



TURIN,
October
25th-27th
2018
Starhotels
Majestic

GIORNATE CARDIOLOGICHE **TORINESI**

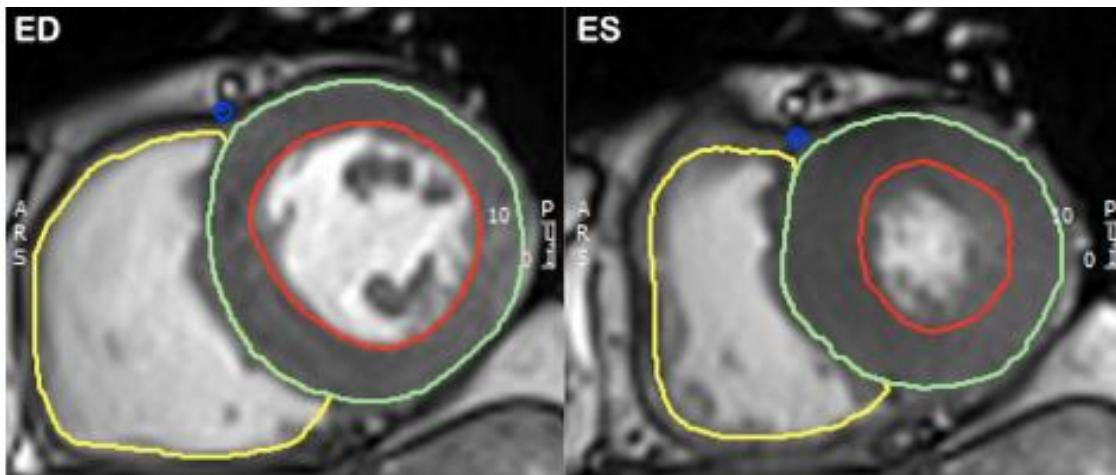


ECHOCARDIOGRAPHY AND CARDIAC MAGNETIC RESONANCE: BENEFITS, LIMITS AND ADDED VALUE IN DIFFERENT CLINICAL SETTING

- Valvular Heart Disease -

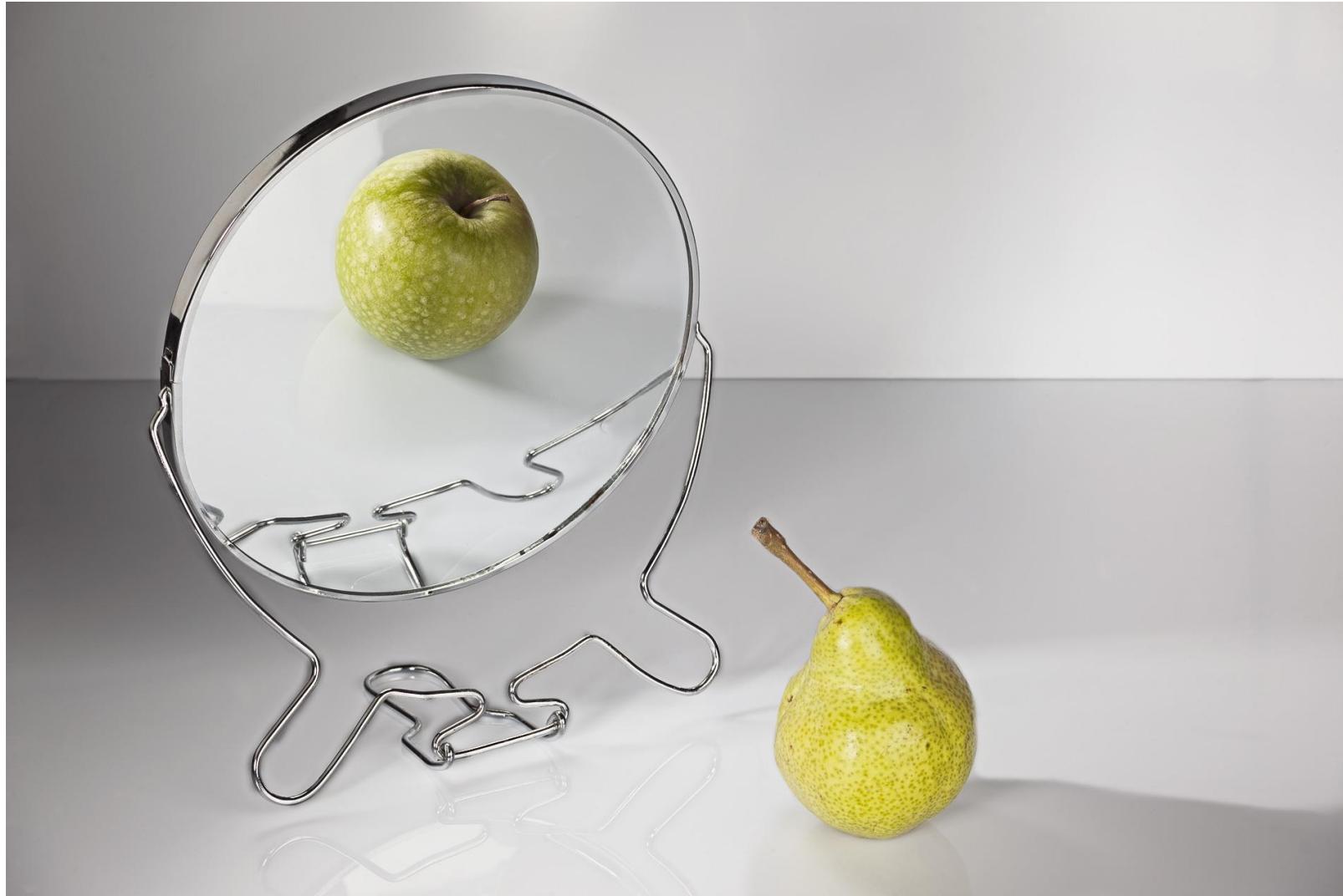
Walter Grosso Marra
Cardiologia U
Area critica

Città della Salute e della Scienza di Torino



RMN versus ECHO





NON E' MAI COME SEMBRA







S5-1/Adulti

M3

FR 43Hz
19cm2D
70%
C 50
P Bassa
AGen

JPEG

63 bpm

PHILIPS

TIS1.5 MI 0.9

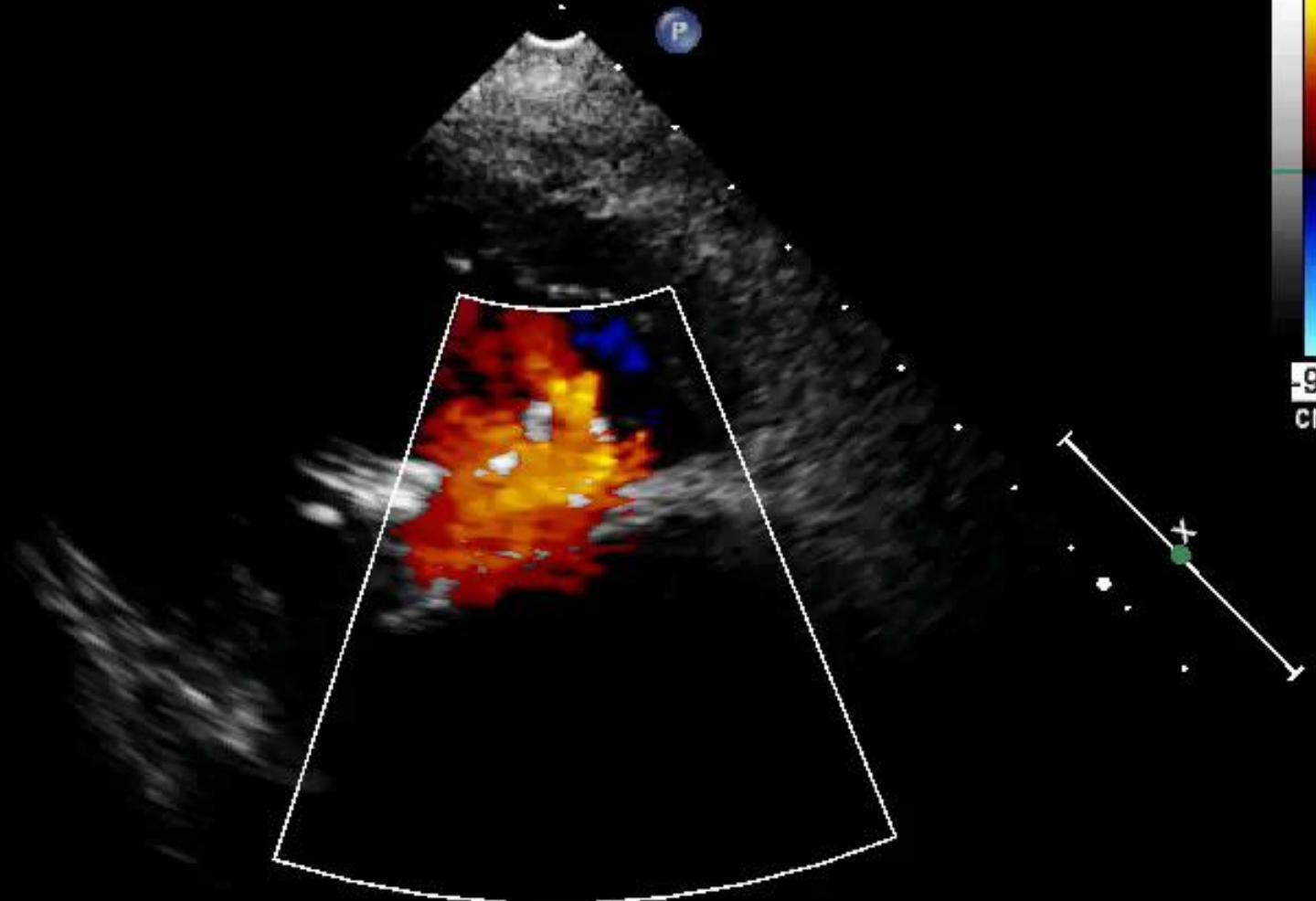
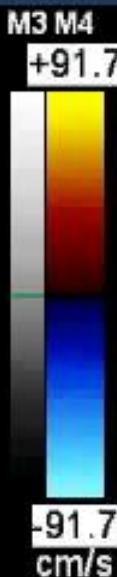
S5-1/Adulti

FR 20Hz
12cm

2D
58%
C 50
P Bassa
AGen

CF
66%
2.5MHz
WF Alto
Med.

