

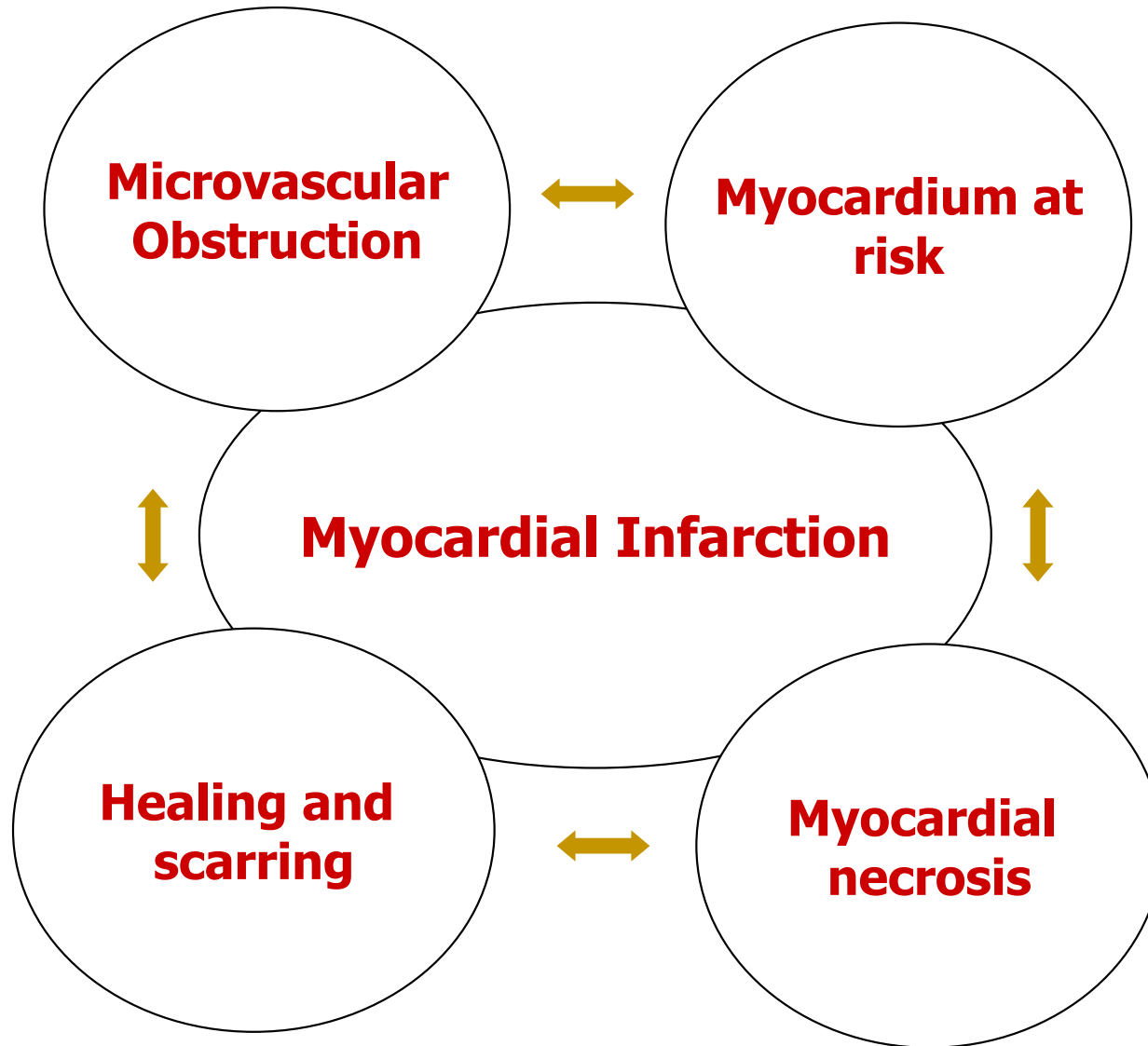
MRI Utility in Myocardial Infarction

Pier Giorgio Masci, MD

U.O. di RM e di Medicina Cardiovascolare
Fondazione Regione Toscana/CNR "G. Monstaterio" - Pisa

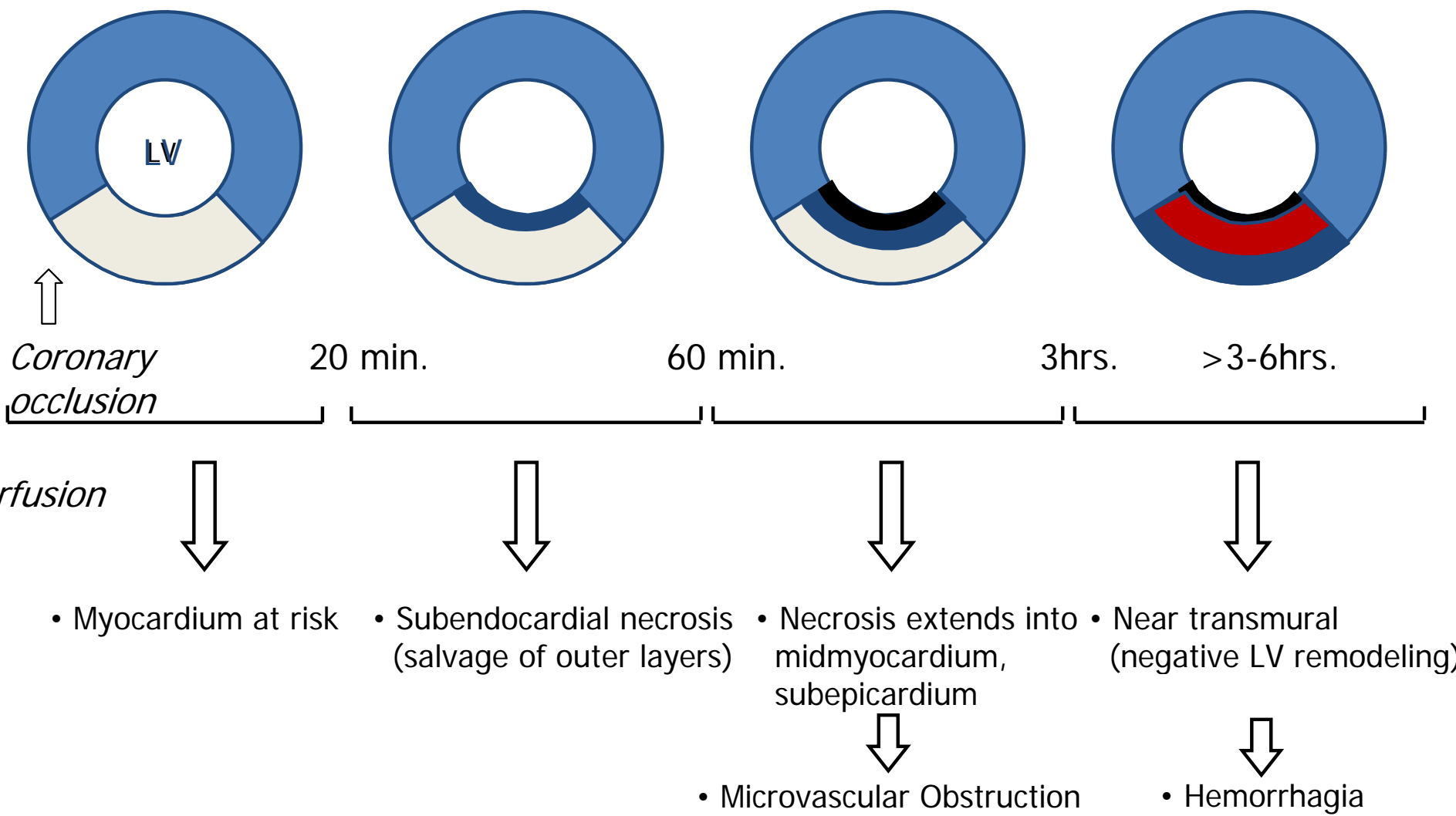
Great Innovation in Cardiology
Torino 14-15 Ottobre 2010

Myocardial Infarction

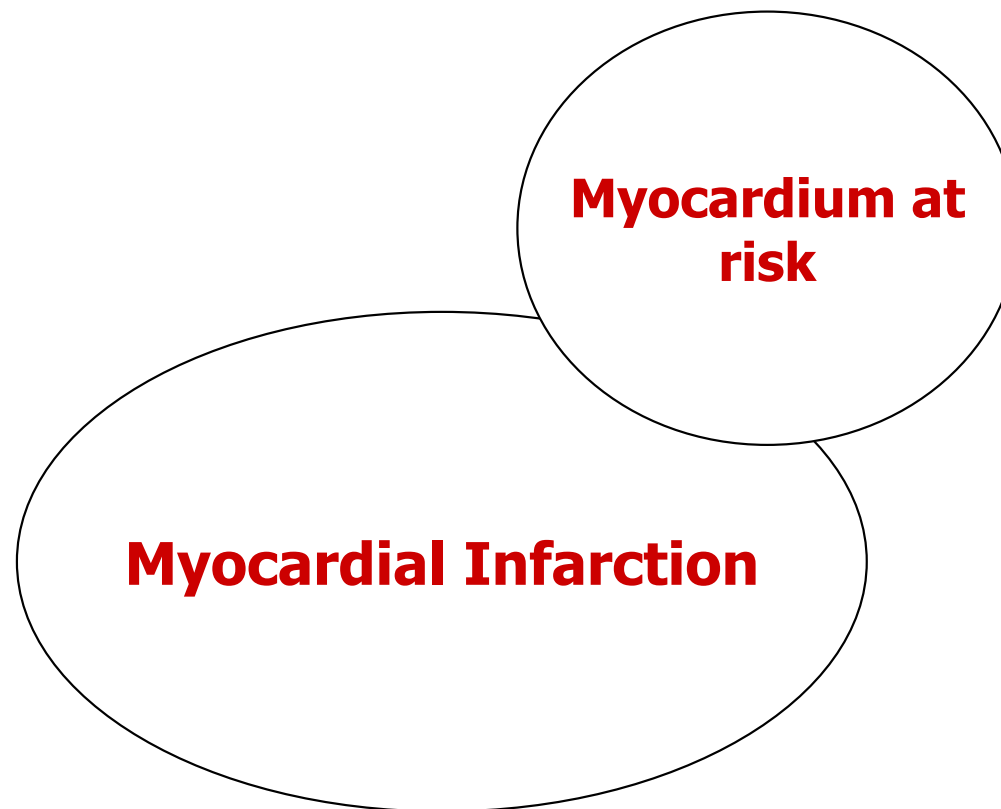


Myocardial Infarction

Reversible injury ← Irreversible injury

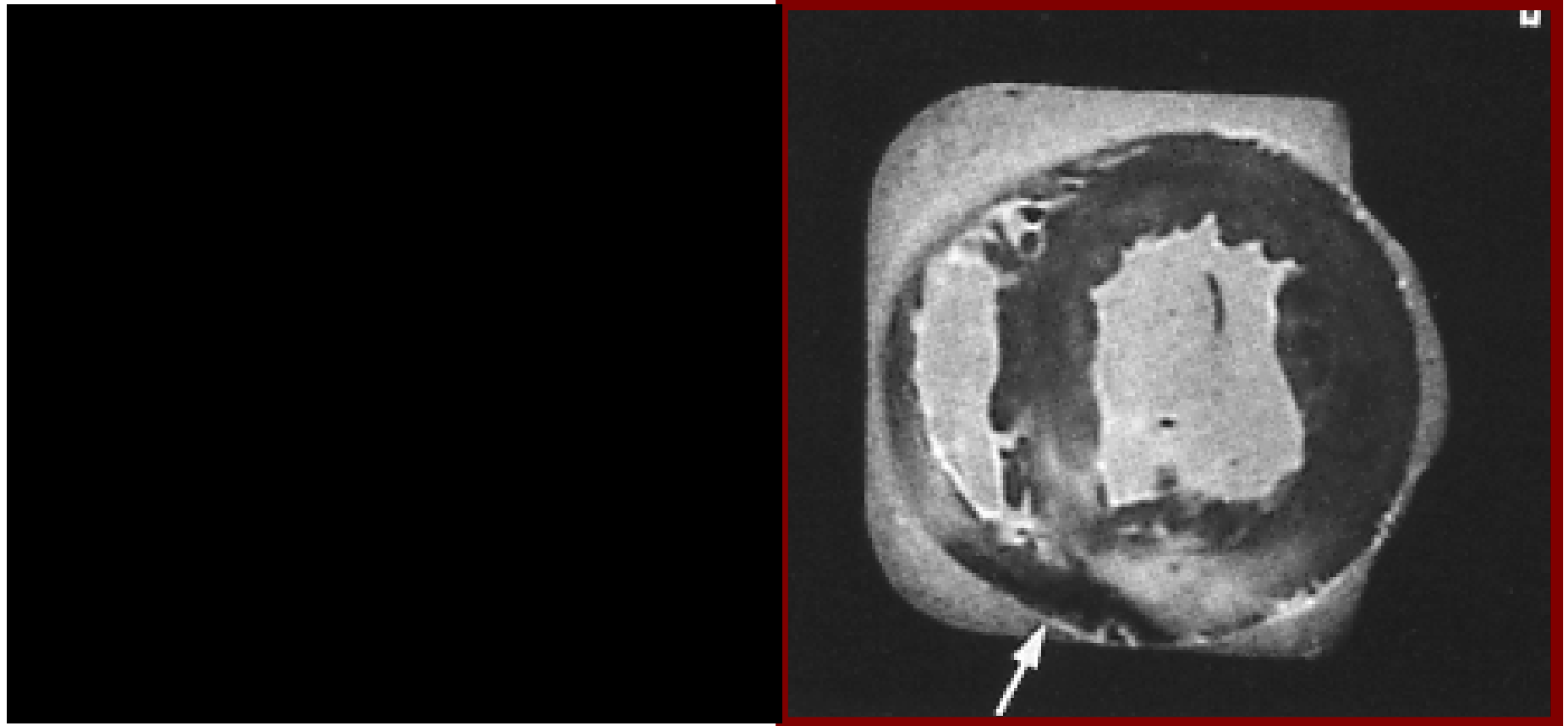


Myocardial Infarction



Myocardial Infarction

- Myocardium at risk -



Late gadolinium Enhancement (LGE)

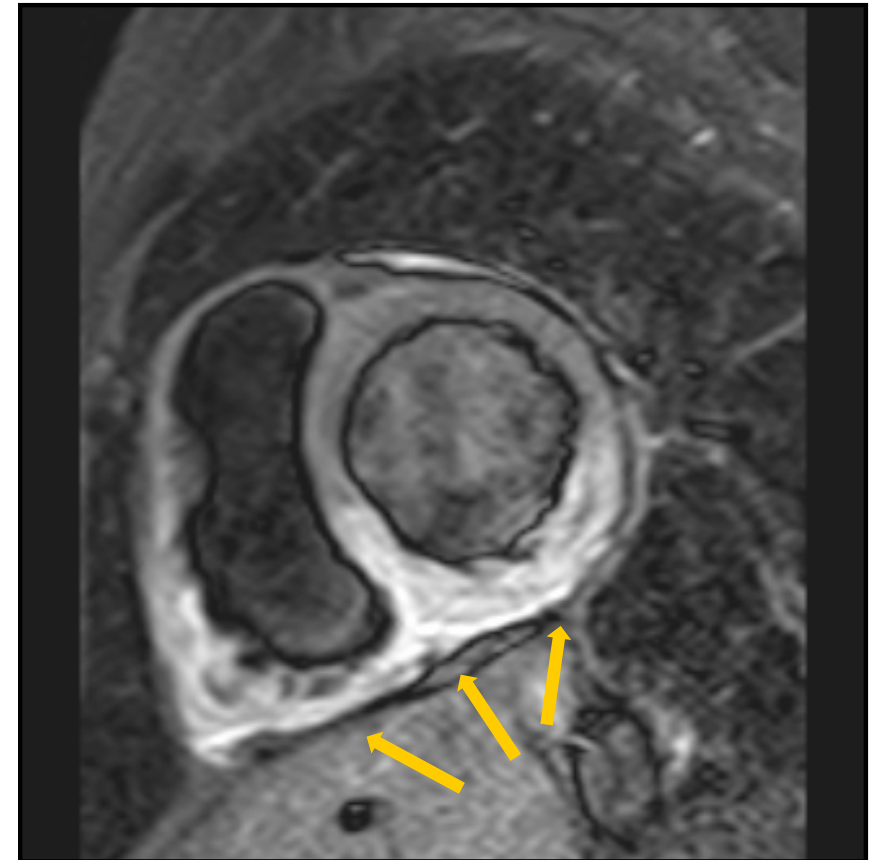
T2-weighted Imaging

- Myocardium at risk -

Always Transmural Extension

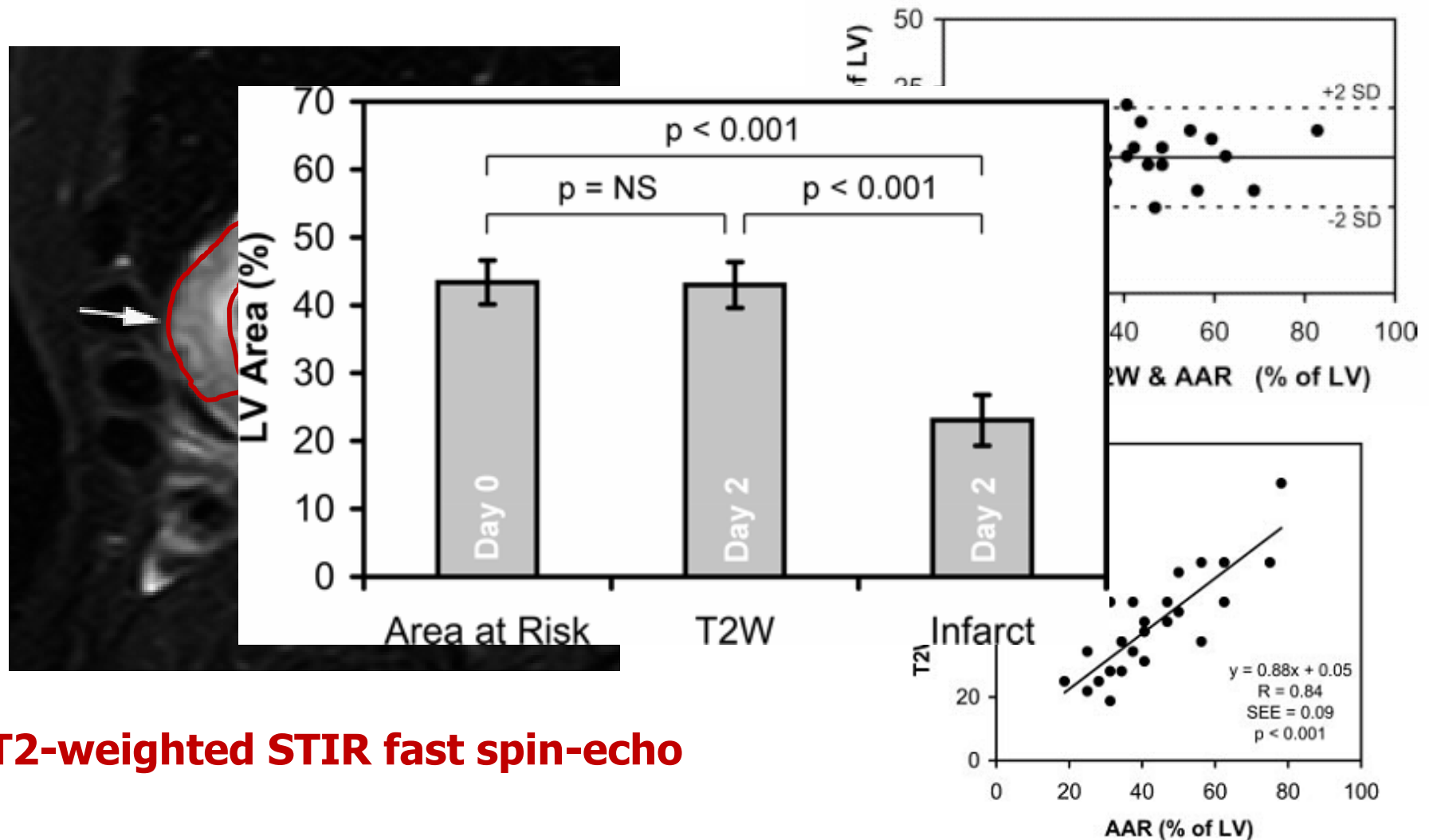
SI is related to tissue water
(both intra- and extracellular)

Long lasting T2-w abnormalities
(retrospective determination of myocardium at-risk)



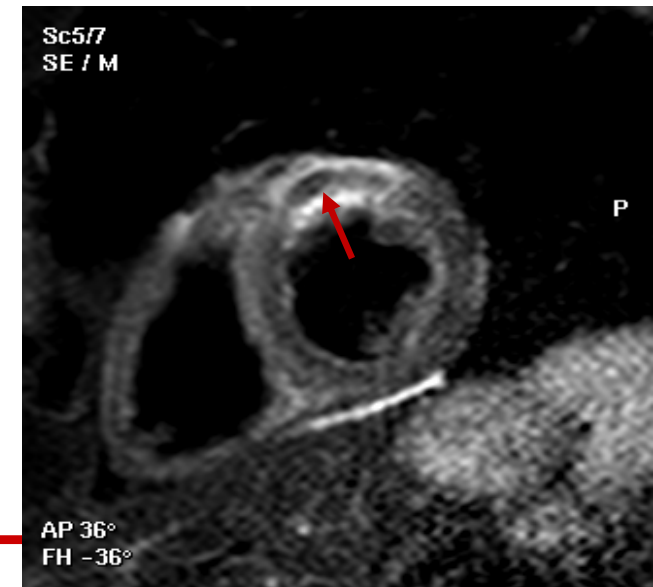
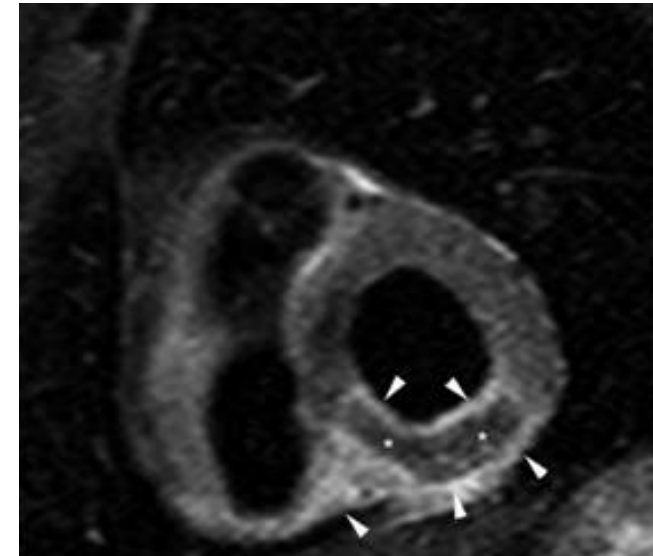
Myocardial Infarction

