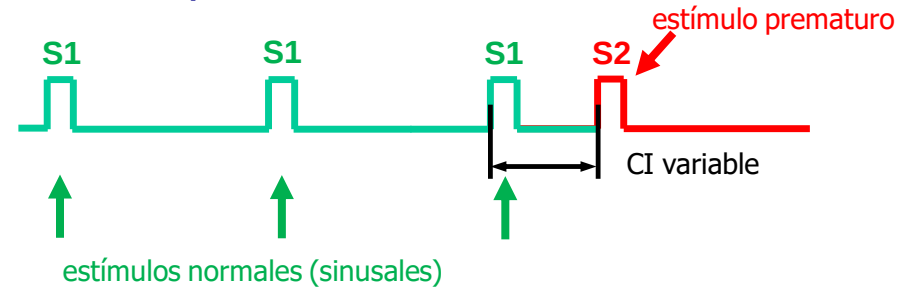


Modelado multiescala de la isquemia miocárdica

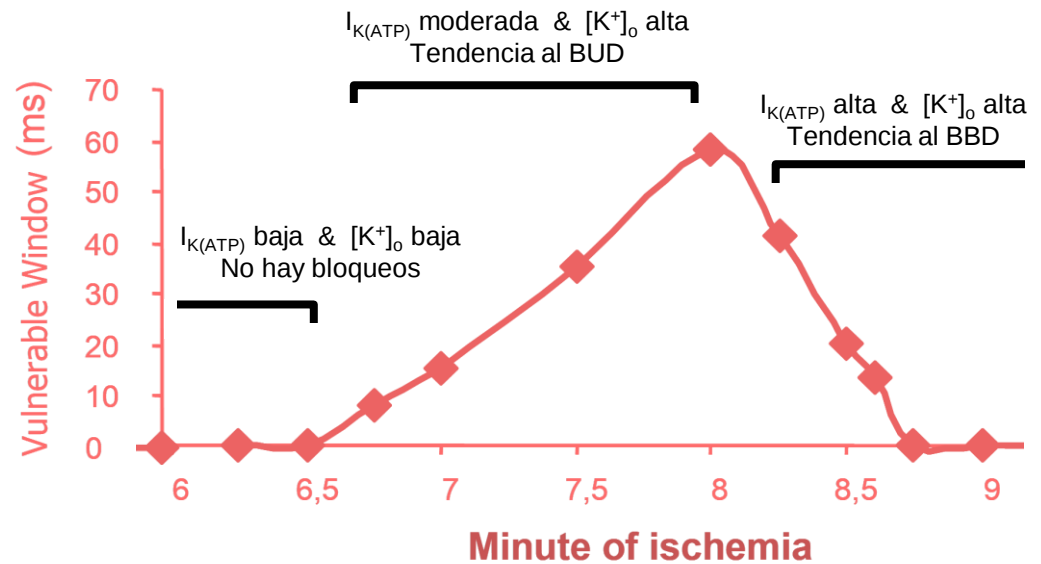


BLOQUEO UNIDIRECCIONAL

Vulnerabilidad a las arritmias en ischemia miocárdica



adapted from Smith *et al.* Circulation 92:3051– 60, 1995



Romero *et al.*, Ann Biomed Eng 2009

Annals of Biomedical Engineering, Vol. 37, No. 8, August 2009 / © 2009 pp. 1560–1571
DOI: 10.1007/s10439-009-9721-2

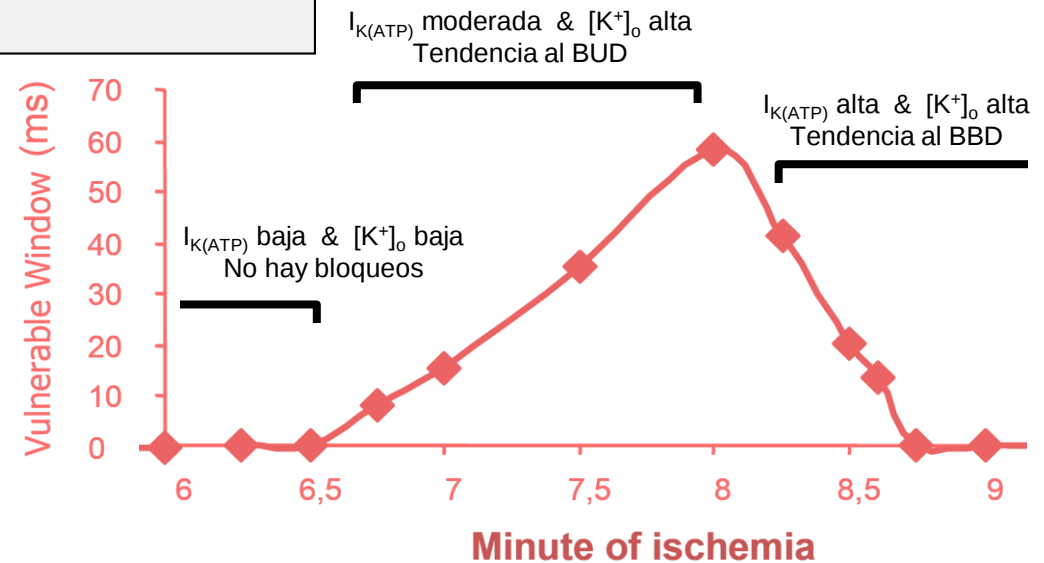
The Relative Role of Refractoriness and Source–Sink Relationship in Reentry Generation during Simulated Acute Ischemia

LUCÍA ROMERO,¹ BEATRIZ TRÉNOR,¹ JOSÉ M. ALONSO,² CATALINA TOBÓN,¹ JAVIER SAIZ,¹
and JOSÉ M. FERRERO JR.¹

¹Instituto de Investigación e Innovación en Bioingeniería, Universidad Politécnica de Valencia, Camino de Vera s/n, 46022 Valencia, Spain; and ²Departamento de Sistemas Informáticos y Computación, Universidad Politécnica de Valencia, Camino de Vera s/n, 46022 Valencia, Spain

Tema 9

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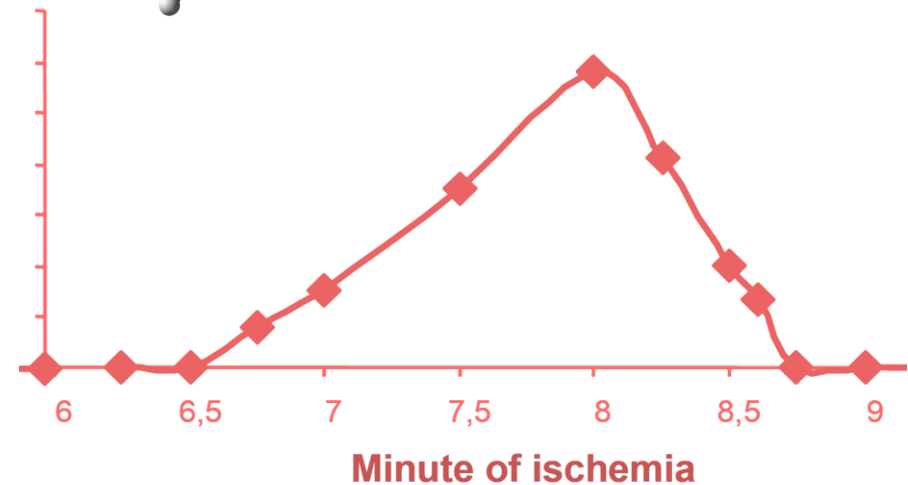
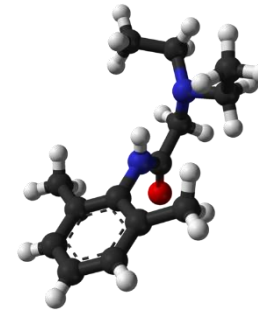
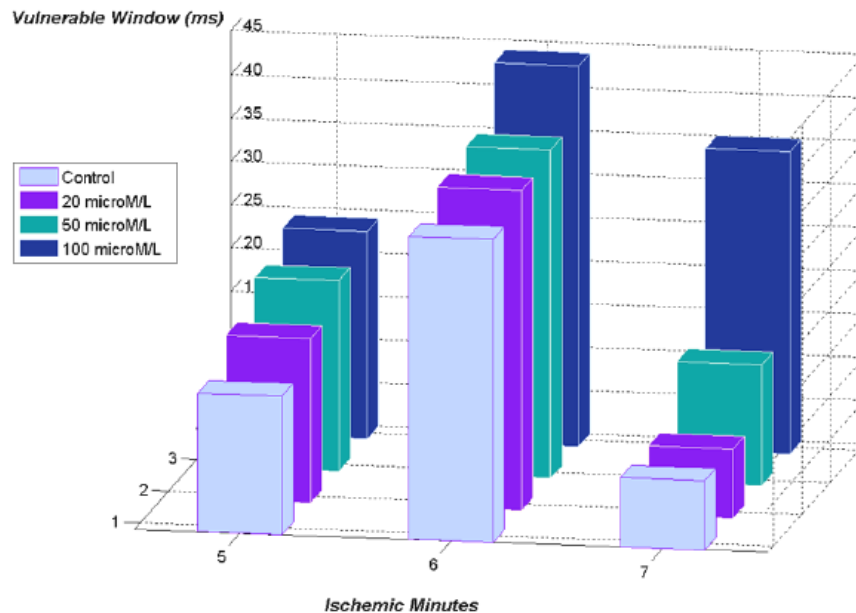
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Efecto de fármacos en isquemia aguda

La lidocaína modula la vulnerabilidad a la FV en isquemia aguda



Cardona *et al.*, Am J Physiol 2010

Exploring the role of pH in modulating the effects of lidocaine in virtual ischemic tissue

Karen Cardona,¹ Beatriz Trénor,¹ Germán Moltó,² Miguel Martínez,³ José María Ferrero, Jr.,¹ Frank Starmer,⁴ and Javier Saiz¹

¹Instituto de Investigación Interuniversitario en Bioingeniería y Tecnología Orientada al Ser Humano, ²Departamento de Sistemas Informáticos y Computación, and ³Instituto Universitario de Automática e Informática Industrial, Universidad Politécnica de Valencia, Valencia, Spain; and ⁴Biostatistics and Bioinformatics, Duke University, Singapore

Submitted 3 May 2010; accepted in final form 10 August 2010

Romero *et al.*, Ann Biomed Eng 2009

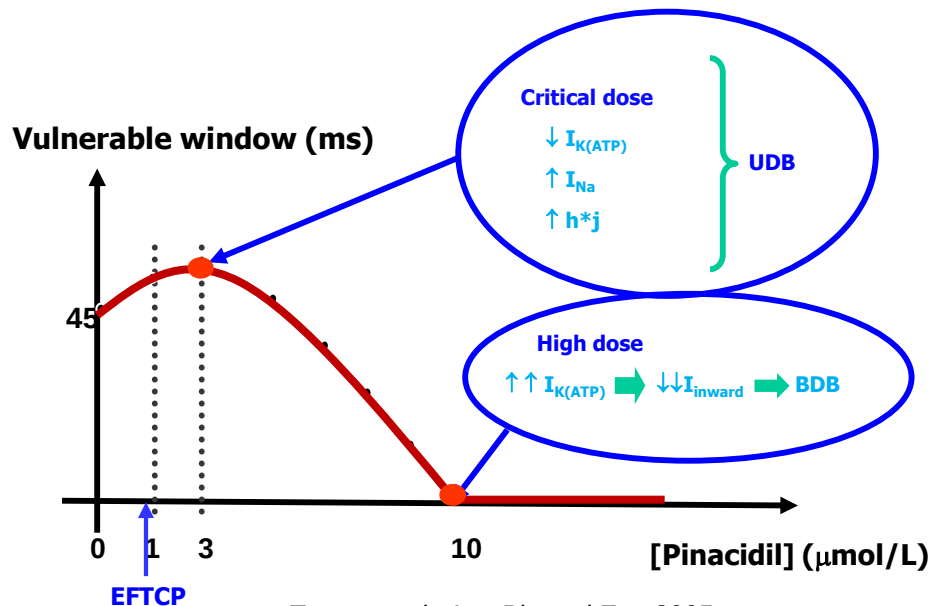
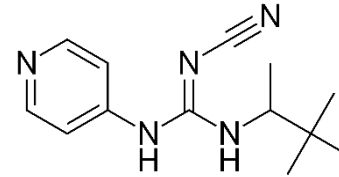
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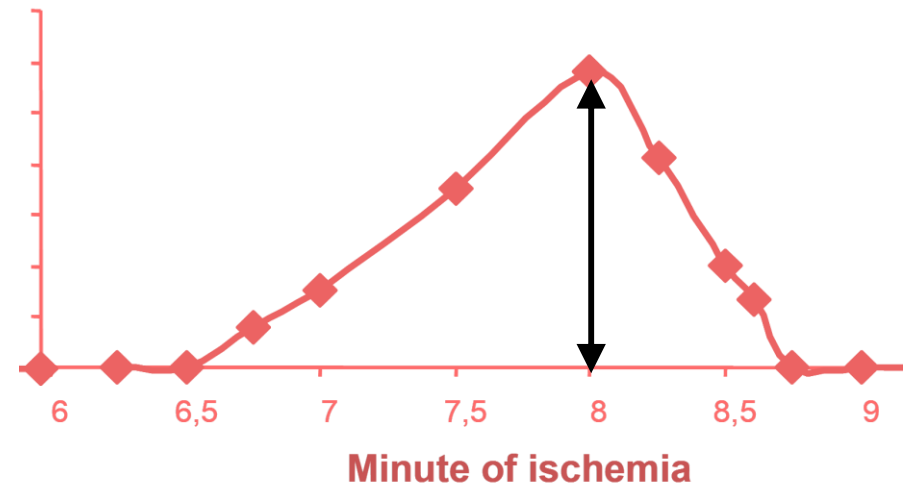
¹Instituto de Investigación e Innovación en Bioingeniería, Universidad Politécnica de Valencia, Camino de Vera s/n, 46022 Valencia, Spain; and ²Departamento de Sistemas Informáticos y Computación, Universidad Politécnica de Valencia, Camino de Vera s/n, 46022 Valencia, Spain

Efecto de fármacos en isquemia aguda

El pinacidil modula la vulnerabilidad a la FV en isquemia aguda



Trenor *et al.*, Ann Biomed Eng 2005



Romero *et al.*, Ann Biomed Eng 2009

Annals of Biomedical Engineering, Vol. 33, No. 7, July 2005 (© 2005) pp. 897–906
DOI: 10.1007/s10439-005-3554-4

Effects of Pinacidil on Reentrant Arrhythmias Generated During Acute Regional Ischemia: A Simulation Study

BEATRIZ TRÉNOR,¹ JOSÉ M. FERRERO, JR.,¹ BLANCA RODRÍGUEZ,² and FULGENCIO MONTILLA¹

¹Centro de Investigación e Innovación en Bioingeniería, Departamento de Ingeniería Electrónica, Universidad Politécnica de Valencia, Camino de Vera s/n, 46022 Valencia, Spain and ²Oxford University Computing Laboratory, Wolfson Building, Parks Road, Oxford OX1 3QD, UK

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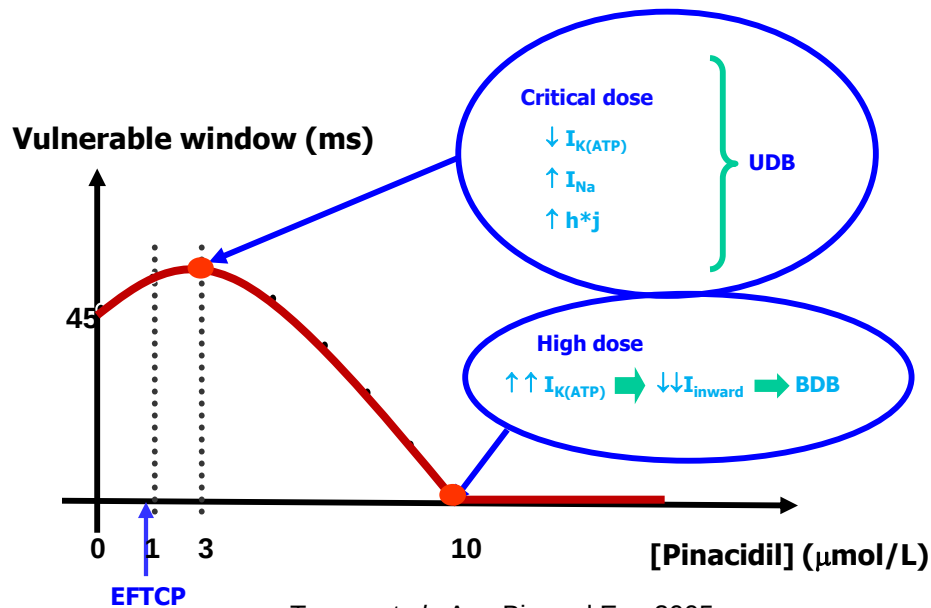
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Efecto de fármacos en isquemia aguda

El pinacidil modula la Ventana vulnerable a la FV en isquemia aguda



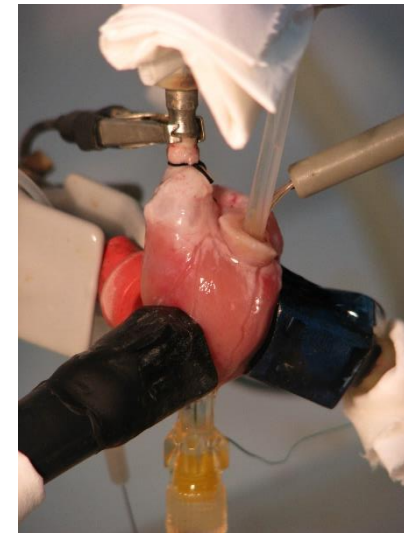
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A Ferrero et al, 2005

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CRÉDITOS...