G
P 1.7 R 3.4



JPEG

69 bpm

PHILIPS PACELLA, LUCIA
18-01-30-132904

Philips Healthcare

MI 0.7 1/30/2018
TIS 0.1 2:14:02 PM

TEE
X7-2t
46Hz
12.0cm

2D
Pen.
Guad. 50
C 48
4/4/0
50 mm/s

T. Paz: 37.0 °C
T. TEE: 40.0 °C
0 76 180

G
P R
3.0 8.0



CX7-2t/Adult

M4

FR 29Hz

13cm

xPlane

75%

75%

50dB

P Off

Gen.



JPEG

Temp. PAZ.: 37.0C

Temp. TEE: 38.9C

B1 bpm

CX7-2t/Adulti

FR 29Hz
16cmxPlane

77%

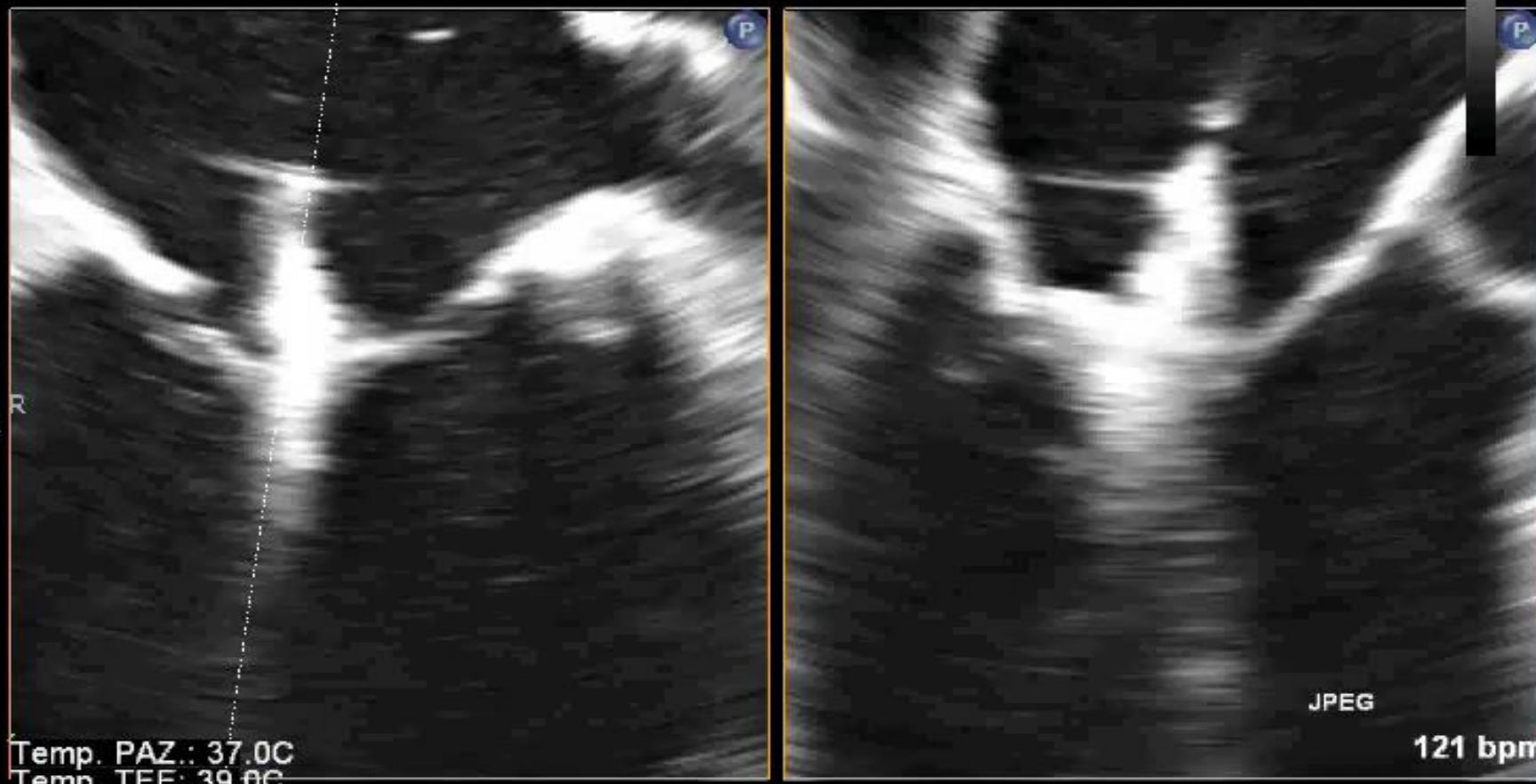
77%

50dB

P Off

Gen.