- Myocardium at risk -

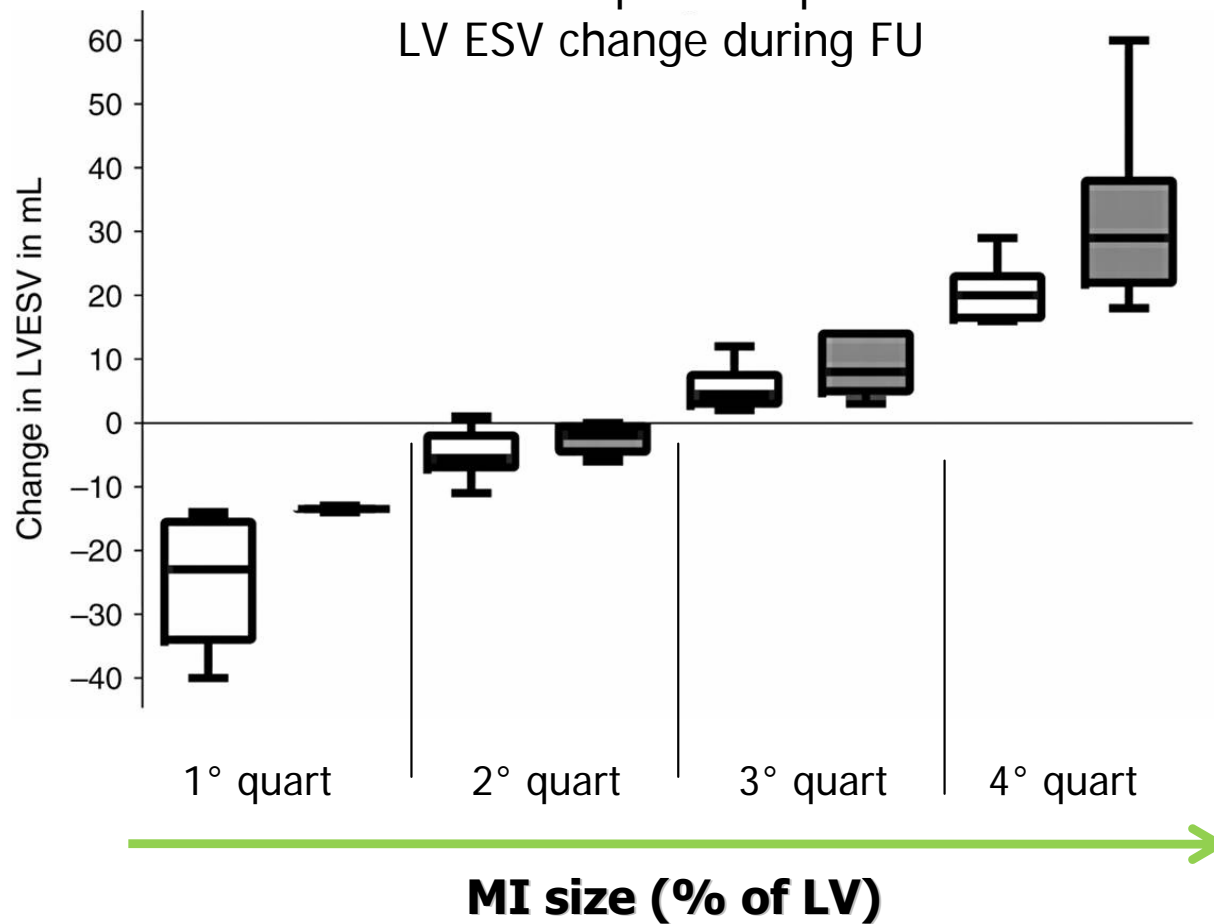


T2-weighted STIR fast spin-echo

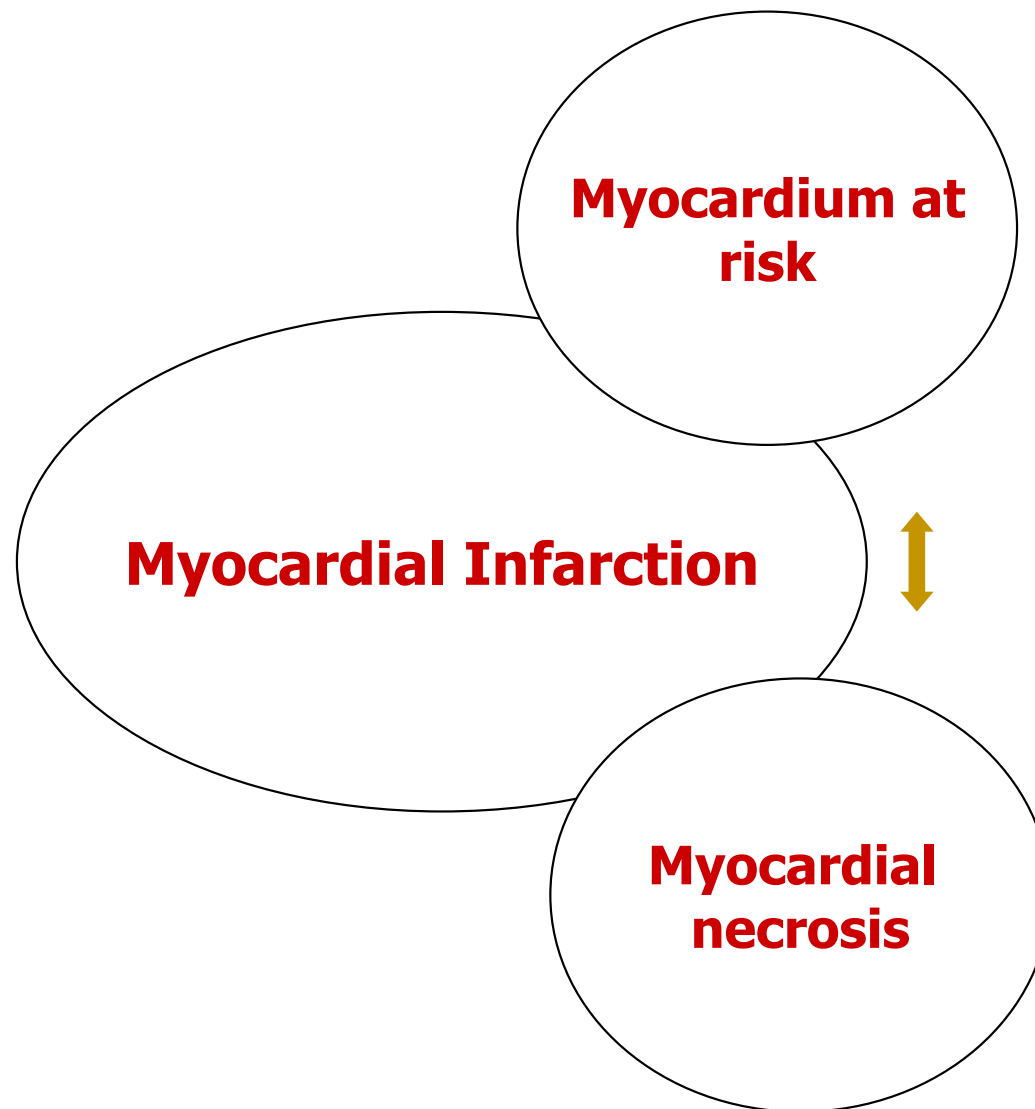
- Myocardium at risk - Myocardial Hemorrhagia



MH was an independent predictor of
LV ESV change during FU

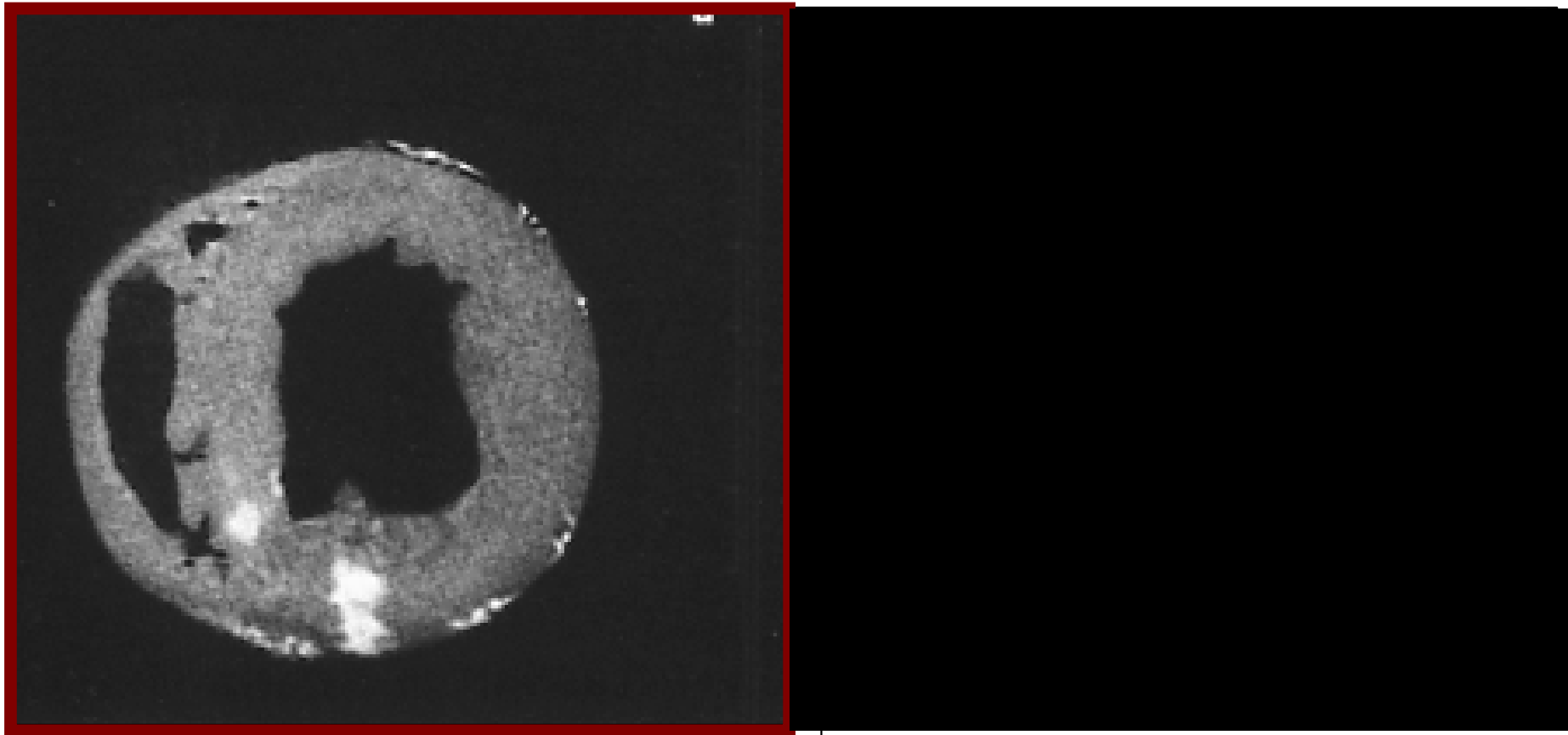


Myocardial Infarction



Myocardial Infarction

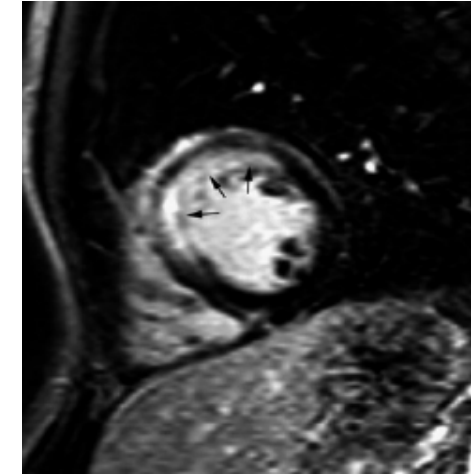
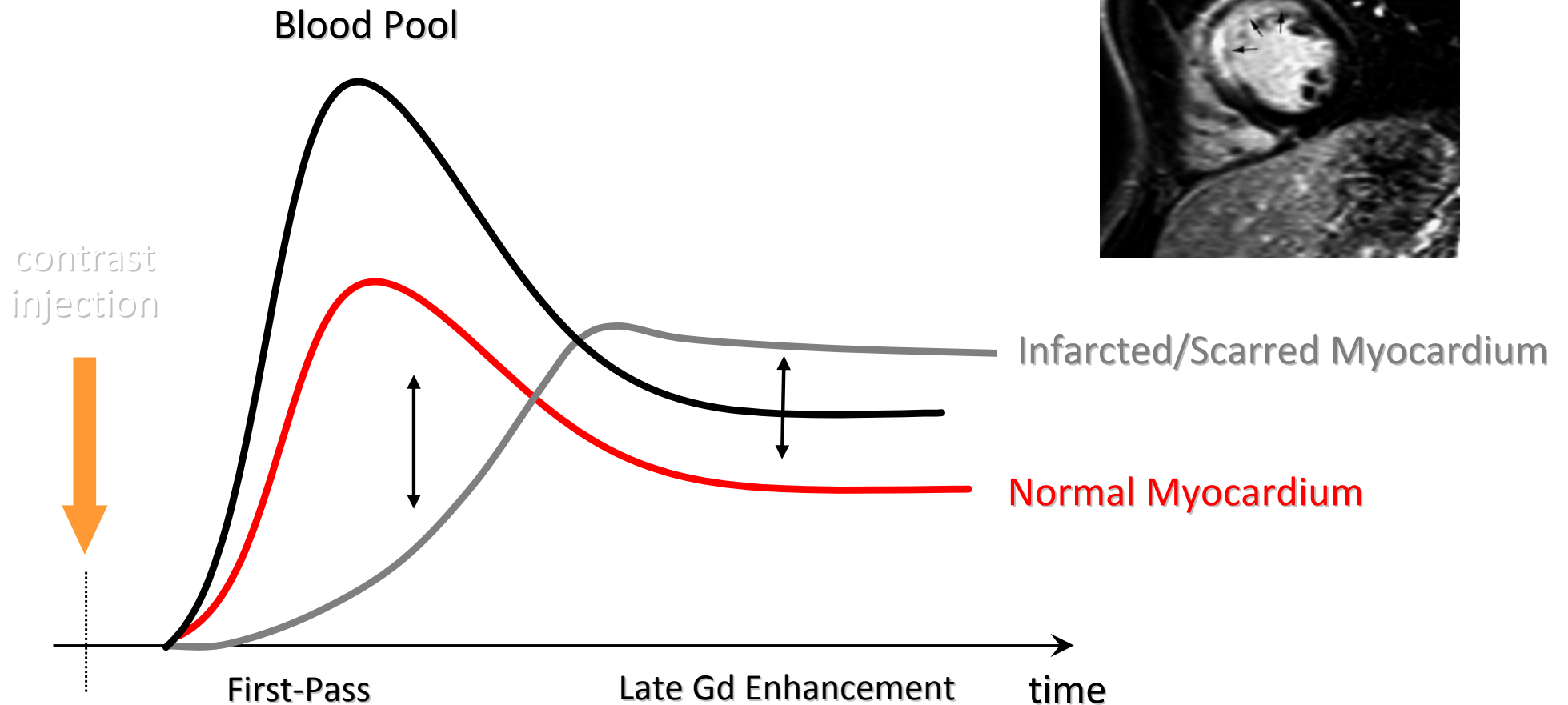
-Myocardial Necrosis – Late Gadolinium Enhancement (LGE) Imaging



Late Gadolinium Enhancement (LGE)

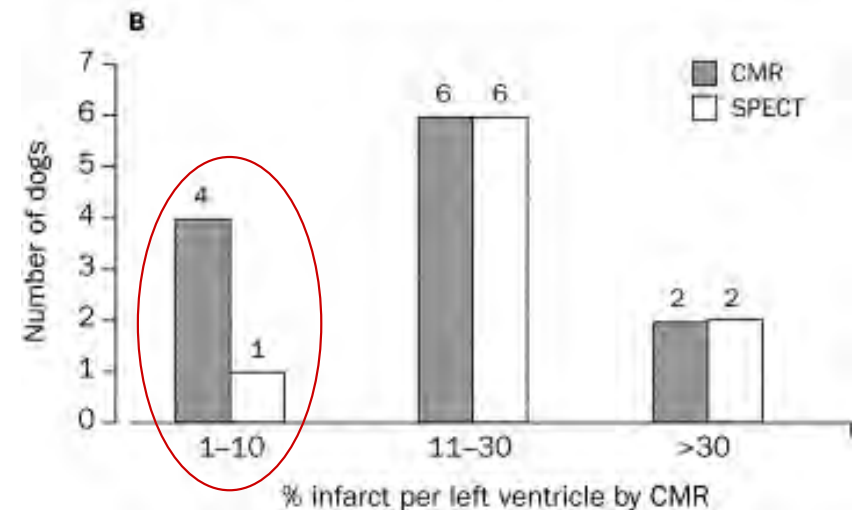
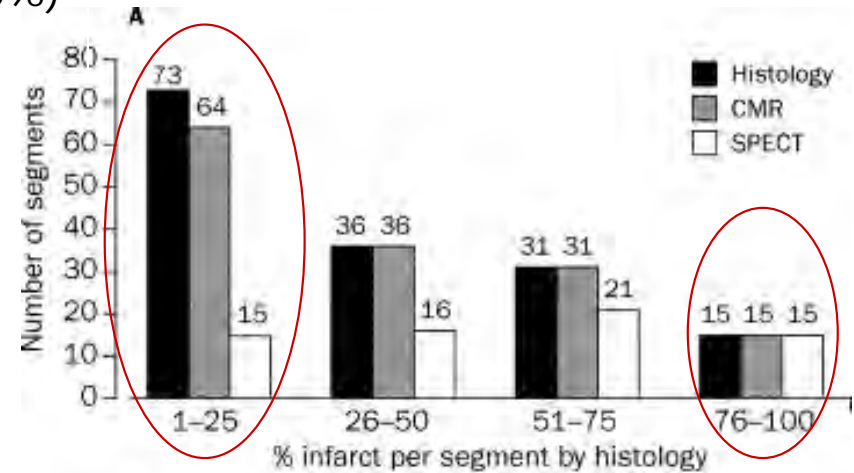
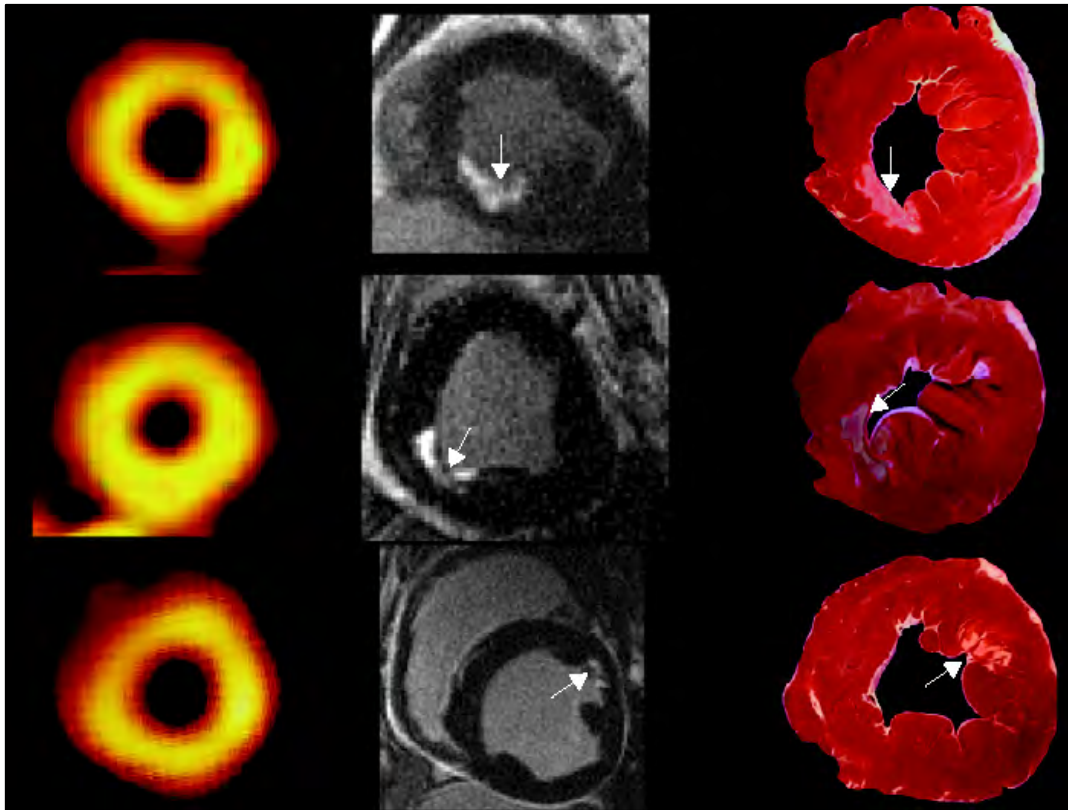
T2-weighted Imaging

-Myocardial Necrosis – Late Gadolinium Enhancement



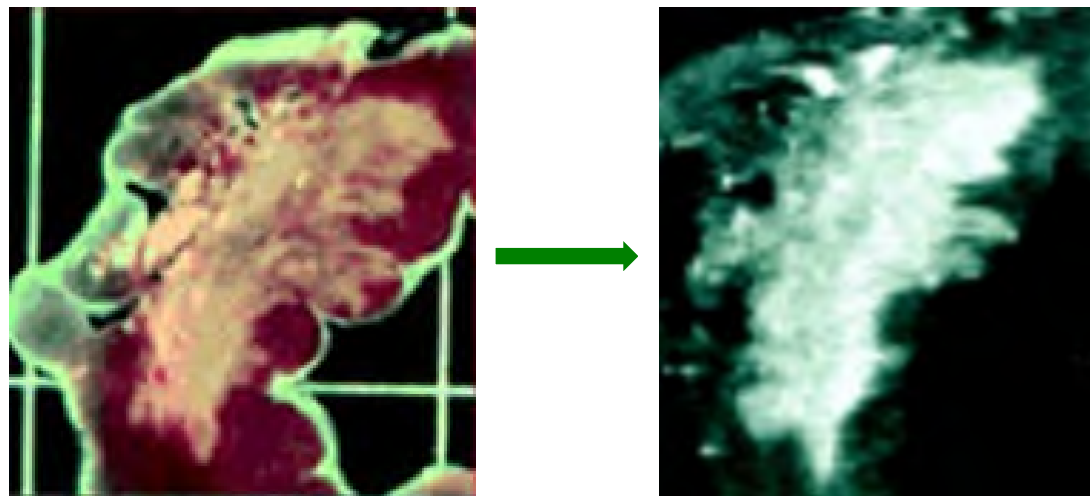
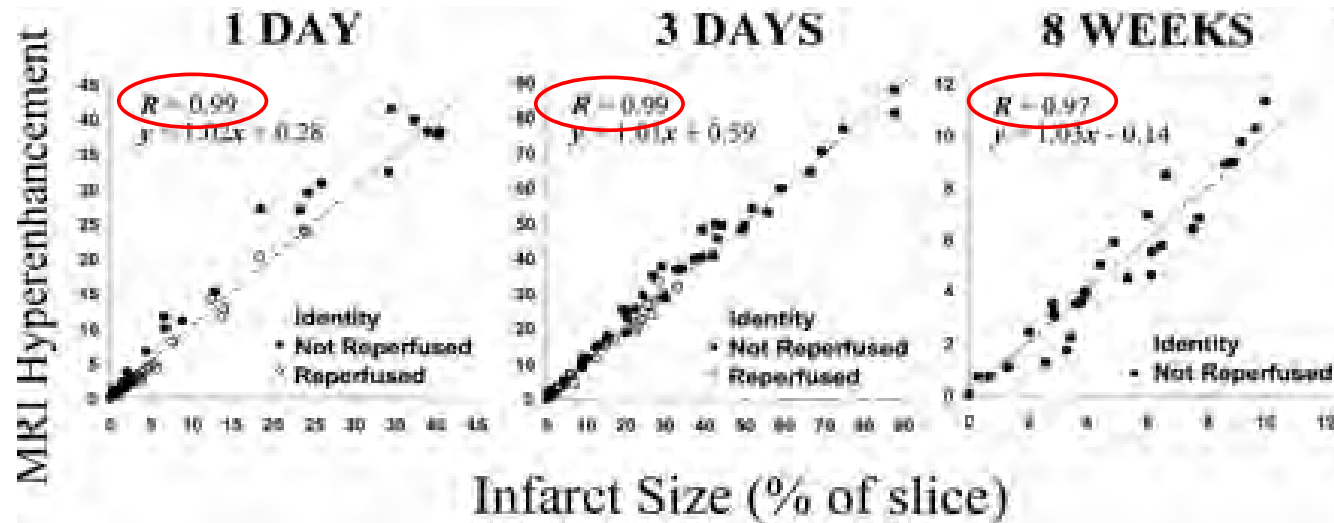
- Myocardial Necrosis -

LGE had a sensitivity of 92% for sub-endocardial infarcts (<50%)
SPECT only 28%.