Universidad Nacional de Lomas de Zamora, Argentina

Elvio Heidenreich



Hospital Clínico Universitario de Valencia

Maite Izquierdo
Ricardo Ruiz



Universidad Politécnica de Valencia, España

Chema Ferrero
Alejandro López
Dani Ferrero



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José Félix Rodríguez



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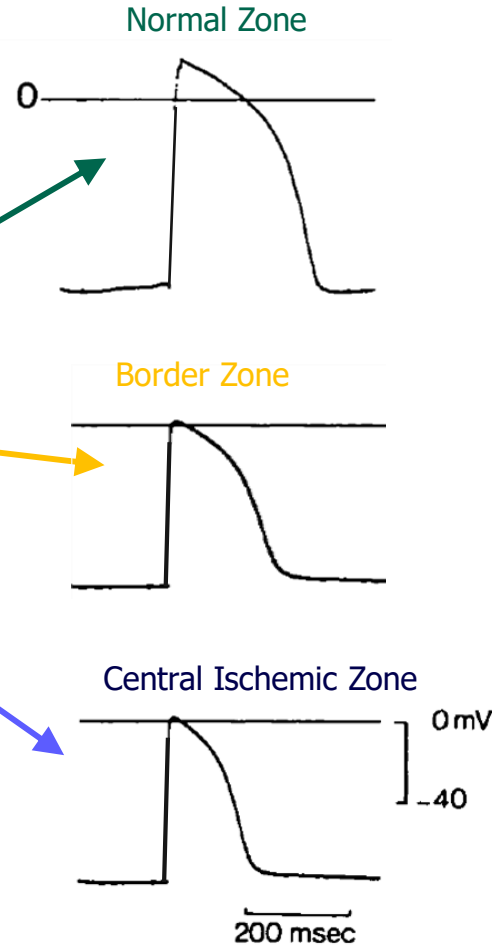
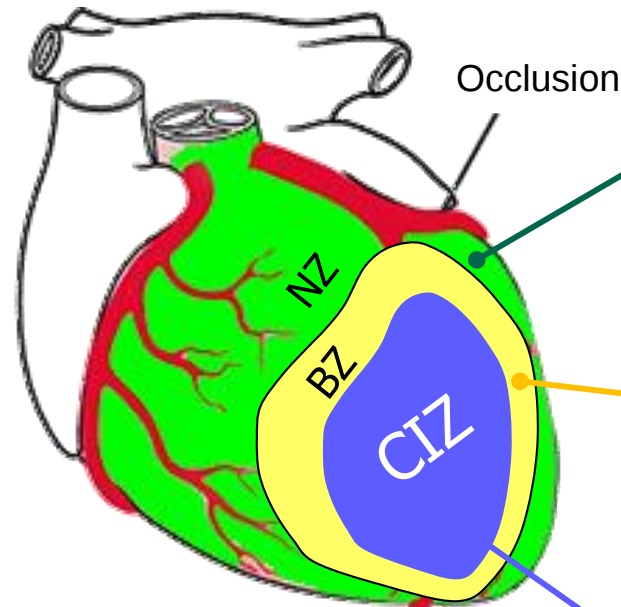
Universidad de Zaragoza, España

Andrés Mena-Tóbar



Myocardial ischemia and infarction

0-30 min: ACUTE ISCHEMIA



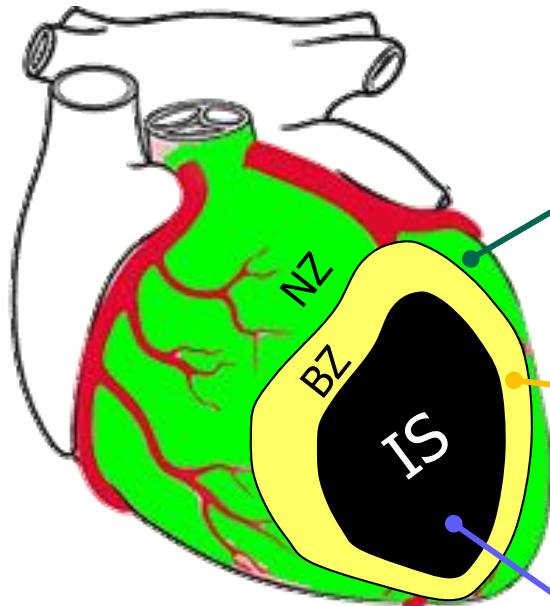
Hours later...

CIZ: Central Ischemic Zone
BZ: Border Zone
NZ: Normal Zone

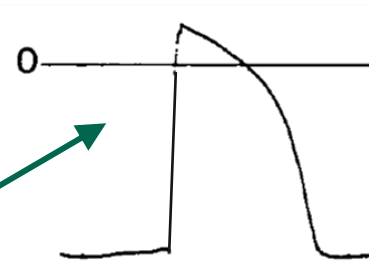
Myocardial ischemia and infarction

0-30 min: ACUTE ISCHEMIA

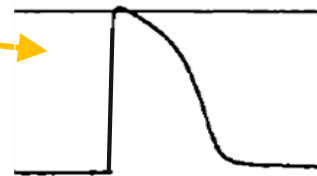
→ INFARCTION



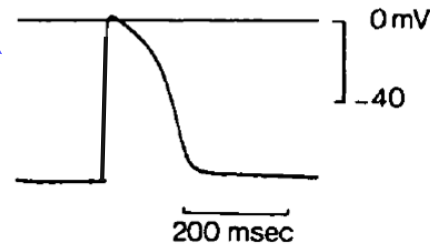
Normal Zone



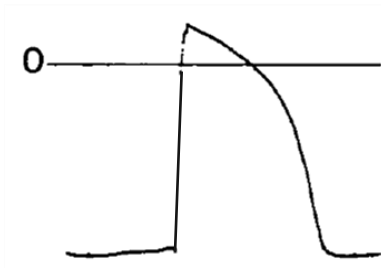
Border Zone



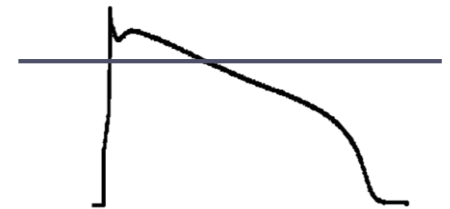
Central Ischemic Zone



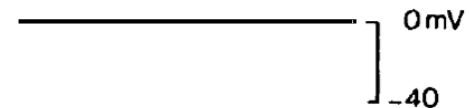
Normal Zone



Border Zone



Infarct Scar



IS: Infarct Scar (NON excitable)

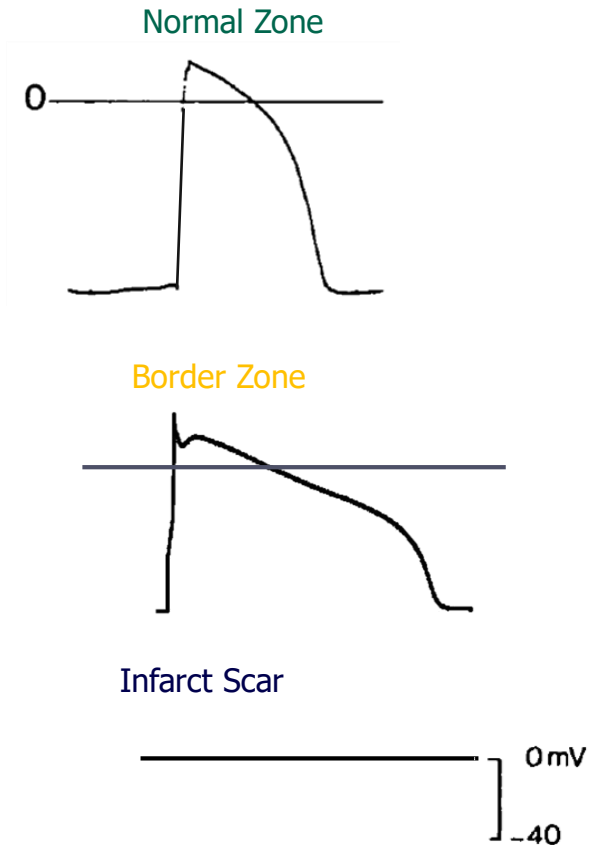
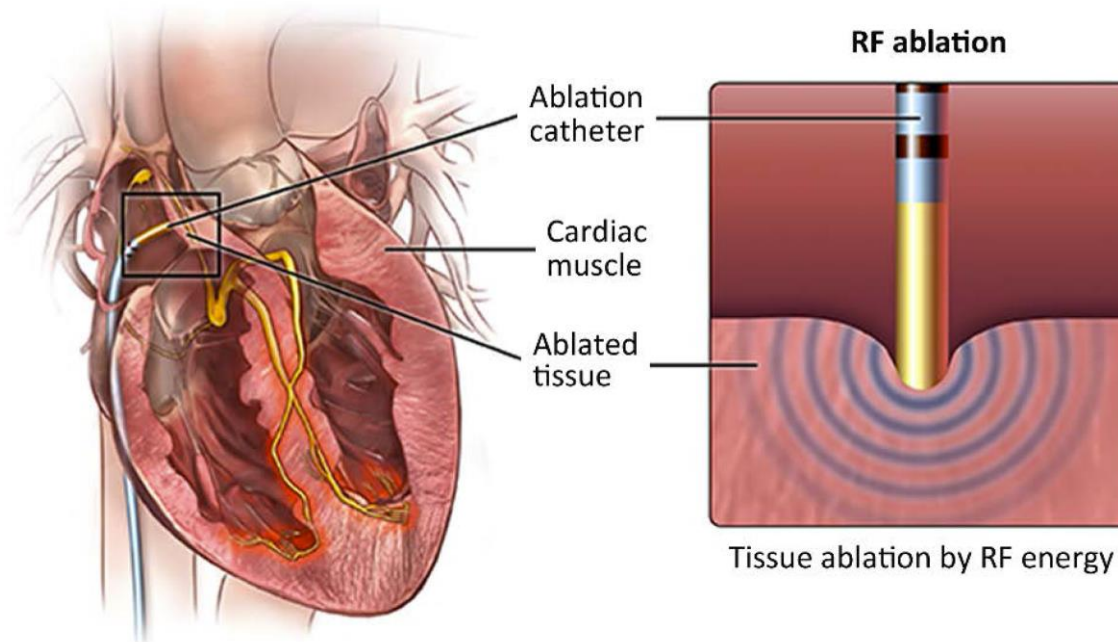
BZ: Border Zone

NZ: Normal Zone

Myocardial ischemia and infarction

Months/years after the infarction...

INFARCTION

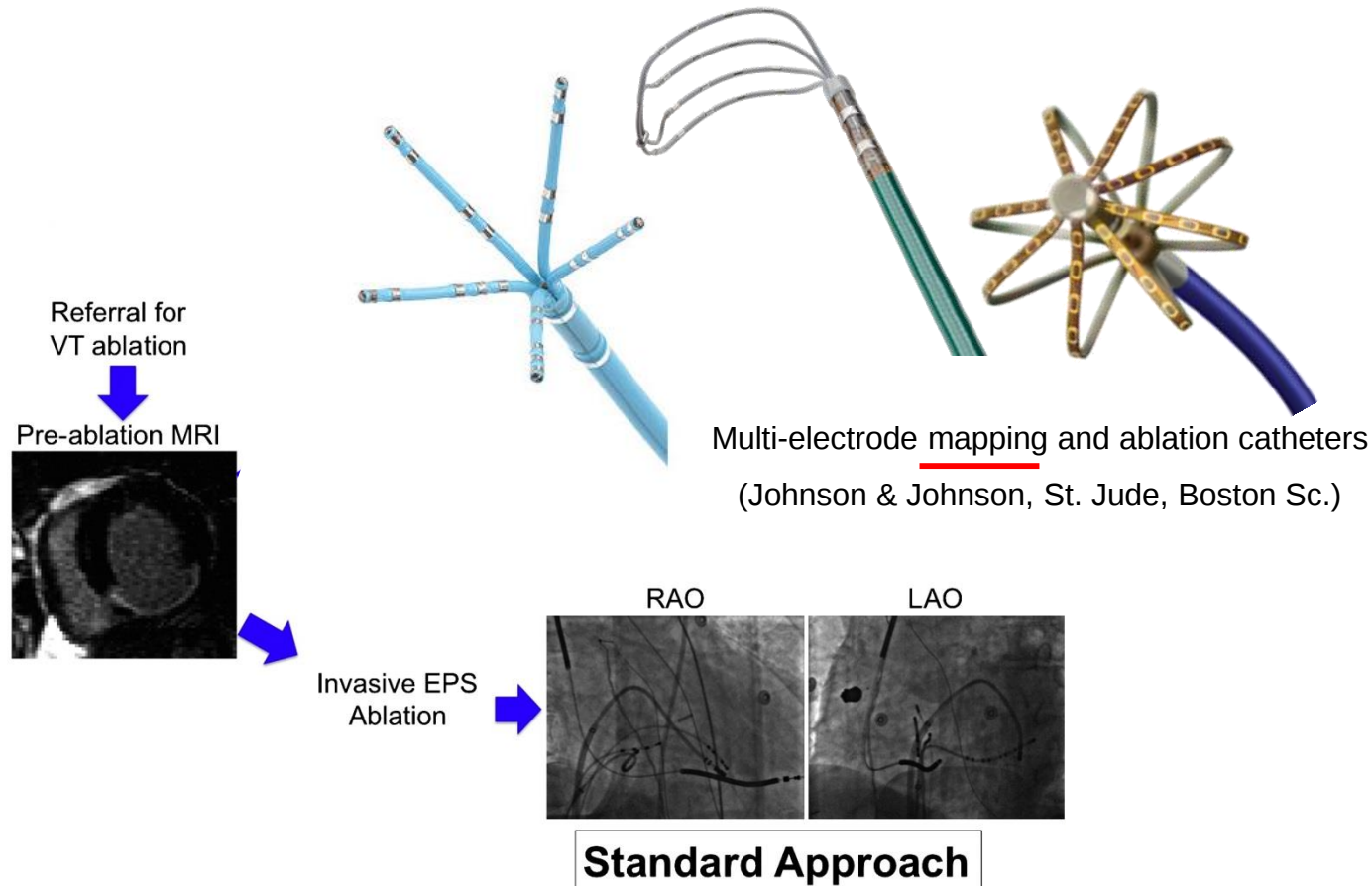


IS: Infarct Scar (NON excitable)

BZ: Border Zone

NZ: Normal Zone

Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia



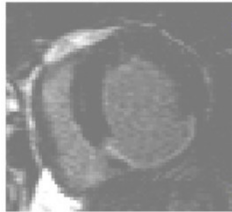
[adapted from Ashikaga et al, *Heart Rhythm* 2013]

Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia



Referral for
VT ablation

Pre-ablation MRI



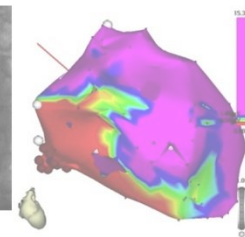
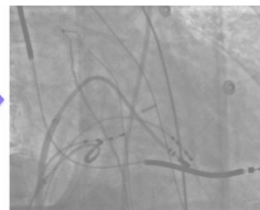
Invasive EPS
Ablation



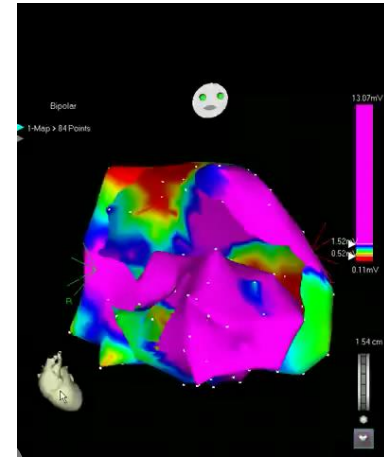
RAO

LAO

CARTO



Standard Approach



[adapted from Ashikaga et al, *Heart Rhythm* 2013]

Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia

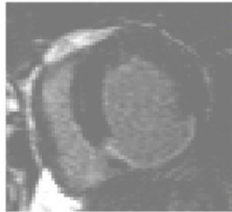
INTELLA MIFI (Boston Sci.)