M4

70
8

PHILIPS

TIS0.2 MI 0.5

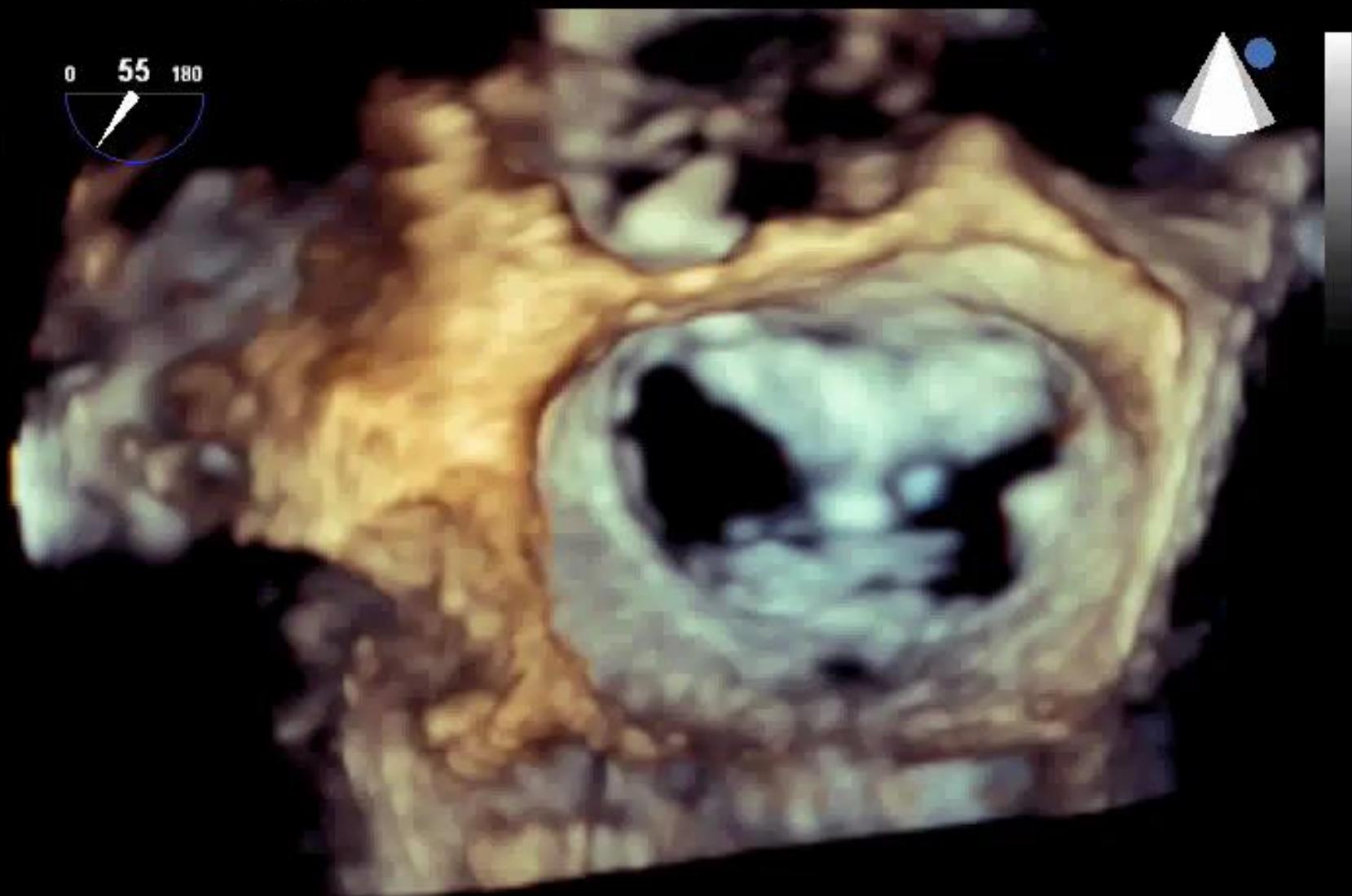
CX7-2t/Adult

FR 7Hz
9.0cm

Battiti 3D 1

M4

3D
3D 52%
3D 40dB



JPEG

Temp. PAZ.: 37.0C
Temp. TEE: 39.4C

93 bpm

PHILIPS CELLA

26/01/2018 10:32:56 TIS0.1 MI 0.5

27430920180126

CX7-2t/Adult

M4

FR 36Hz
11cm

xPlane

74%

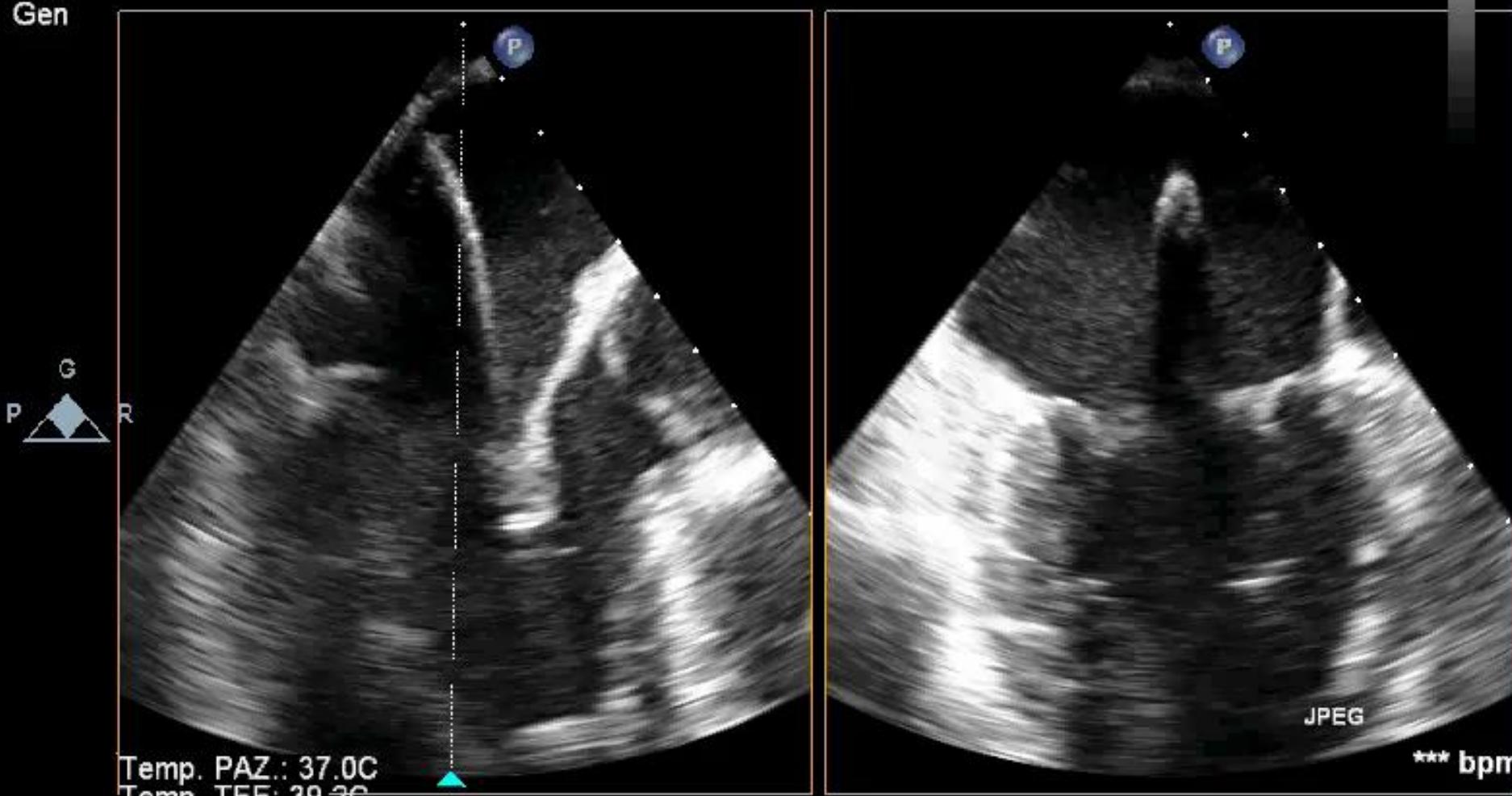
74%

50dB

P Off

Gen

150
1



PHILIPS CROCE

15/05/2018 10:37:27 TIS0.2 MI 0.5

06090920180515

CX7-2t/AdultI

M4

FR 5Hz

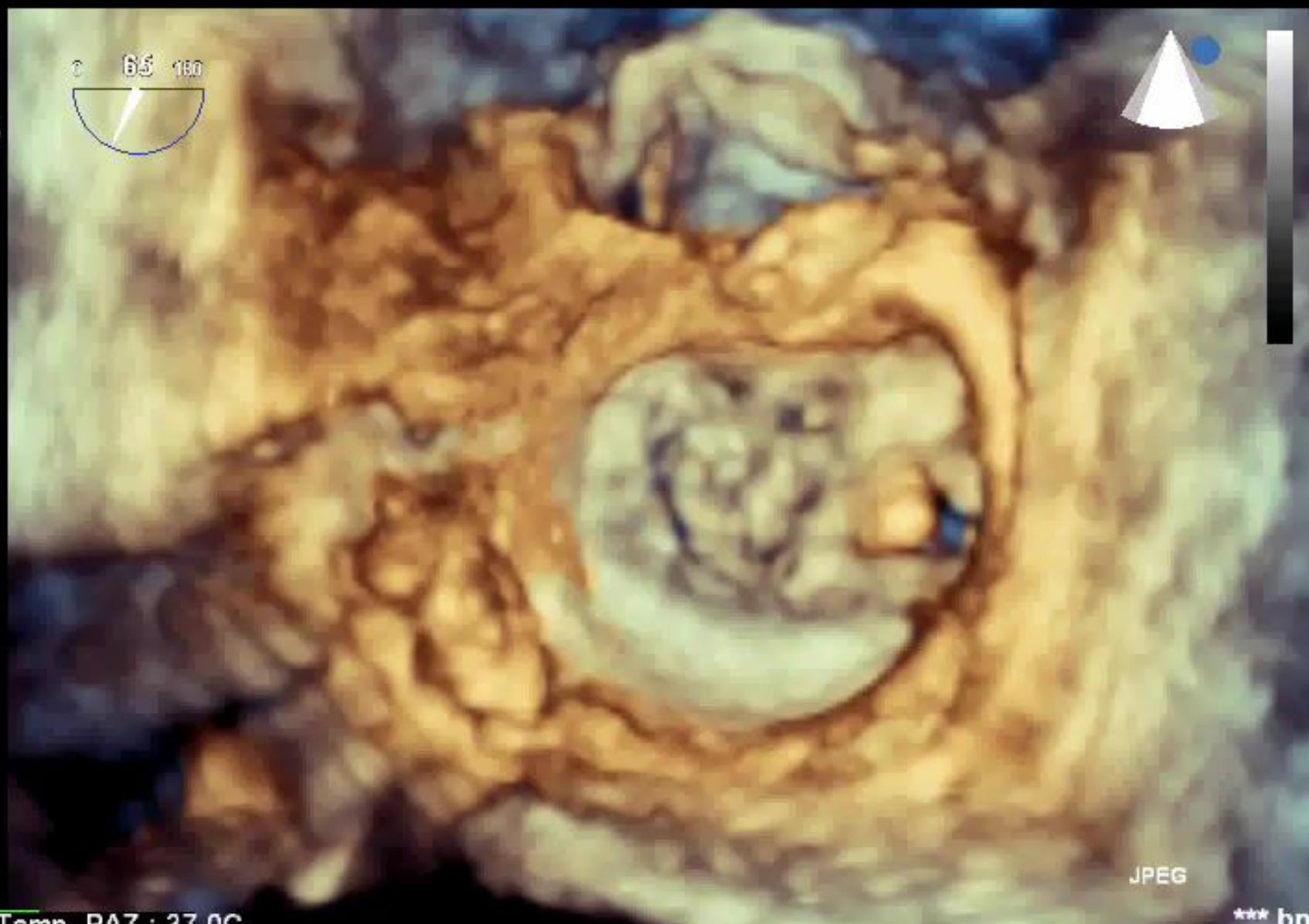
9.6cm

Live 3D

3D 0%

3D 40dB

Gen



Temp. PAZ.: 37.0C

Temp. TEE: 39.8C

*** bpm

27400023100120