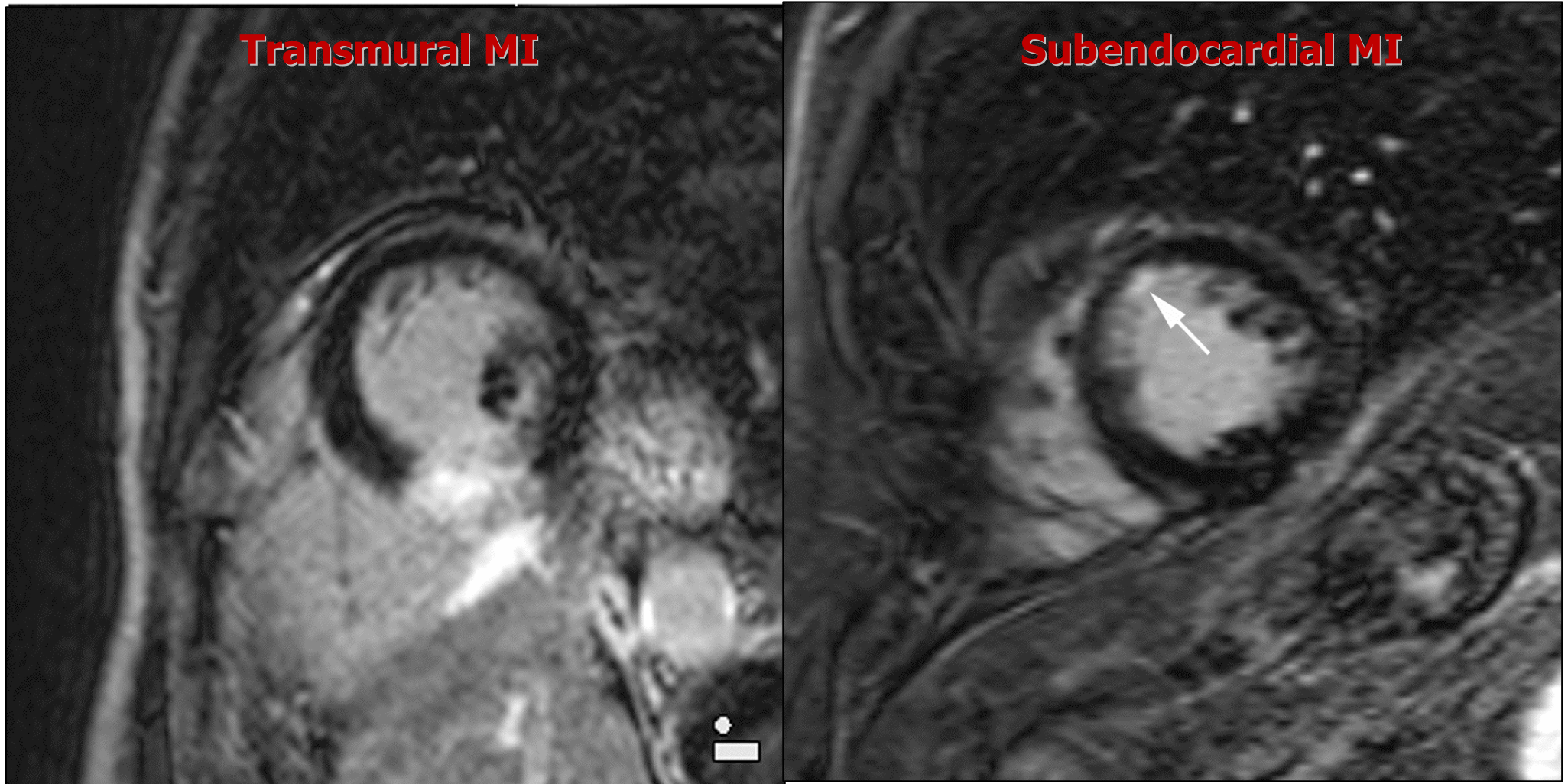
Myocardial Infarction

- Myocardial Necrosis -



Myocardial Infarction

- Myocardial Necrosis -



Myocardial Infarction



- Combination of T2-w and LGE imaging -

1- Differentiation between Acute vs Chronic MI

2- Determination of Myocardial Salvage

Myocardial Infarction



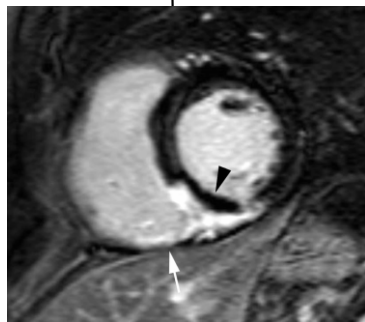
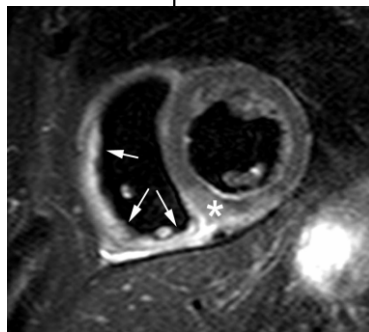
- **Combination of T2-w and LGE imaging** -

1- Differentiation between Acute vs Chronic MI

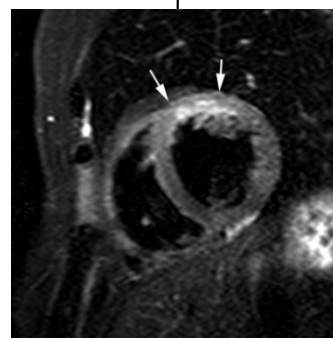
2- Determination of Myocardial Salvage

- Combination of T2-w and LGE imaging -

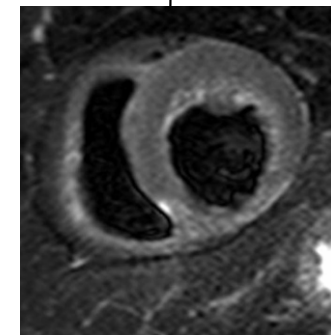
Recent or Old Myocardial Infarction ?



Recent MI
(acute or subacute)

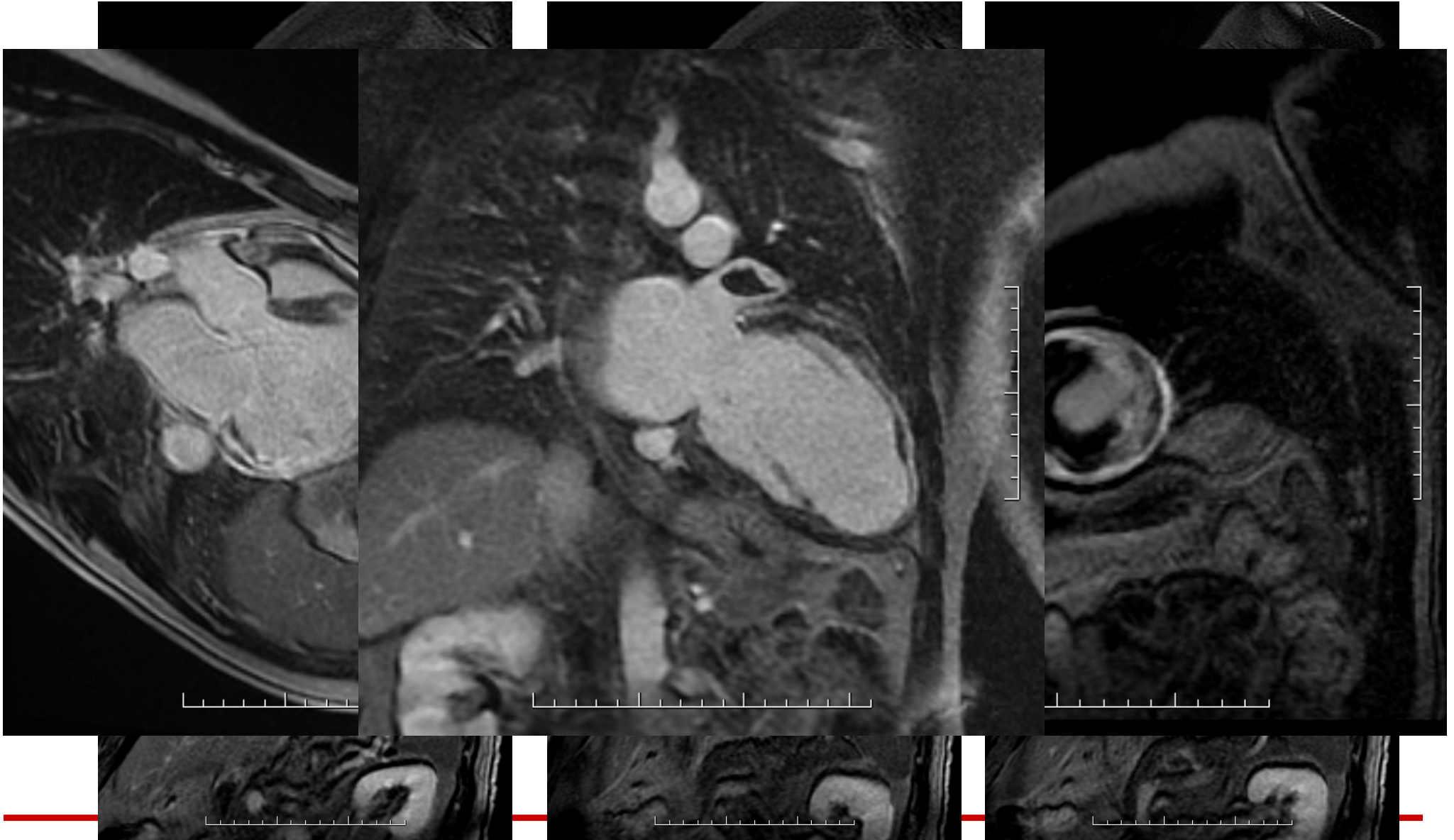


Aborted MI
(in acute setting)



Old MI
(Chronic MI)

- Case Presentation -



Myocardial Infarction

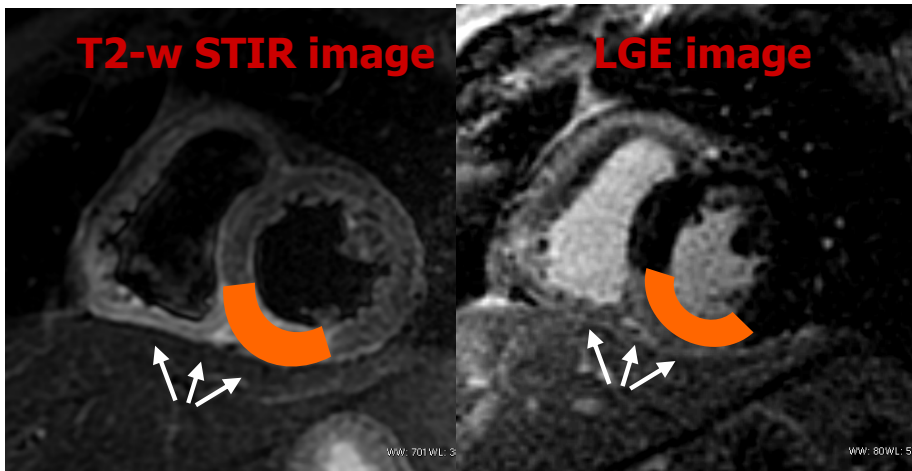


- **Combination of T2-w and LGE imaging** -

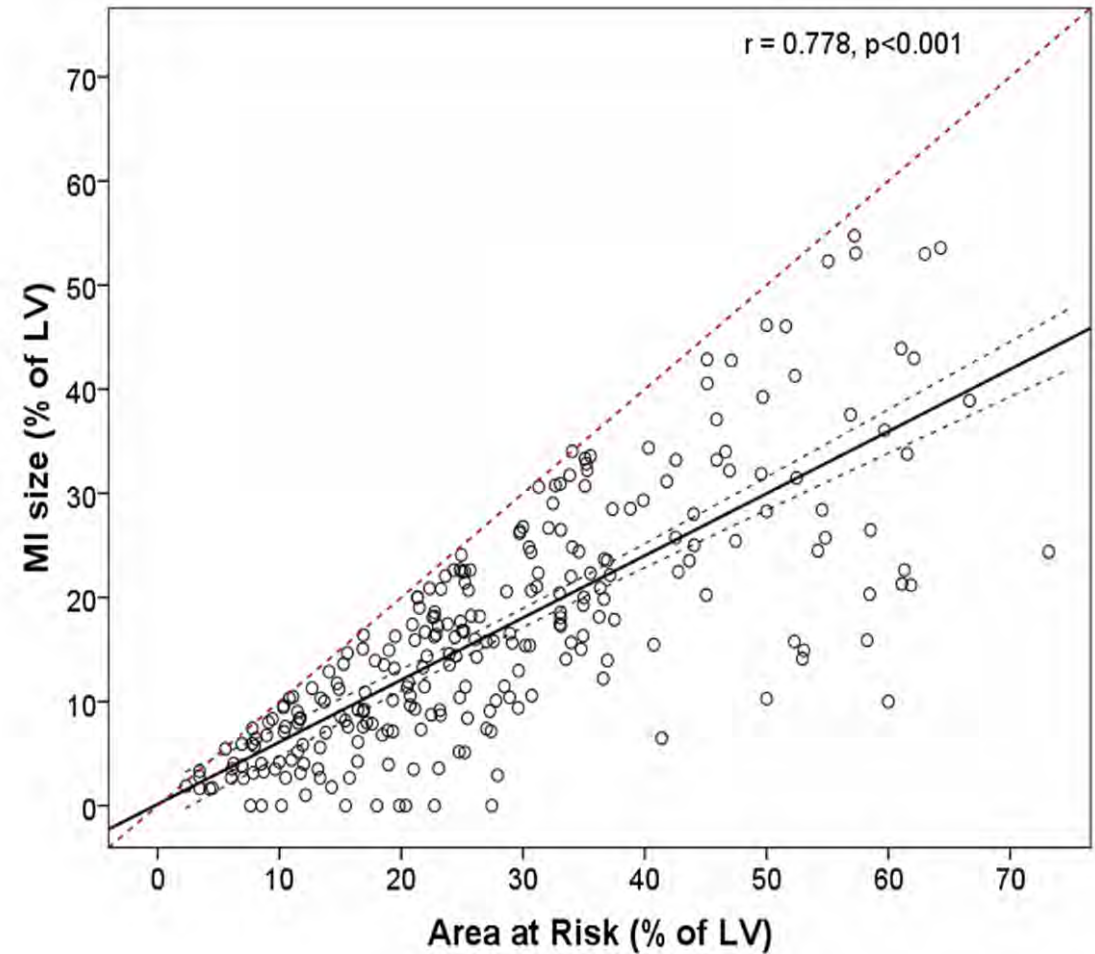
1- Differentiation between Acute vs Chronic MI

2- Determination of Myocardial Salvage

- Combination of T2-w and LGE imaging – Myocardial Salvage



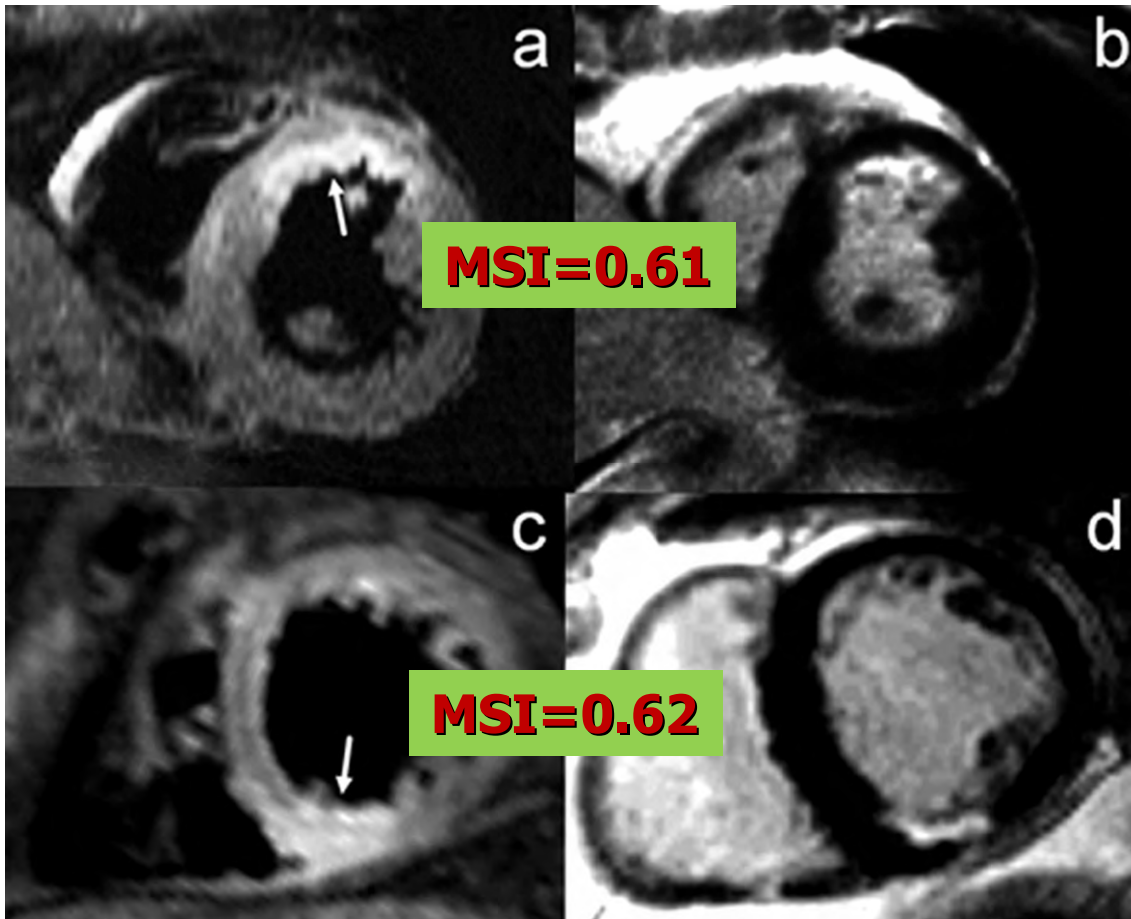
Myocardial Salvage Index (MSI) =
[AAR extent – MI size] / AAR extent



Myocardial Infarction



-Combination of T2-w and LGE imaging – Myocardial Salvage



Myo. at risk= 23% of LV
MI size= 9% of LV

Myo. at risk= 13% of LV
MI size= 5% of LV

JACC: CARDIOVASCULAR IMAGING

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VOL. 3, NO. 1, 2010

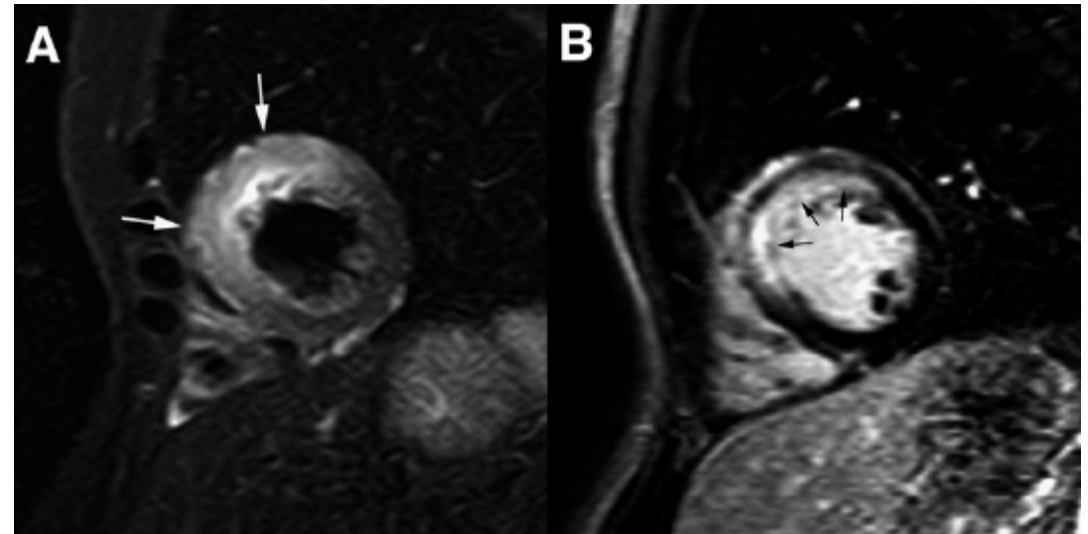
ISSN 1936-878X/10/\$36.00

DOI:10.1016/j.jcmg.2009.06.016

Myocardial Salvage by CMR Correlates With LV Remodeling and Early ST-Segment Resolution in Acute Myocardial Infarction

Pier Giorgio Masci, MD,* Javier Ganame, MD, PhD,†‡ Elisabetta Strata, MD,*
Walter Desmet, MD,‡ Giovanni Donato Aquaro, MD,* Steven Dymarkowski, MD, PhD,†
Valentina Valenti, MD,§ Stefan Janssens, MD, PhD,‡ Massimo Lombardi, MD,*
Frans Van de Werf, MD, PhD,‡ Antonio L'Abbate, MD,|| Jan Bogaert, MD, PhD†
Pisa and Rome, Italy; and Leuven, Belgium

- Myocardial Salvage -



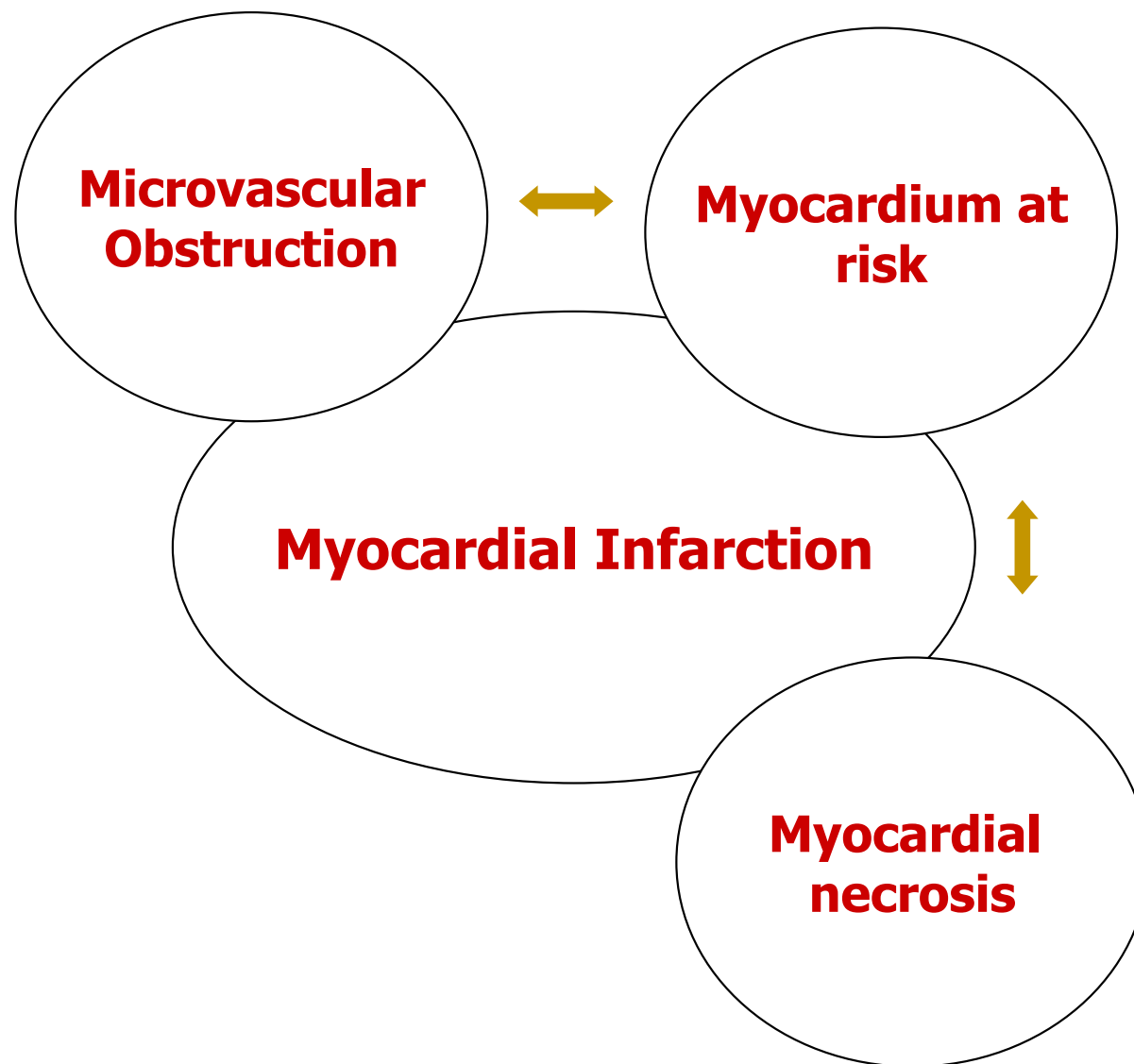
Variables	Acute Phase (1 Week)	Chronic Phase (4 Months)	p Value
LV end-diastolic volume (ml)	158 ± 38	167 ± 41	<0.0001
LV end-systolic volume (ml)	82 ± 24	87 ± 30	0.032
LV mass (g)	124 ± 29	111 ± 25	<0.0001
LV ejection fraction (%)	48 ± 8	50 ± 10	0.007
Myocardial infarct size (% of LV)	18 ± 13	—	—
Myocardial infarct transmurally (%)	72 ± 28	—	—
Area at risk (% of LV)	32 ± 15	—	—
Myocardial salvage index	0.46 ± 0.24	—	—
Microvascular obstruction	69 (50)	—	—
Microvascular obstruction extent (% of LV)	6 ± 9	—	—