Real time: 16 minutes

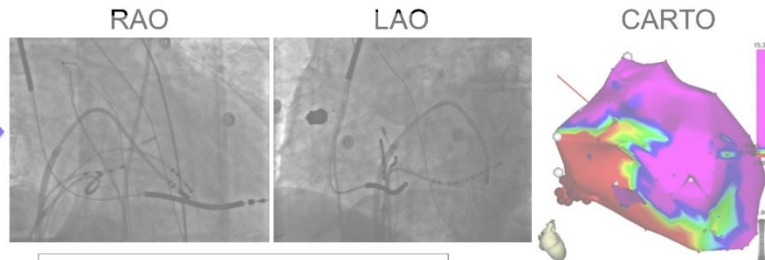
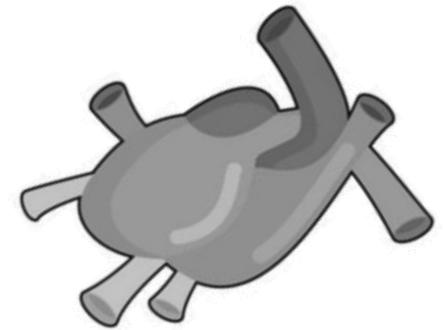
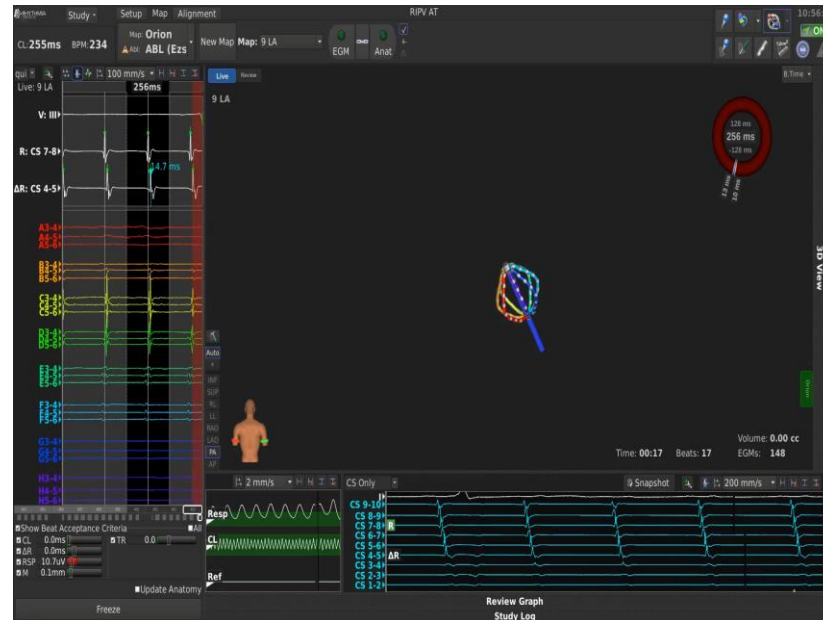


Referral for
VT ablation

Pre-ablation MRI



Invasive EPS
Ablation

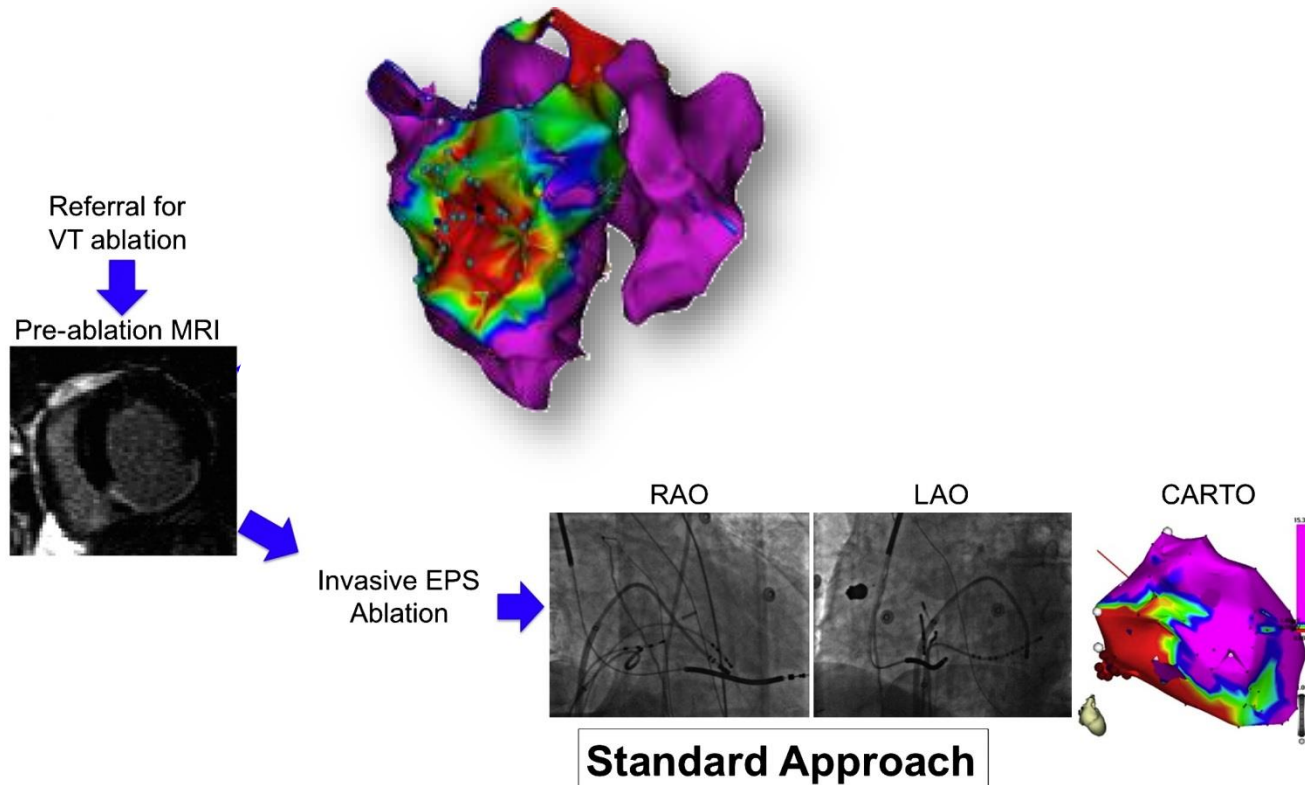


Standard Approach

[adapted from Ashikaga et al, *Heart Rhythm* 2013]

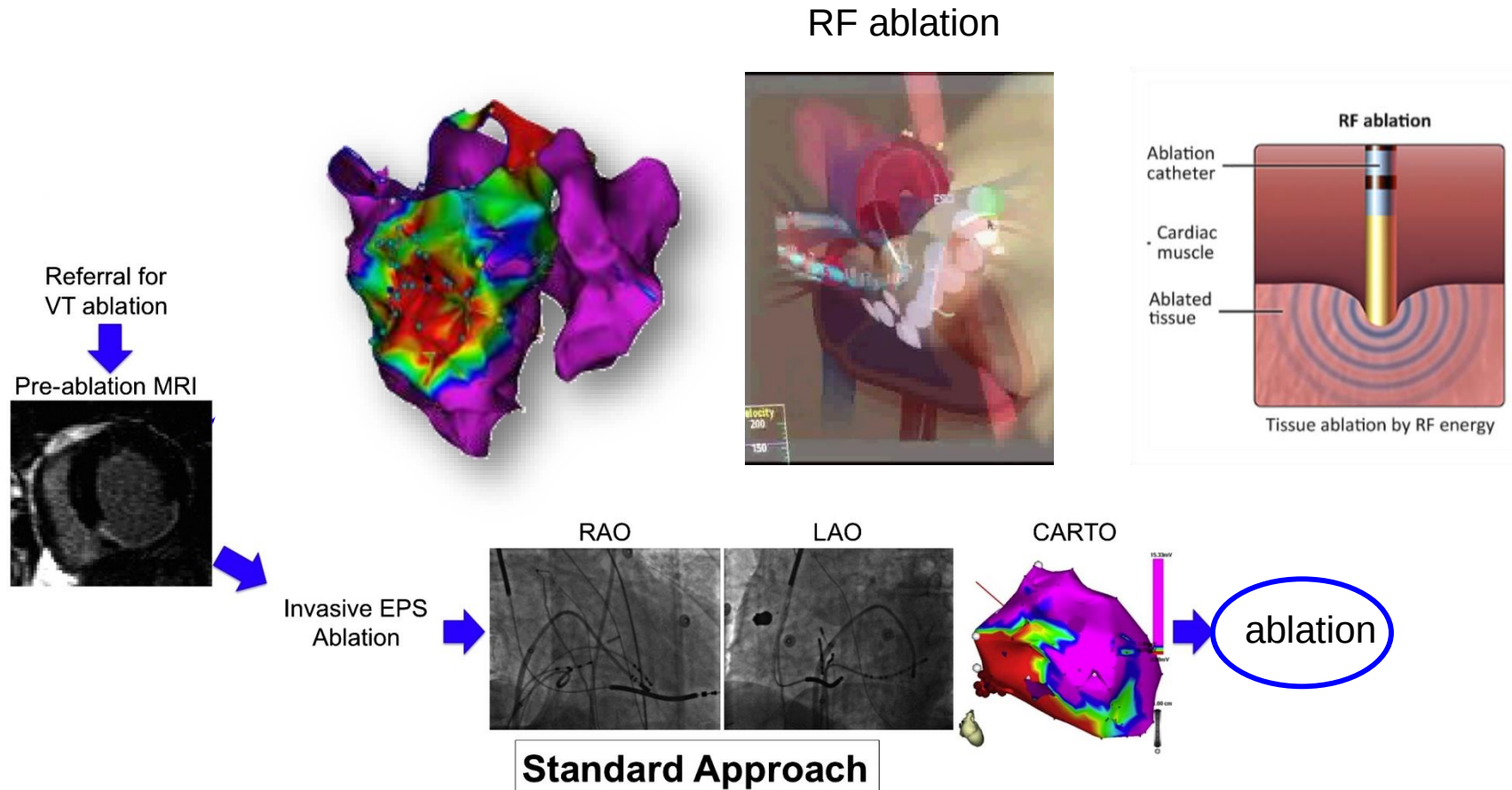
Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia

Electroanatomical map of the endocardium...



[adapted from Ashikaga et al, *Heart Rhythm* 2013]

Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia



[adapted from Ashikaga et al, *Heart Rhythm* 2013]

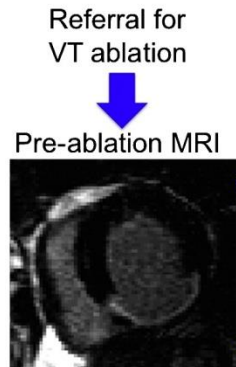
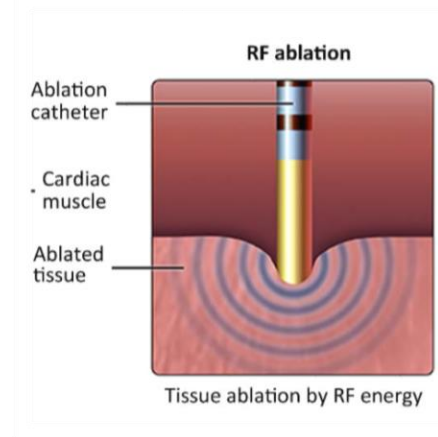
Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia

Personalized Cardiac Computational Models: From Clinical Data to Simulation of Infarct-Related Ventricular Tachycardia

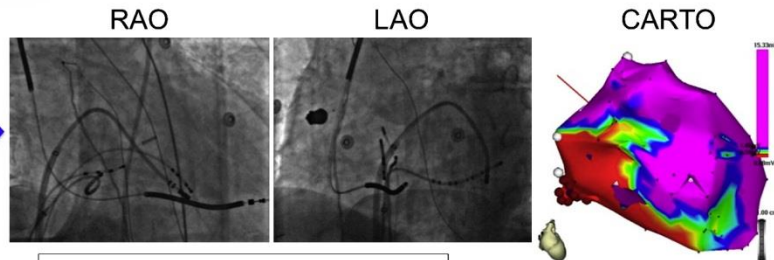


Alejandro Lopez-Perez^{1*}, Rafael Sebastian², M. Izquierdo^{3,4}, Ricardo Ruiz^{3,4}, Martin Bishop⁵ and Jose M. Ferrero¹

In the chronic stage of myocardial infarction, a significant number of patients develop life-threatening ventricular tachycardias (VT) due to the arrhythmogenic nature of the remodeled myocardium. Radiofrequency ablation (RFA) is a common procedure to isolate reentry pathways across the infarct scar that are responsible for VT. Unfortunately, this strategy shows relatively low success rates; up to 50% of patients experience recurrent VT after the procedure. In the last decade, intensive research in the field of computational cardiac electrophysiology (EP) has demonstrated the



Invasive EPS Ablation



Standard Approach

ablation

[adapted from Ashikaga et al, *Heart Rhythm* 2013]

Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia

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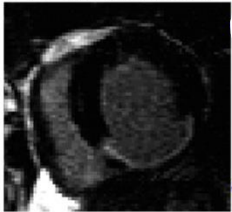
frontiers
in Physiology

Alejandro Lopez-Perez^{1*}, Rafael Sebastian², M. Izquierdo^{3,4}, Ricardo Ruiz^{3,4},
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Referral for
VT ablation

Pre-ablation MRI

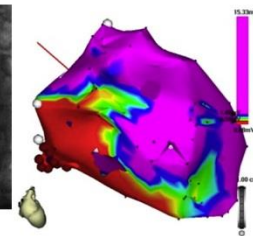
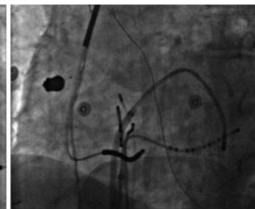
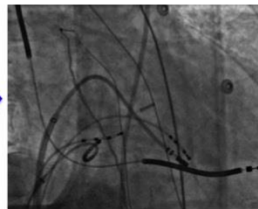


Invasive EPS
Ablation

RAO

LAO

CARTO



optimal
ablation

Standard Approach

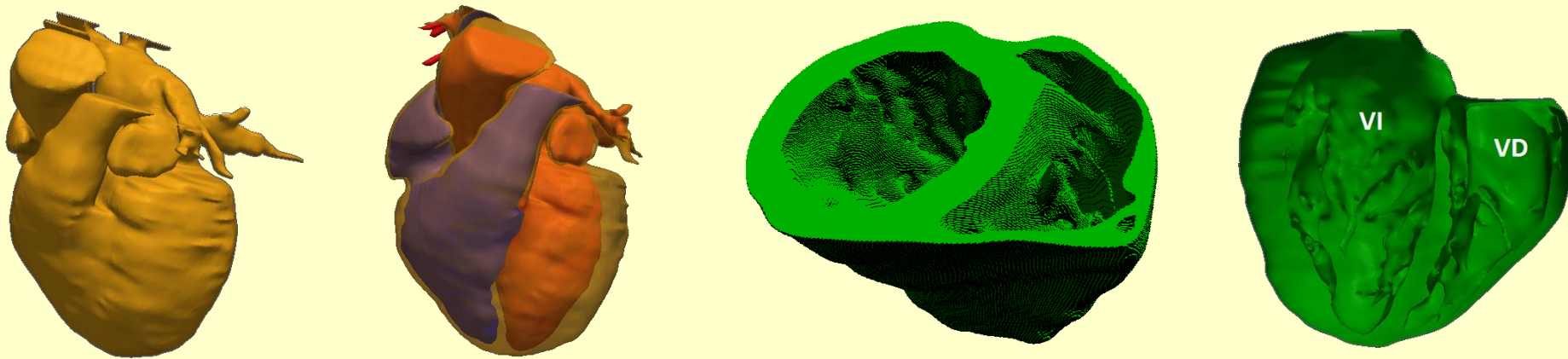
[adapted from Ashikaga et al, *Heart Rhythm* 2013]

... the computational model must be personalized (i.e. patient-specific)

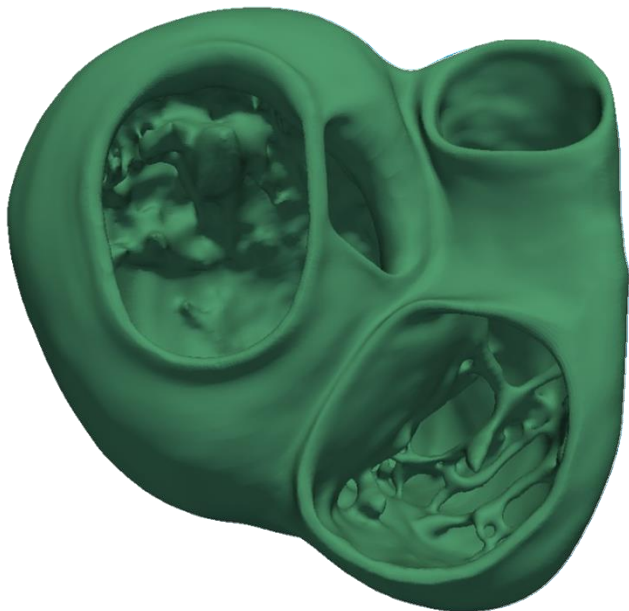
Tema 9

- 9.1.- Fundamentos bioeléctricos de las arritmias por reentrada
- 9.2.- Simulación computacional de arritmias en isquemia miocárdica aguda
- 9.3.- Efecto de fármacos en arritmias en isquemia miocárdica aguda
- 9.4.- Terapia de ablación en infarto crónico
- 9.5.- Construcción de un modelo cardiaco 3D personalizado a paciente
- 9.6.- Mejora de la terapia de ablación en pacientes post-infarto mediante simulación

1. Cardiac geometry

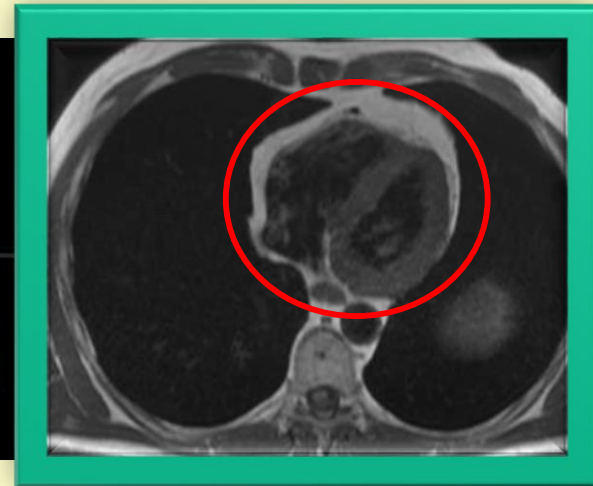
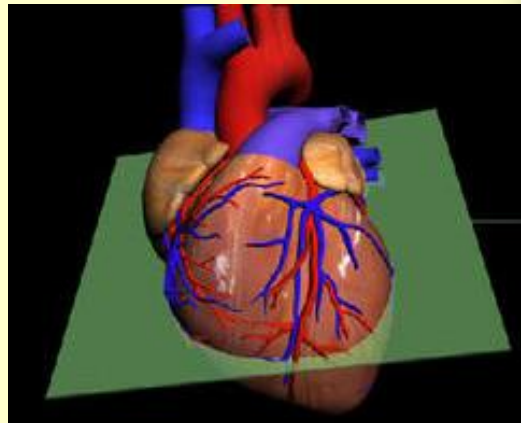