CAT 2 RADICAL

M4

FR 52Hz

12cm

2D

77%

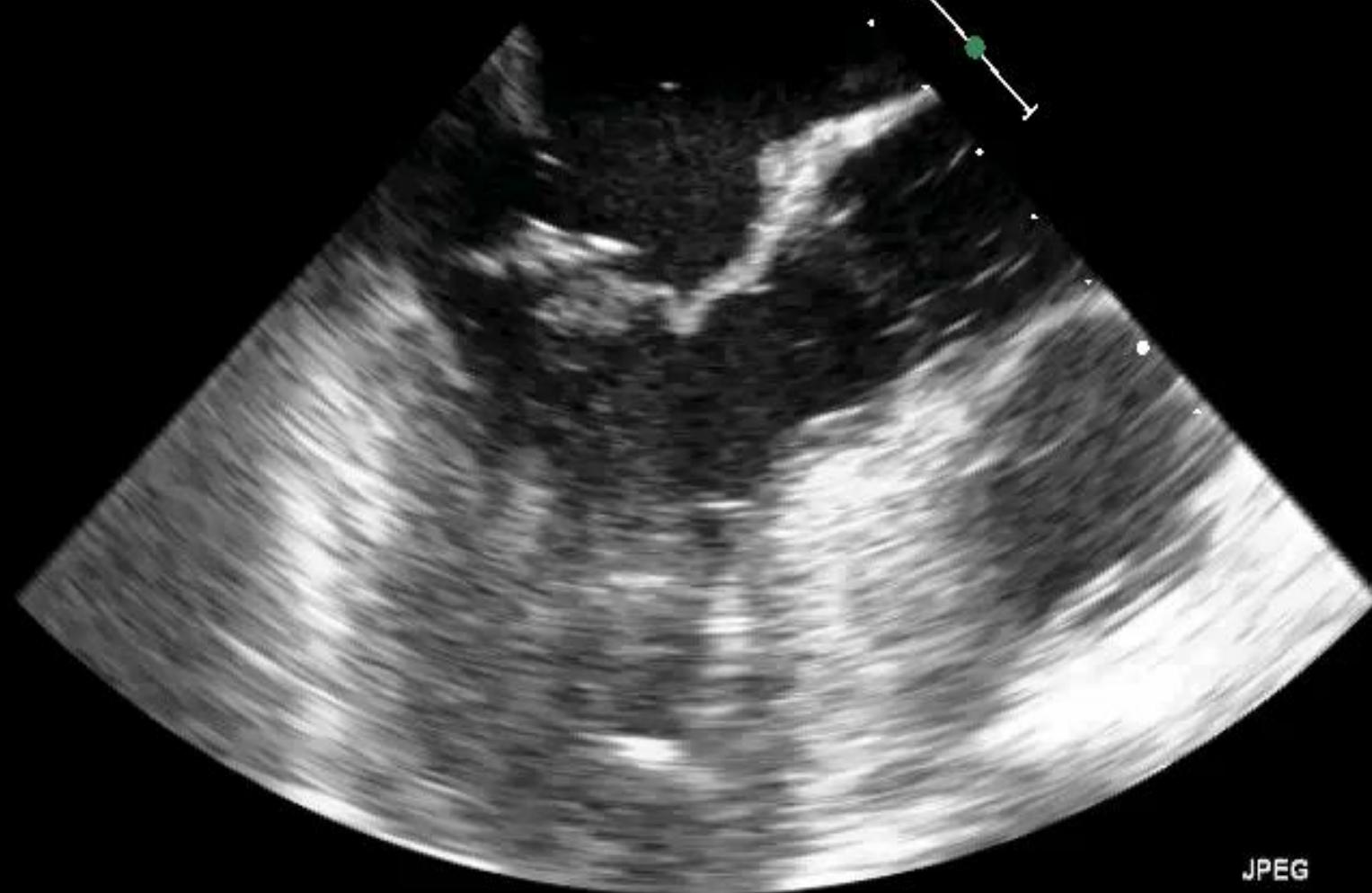
C 50

P Off

Gen



P



JPEG

Temp. PAZ.: 37.0C

Temp. TEE: 38.9C

*** bpm

PHILIPS CELLA

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27430920180126

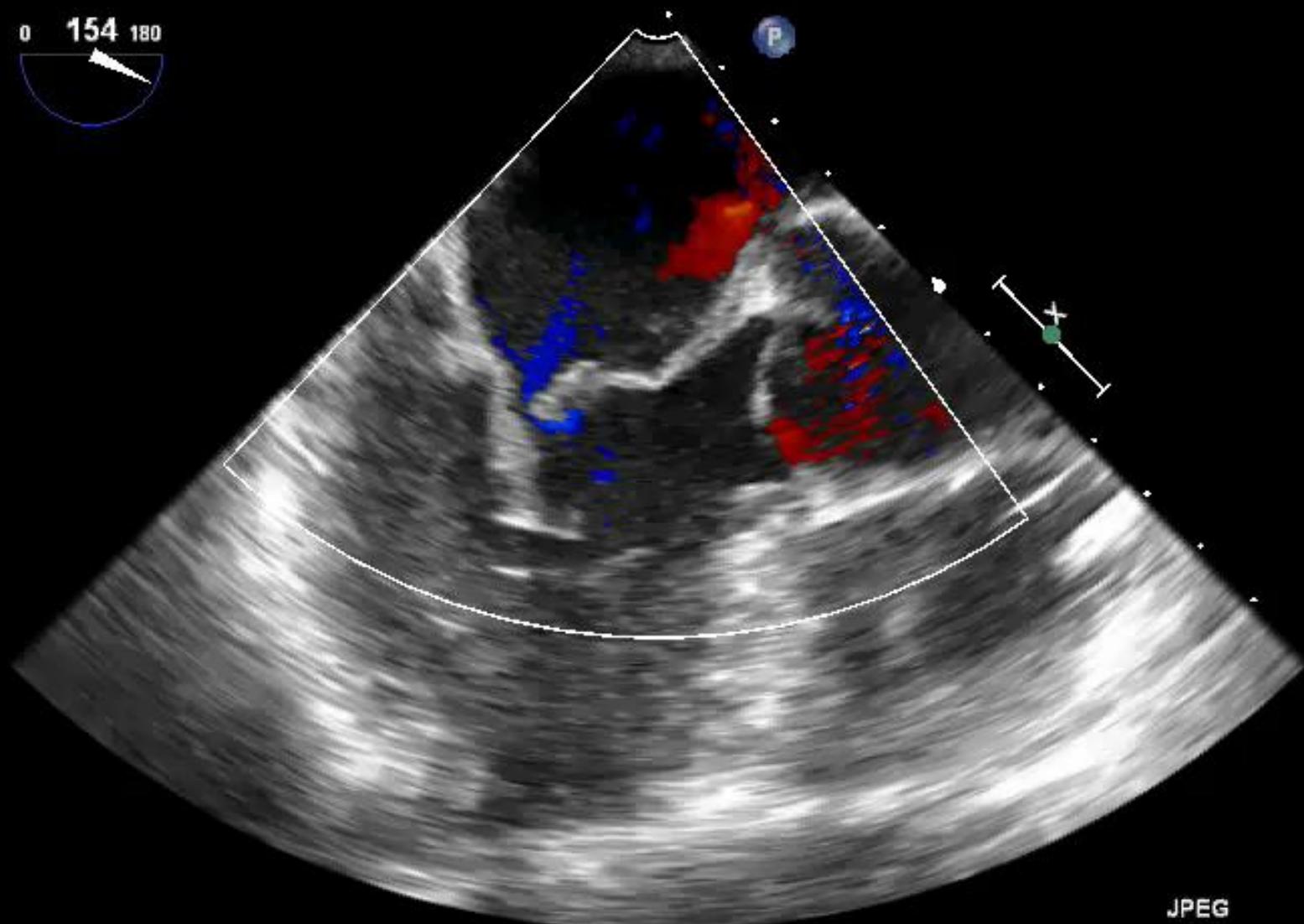
CX7-2t/Adult

FR 10Hz
12cm

2D
74%
C 50
P Off
Gen

CF
59%
4.4MHz
WF Alto
Med.

0 154 180



Temp. PAZ.: 37.0C
Temp. TEE: 39.6C

*** bpm

PHILIPS DENTE

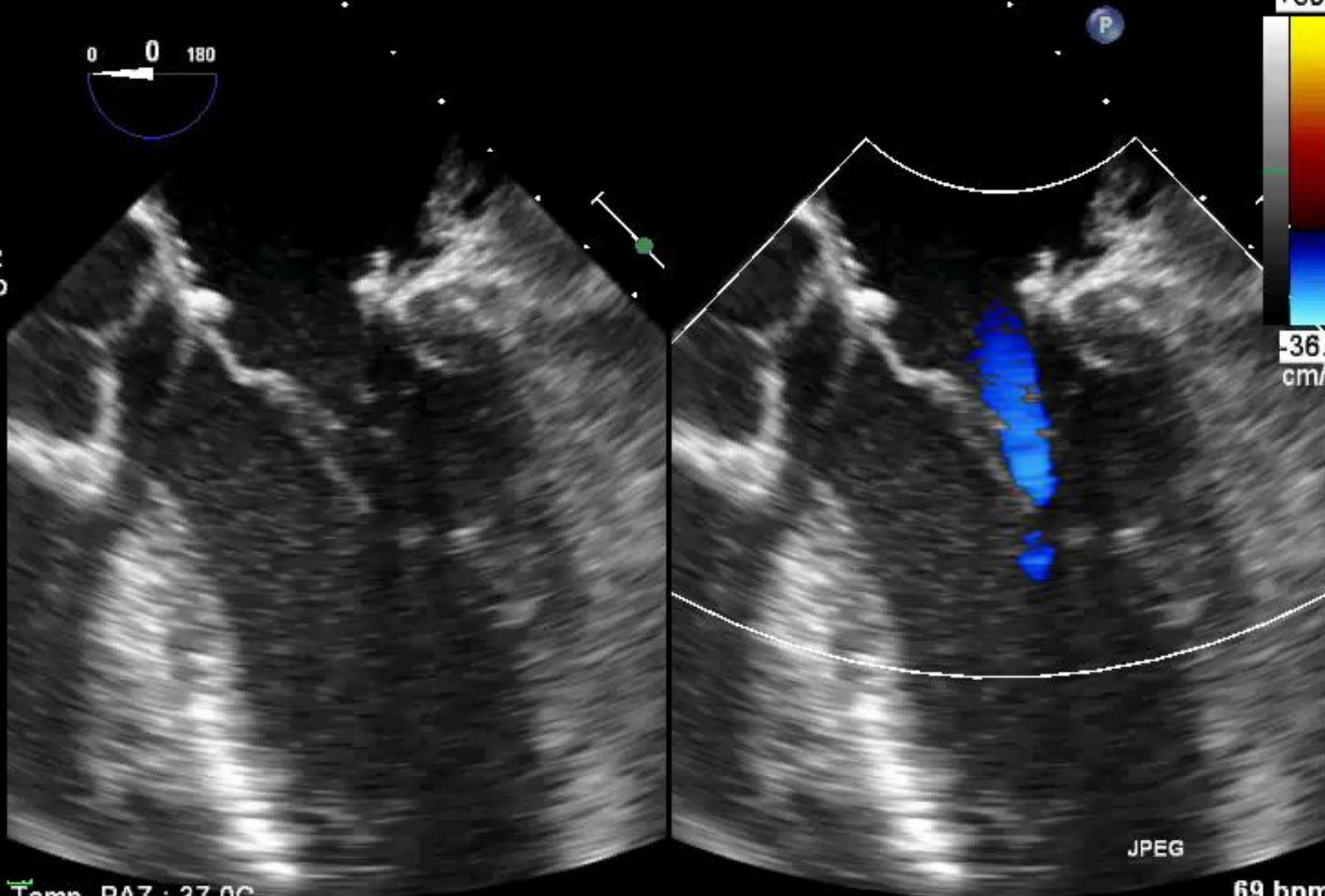
12/04/2017 19:37:22 TIS0.7 MI 0.4

44001620170412

CX7-2t/Adulti

FR 10Hz
13cm

2D
68%
C 50
P Off
Gen
CF
59%
4.4MHz
WF Alto
Med.