- Myocardial Salvage -

Baseline Variables	Adverse LV Remodeling			
	Univariate		Multivariate	
	OR (95% CI)	p Value	OR (95% CI)	p Value
MI transmurally (%)	1.04 (1.01–1.07)	0.005	—	—
AAR (% of LV)	1.04 (1.01–1.07)	0.003	1.04 (1.01–1.08)	0.001
MSI (for 0.10 increment)	<u>0.58 (0.46–0.75)</u>	<0.0001	<u>0.64 (0.49–0.84)</u>	0.001
Presence of MO	6.79 (2.55–18.06)	<0.0001	—	—
Time to reperfusion (min)	1.00 (0.99–1.00)	0.588	—	—
Age (for 10-yr increment)	1.22 (0.87–1.72)	0.241	—	—
Anterior vs. nonanterior MI	2.27 (1.02–5.04)	0.044	—	—
LV ejection fraction	0.92 (0.87–0.97)	0.003	—	—

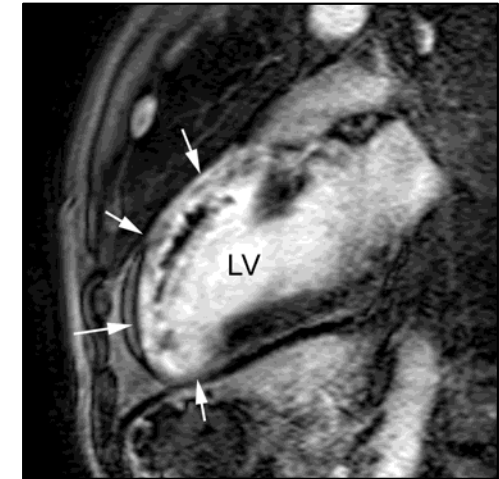
Myocardial salvage was also independently associated with **early ST-segment resolution** (β -coefficient=0.61, $p<0.0001$)

Myocardial Infarction

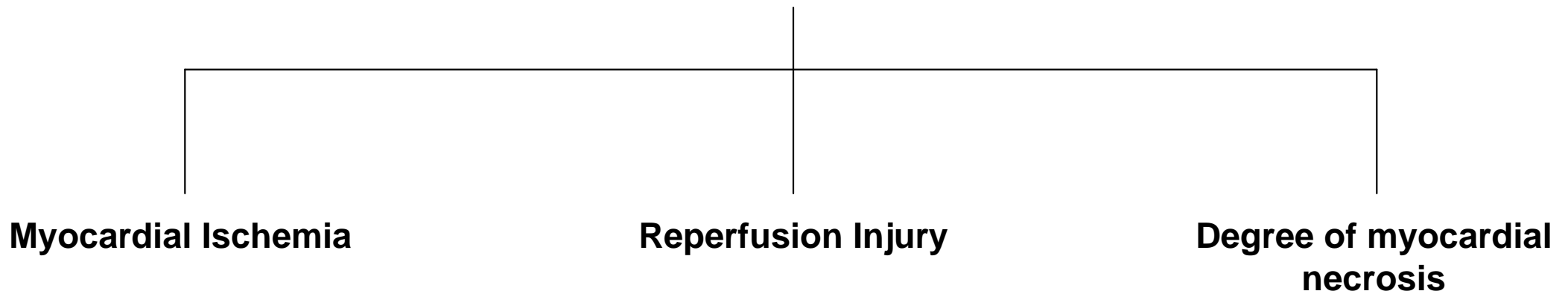


- Microvascular Obstruction -

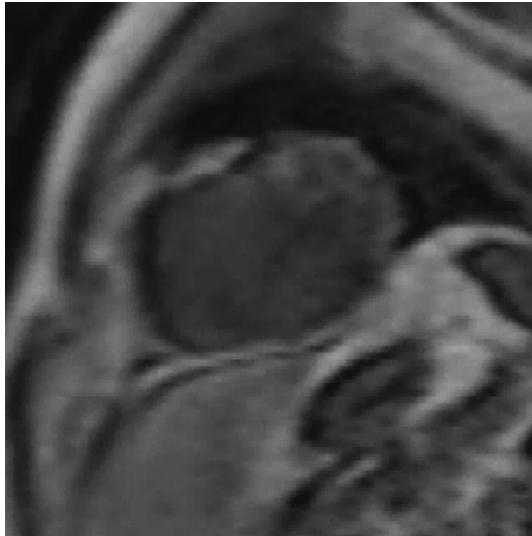
- Impaired Reperfusion at Tissue Level
 - Severe edema compressing intramural vessels
 - Endothelial cells swelling
 - Erythrocytes and leucocytes cells plugging
 - Microvasculature necrosis
 - Distal embolization



Main Determinants



- Microvascular Obstruction -



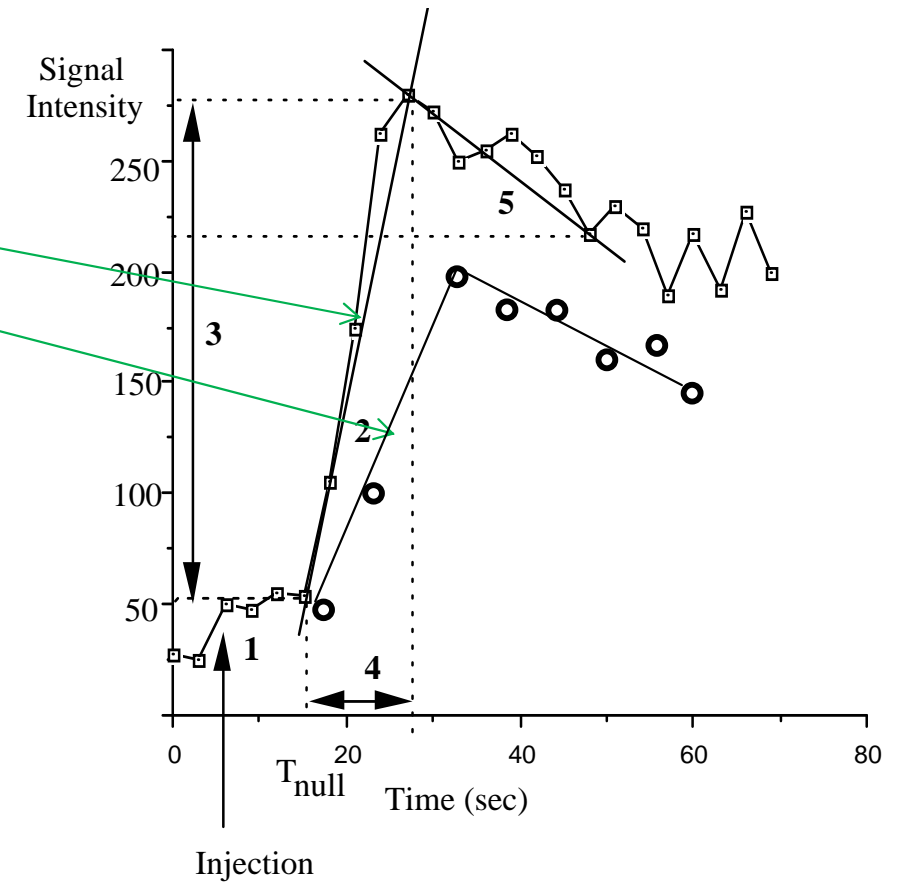
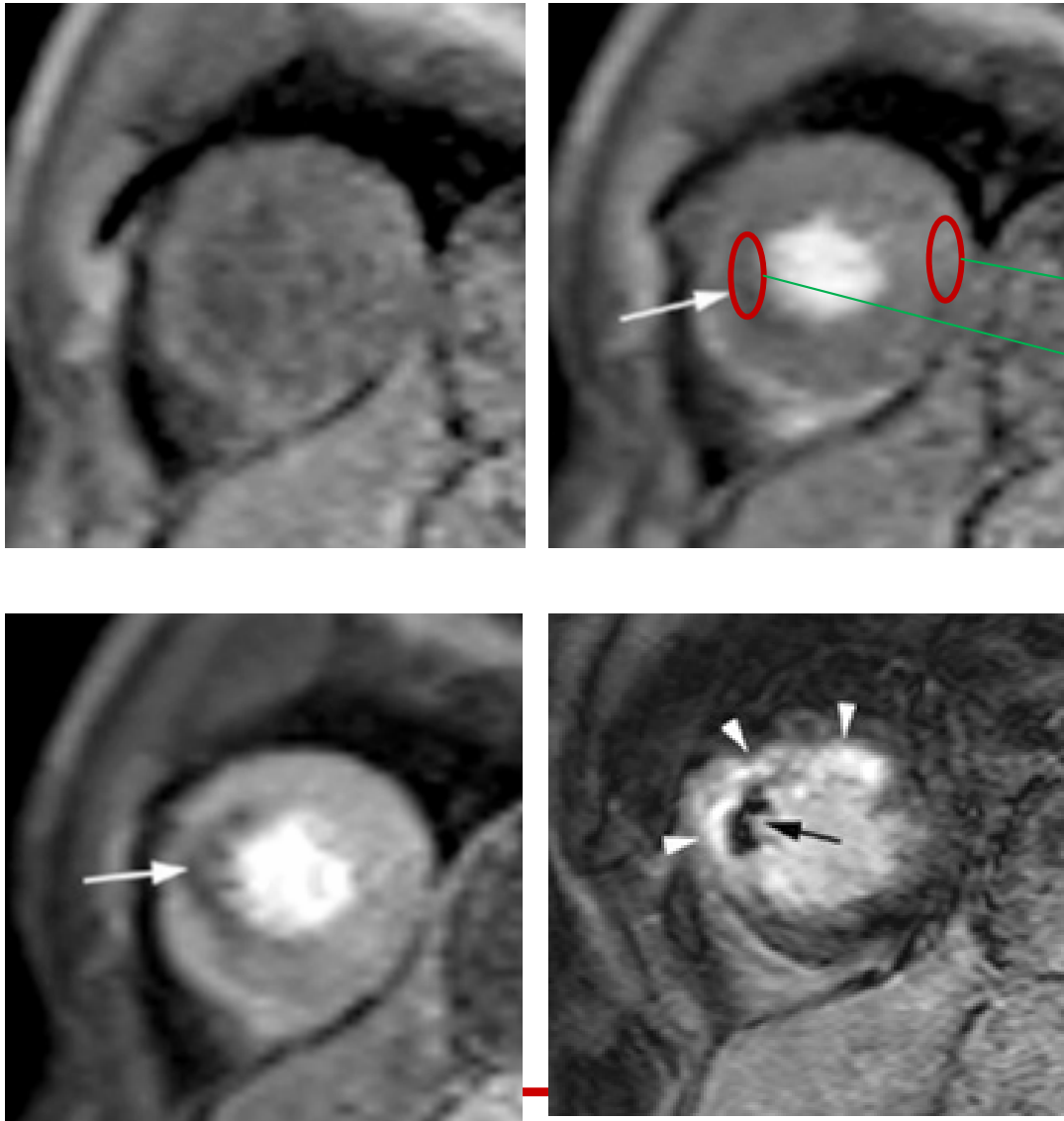
First-pass Perfusion



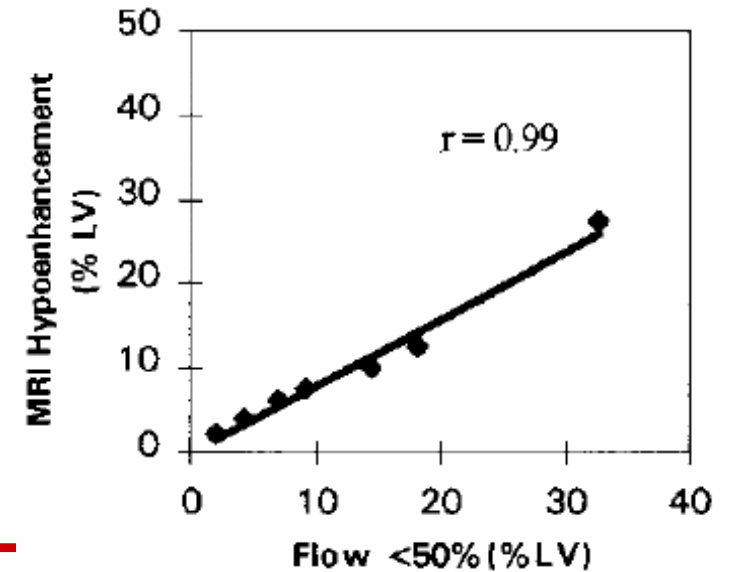
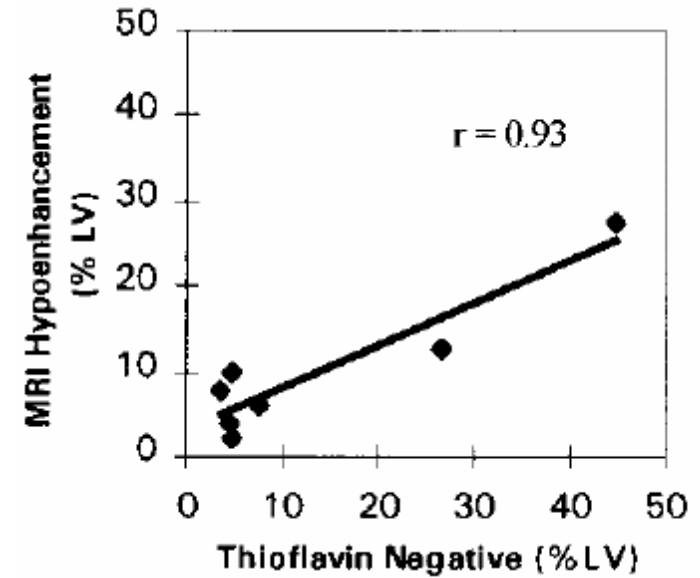
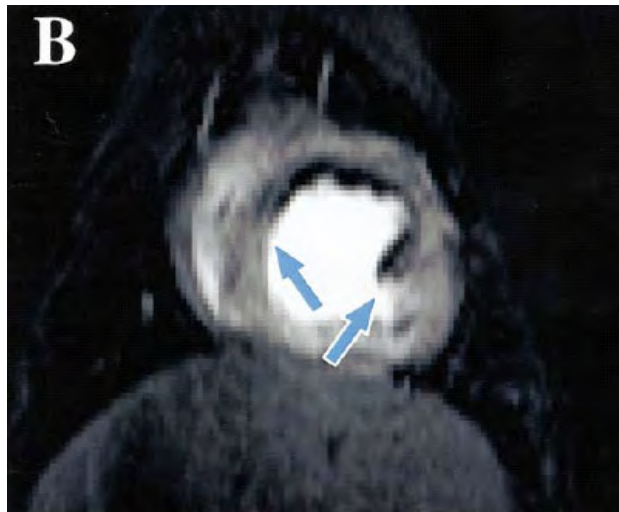
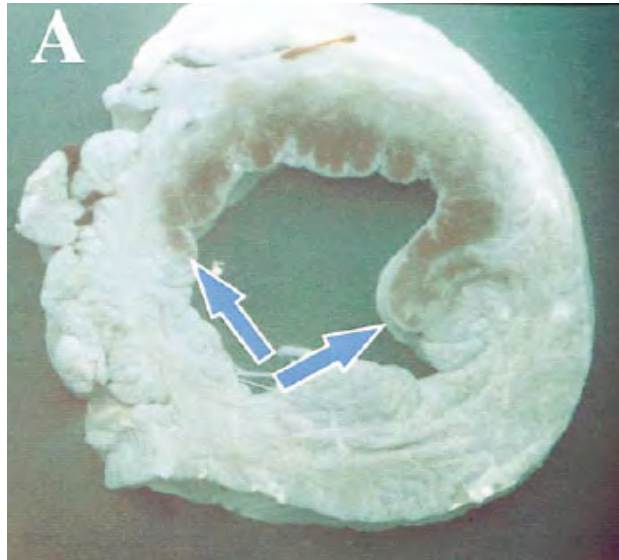
Late Gadolinium Enhancement



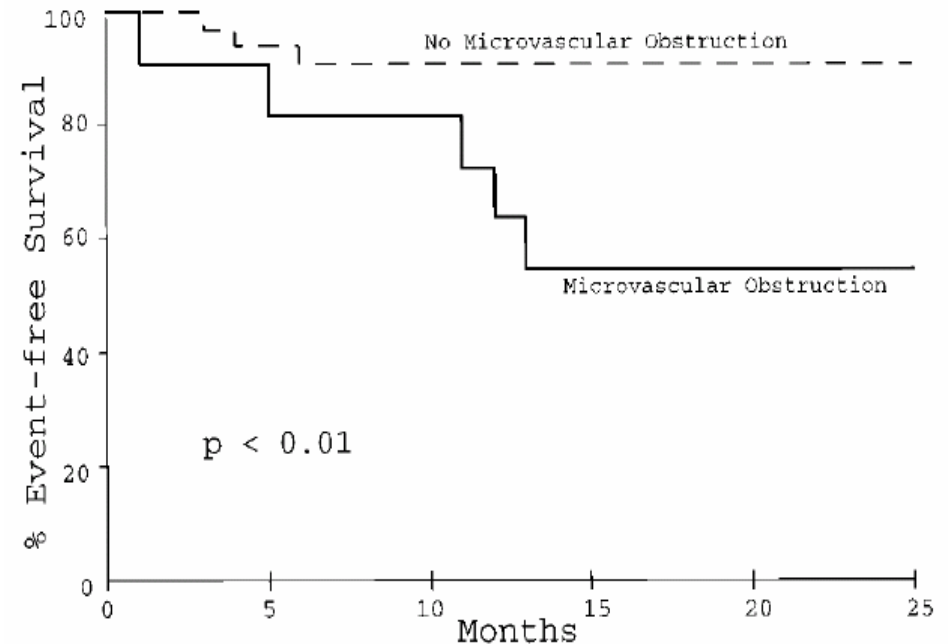
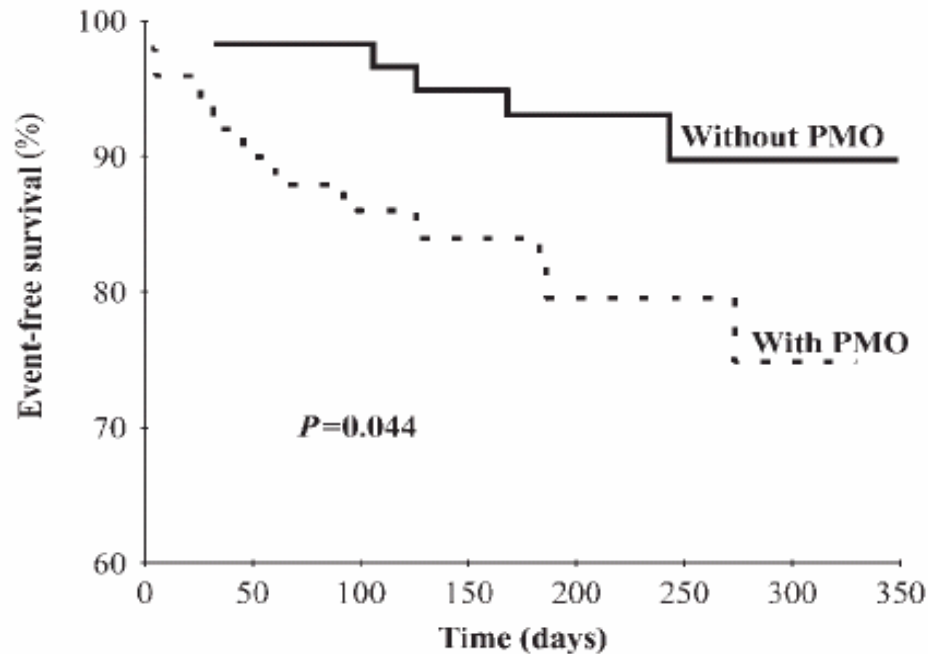
- Microvascular Obstruction -