Detailed endocardium

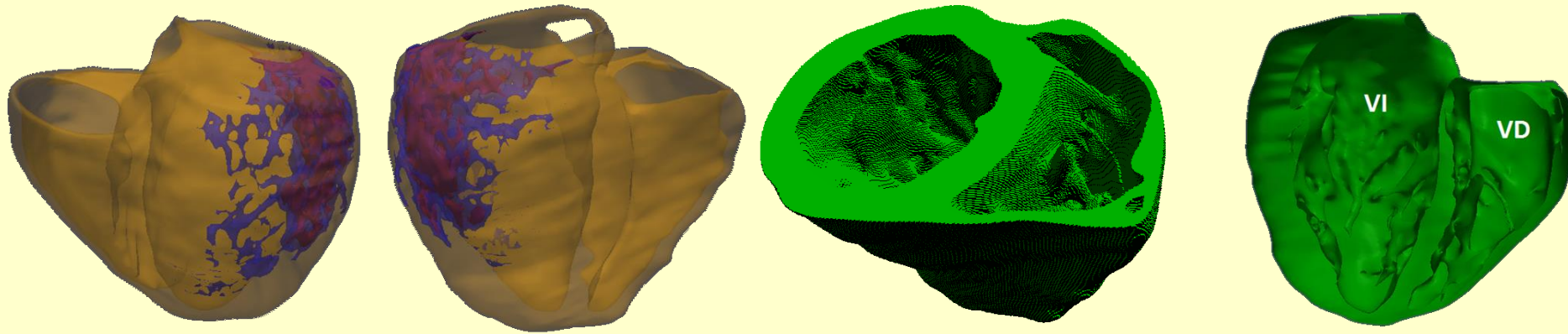


MRI images

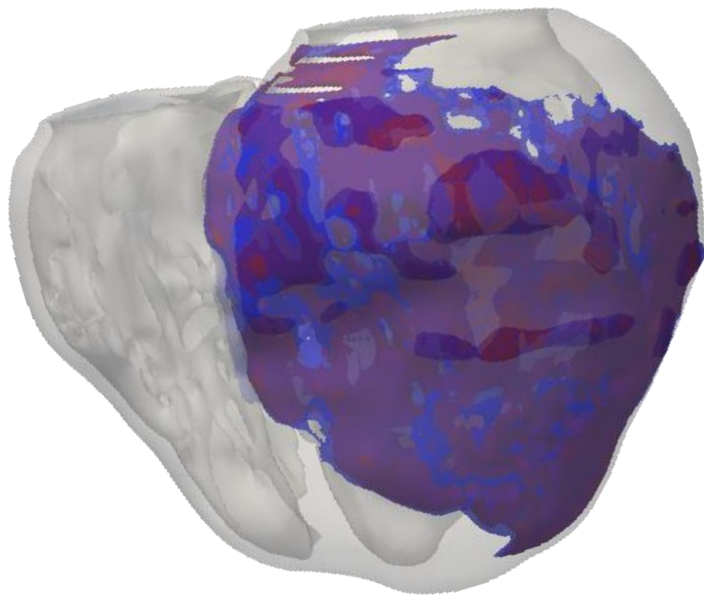
Magnetic Resonance (MRI)



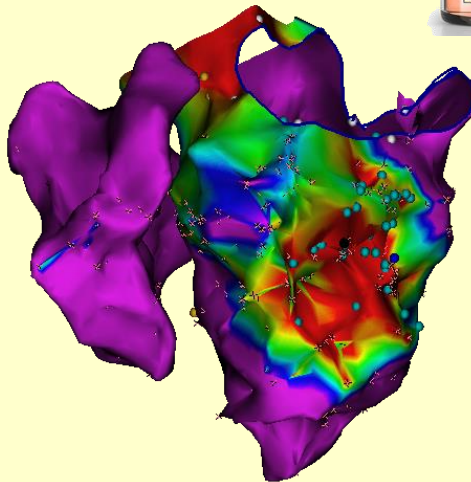
2. Infarct scar (core + border zone)



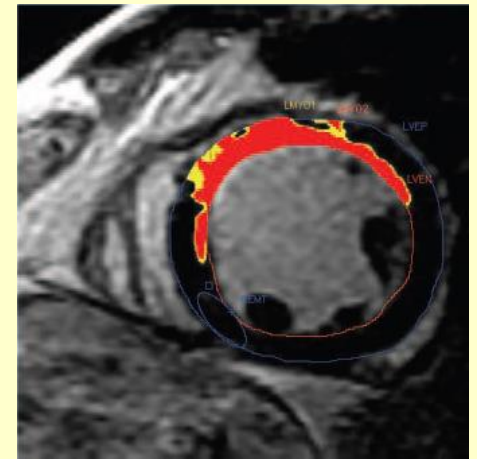
Infarct Scar



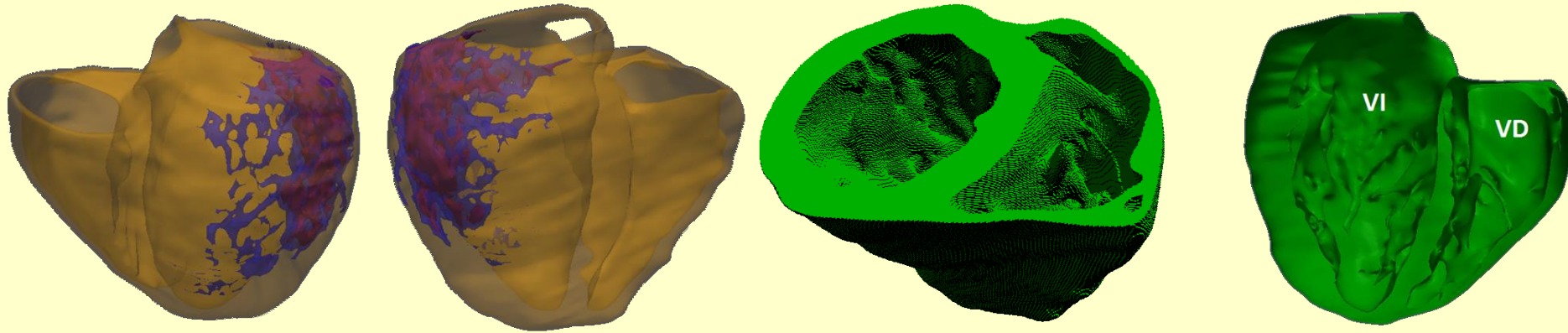
**Electro-anatomical
map (CARTO)**



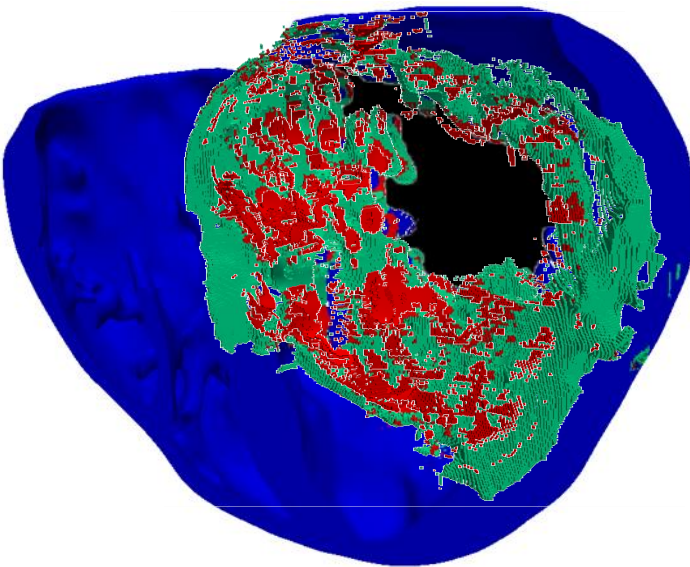
**MRI images
(Delayed Enhancement)**



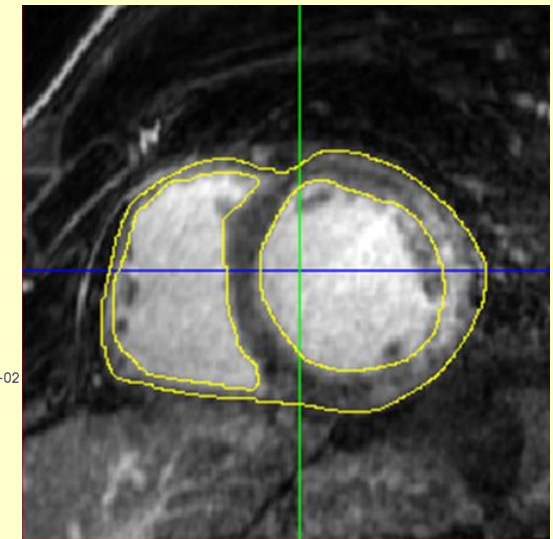
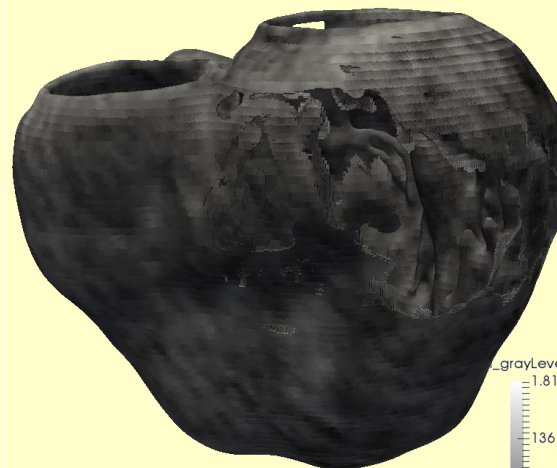
3. Fibrosis



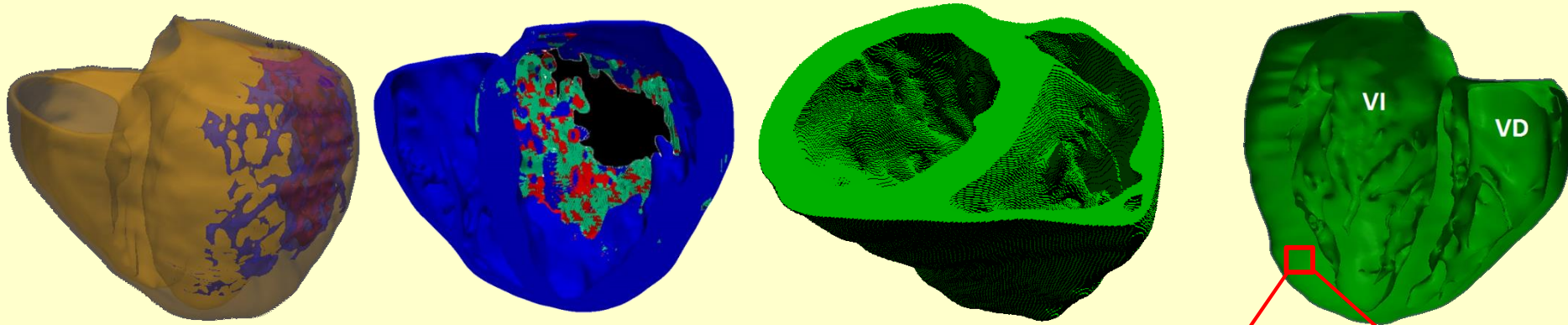
fibrosis



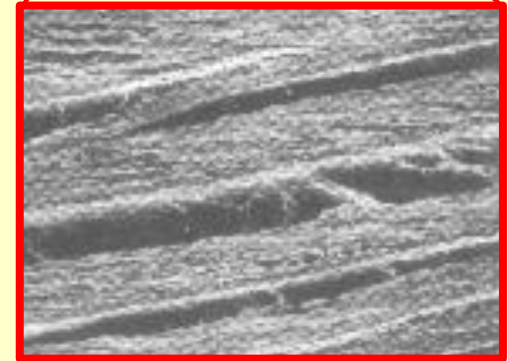
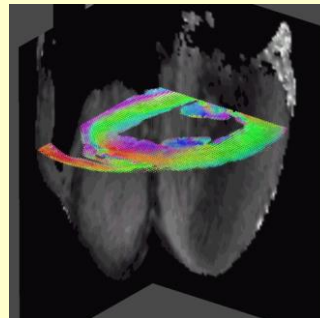
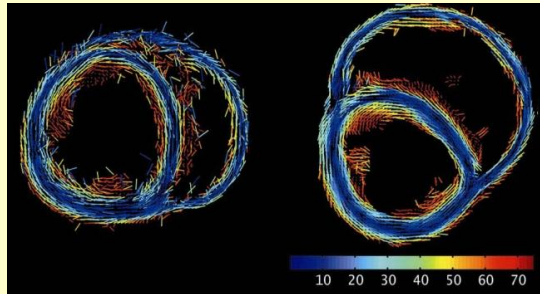
MRI images - grey level



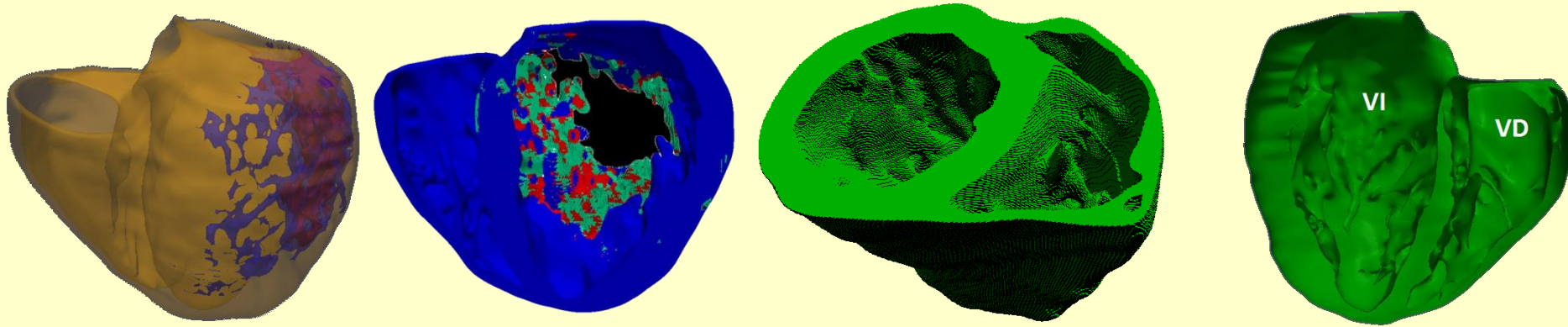
4. Myocardial structure (fiber orientation)



MRI-DTI (*Diffusion Tensor Imaging*)



4. Myocardial structure (fiber orientation)



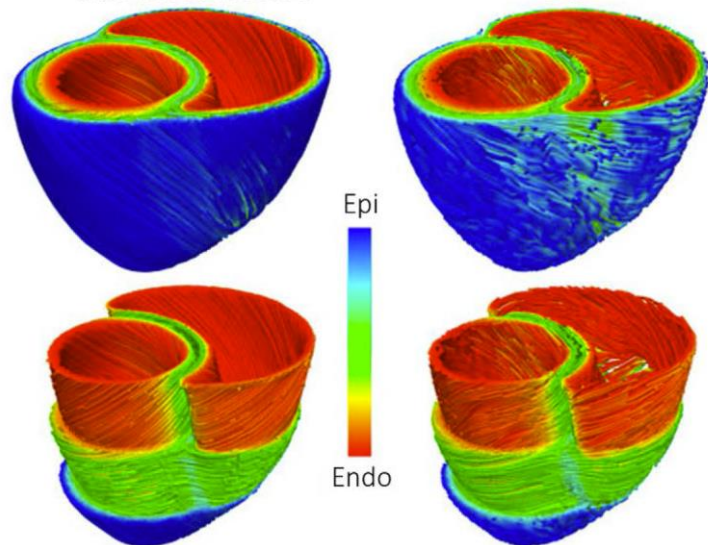
Fiber orientation estimation

Rule-based method

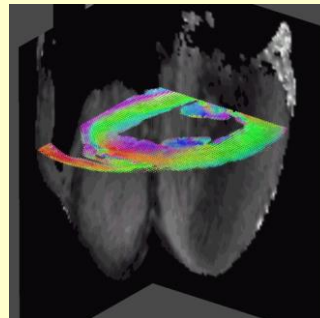
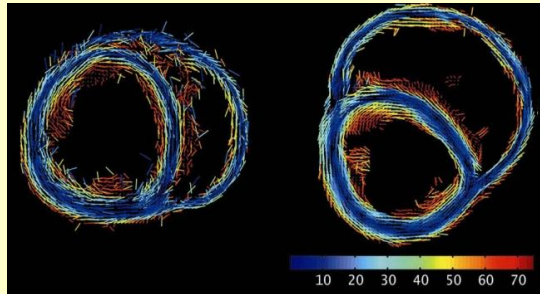
DTI