Temp. PAZ.: 37.0C
Temp. TEE: 39.8C

PHILIPS

TIS0.1 MI 0.5

CX7-2t/Adult

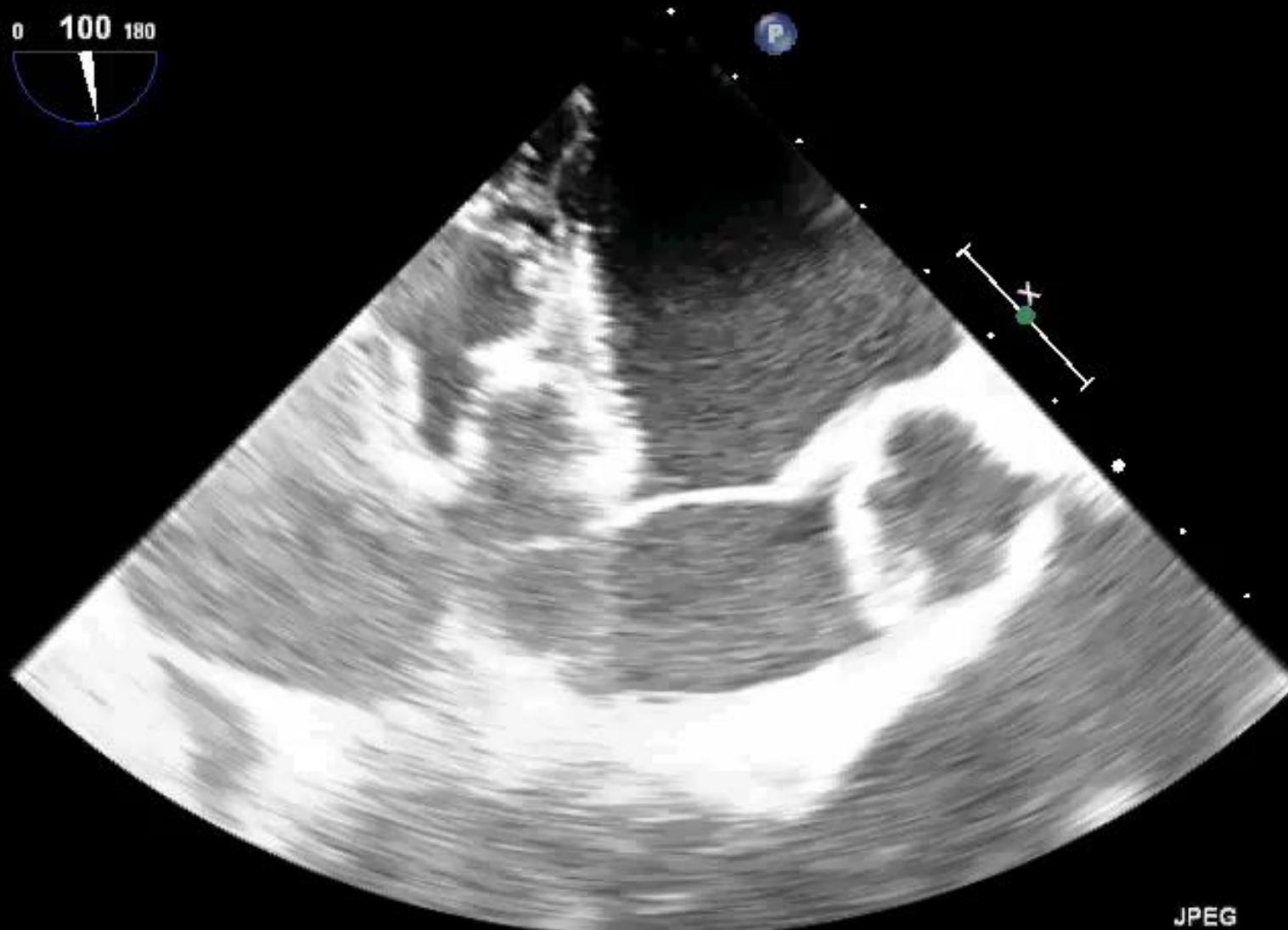
M4

FR 50Hz
10cm

2D
79%
C 50
P Off
Gen.



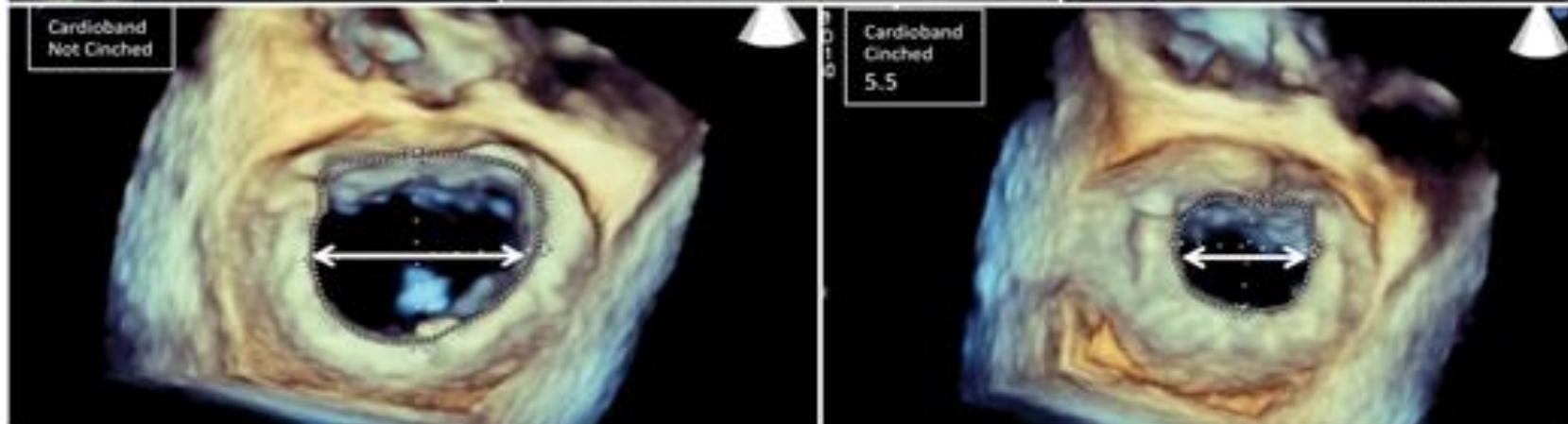
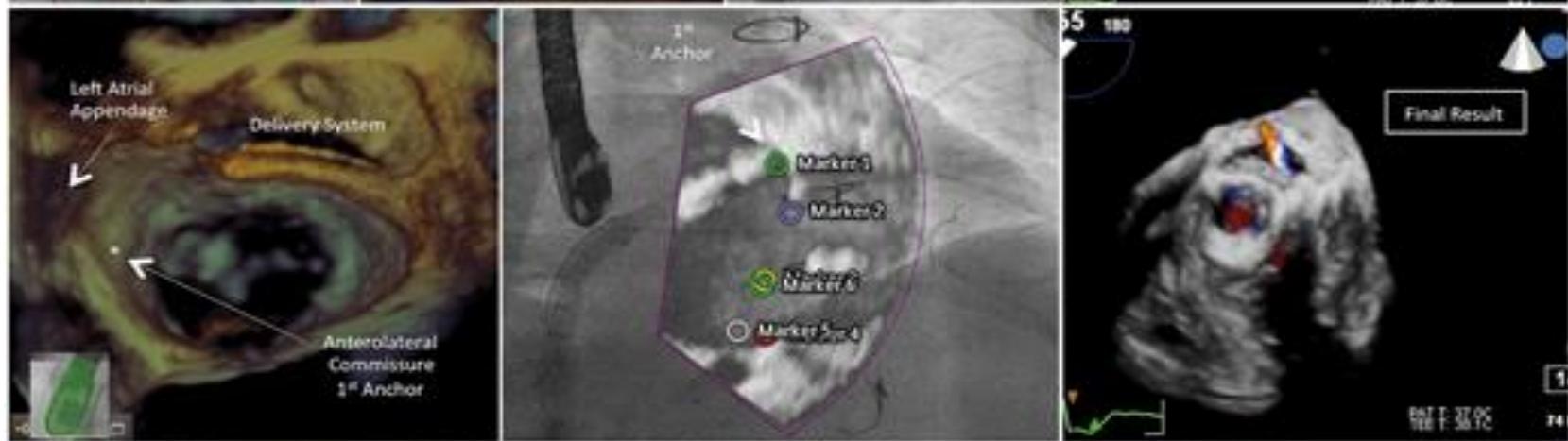
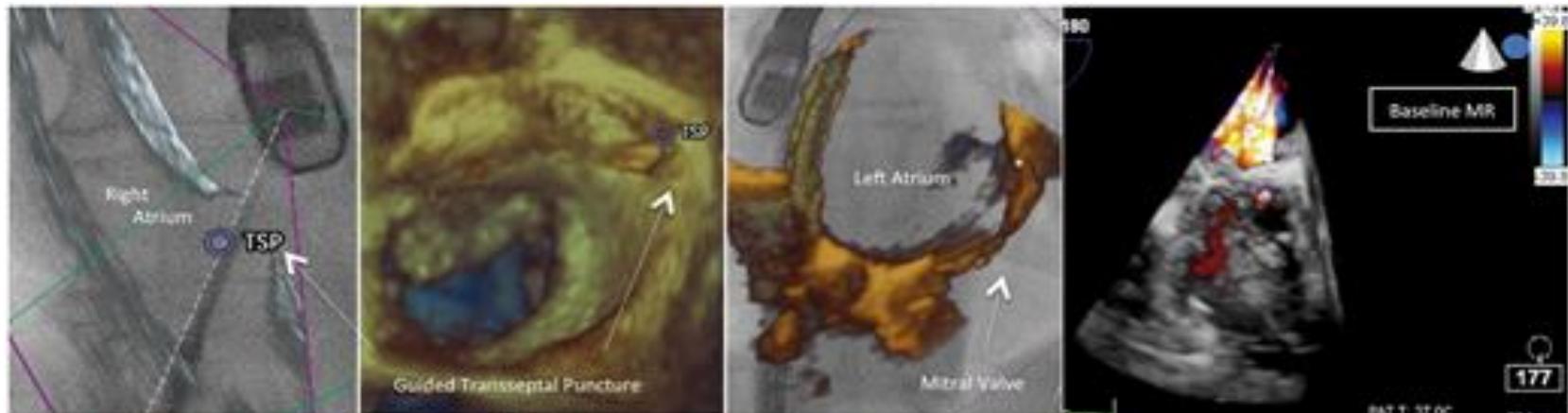
P