- Microvascular Obstruction -

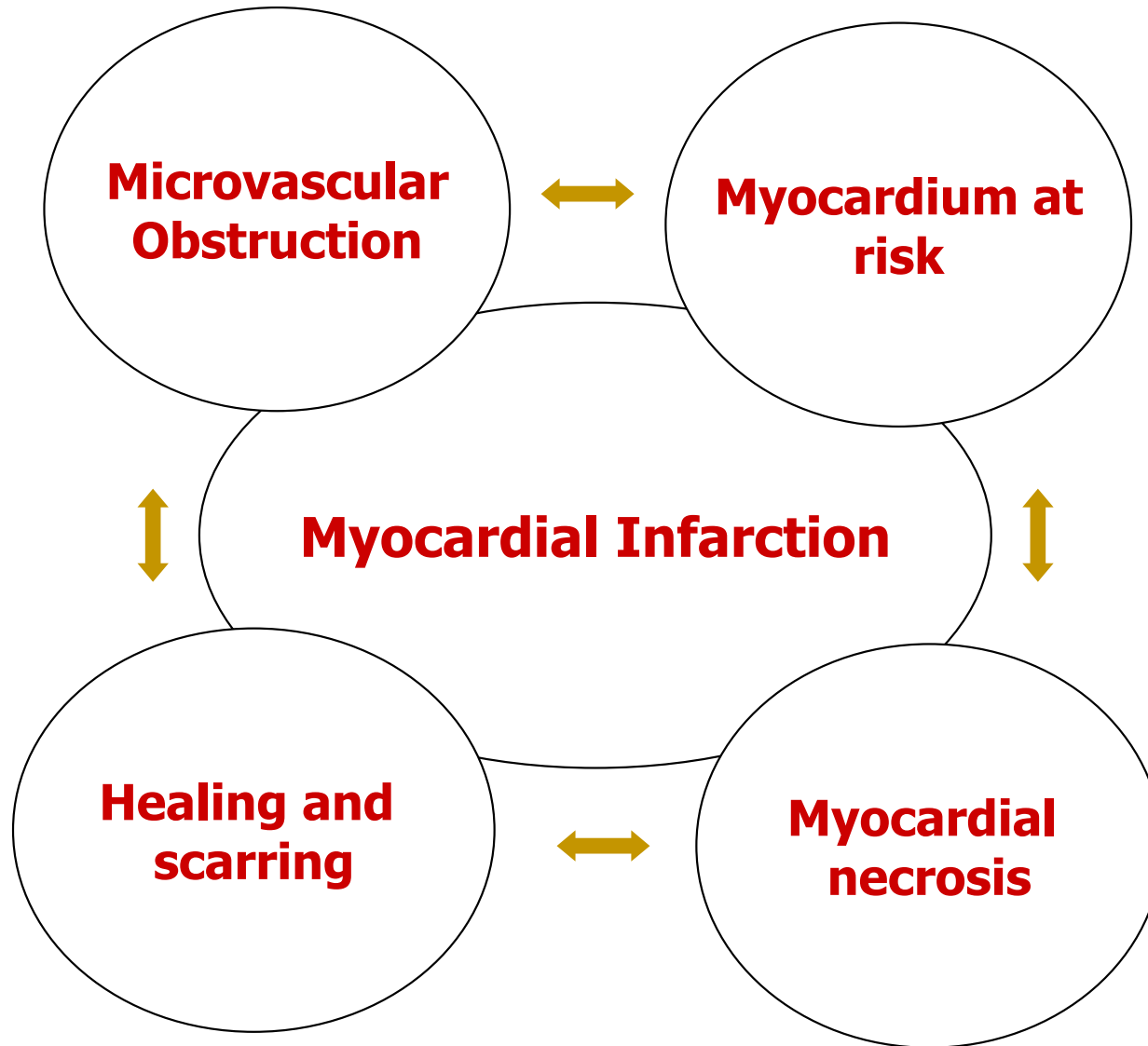


- Microvascular Obstruction -



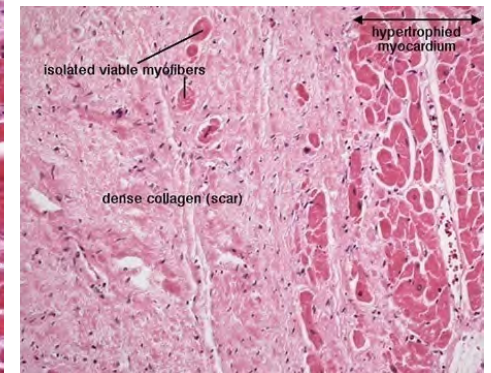
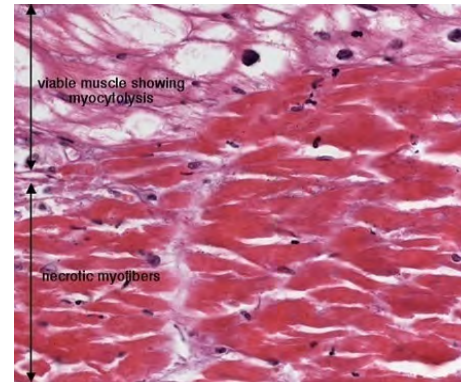
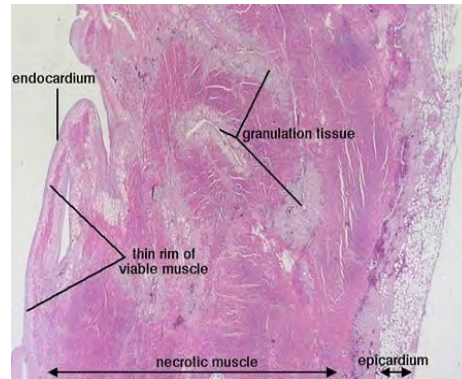
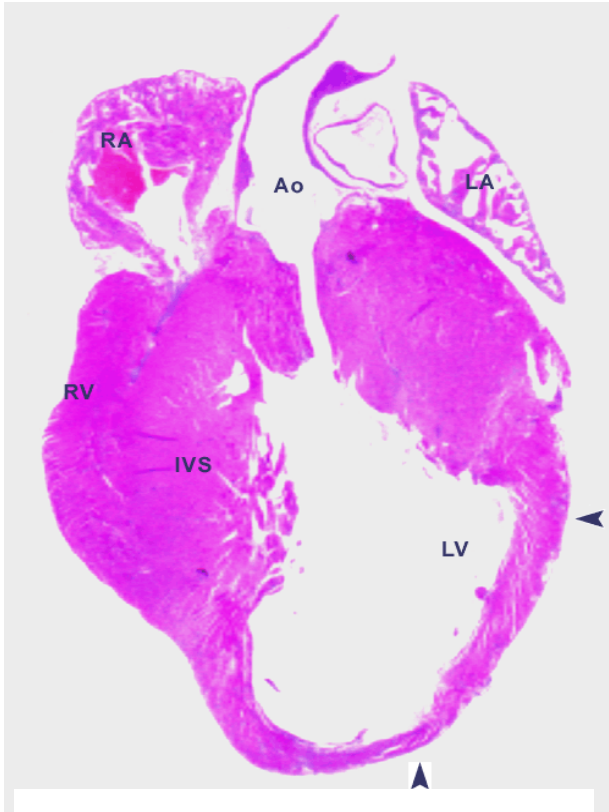
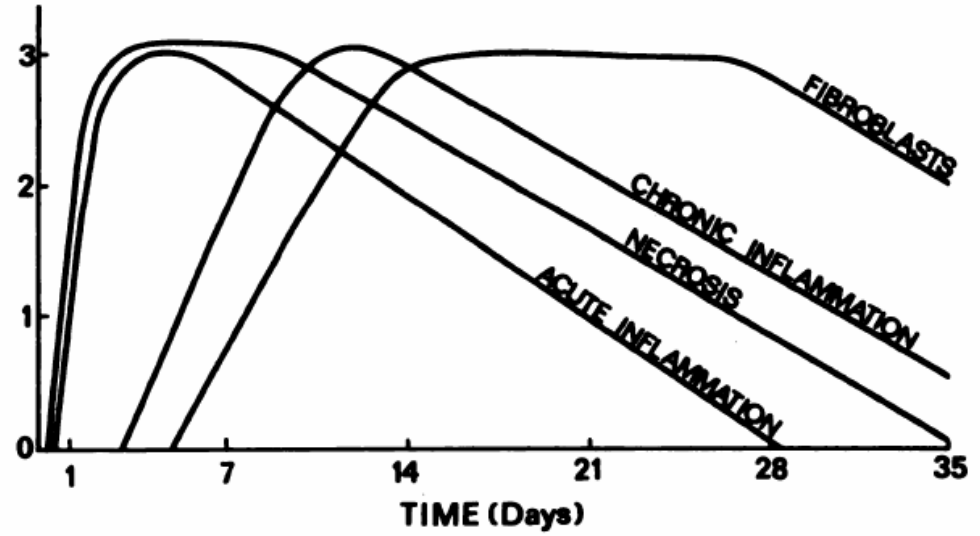
Microvascular Obstruction is a **negative prognostic** predictor at Cox-multivariate analysis after correction for MI size

Myocardial Infarction



Myocardial Infarction

- Infarct Healing -



Time

- Infarct Healing -

Eur Radiol

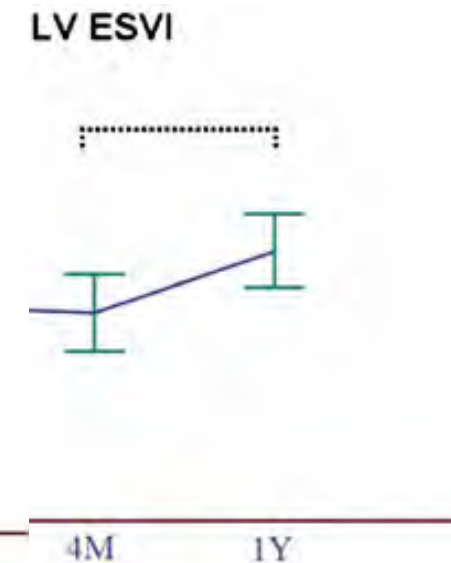
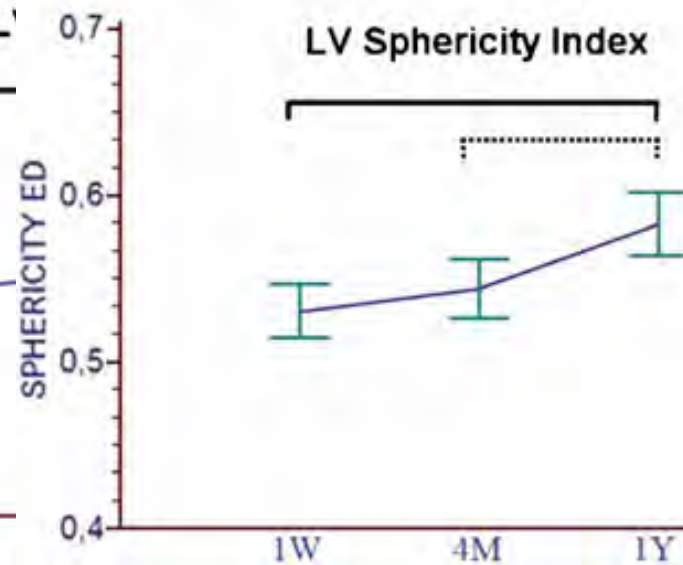
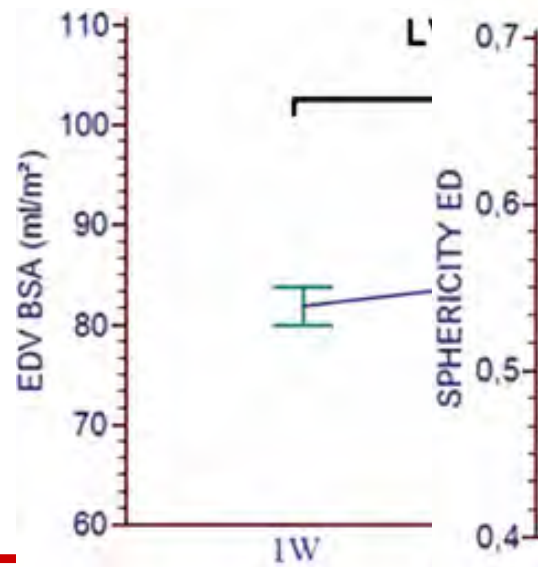
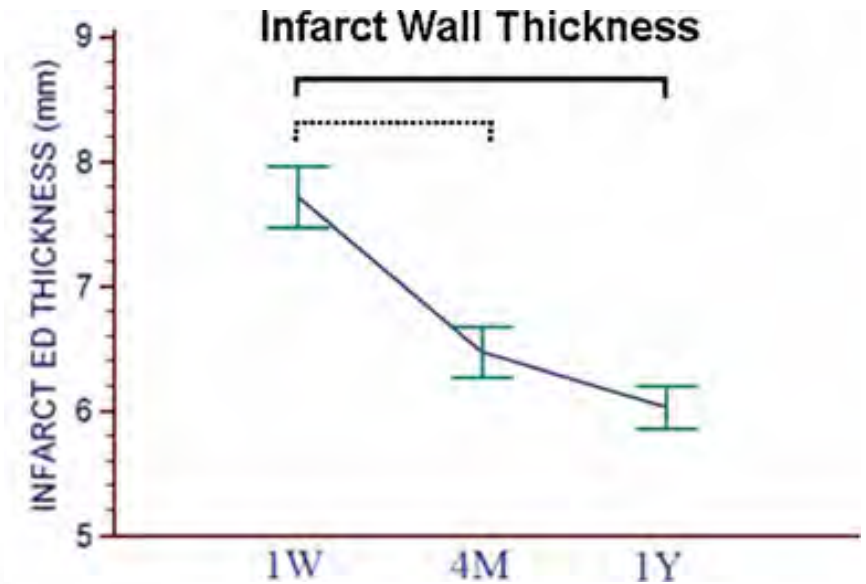
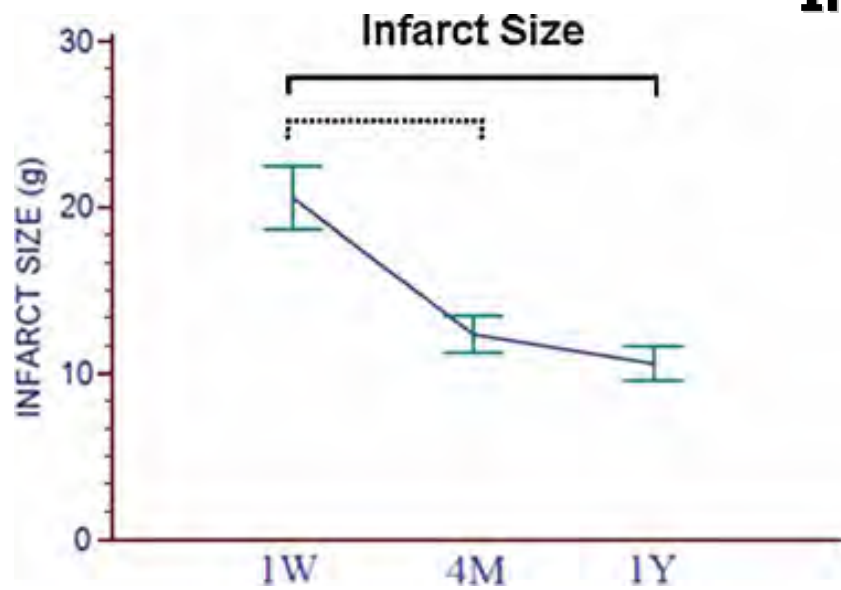
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CARDIAC

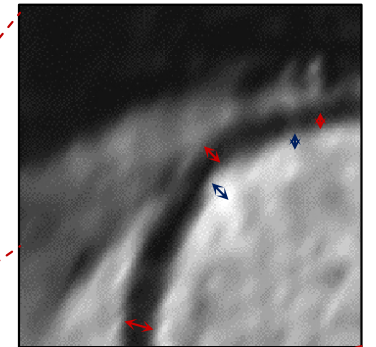
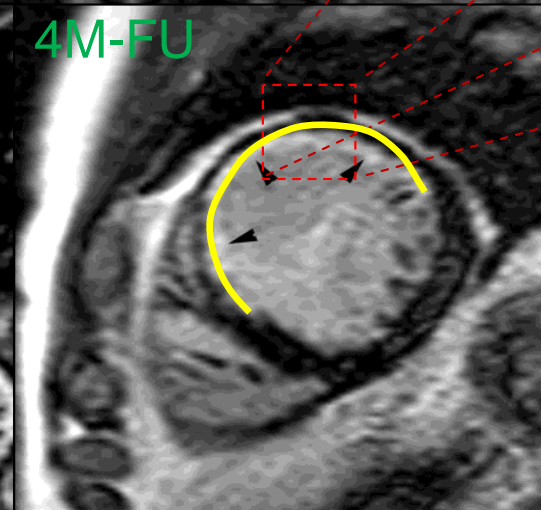
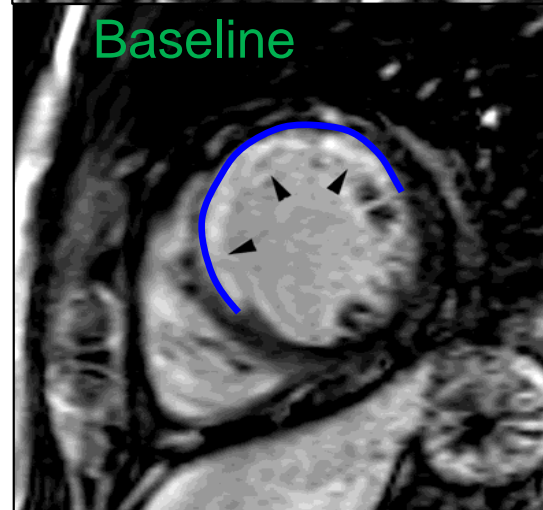
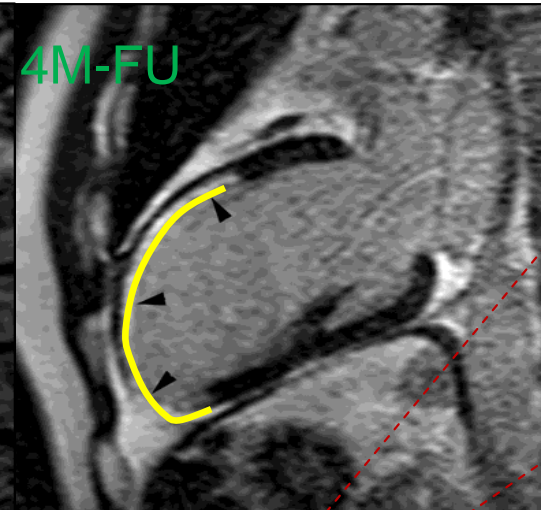
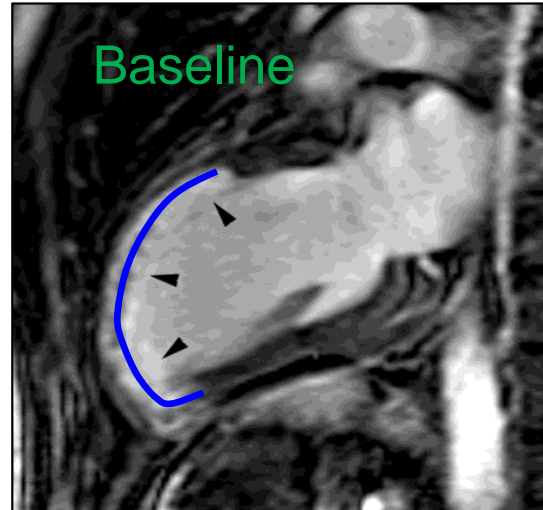
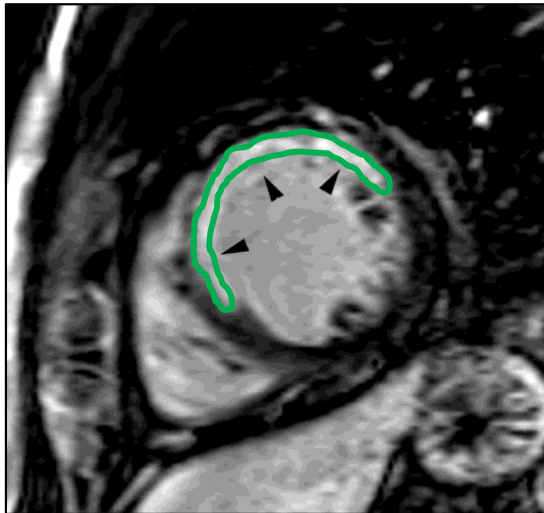
Time course of infarct healing and left ventricular remodelling in patients with reperfused ST segment elevation myocardial infarction using comprehensive magnetic resonance imaging

Javier Ganame • Giancarlo Messalli • Pier Giorgio Masci • Steven Dymarkowski •
Kayvan Abbasi • Frans Van de Werf • Stefan Janssens • Jan Bogaert

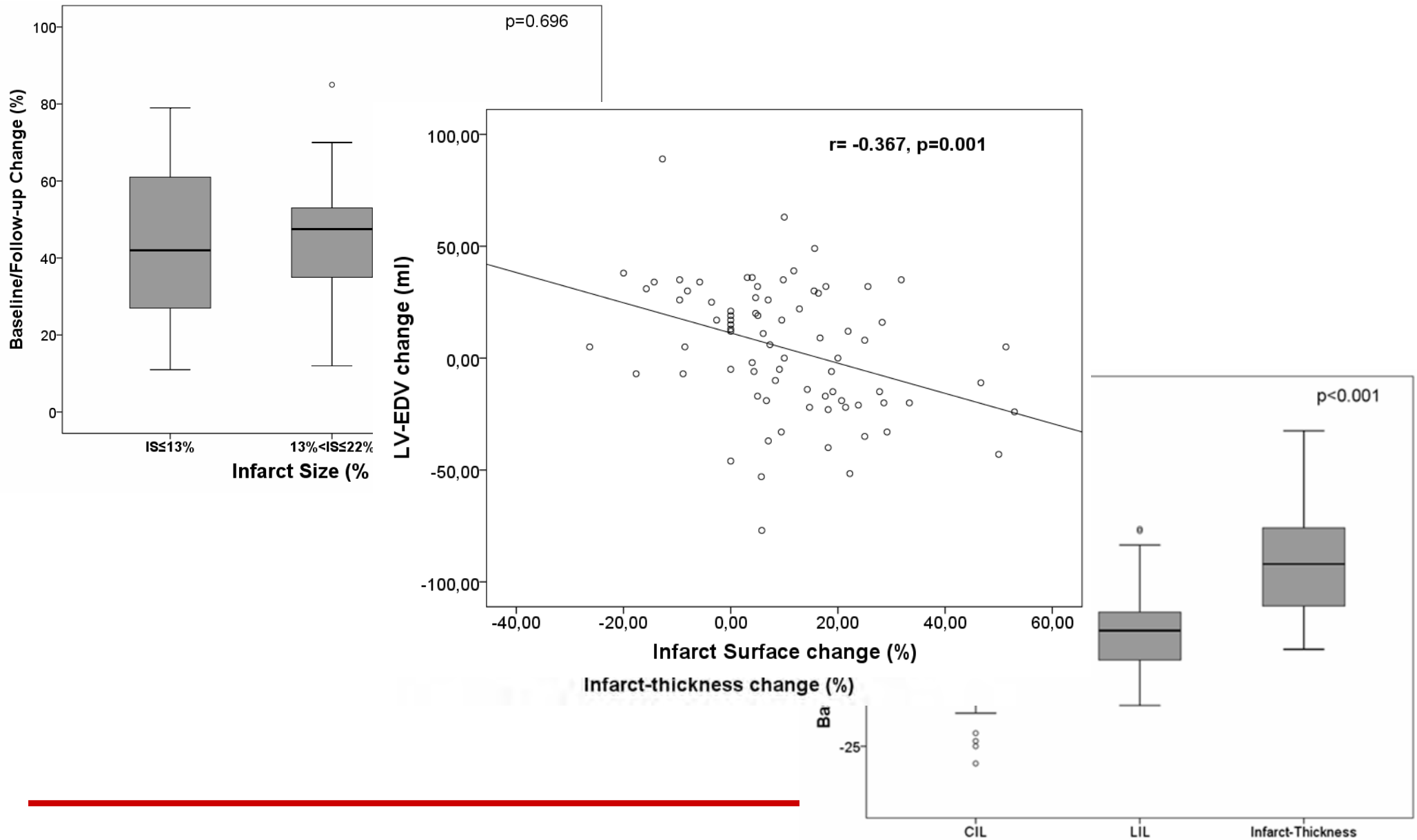
- Infarct Healing -



- Infarct Healing -



- Infarct Healing -



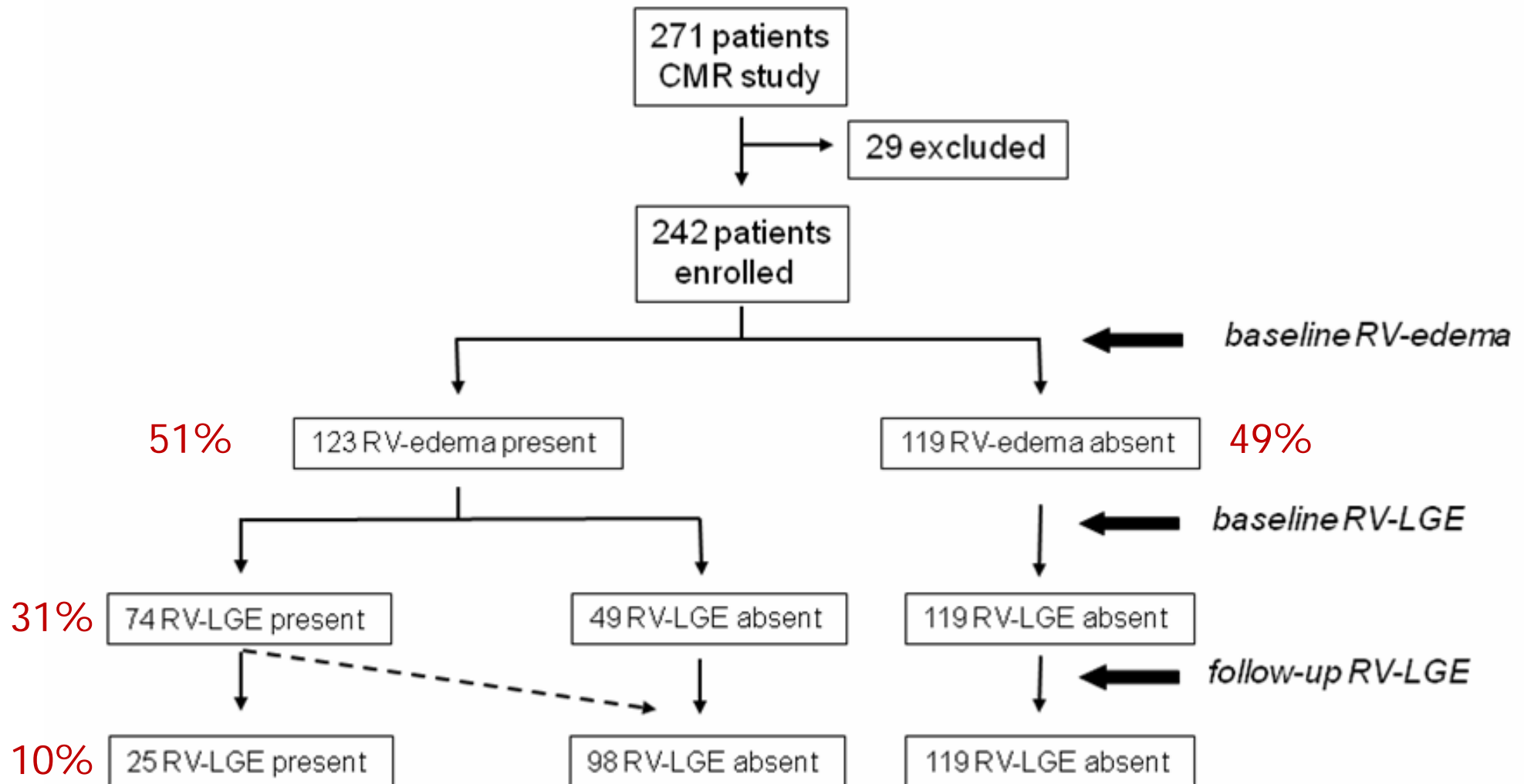
- RV Infarction -

Right Ventricular Ischemic Injury in Patients With Acute ST-Segment Elevation Myocardial Infarction Characterization With Cardiovascular Magnetic Resonance