Epi

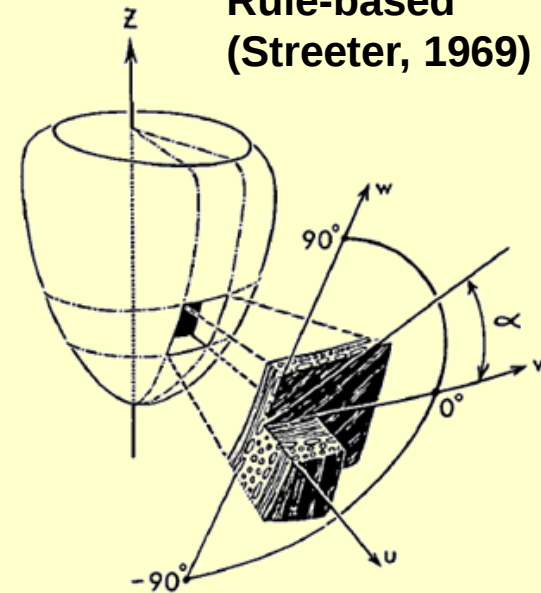
Endo



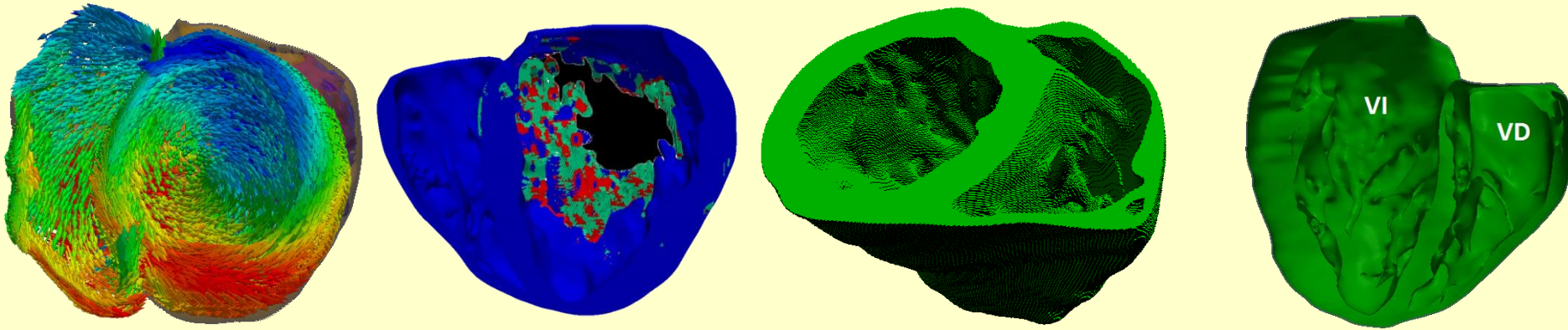
MRI-DTI (Diffusion Tensor Imaging)



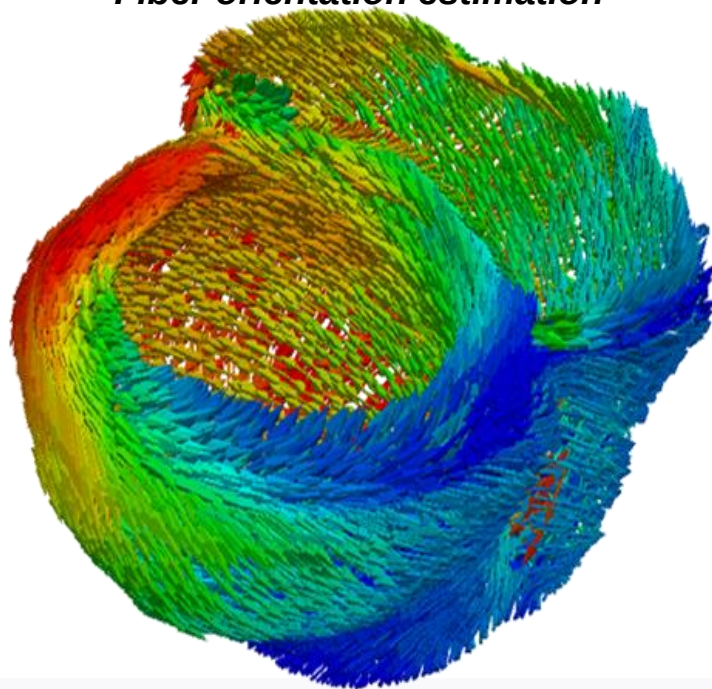
Rule-based (Streeter, 1969)



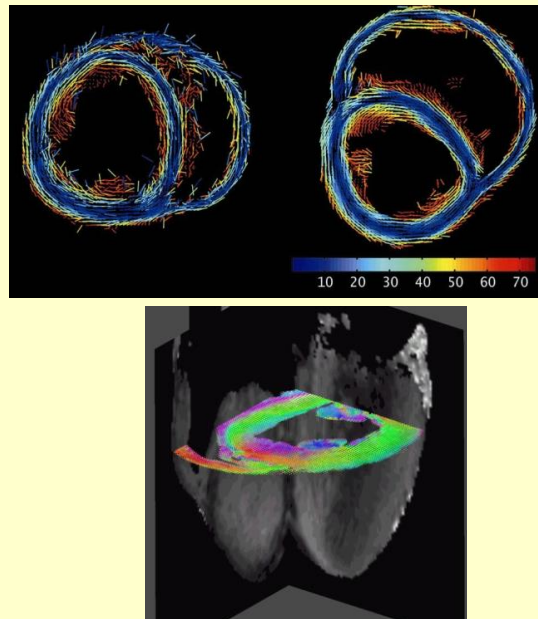
4. Myocardial structure (fiber orientation)



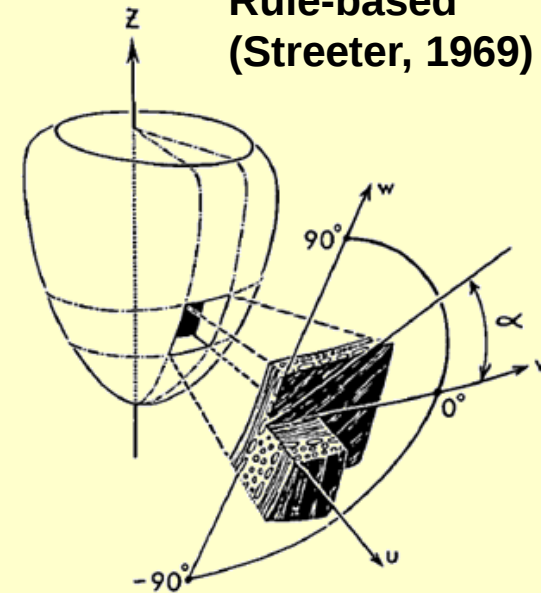
Fiber orientation estimation



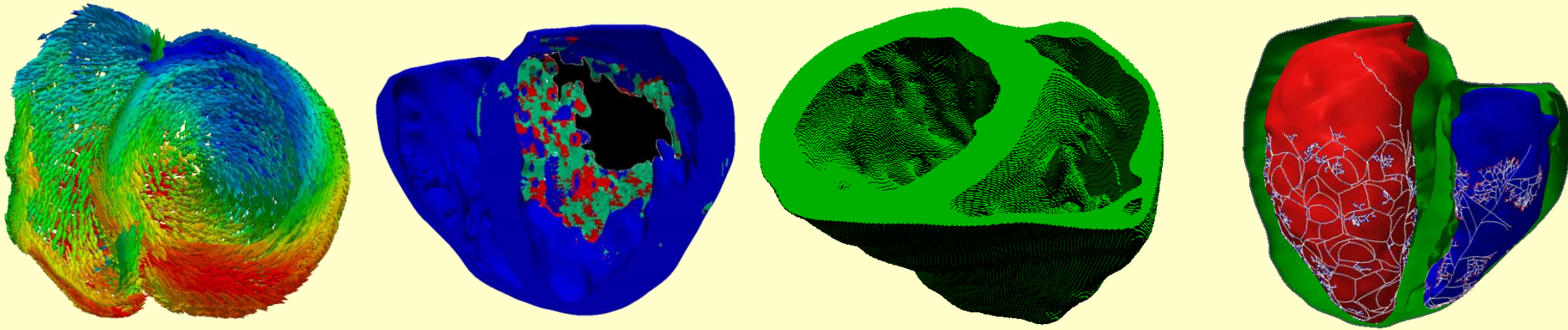
MRI-DTI (Diffusion Tensor Imaging)



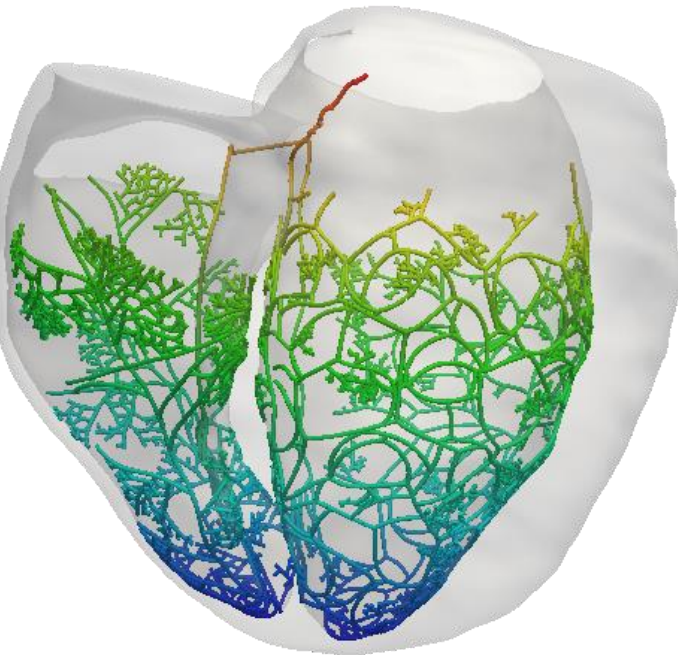
**Rule-based
(Streeter, 1969)**



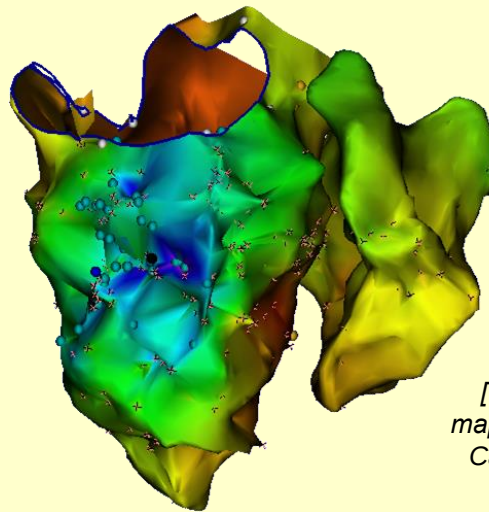
5. Cardiac conduction system (His-Purkinje)



Inverse estimation of the Purkinje tree

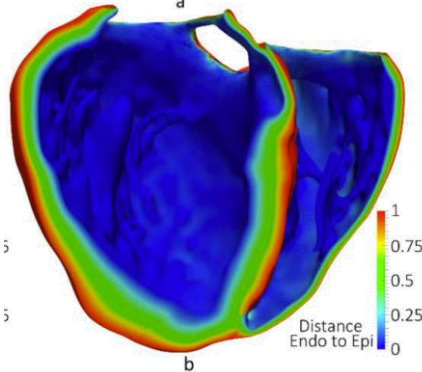
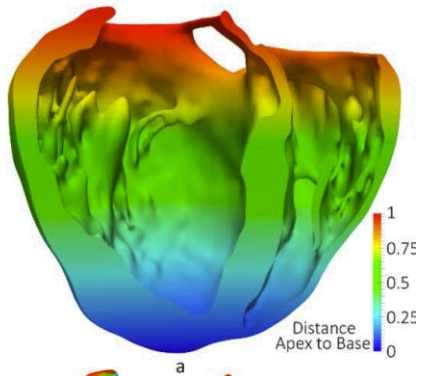
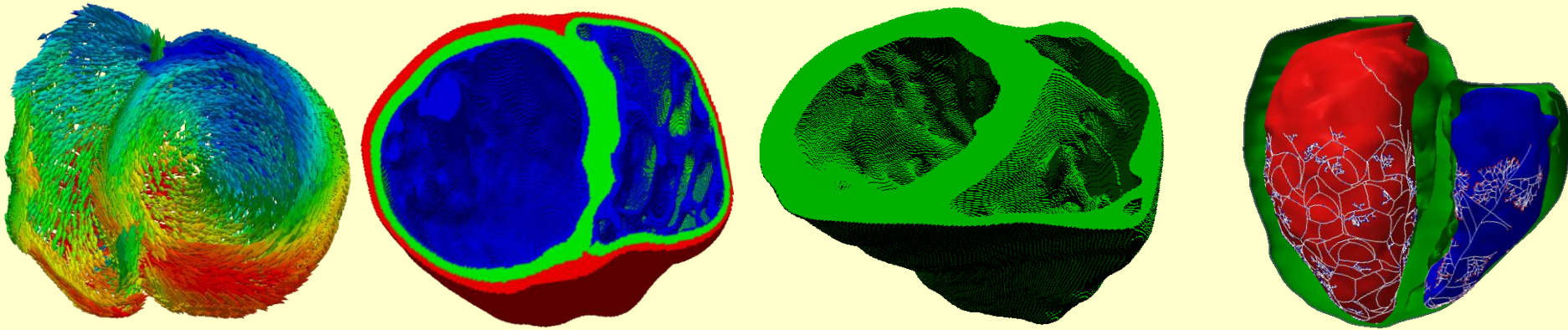


**Electro-anatomical map
(CARTO) [LAT]**

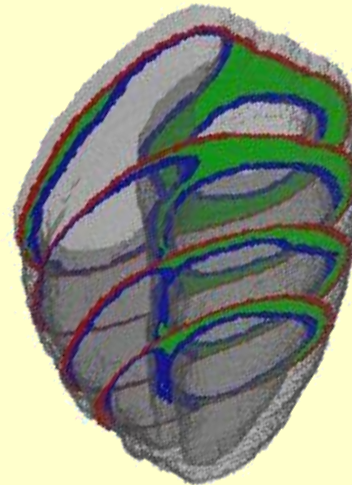


*["Estimation of Purkinje trees from electro-anatomical mapping of the left ventricle using minimal cost geodesics"
Cárdenes, Sebastián, Soto, Berruezo & Cámara, 2015]*