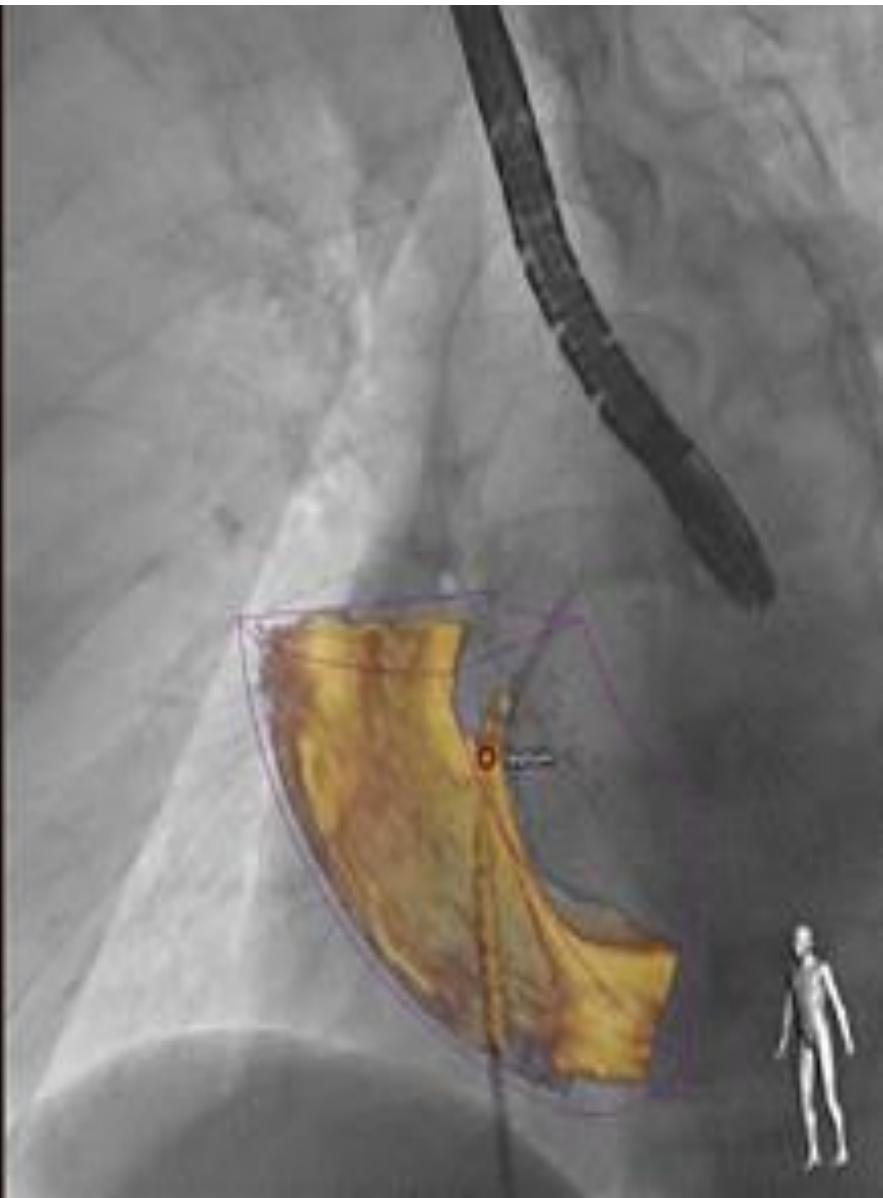
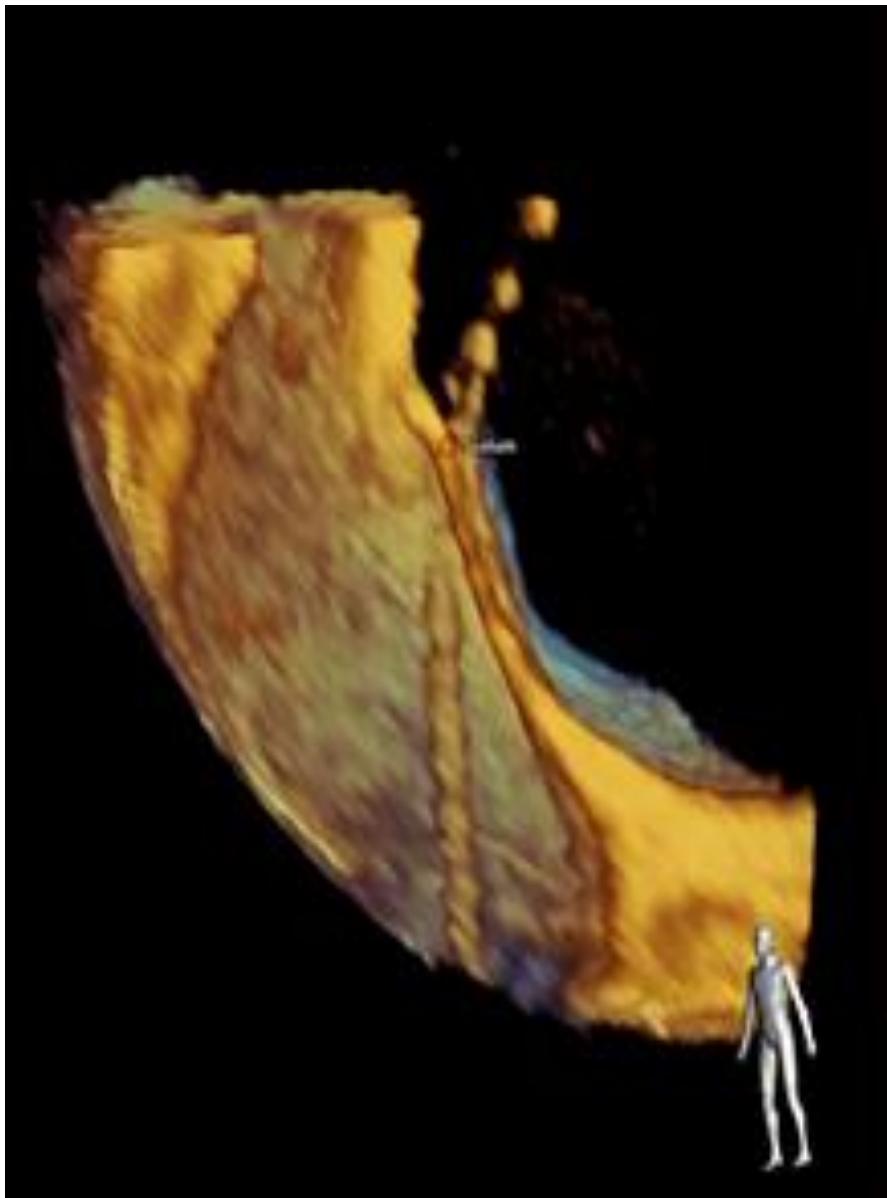


JPEG

Temp. PAZ.: 37.0C
Temp. TEE: 39.1C

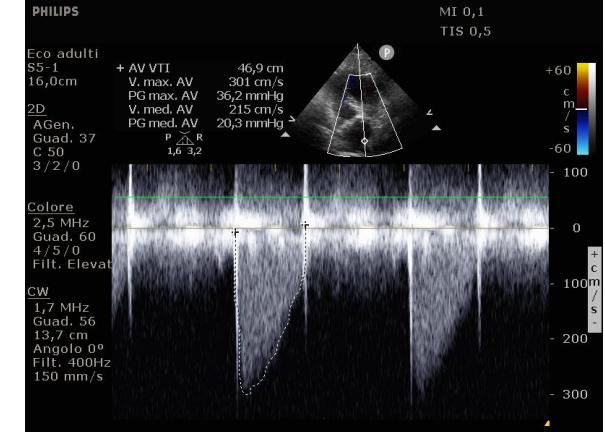
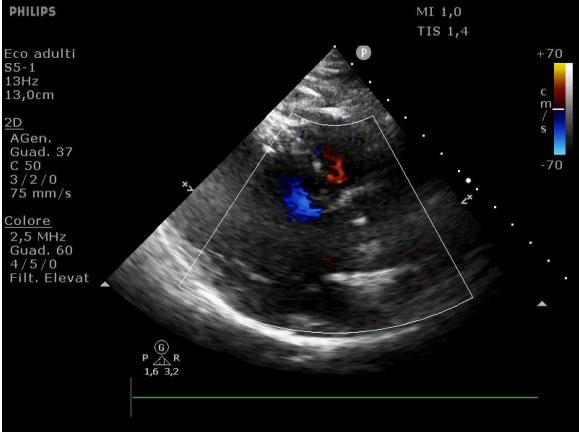
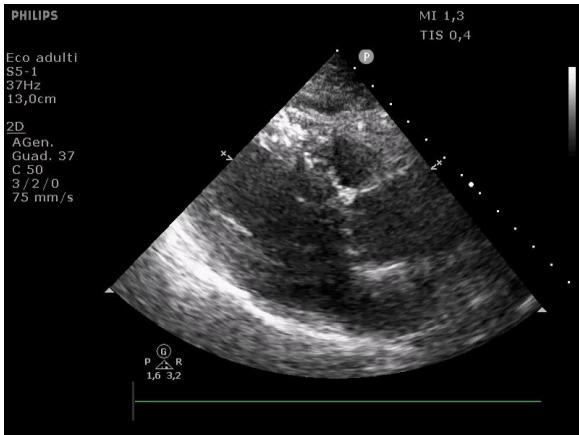
*** bpm