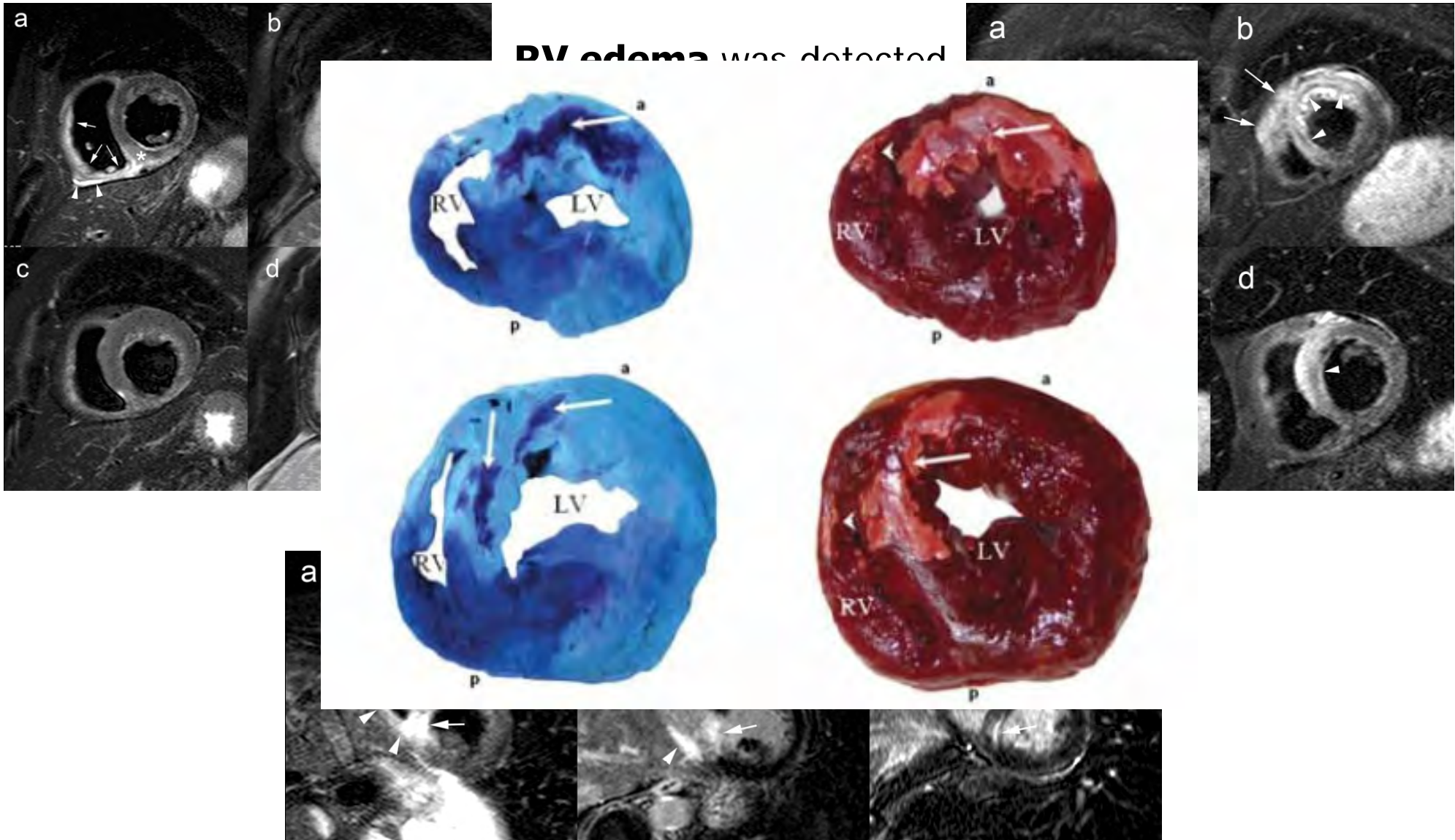
Pier Giorgio Masci, MD; Marco Francone, MD, PhD; Walter Desmet, MD, PhD;
Javier Ganame, MD, PhD; Giancarlo Todiere, MD; Rocco Donato, MD; Valeria Siciliano, MSc;
Iacopo Carbone, MD; Matteo Mangia, MD; Elisabetta Strata, MD; Carlo Catalano, MD;
Massimo Lombardi, MD; Luciano Agati, MD; Stefan Janssens, MD, PhD; Jan Bogaert, MD, PhD

(Circulation. 2010;122:1405-1412.)

- RV Infarction -



Myocardial Infarction



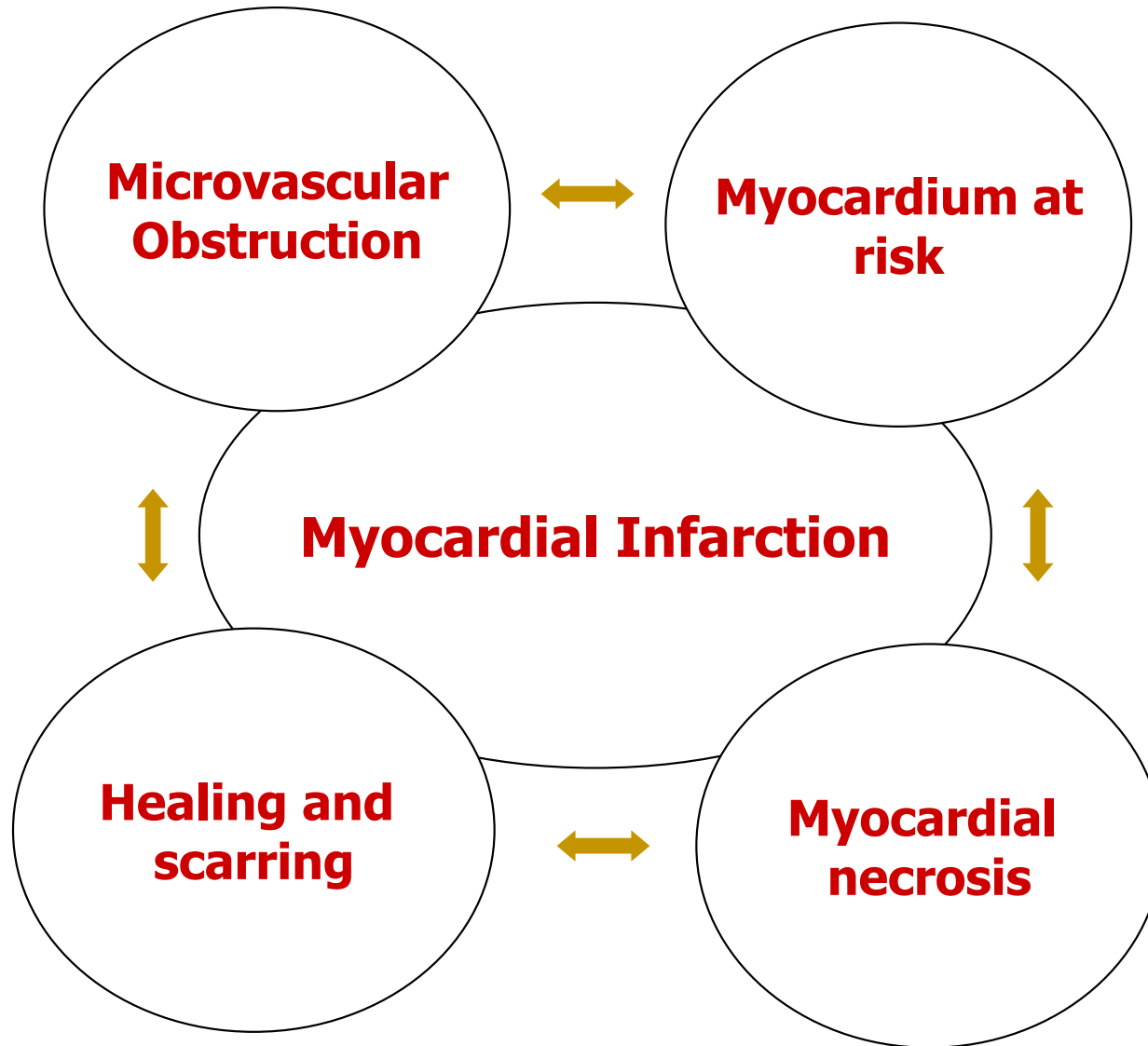


**Fondazione Monasterio
CNR/Regione Toscana
Pisa
Italy**

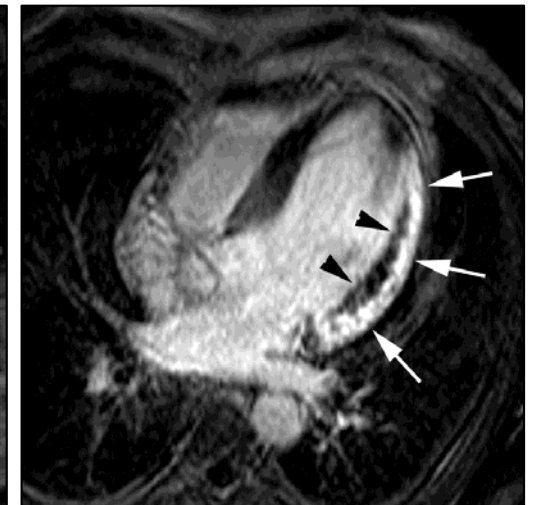
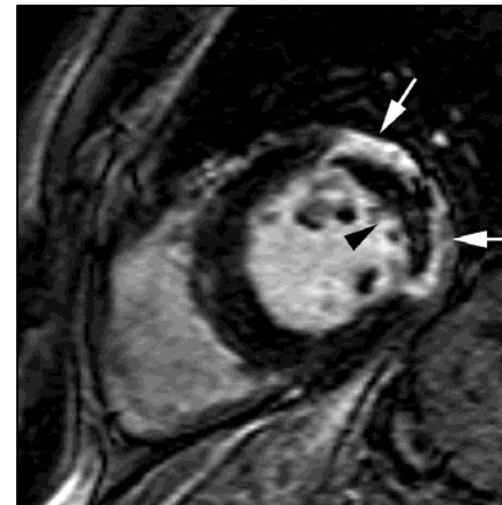
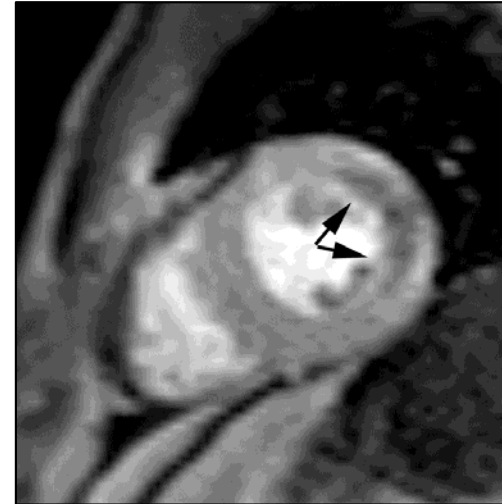
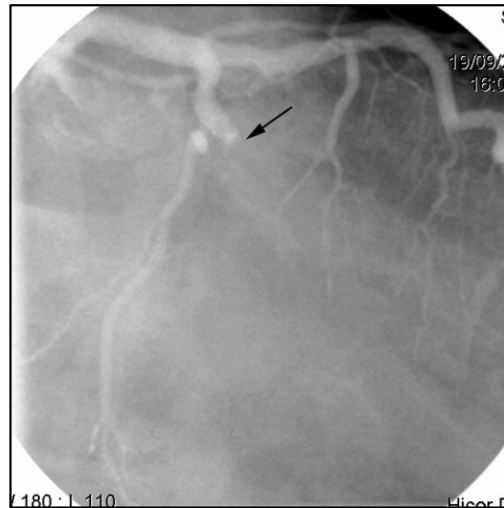


**Gasthuisberg University Hospital
Leuven
Belgium**

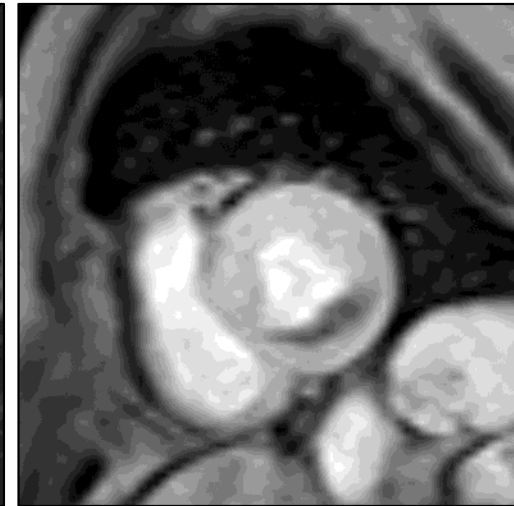
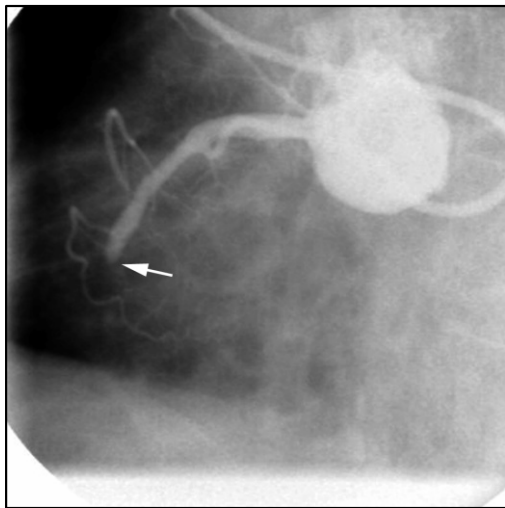
Myocardial Infarction



Myocardial Infarction

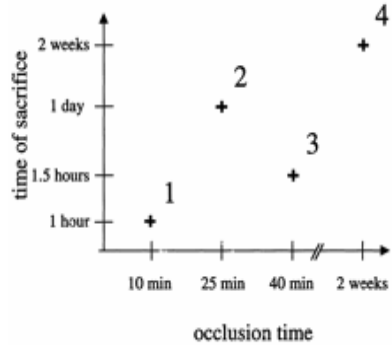


Myocardial Infarction



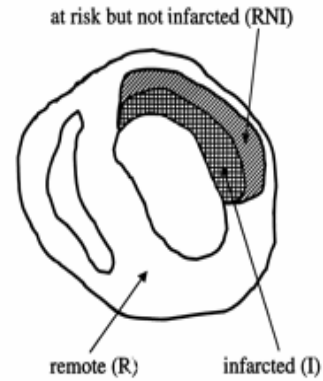
Myocardial Necrosis

Animal Groups



A

Regions Examined By EPXMA

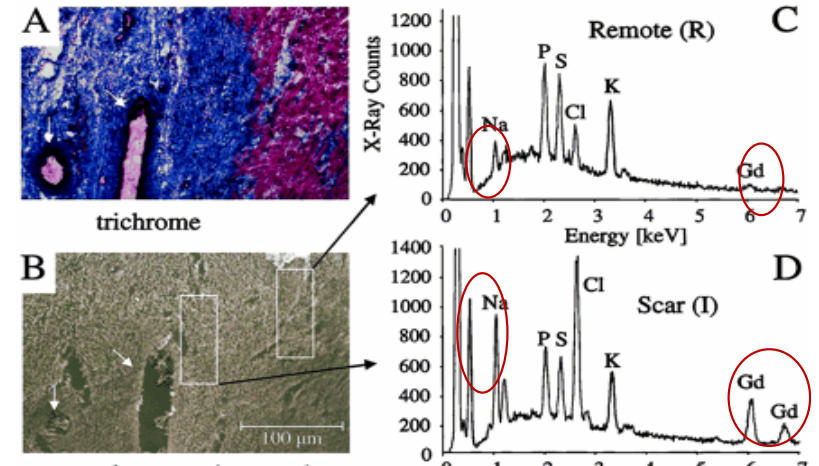
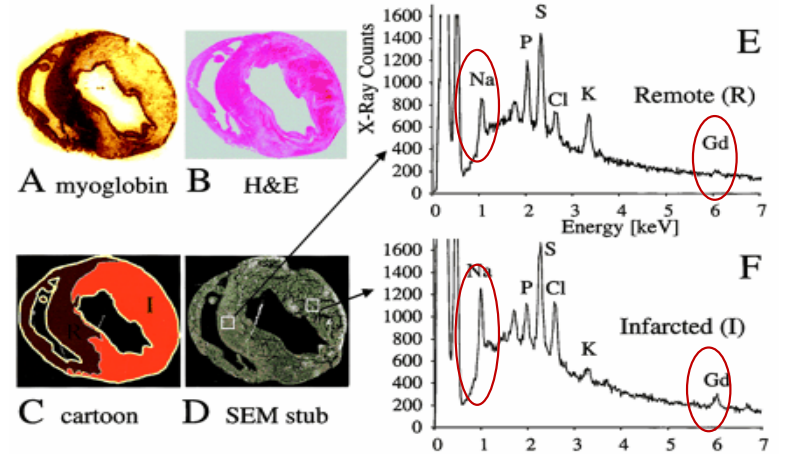
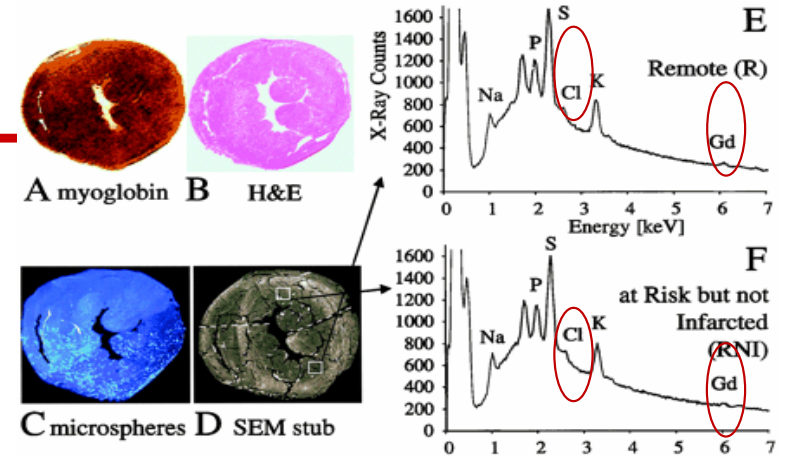


B

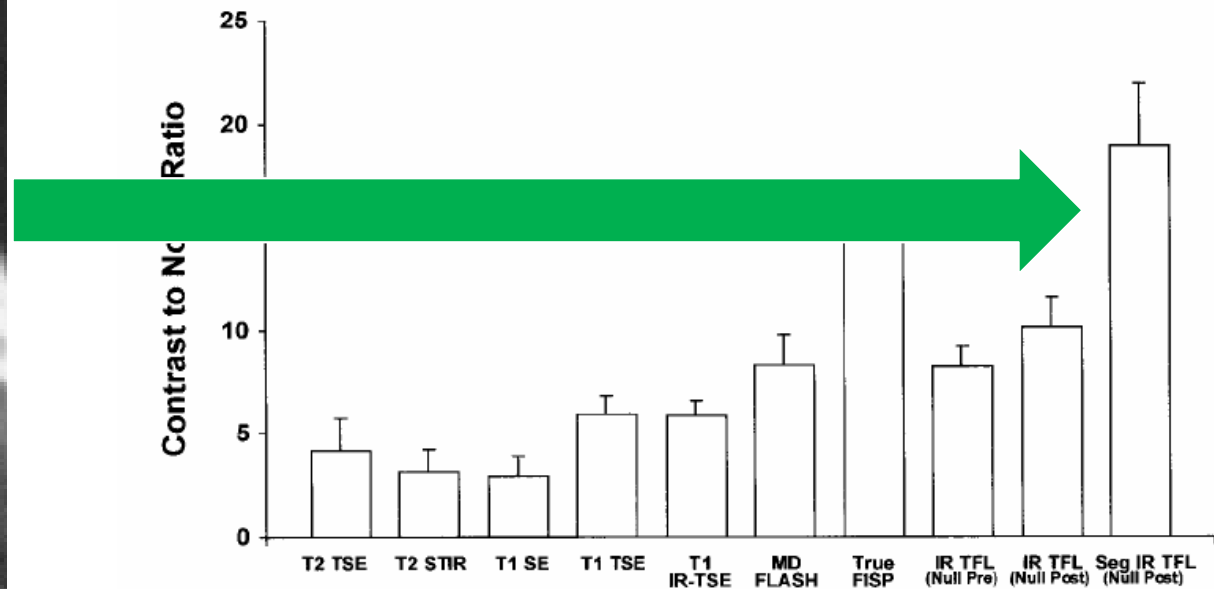
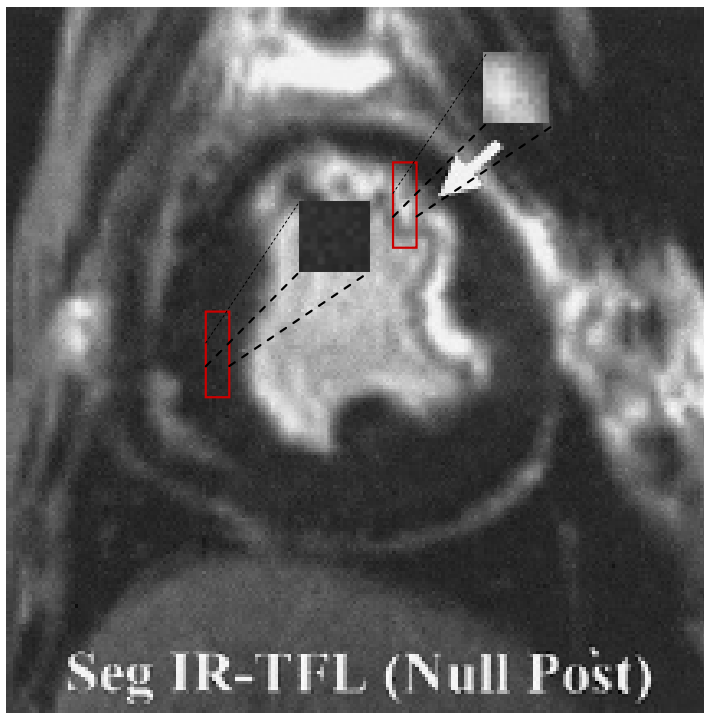
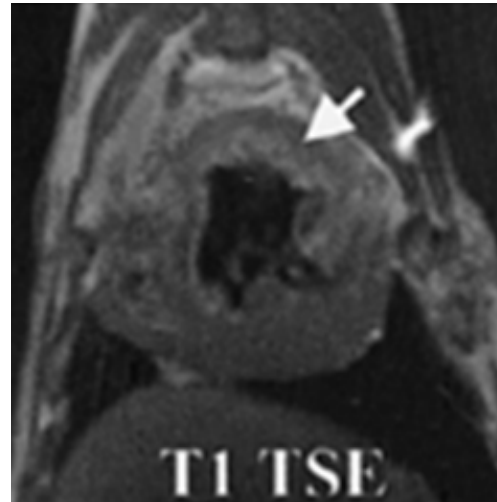
RNI region