6. Electrophysiologic heterogeneity



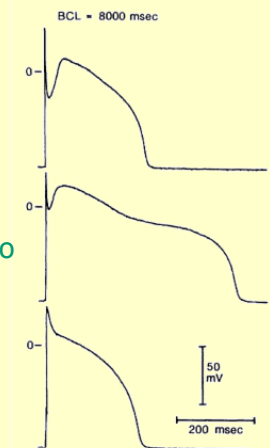
Transmural heterogeneity



Epicardio

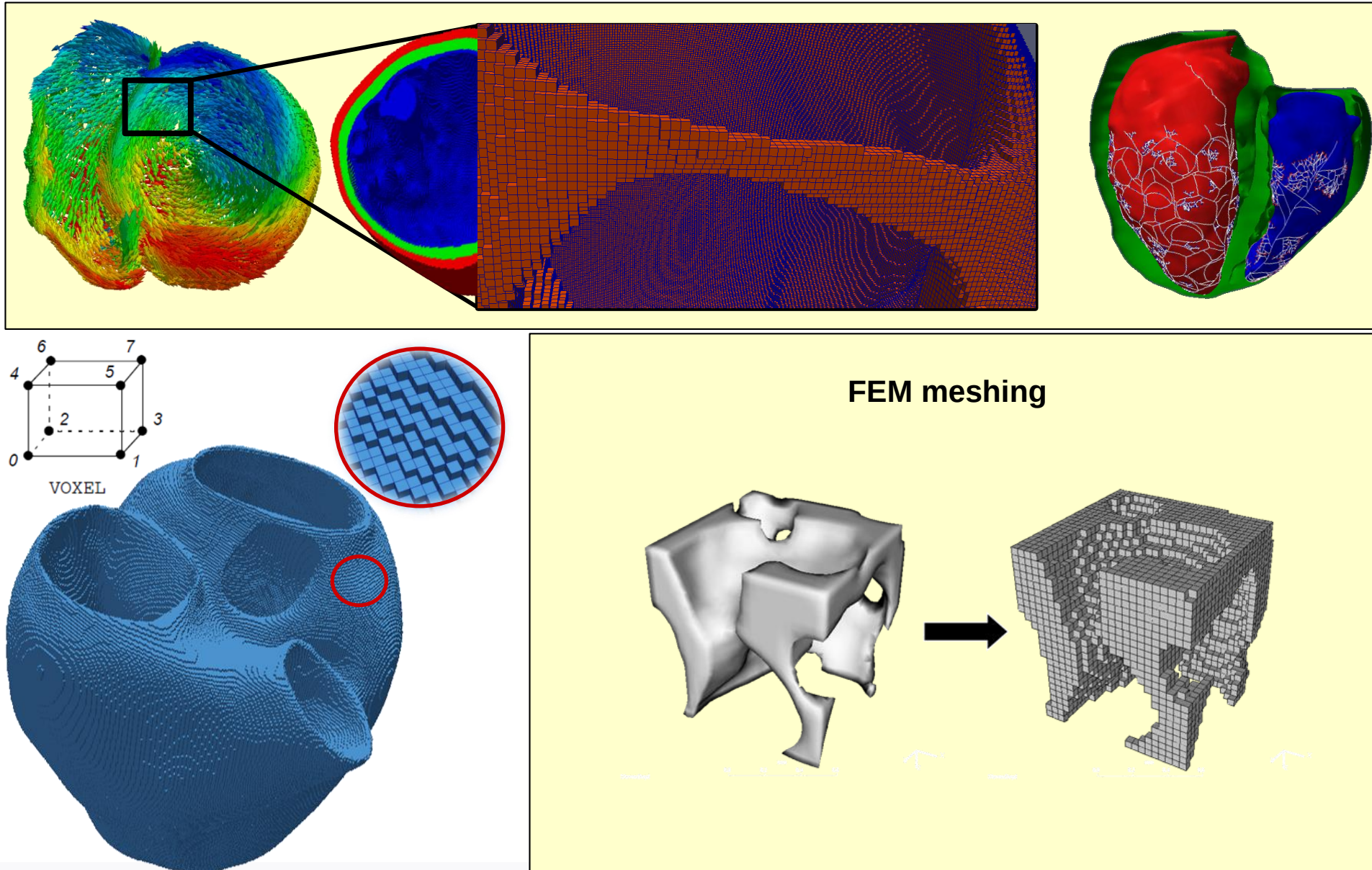
Midmiocardio

Endocardio

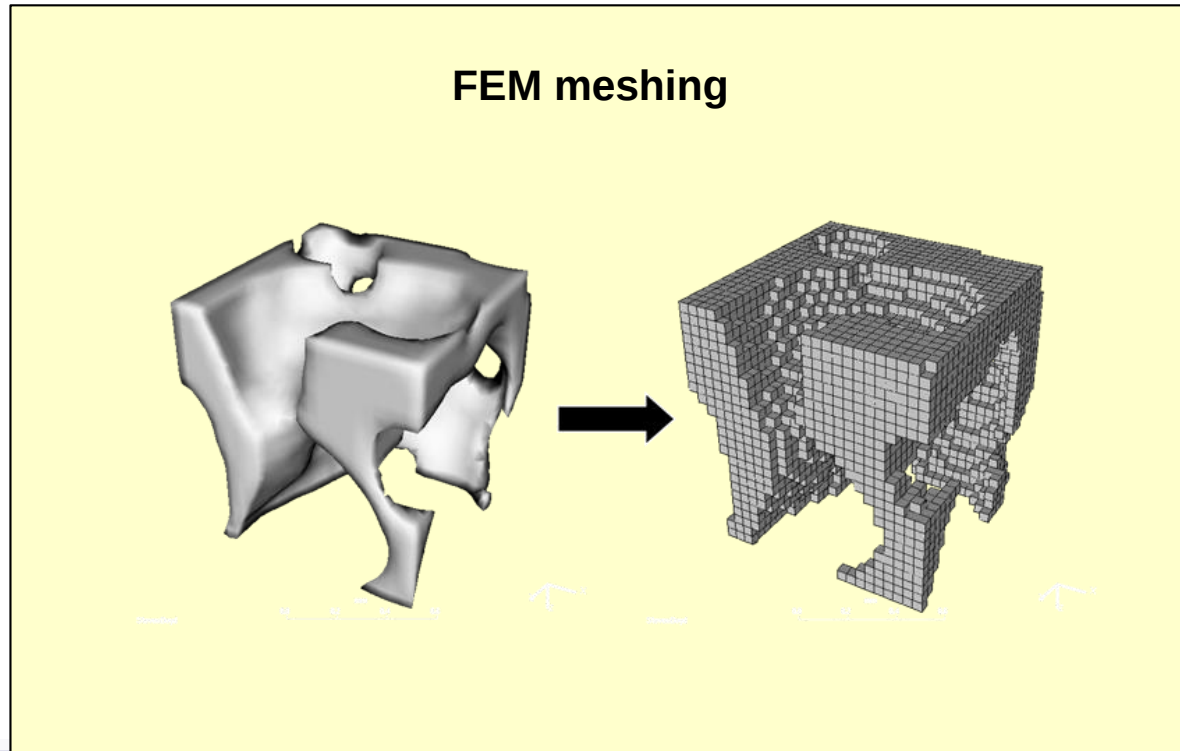
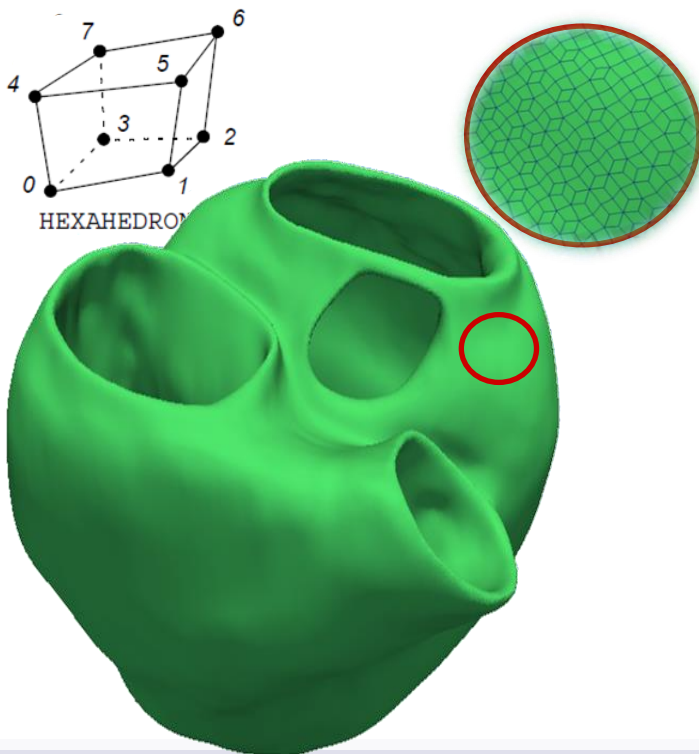
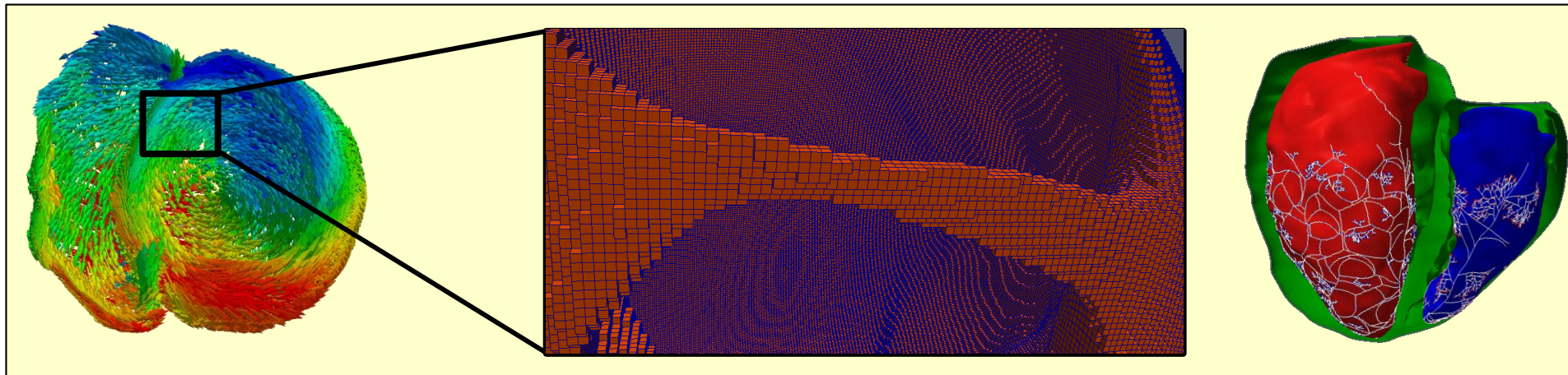


(Liu & Antzelevitch 1993)

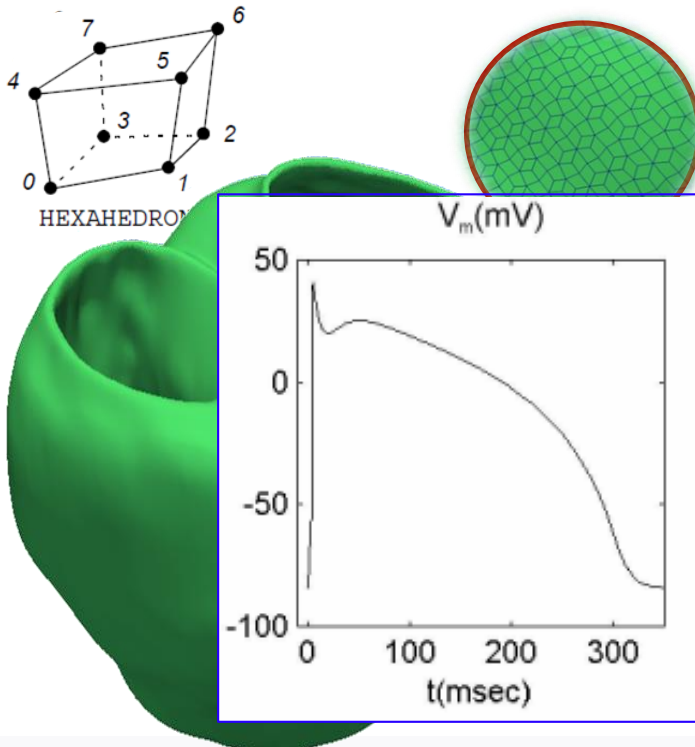
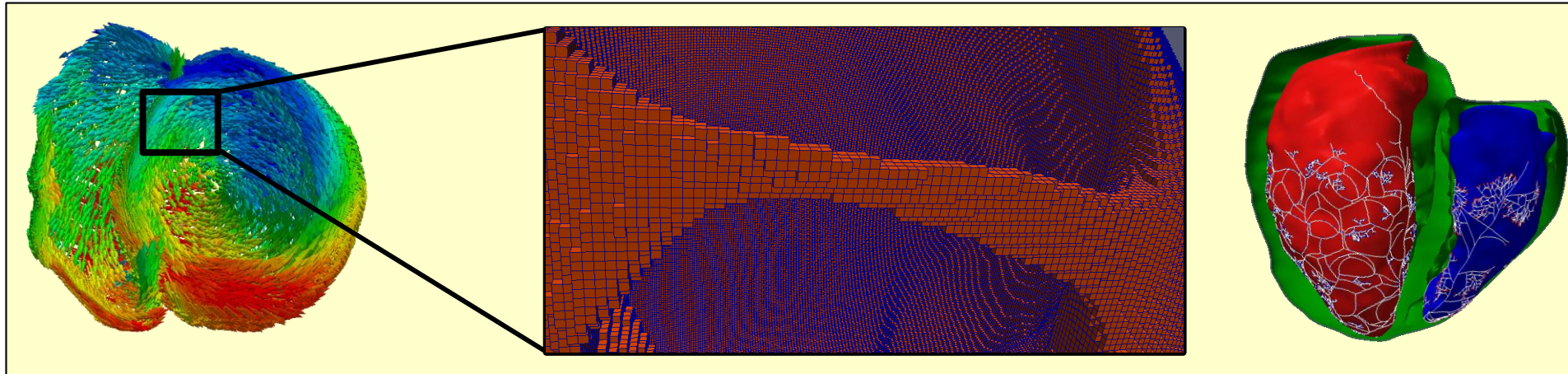
Conversion to a computational model



Conversion to a computational model



Conversion to a computational model



Propagation model

$$\frac{1}{(1+\beta)S_v} \nabla \cdot (\bar{\bar{\sigma}}_i \nabla V_m) = C_m \frac{\partial V_m}{\partial t} + \sum_s I_s$$

Action potential and ionic current model

ionic currents

$$I_s(t) = g_s (V_m - E_s)$$

ionic conductances

$$g_s(t) = G_s f_{s1}(t) f_{s2}(t) \dots f_{sn_s}(t)$$

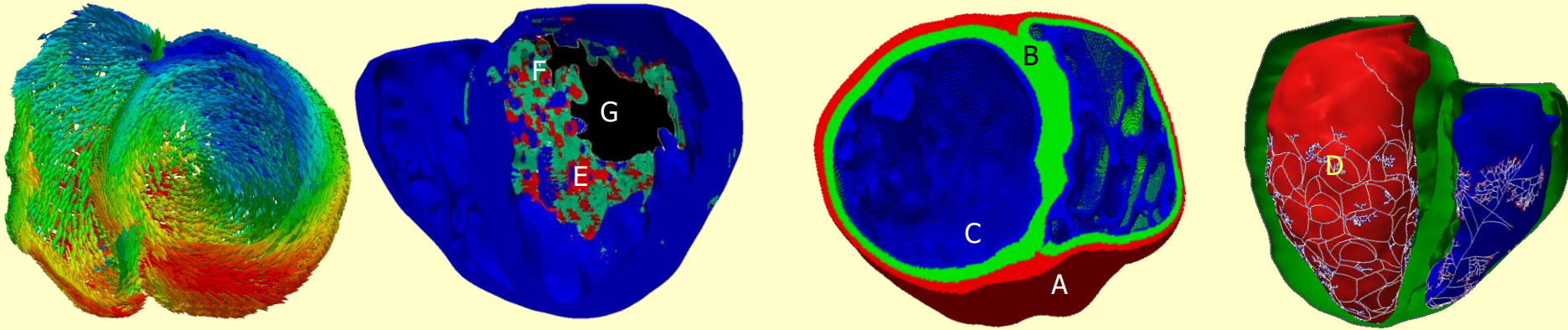
channel gates

$$\frac{df_k}{dt} = \frac{f_{k\infty}(V_m) - f_k(t)}{\tau_{fk}(V_m)} \quad k = 1 \dots n$$

ionic concentrations

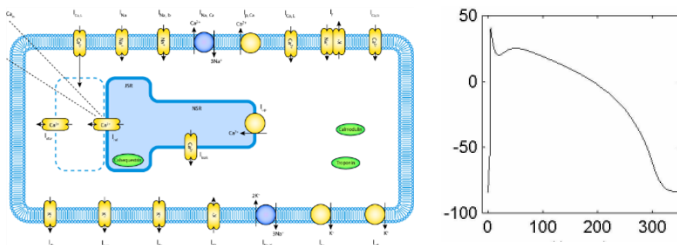
$$\frac{d[S]_i}{dt} = \frac{1}{FV_i} \sum_n I_{s,n}(t) \quad (S : Na^+, K^+, Ca^{2+}, Cl^-)$$

Conversion to a computational model



Action potential models

- A. Healthy EPI: O'Hara et al., 2011
- B. Healthy M-cells: O'Hara et al., 2011
- C. Healthy ENDO: O'Hara et al., 2011
- D. Purkinje fib.: Stewart et al., 2009
- E. Border zone: modified Ten Tusscher et al., 2006
- F. Fibroblasts: MacCannel et al., 2007



Propagation model

$$\frac{1}{(1+\beta)S_v} \nabla \cdot (\bar{\bar{\sigma}}_i \nabla V_m) = C_m \frac{\partial V_m}{\partial t} + \sum_s I_s$$

Action potential and ionic current model

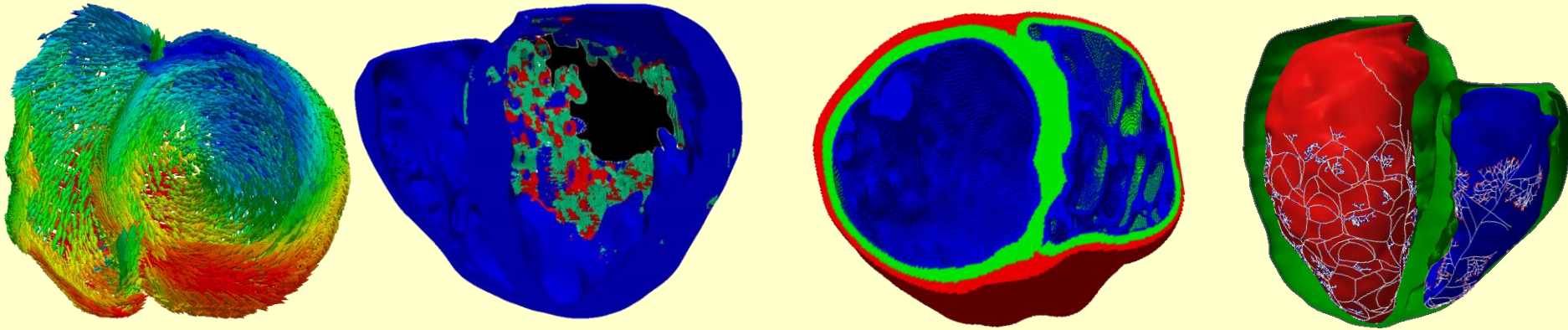
ionic currents $I_s(t) = g_s (V_m - E_s)$

ionic conductances $g_s(t) = G_s f_{s1}(t) f_{s2}(t) \dots f_{sn_s}(t)$

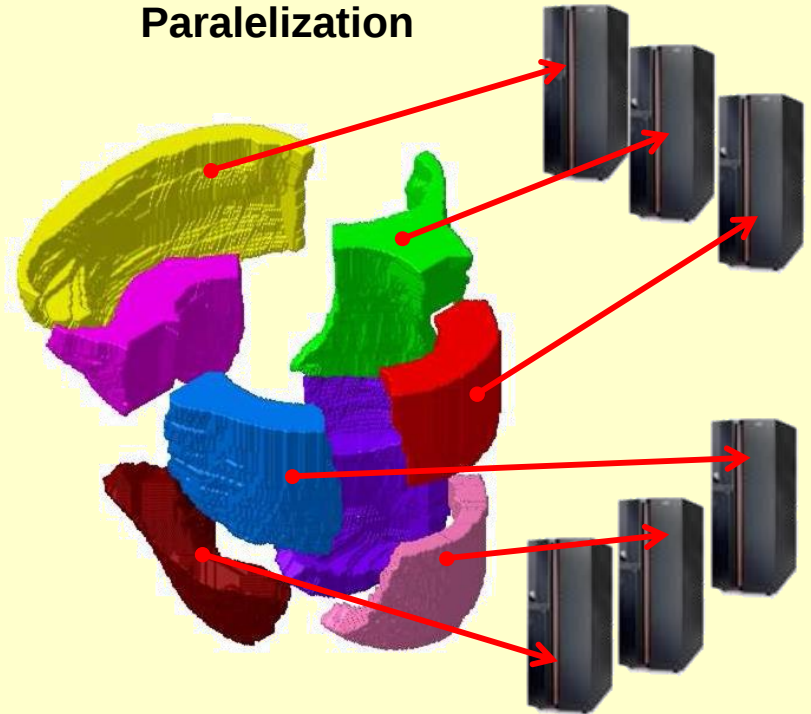
channel gates $\frac{df_k}{dt} = \frac{f_{k\infty}(V_m) - f_k(t)}{\tau_{fk}(V_m)} \quad k = 1 \dots n$

ionic concentrations $\frac{d[S]_i}{dt} = \frac{1}{FV_i} \sum_n I_{S,n}(t) \quad (S : Na^+, K^+, Ca^{2+}, Cl^-)$