ECHO: Il Tallone d'Achille

- La finestra acustica può inficiare la valutazione



PHILIPS

22/07/2014 18:48:08 TIS0.7 MI 1.4

S5-1/Adulti

M3

FR 39Hz
22cm

2D
58%
C 50
P Bassa
APen

G
P R
1.4 2.8



JPEG

149 bpm



TURIN,
October
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2018
Starhotels
Majestic

GIORNATE CARDIOLOGICHE TORINESI



UNIVERSITÀ DEGLI STUDI DI TORINO



European Society
of Cardiology

European Heart Journal (2017) 38, 2739–2791

doi:10.1093/eurheartj/ehx391

ESC/EACTS GUIDELINES

2017 ESC/EACTS Guidelines for the management of valvular heart disease

The Task Force for the Management of Valvular Heart Disease of the European Society of Cardiology (ESC) and the European Association for Cardio-Thoracic Surgery (EACTS)

3.1.1 Echocardiography

Following adequate clinical evaluation, echocardiography is the key technique used to confirm the diagnosis of VHD as well as to assess its severity and prognosis. It should be performed and interpreted by properly trained personnel.¹

3.1.2.2 Cardiac magnetic resonance

In patients with inadequate echocardiographic quality or discrepant results, cardiac magnetic resonance (CMR) should be used to assess the severity of valvular lesions, particularly regurgitant lesions, and to assess ventricular volumes, systolic function, abnormalities of the ascending aorta and myocardial fibrosis. CMR is the reference method for the evaluation of RV volumes and function and is therefore particularly useful to evaluate the consequences of tricuspid regurgitation.¹²



Aortic Regurgitation

Echo (TTE & TOE):

- Morphology of valve (i.e. bicuspid valve)
- Qualitative and semi-quantitative evaluation
- Left ventricular function

MR:

- Morphology of valve in poor acoustic windows
- In BAV and in Marfan patients, evaluation of associated lesions (i.e coarctation, aortic aneurism, coronary anomalies)
- Better evaluation of regurgitant volume and fraction (RF), LVEDV and LVESV and EF.
- Good ability to predict development of symptoms and the need for surgery, if RF > 33%, better than ventricular volume



Aortic Stenosis

Echo (TTE & TOE):

- Key diagnostic tool: quantification of AS severity (velocity, gradients, functional area)
- TOE for planimetry of aortic area and anulus measurement, morphology of valve in poor acoustic TTE windows
- Quantification of degree of calcification (if CT not available)
 - Follow up

MR:

- Anatomy of valve, of aortic root and descending aorta (especially in BAV)
- Differentiation of sub-valvular or supra-valvular stenosis
- Quantification of LV mass and function
- Measurement of velocity of the stenotic eccentric jet
- Negative prognostic role of LGE



Mitral Regurgitation

Echo (TTE & TOE):

- Principal investigation for aetiology, mechanism and severity of MR and its hemodynamics consequences (LV dilatation and/or dysfunction, PH)
- Stratification of likelihood of valvular repair

MR:

- Marginal role for MR severity evaluation
- Accurate LV volume and function evaluation
- Emergent prognostic role in asymptomatic patients with severe MR



Pulmonary Regurgitation

Echo (TTE & TOE):

- Only first step, because of...
- ✓ Position of PV and RVOT behind the sternum
- ✓ Lack of definite echo qualitative criteria for PR evaluation
- ✓ Complex geometry of RV

MR:

- Measurements of RV volumes and function
- Evaluation of regurgitant volume
- Anatomical evaluation of pulmonary arteries
- Quantification of lung blood flow downstream of pulmonary bifurcation
- RVEDV < 160 ml/mq indicate greater chance of inverse remodeling after pulmonary valve replacement in chronic PR following Tetralogy of Fallot repair



Tricuspid Regurgitation

Echo (TTE & TOE):

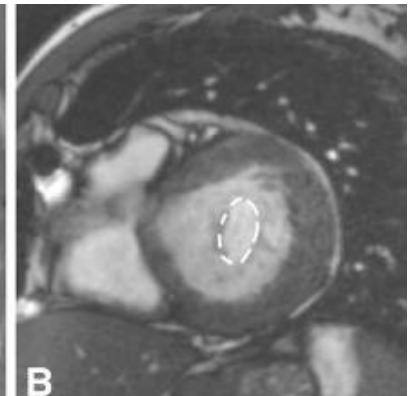
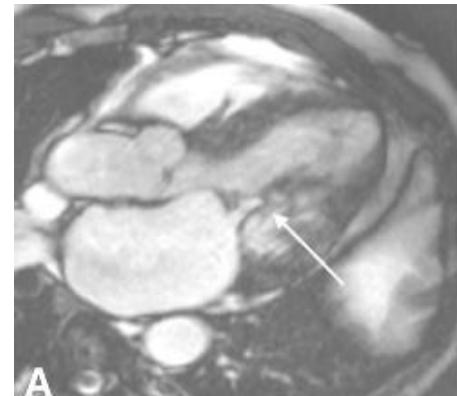
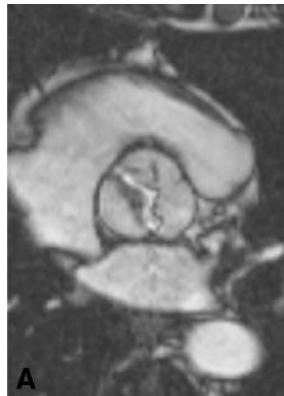
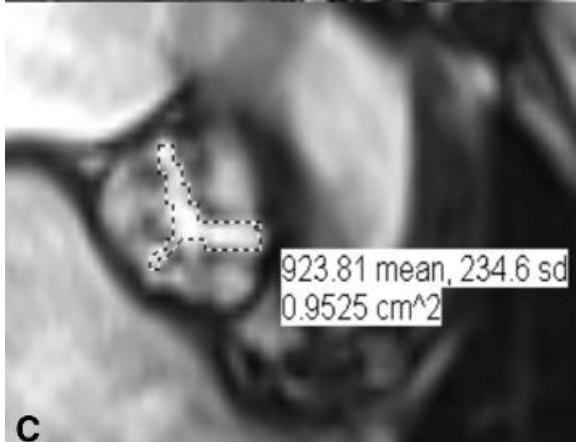
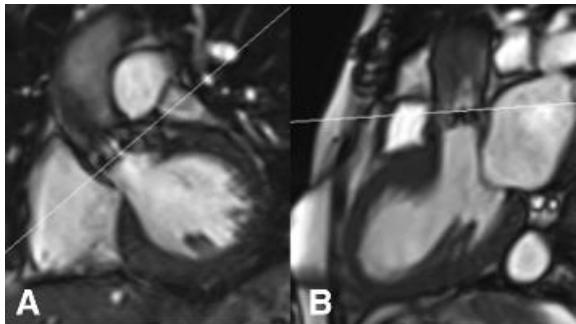
- Accurate evaluation of TR severity and mechanism, annular dilatation, pulmonary pressures estimation

MR:

Measurement of RV volumes and function

RMN: punti di forza

- La possibilità di infiniti piani di taglio, l'indipendenza dalla qualità della finestra acustica e la selezione del frame adatto all'interno del ciclo cardiaco permettono lo studio anatomico nei casi in cui l'ecografia non è dirimente e/o ci siano C.I. aTEE.