Acute MI

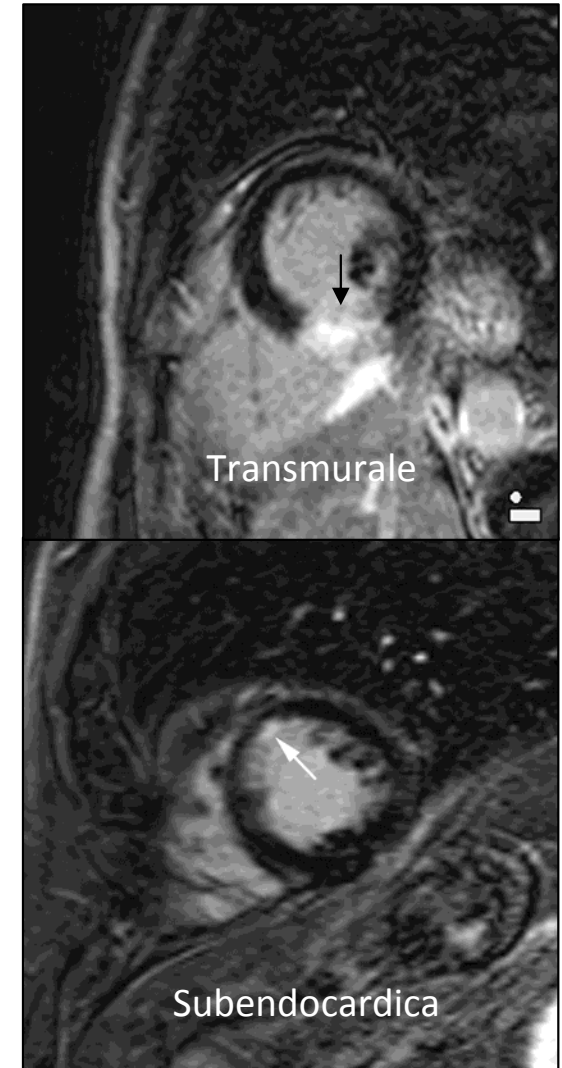
Chronic MI



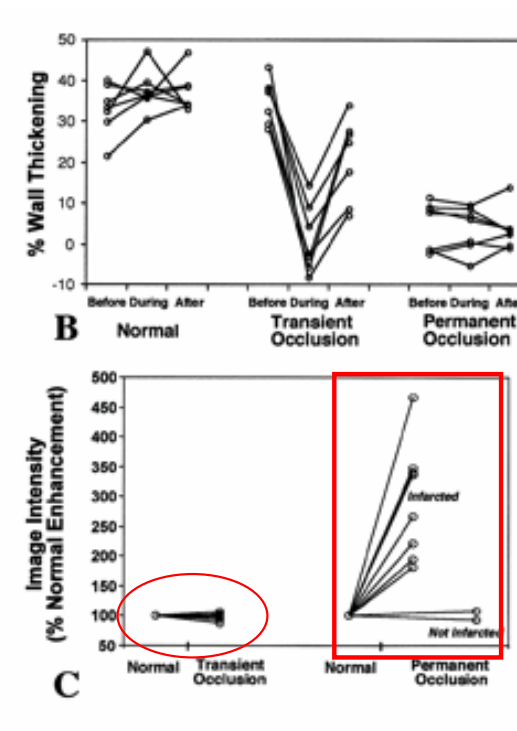
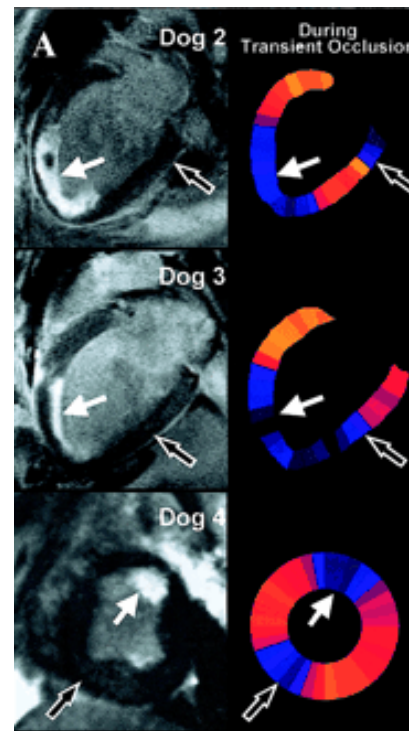
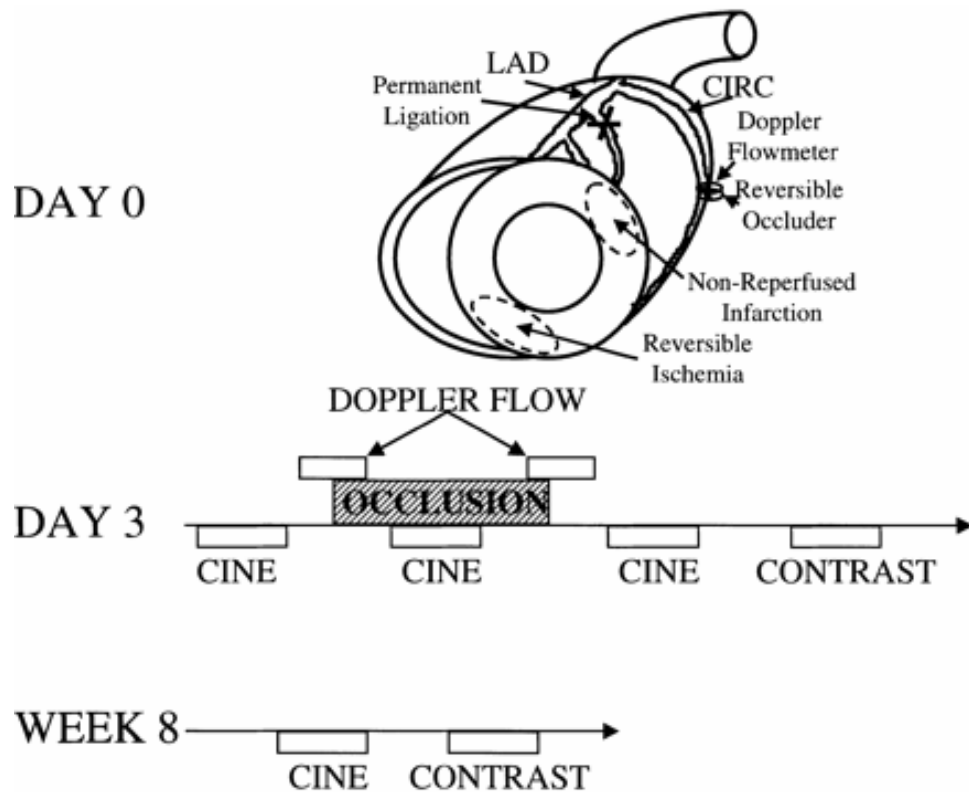
Myocardial Necrosis



- 1) Immagini tardive post-contrasto **T1-w GRE IR** :
“**delayed enhancement**”
- 2) Eccellente correlazione con i modelli animali (aree
TTC negative)
- 3) Ottima risoluzione spaziale
- 4) Eccellente SNR e CNR
- 5) $(SI \text{ area necrotica} / SI \text{ miocardio sano}) \times 100 = \sim 500\%$



Myocardial Necrosis, Stunning



- Myocardial Salvage -

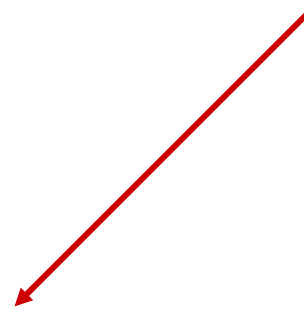
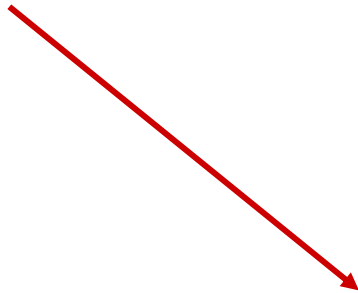
Comprehensive CMR study in ST-segment elevation MI



**Determination of the Myo. at risk
by T2-w STIR imaging**

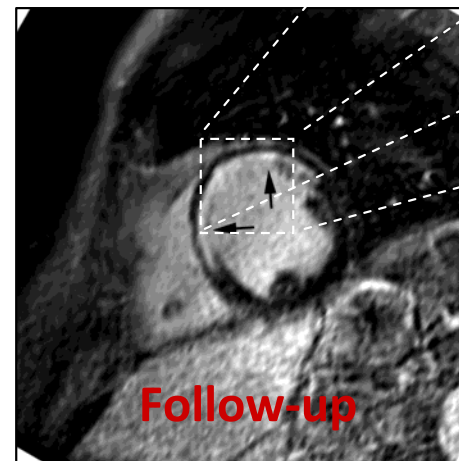
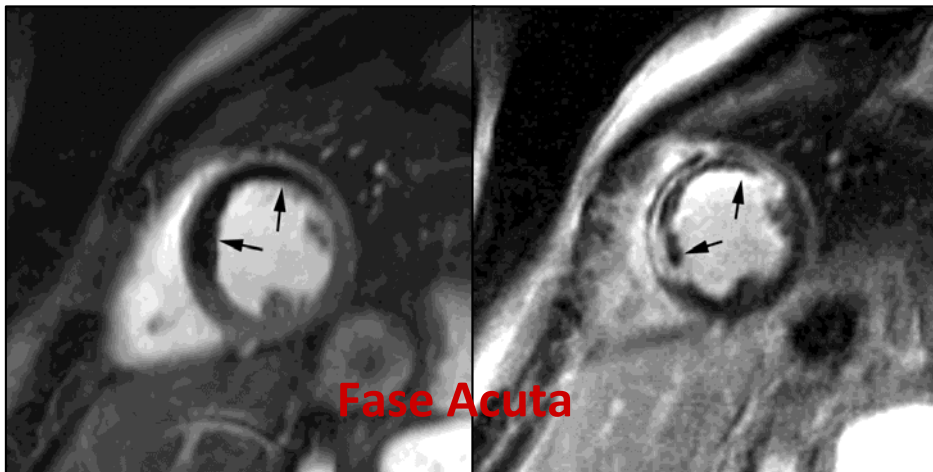
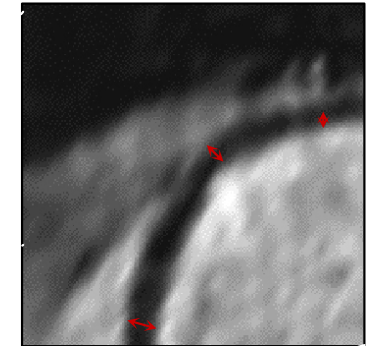
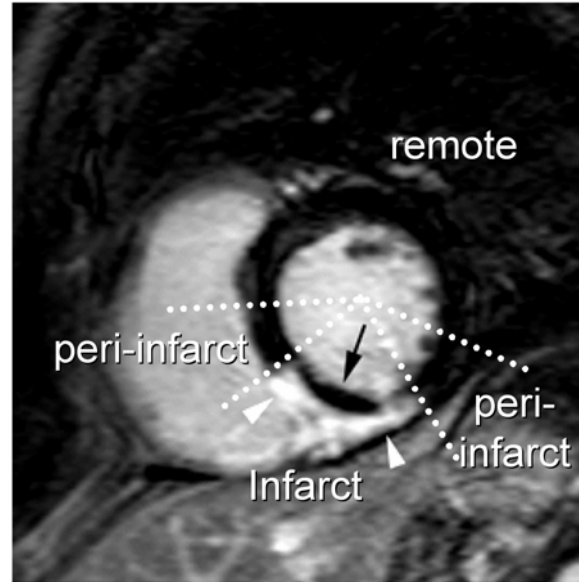


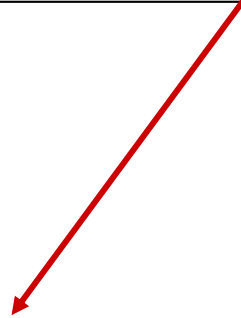
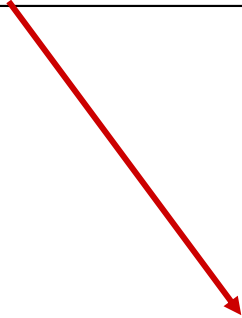
**MI size quantification by
late gadolinium enhancement (LGE)**



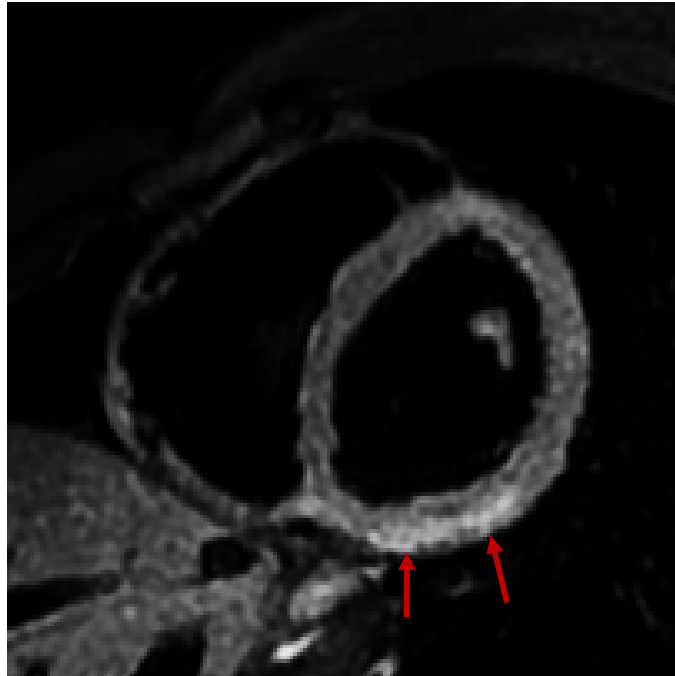
Myocardial Salvage

- SWT e SWM
- Tagging
- Spessore parietale
- Riduzione dell'area di DE ("infarct shrinkage")

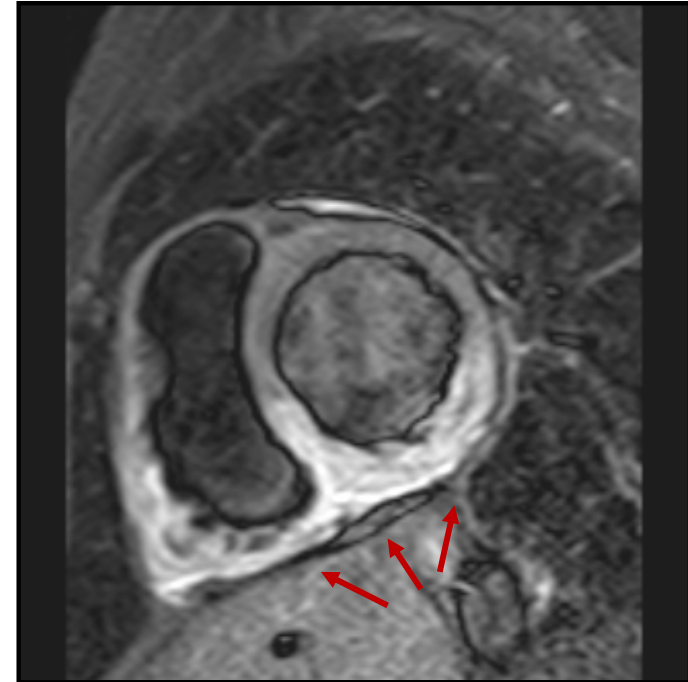




- **Myocardium at risk** –
T2-weighted imaging



Acute Myocarditis

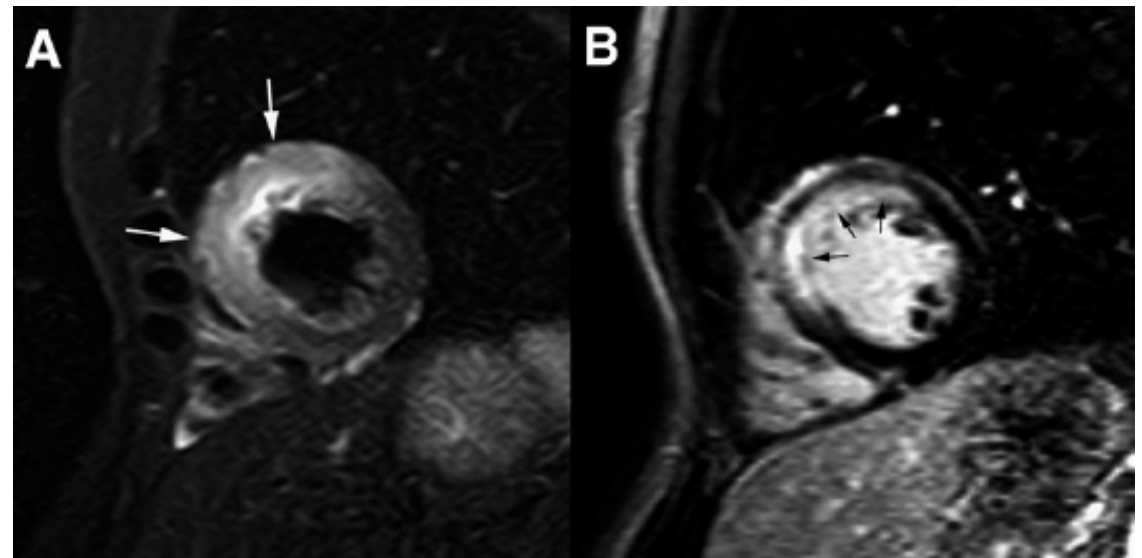


Acute Myocardial
Infarction

- Ischemic Pattern -

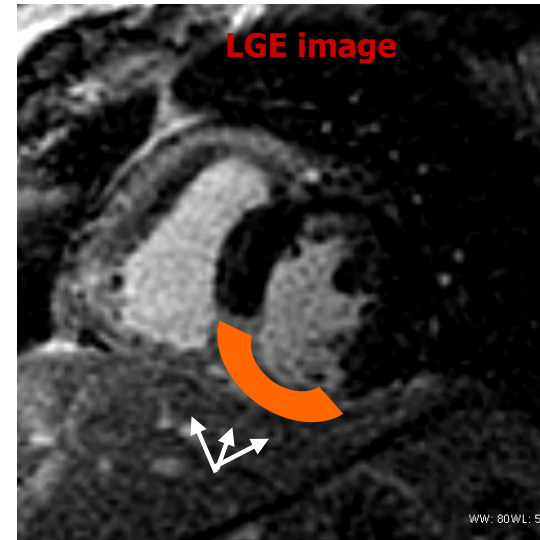
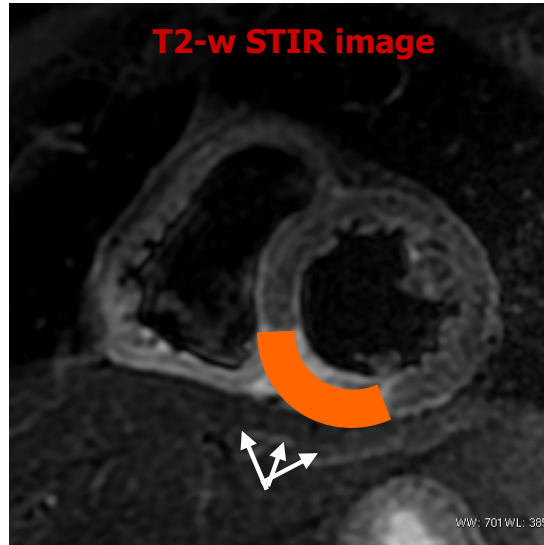
Table 1. Baseline Characteristics (n = 137)

Age (yrs)	61 ± 12
Male	111 (81)
Cardiovascular risk factors	
Current smoker	46 (34)
Familial history of coronary artery disease	49 (36)
Diabetes mellitus	21 (15)
Hypertension	73 (53)
Hyperlipidemia	82 (60)
Time to reperfusion (min)	224 ± 123
Glycoprotein inhibitor IIb/IIIa	130 (95)
Infarct-related artery	
Left anterior descending artery	67 (49)
Right coronary artery	59 (43)
Left circumflex coronary artery	11 (8)
Maximum serum troponin I (μg/l)	92.4 ± 32.3
Medication at discharge	
Angiotensin-converting enzyme inhibitor	113 (82)
Angiotensin II inhibitor	16 (12)
Beta-blocker	119 (87)
Statin	122 (89)
Diuretics	13 (9)





- Ischemic Pattern -



Myocardial Salvage Index (MSI) = [AAR extent – MI size] / AAR extent

Adverse LV remodeling = increase of LV ESV \geq 15%

- Ischemic Pattern -

Table 3. Univariate and Multivariate Analyses for the Prediction of Adverse LV Remodeling

Baseline Variables	Adverse LV Remodeling			
	Univariate		Multivariate	
	OR (95% CI)	p Value	OR (95% CI)	p Value
MI transmurally (%)	1.04 (1.01–1.07)	0.005	—	—
AAR (% of LV)	1.04 (1.01–1.07)	0.003	1.04 (1.01–1.08)	0.001
MSI (for 0.10 increment)	0.58 (0.46–0.75)	<0.0001	0.64 (0.49–0.84)	0.001
Presence of MO	6.79 (3.55–18.06)	<0.0001	—	—
Time to reperfusion (min)	1.00 (0.99–1.00)	0.588	—	—
Age (for 10-yr increment)	1.22 (0.87–1.72)	0.241	—	—
Anterior vs. nonanterior MI	2.27 (1.02–5.04)	0.044	—	—
LV ejection fraction	0.92 (0.87–0.97)	0.003	—	—

Table 4. Univariate and Multivariate Analyses for the Prediction of Early ST-Segment Resolution