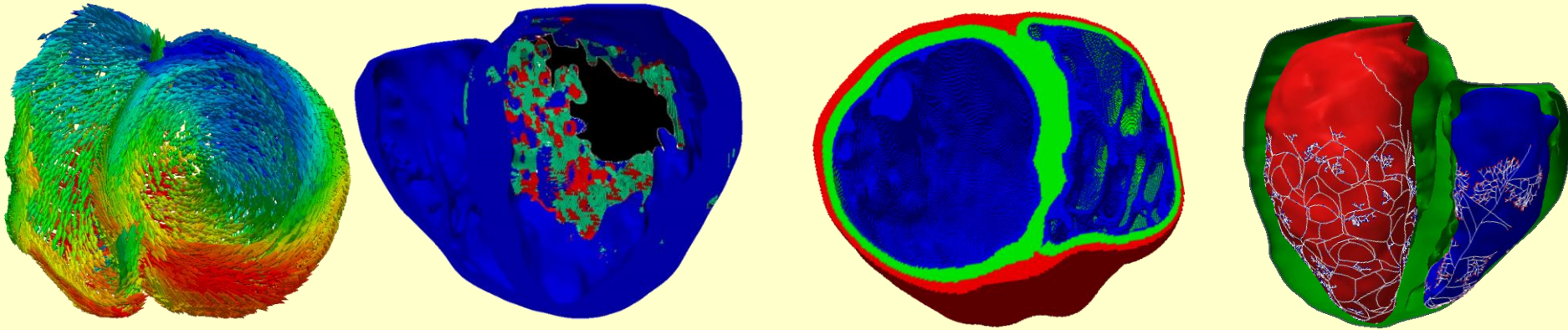
Conversion to a computational model



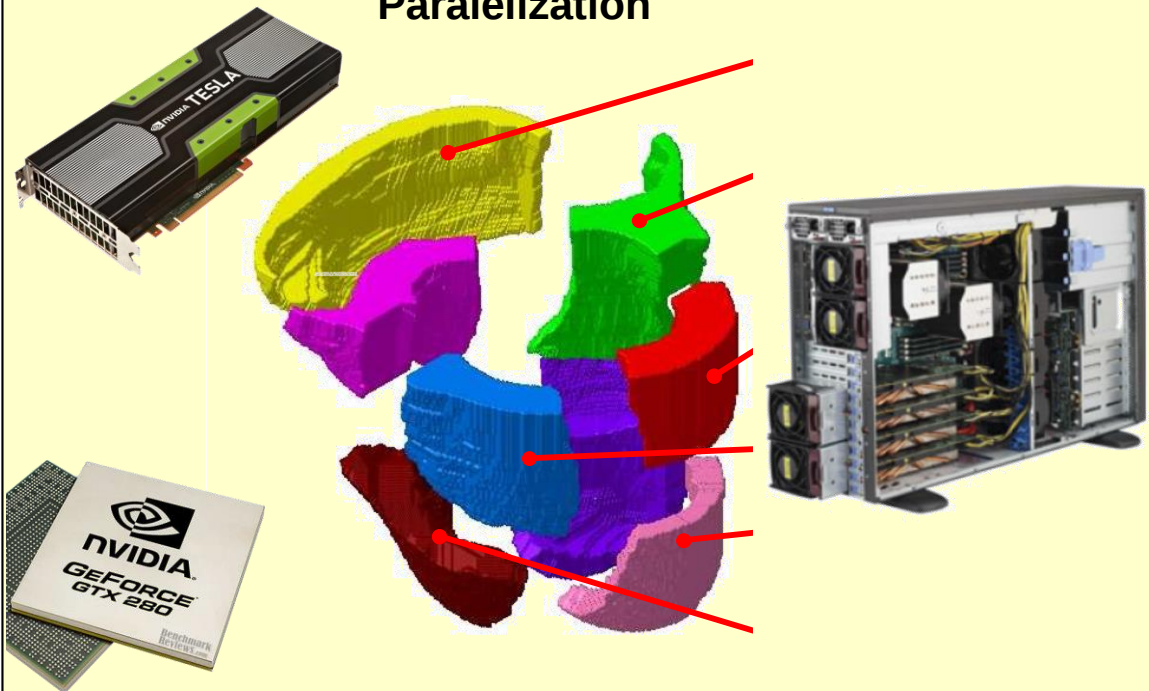
Paralelization



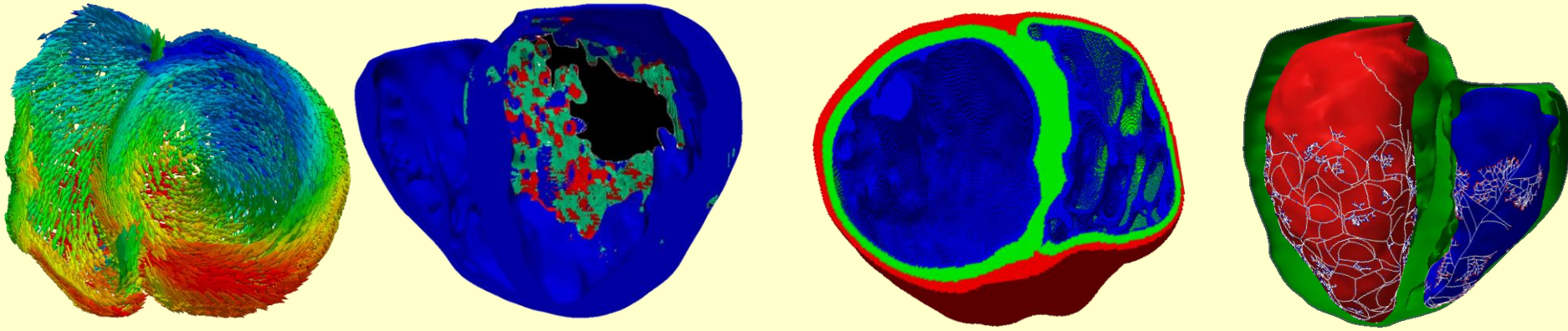
Conversion to a computational model



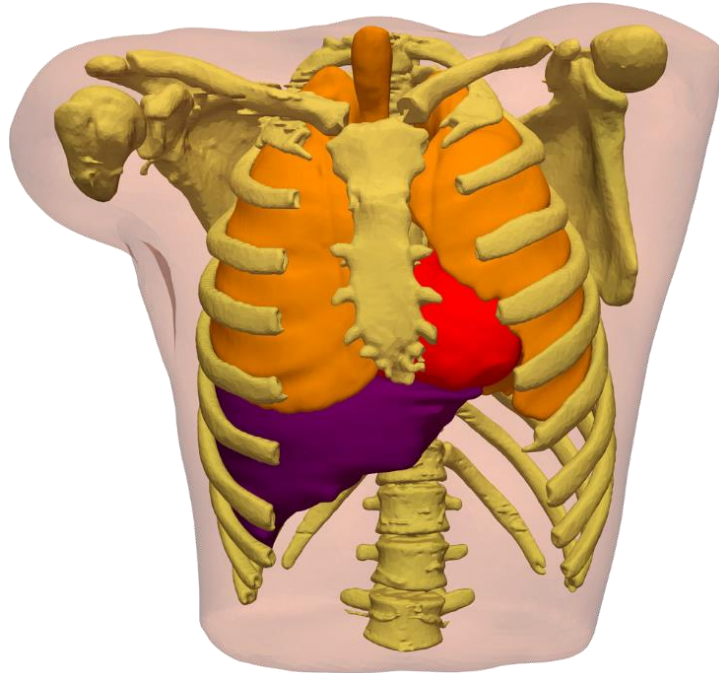
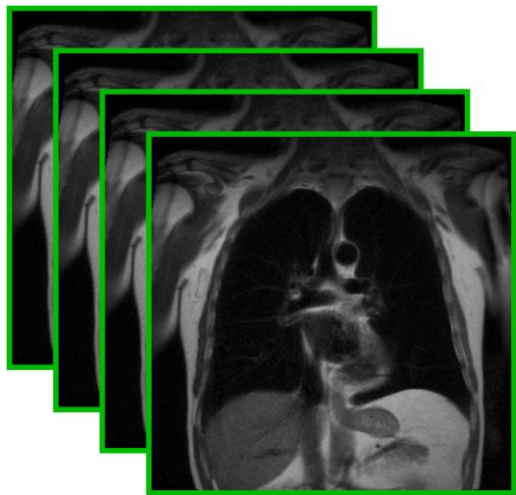
Paralelization



Embedding the heart in a torso model



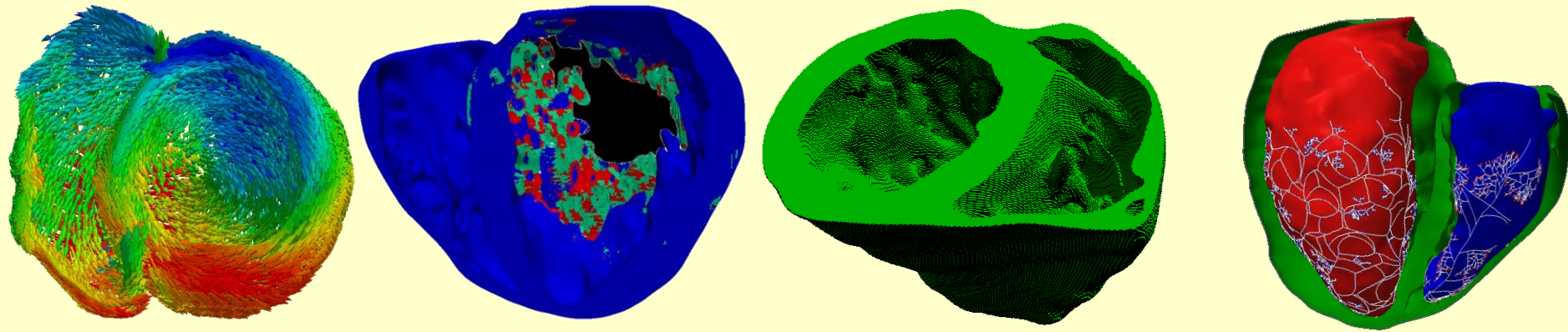
MRI



Tema 9

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Simulating the Ventricular Tachycardia



ECG



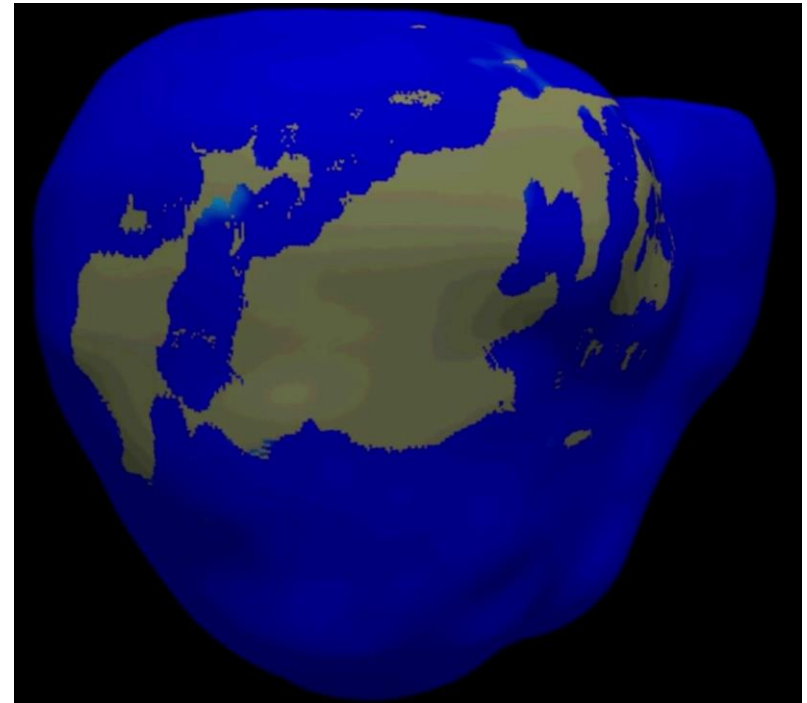
López-Pérez *et al.*, 2019

 **frontiers**
in Physiology

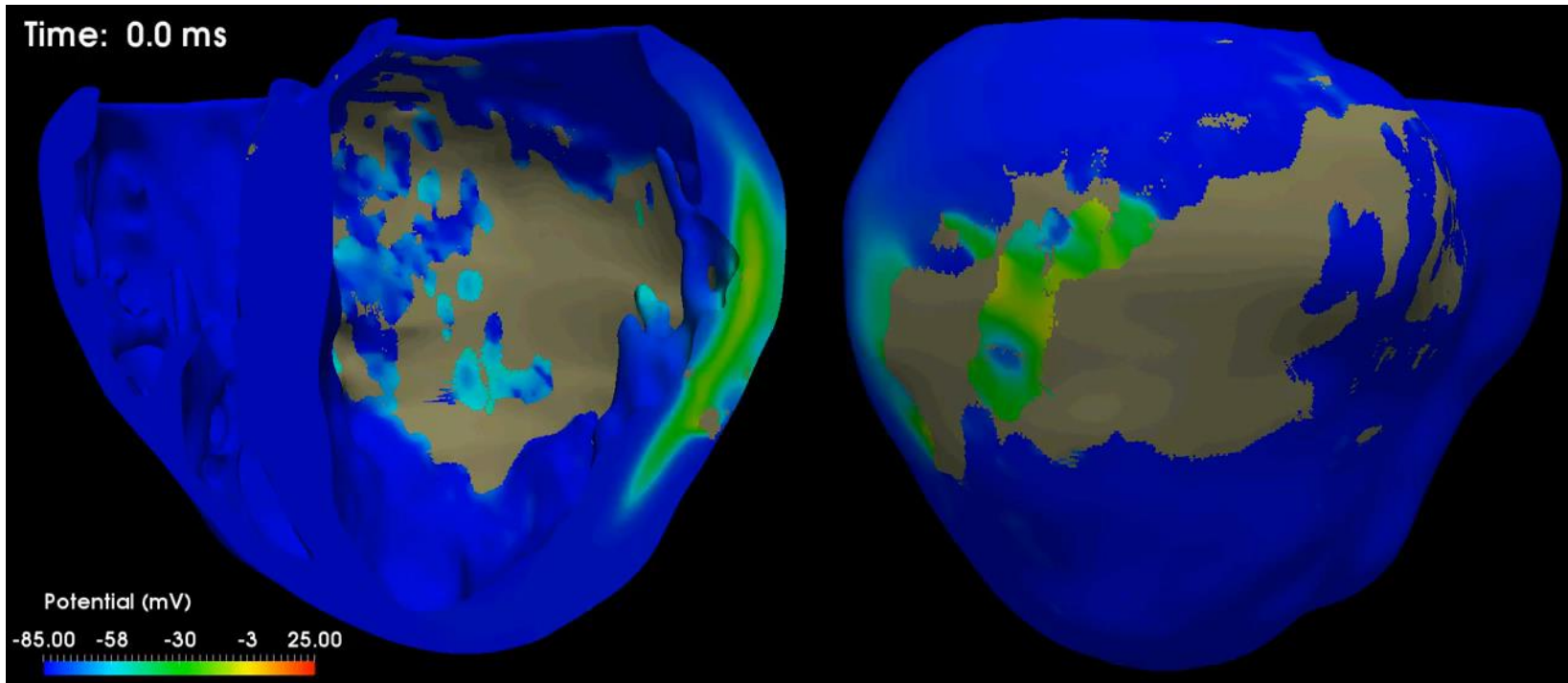
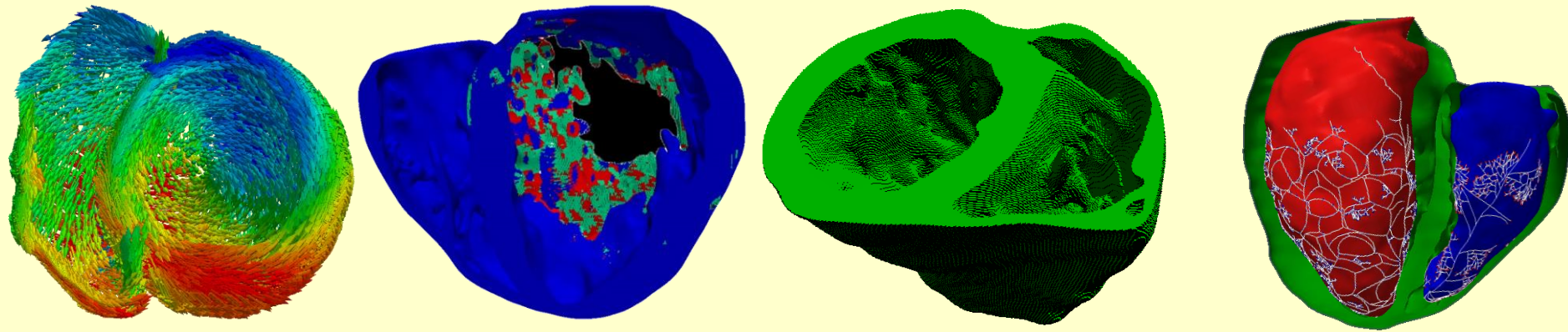
ORIGINAL RESEARCH
published: 15 May 2019
doi: 10.3389/fphys.2019.00580