RMN punti di forza: quantificazione rigurgito

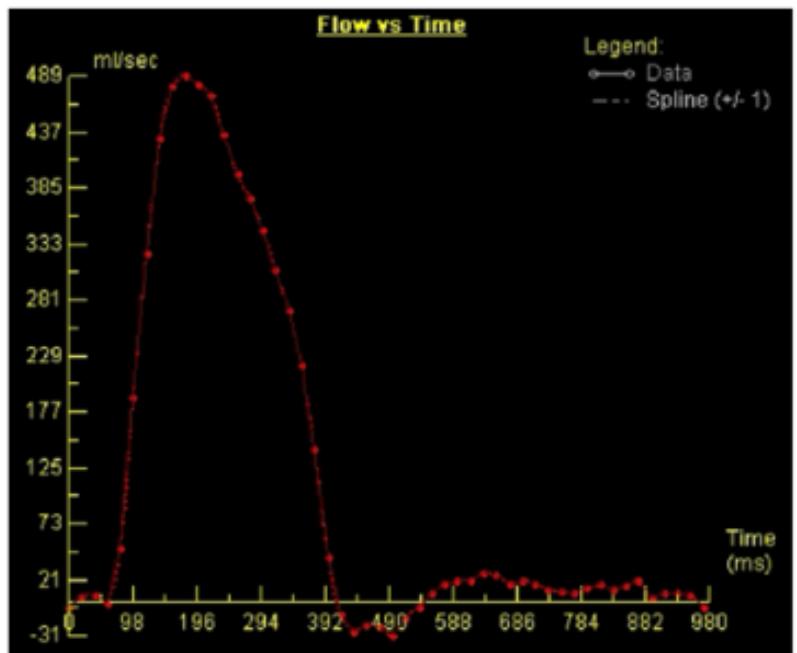
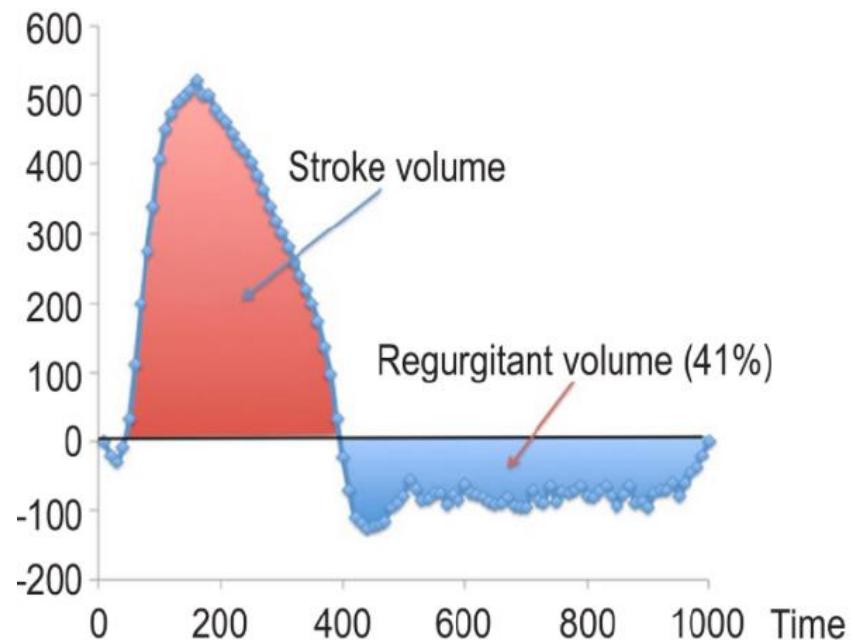


Fig. 3 A normal ascending aortic flow-time graph generated by CMR through-plane phase-contrast velocity mapping. Source: University Hospitals of Leicester NHS Trust



Gulsin et al. BMC Medical Imaging(2017) 17:67

RMN punti di forza:

- Quantificazione dei flussi e calcolo del QP/QS

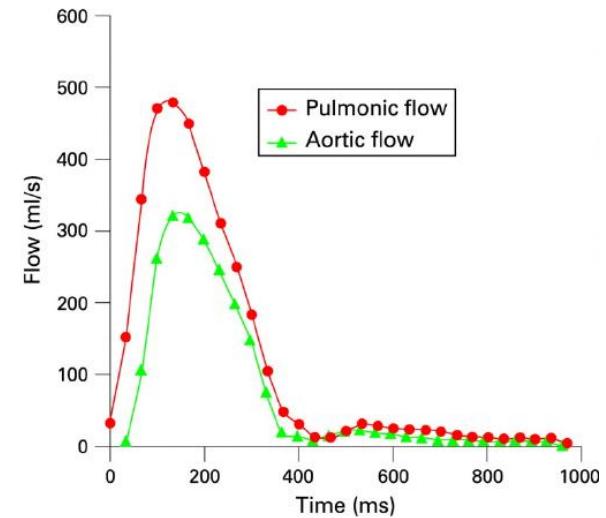
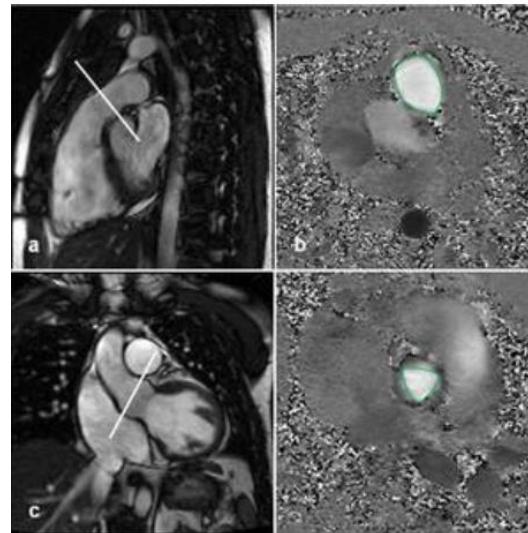
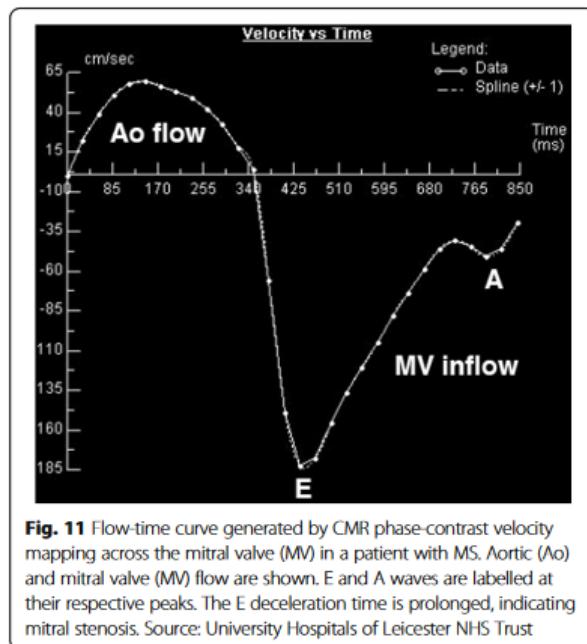
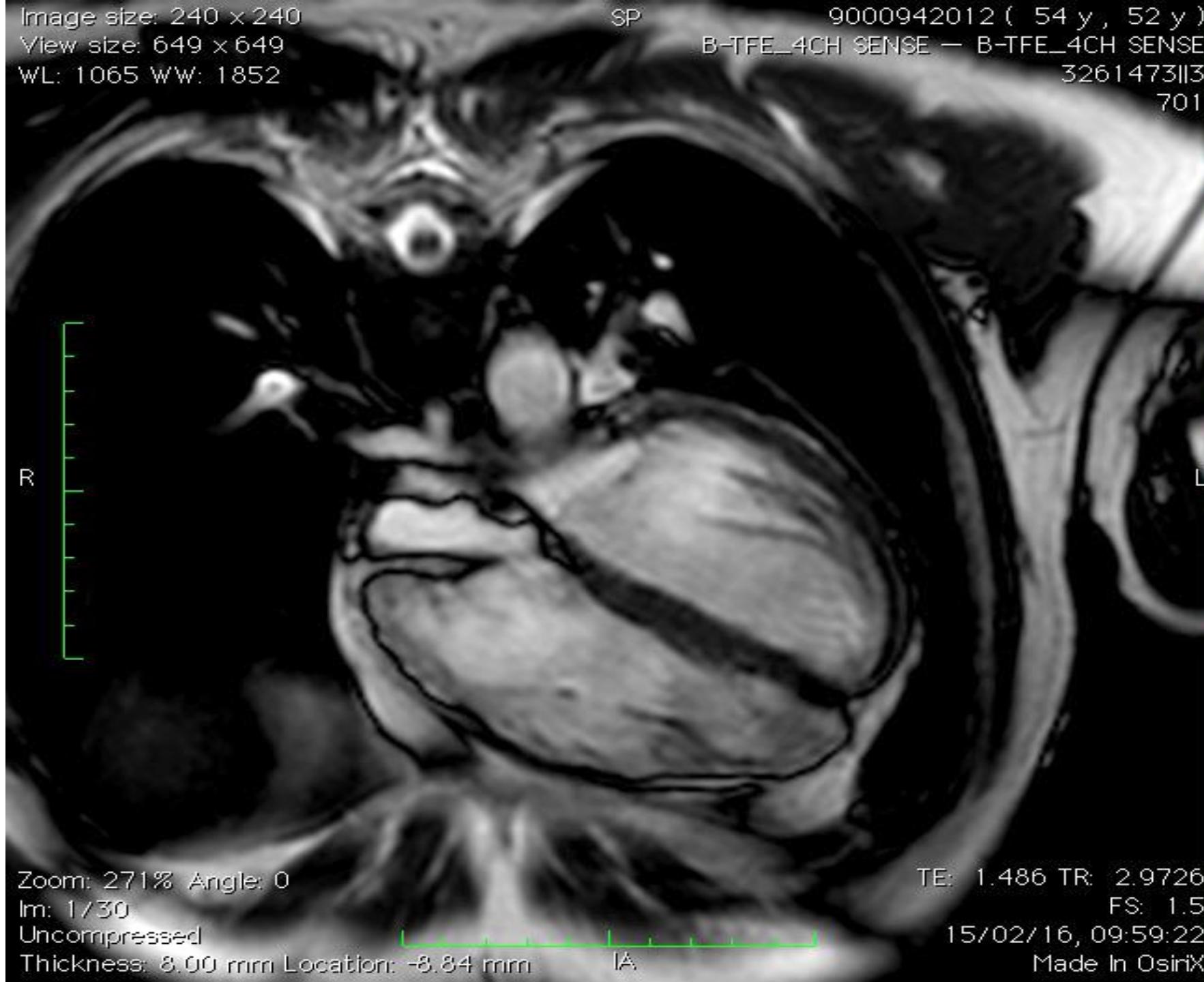


Image size: 240 × 240
View size: 649 × 649
WL: 1065 WW: 1852

SP

9000942012 (54 y , 52 y)
B-TFE_4CH SENSE — B-TFE_4CH SENSE
3261473II3
701



Zoom: 271% Angle: 0

Im: 1/30

Uncompressed

Thickness: 8.00 mm Location: -8.84 mm

TE: 1.486 TR: 2.9726

FS: 1.5

15/02/16, 09:59:22

Made In OsiriX

Thank
you