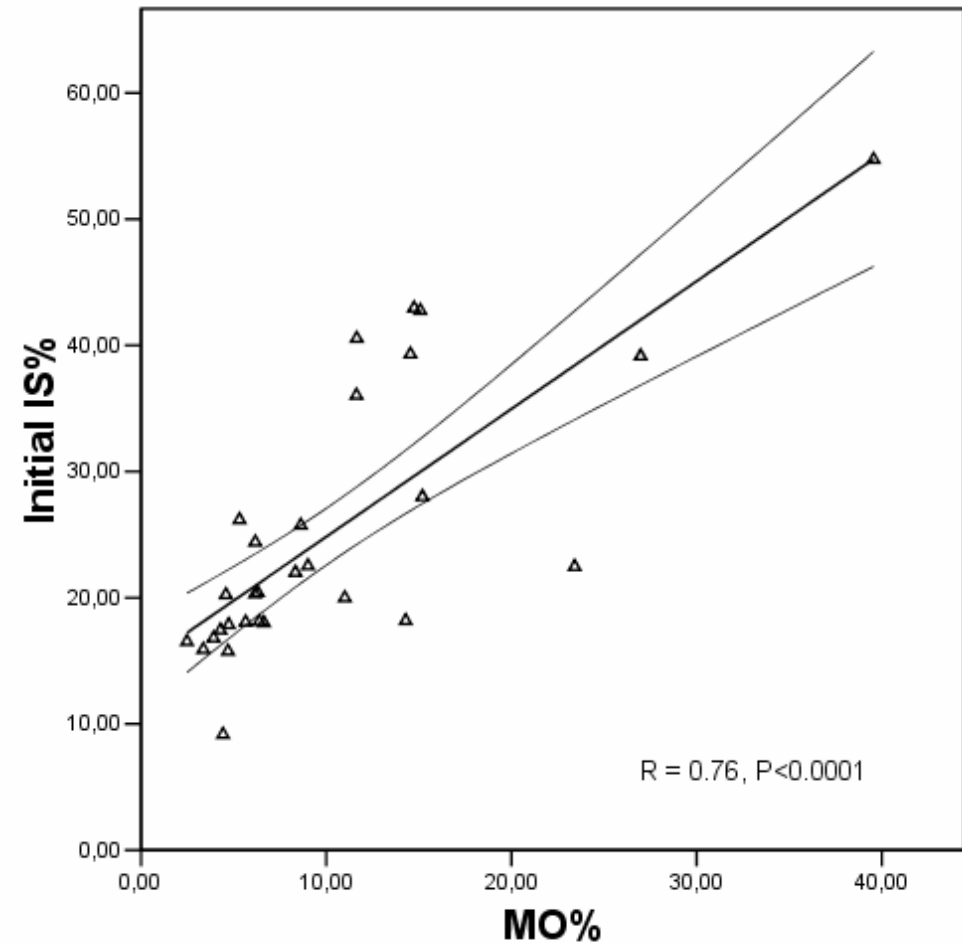
Baseline Variables	Early ST-Segment Resolution (%)			
	Univariate		Multivariate	
	B	p Value	B	p Value
MI transmuralty (%)	-0.79	<0.0001	-0.31	0.002
AAR (% of left ventricle)	-0.48	0.007	—	—
MSI	0.85	<0.0001	0.61	<0.0001
Presence of MO	0.14	0.371	—	—
Time to reperfusion	-0.23	0.130	—	—
Age (yrs)	0.01	0.941	—	—
Anterior vs. nonanterior MI	-0.41	0.007	-0.16	0.020
LV ejection fraction (%)	0.45	0.011	—	—

Microvascular Obstruction

Alterazioni morfo-strutturali associate a no-reflow :

Maggiori fattori determinanti l'estensione del no-reflow:

- 58 pazienti (88% uomini) con STEMI trattati con PCI primaria
- CeMRI in fase acuta (1W) e FU (4M)
- IS% $\geq 9.2\%$ » MO
- MO variabile indipendente di sfavorevole rimodellamento Vsx (VDT $\geq 20\%$)

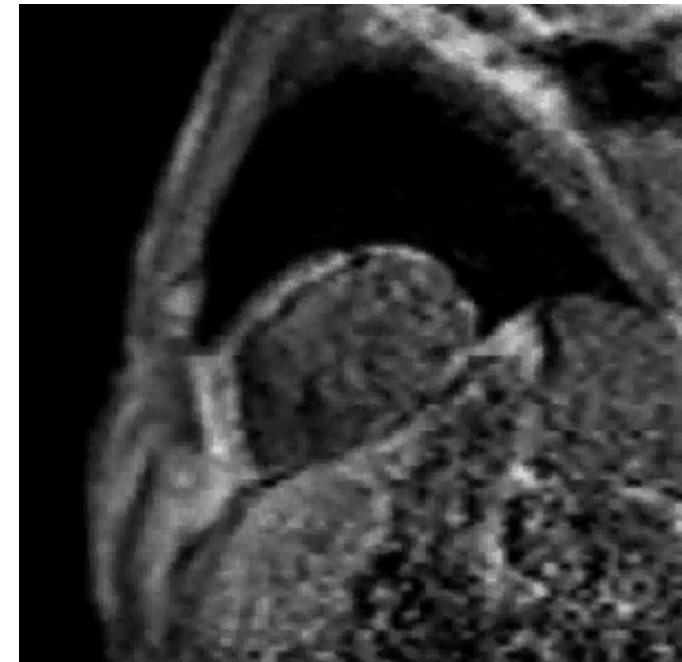
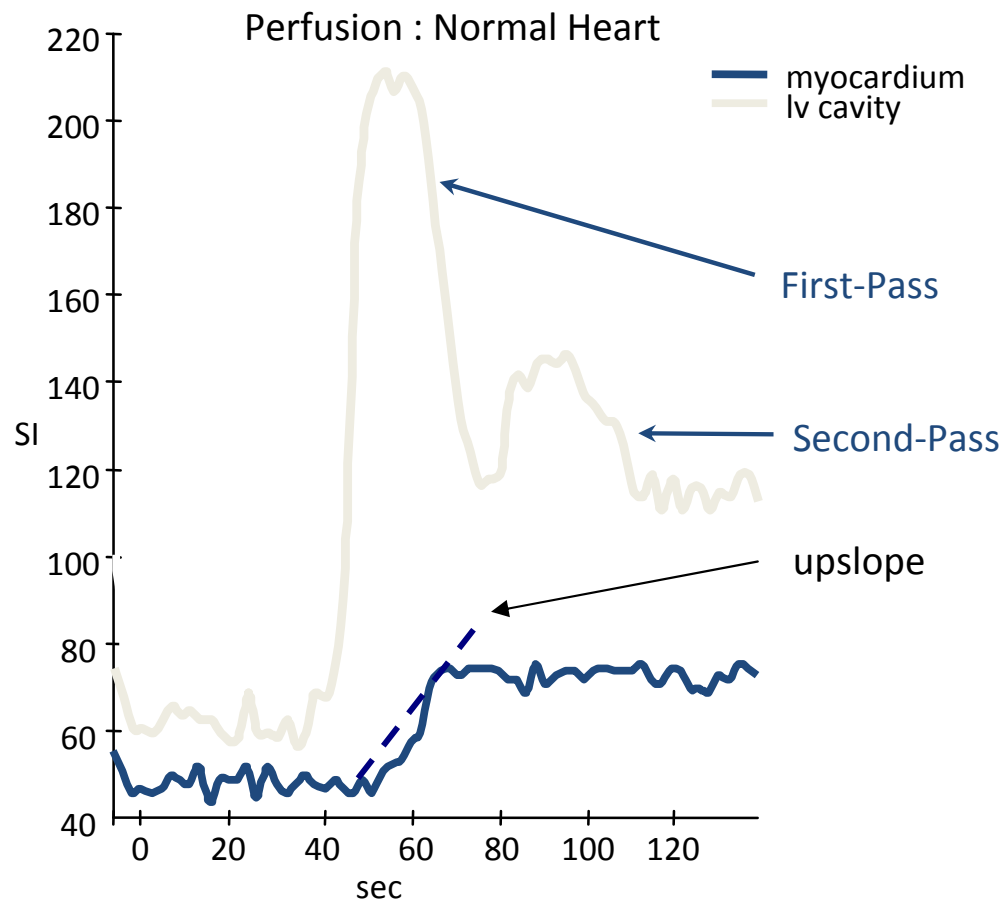


Studio dell'ostruzione del microcircolo con la Risonanza Magnetica Cardica

-Sequenze rapide con acquisizione di almeno 1 immagine ogni intervallo RR

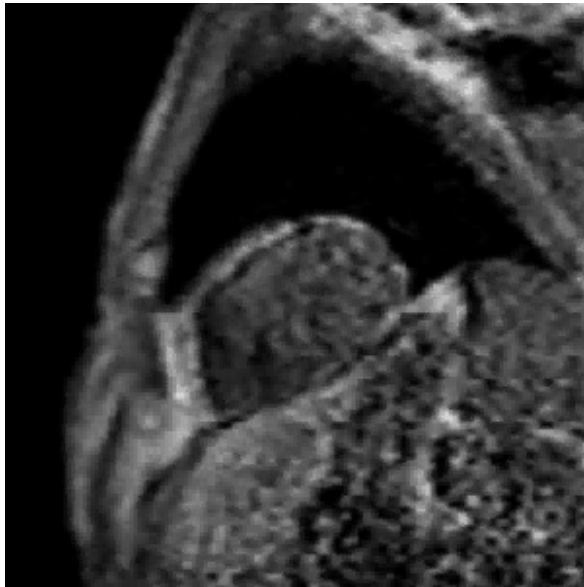
-Sequenza T1-pesate

-Tecnica di primo passaggio "First-Pass Perfusion"

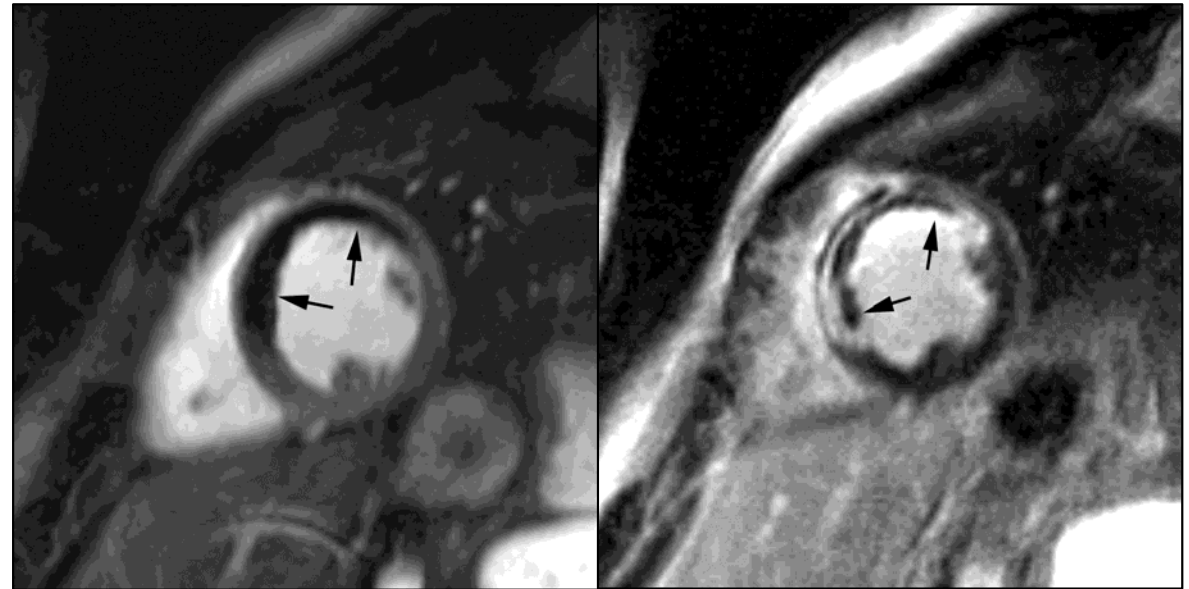


Myocardial Infarction

- Microvascular Obstruction -



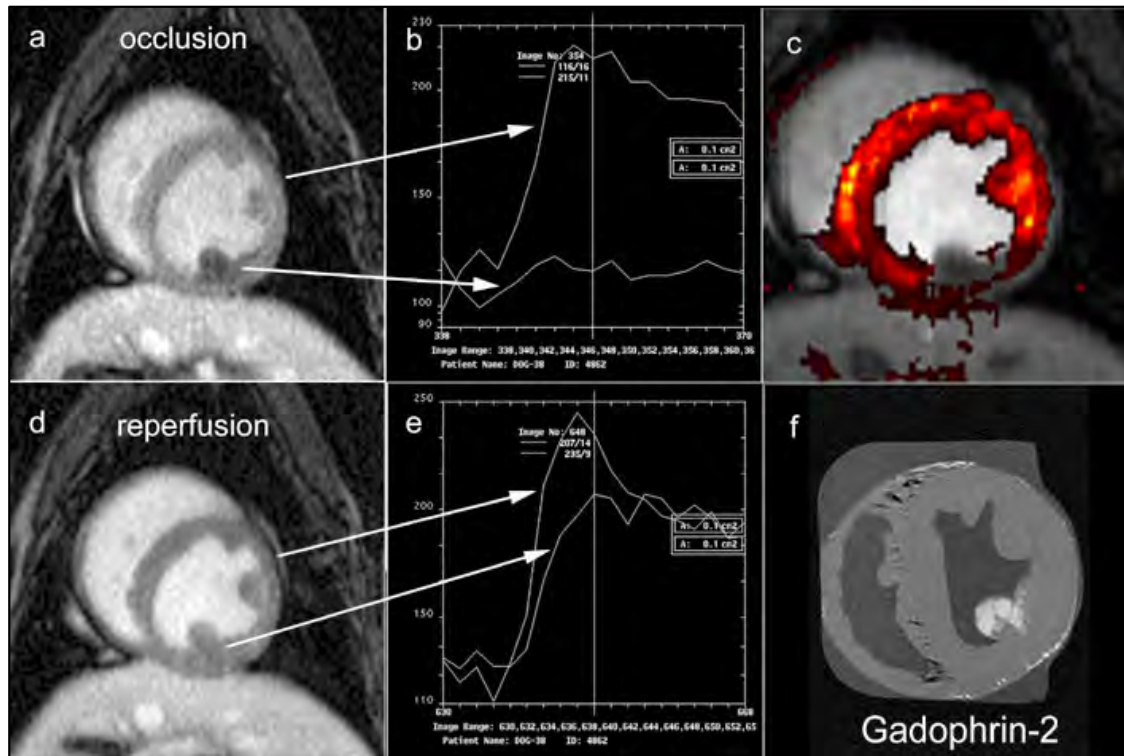
First-pass Perfusion



Early after Gd

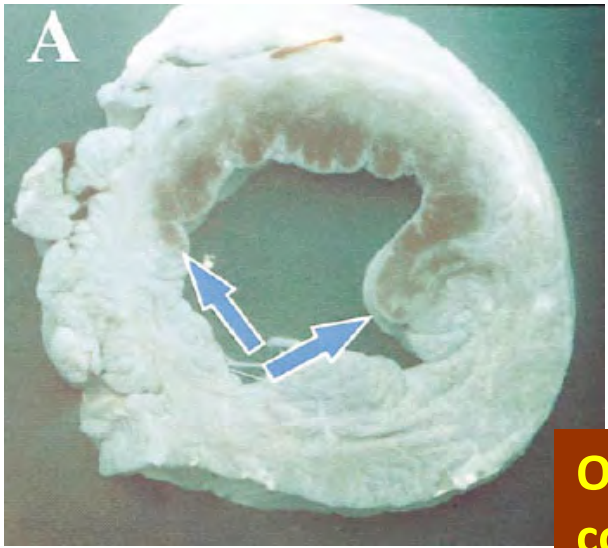
20 minutes after Gd

Postcontrast Imaging



Misure semiquantitative

Microvascular Obstruction



Ottima correlazione con i dati sperimentali

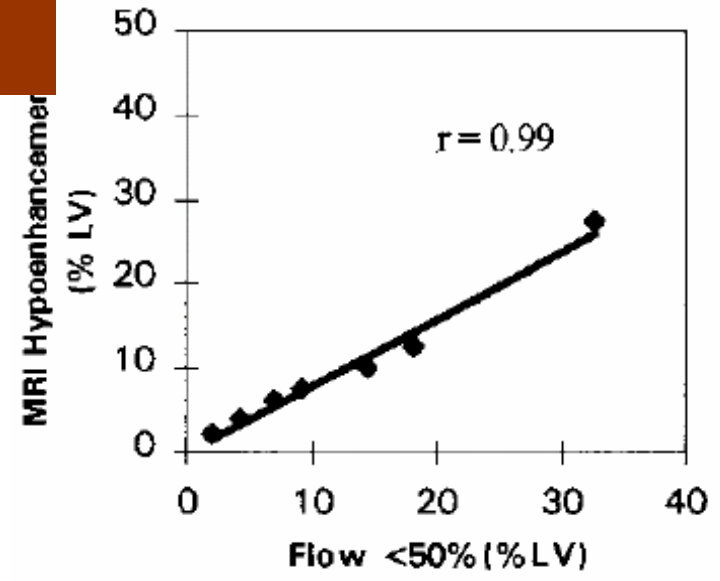
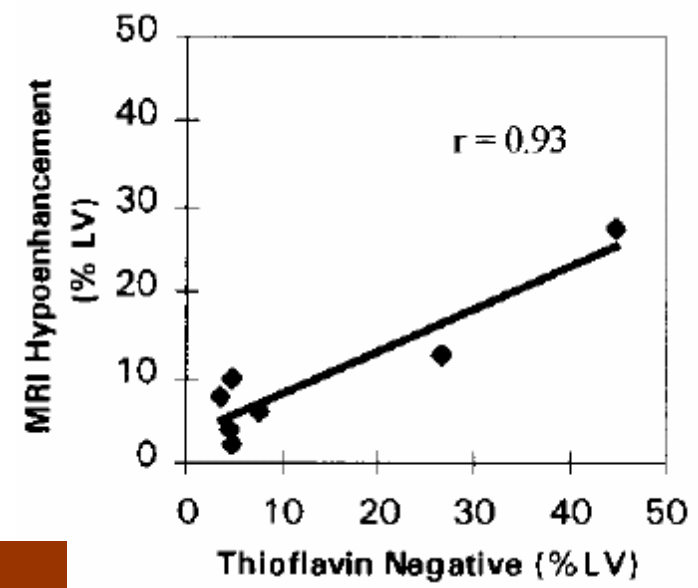
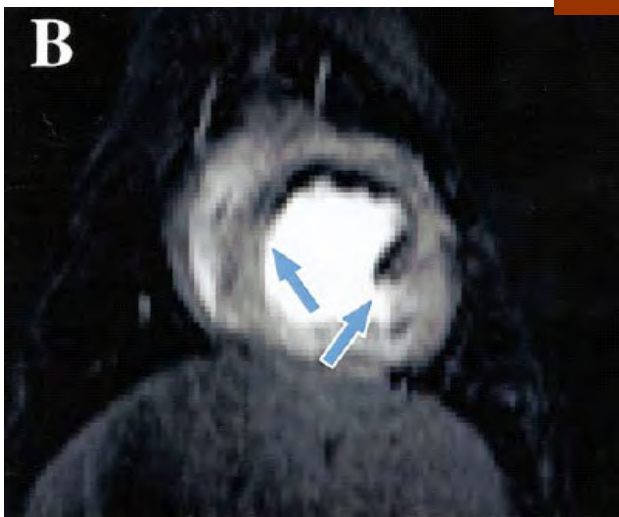
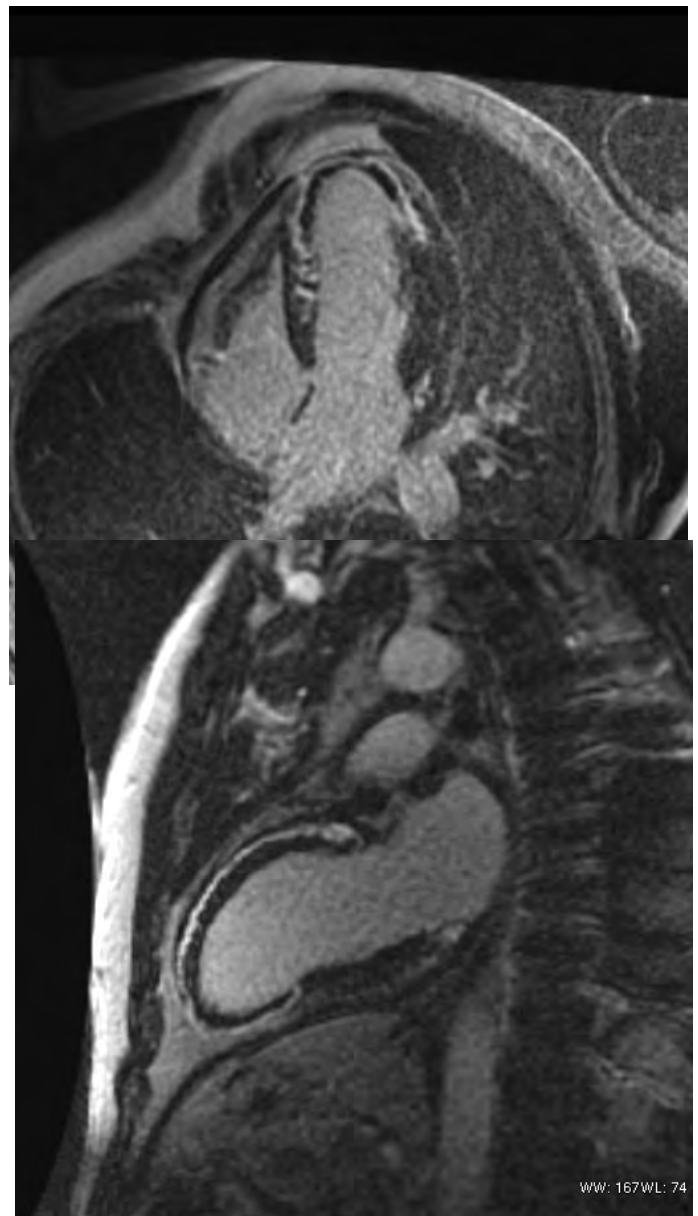
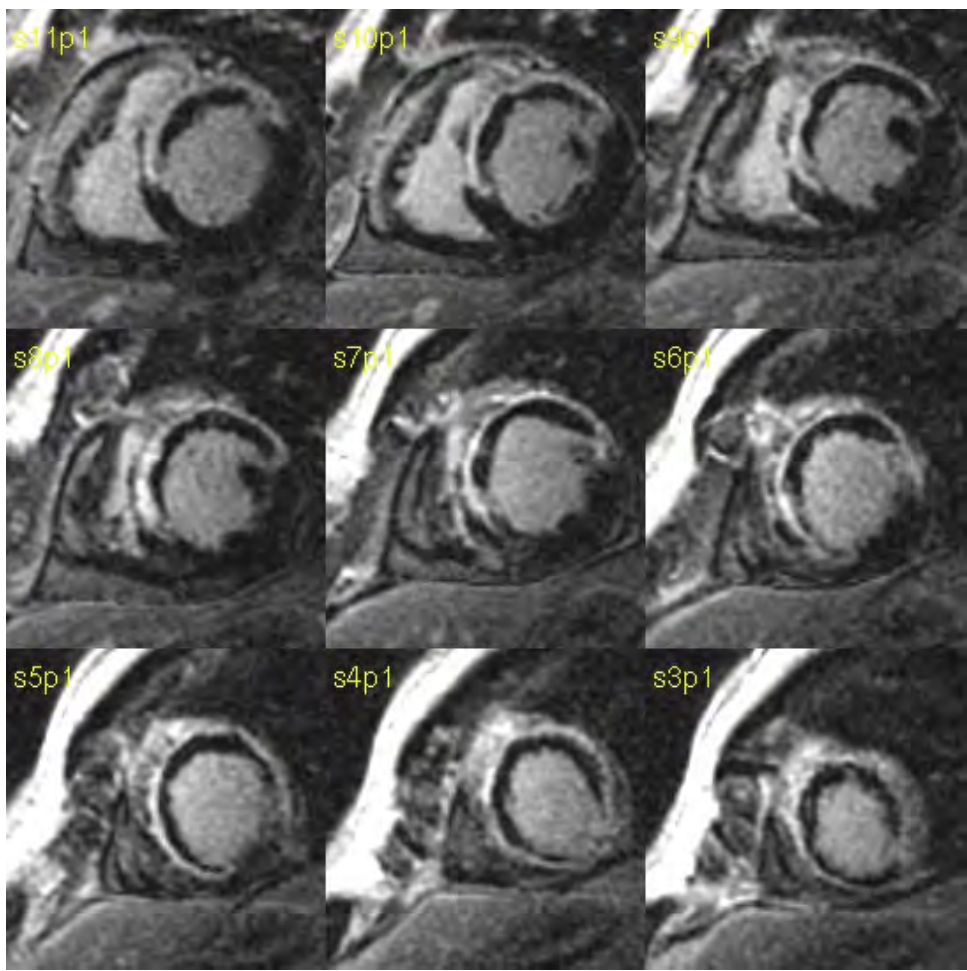


Immagine segmented T1-w GRE IR



Clinical Impact of Microvascular Obstruction