Personalized Cardiac Computational Models: From Clinical Data to Simulation of Infarct-Related Ventricular Tachycardia

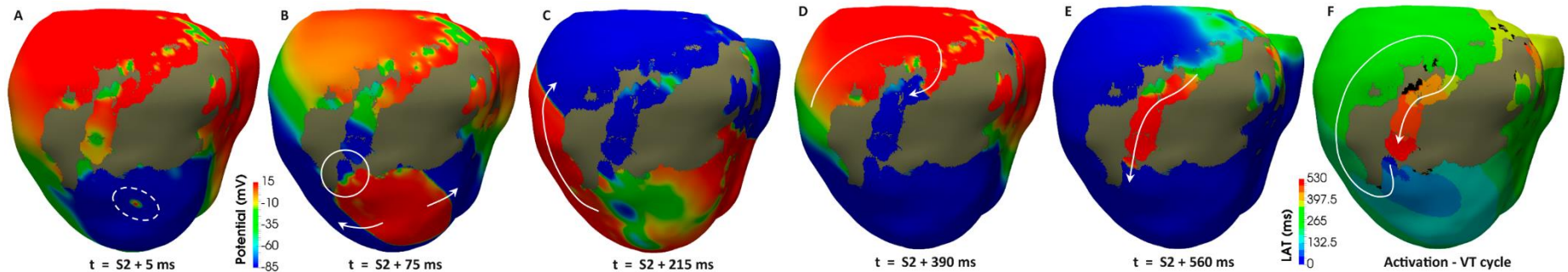
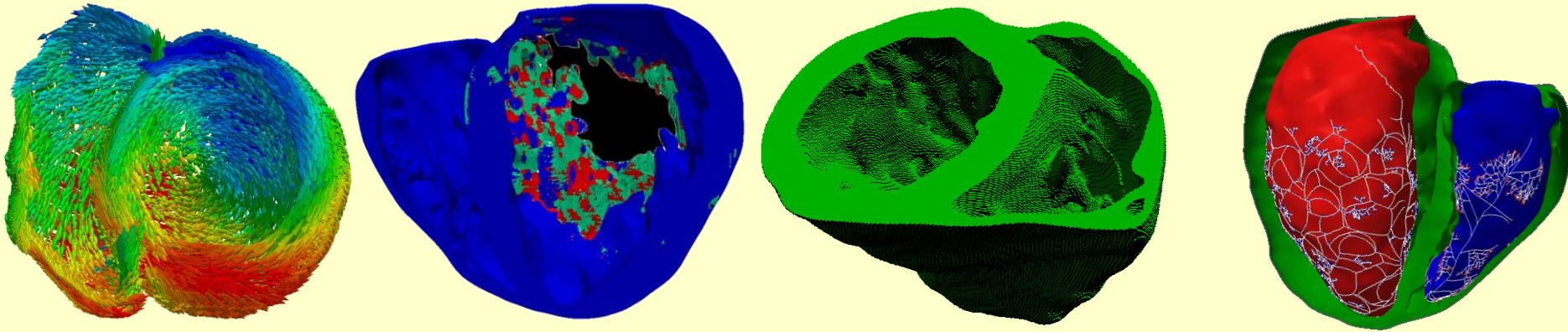
Alejandro Lopez-Perez^{1*}, Rafael Sebastian², M. Izquierdo^{3,4}, Ricardo Ruiz^{3,4}, Martin Bishop⁵ and Jose M. Ferrero¹



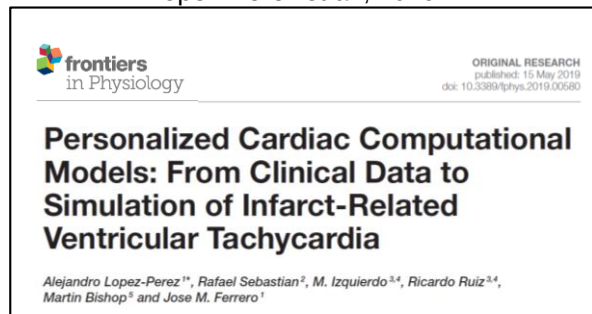
Simulating the Ventricular Tachycardia



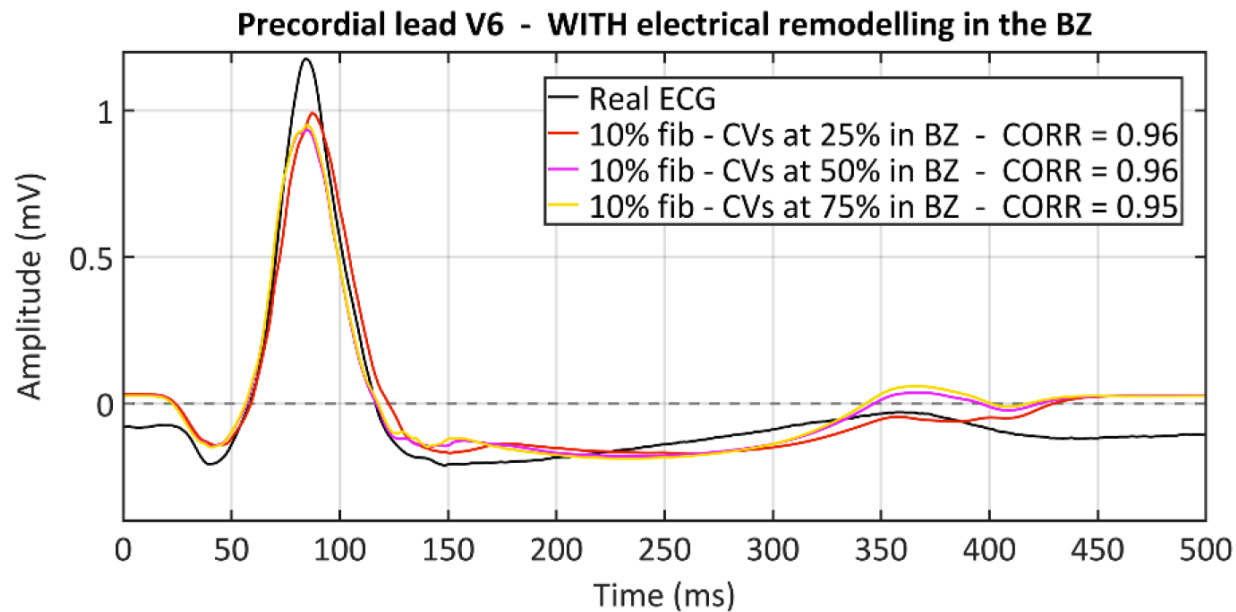
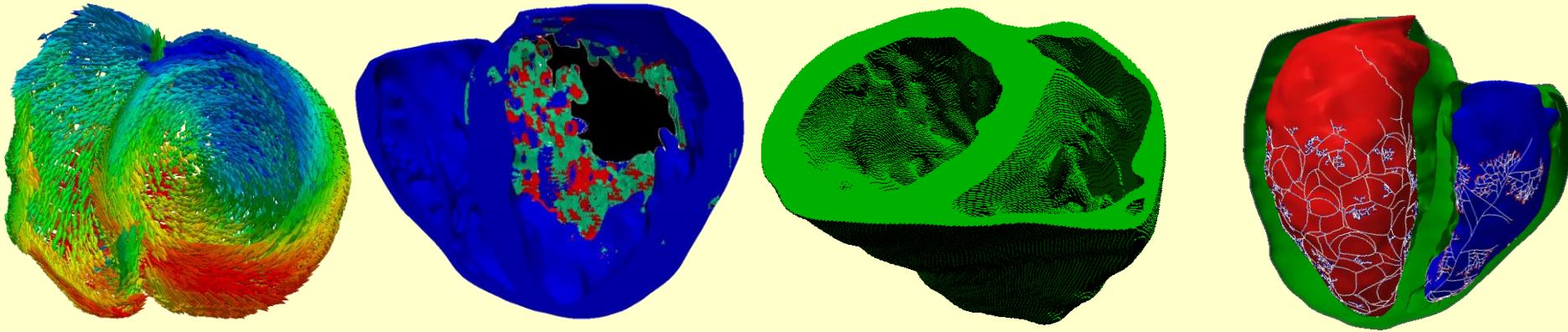
Simulating the Ventricular Tachycardia



López-Pérez *et al.*, 2019

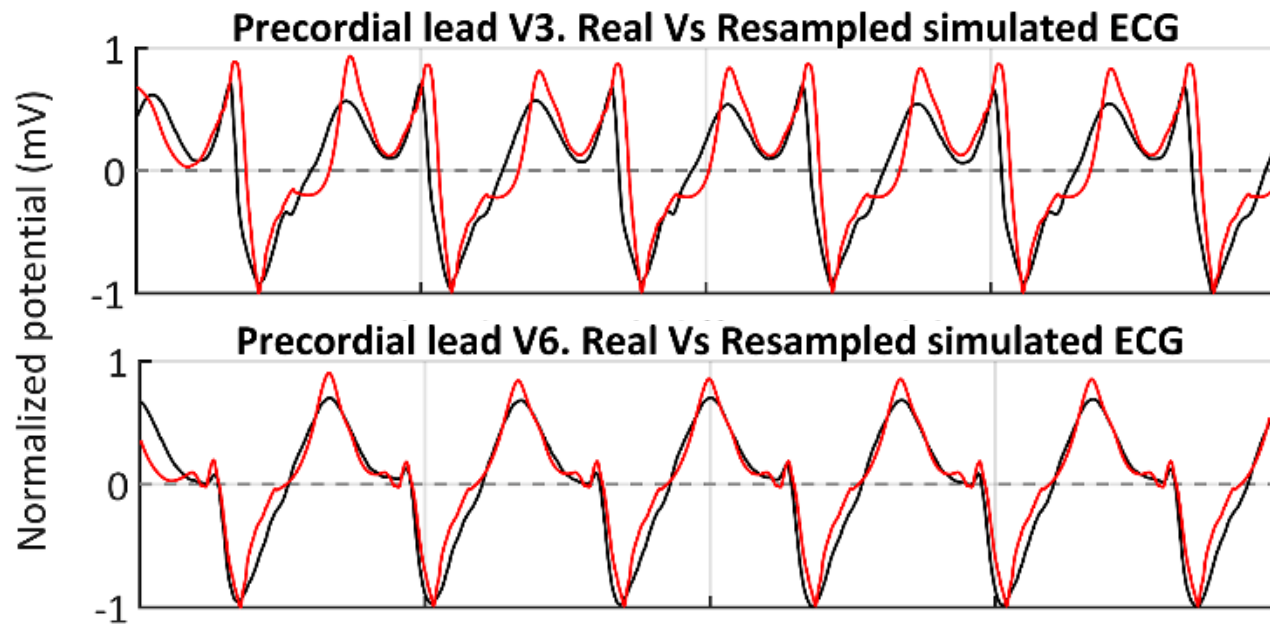
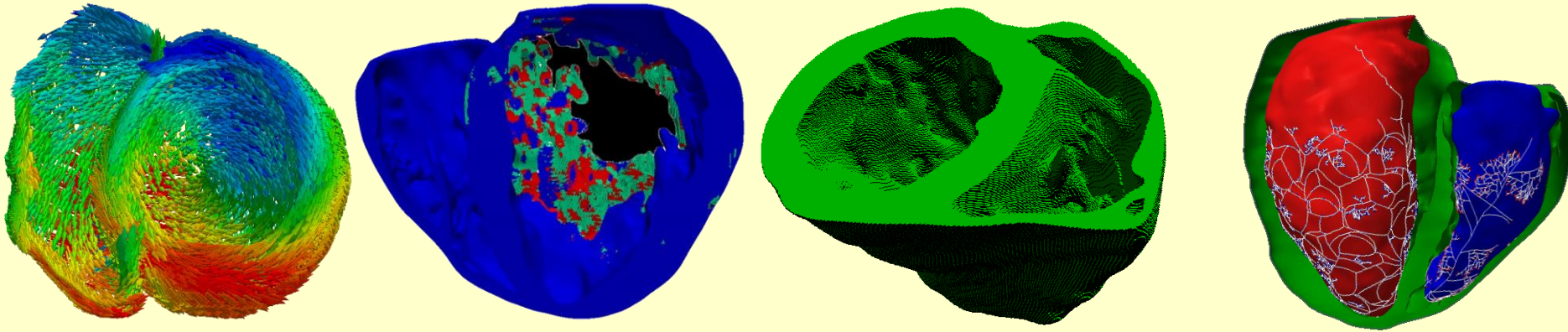


Simulating the Ventricular Tachycardia



López-Pérez *et al.*, 2019

Simulating the Ventricular Tachycardia

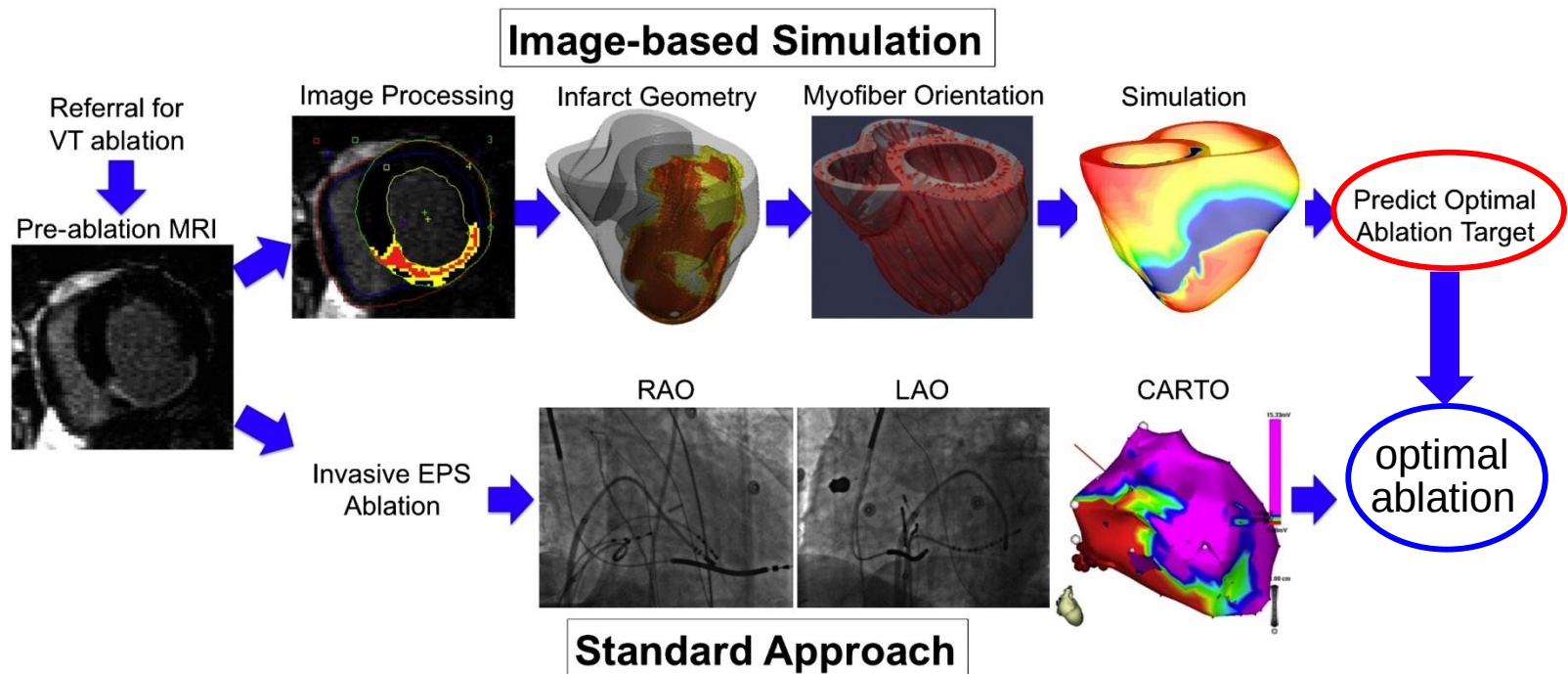


López-Pérez *et al.*, 2019

Radiofrequency ablation in patients with chronic myocardial infarction suffering ventricular tachycardia



... not science fiction :-)



References

Lopez-Perez et al. *BioMedical Engineering OnLine* (2015) 14:35
DOI 10.1186/s12938-015-0033-5

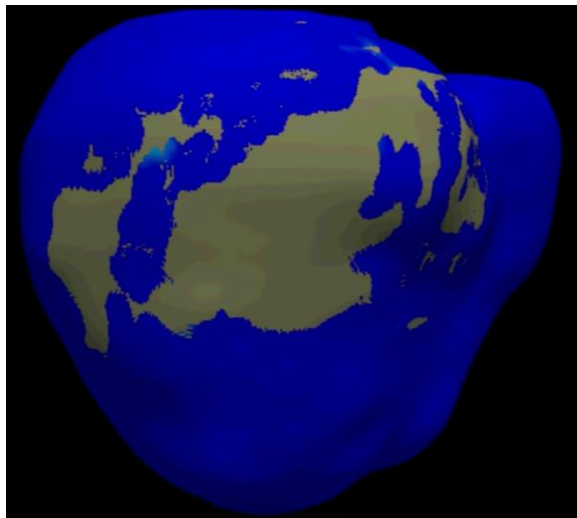


REVIEW

Open Access

Three-dimensional cardiac computational modelling: methods, features and applications

Alejandro Lopez-Perez^{1*}, Rafael Sebastian² and Jose M Ferrero¹



ORIGINAL RESEARCH
published: 15 May 2019
doi: 10.3389/fphys.2019.00580

Personalized Cardiac Computational Models: From Clinical Data to Simulation of Infarct-Related Ventricular Tachycardia

Alejandro Lopez-Perez^{1*}, Rafael Sebastian², M. Izquierdo^{3,4}, Ricardo Ruiz^{3,4},
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