# MRI-based inverse potential mapping of premature ventricular contractions

- Proof of concept -

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#### Disclosures

None

# Background

- Inverse potential mapping (IPM)
  - clinically useful tool to map ventricular arrhythmias
  - facilitates catheter ablation

#### Pre-procedural body surface mapping (BSM)

- increases localization accuracy
- reduces procedural time compared to standard of care (activation and pace mapping)<sup>1</sup>

#### The required CT scan

increases radiation exposure compared to the traditional approach<sup>1</sup>

# Objective

To evaluate the accuracy of a MRI-based BSM solution in comparison to the current gold-standard (invasive activation mapping) for localizing outflow tract PVC's

### Methods – IPM and MRI



### Results – RVOT PVC



### Results – ICC

Case	PVC focus IPM	Ablation site	Observer 1 (mm)	Observer 2 (mm)	ICC
1	NCC-LCC junction	LCC	9,3	7,7	ICC = 0.812 p=0.004
2	RVOT-Septal	RVOT-Septal	9,1	10,5	
3	RVOT-Anterior proximal	RVOT-Anterior proximal	6,4	5,2	
4	RVOT-Anterior	RVOT-Anterior	12,1	9,7	
5	RVOT-Septal proximal	RVOT-Septal proximal	7,6	10,3	
6	RVOT-Antero-septal	RVOT-Septal	11,7	11,4	
7	RVOT-Septal	RVOT-Septal	3,6	2,6	
8	NCC	NCC	6,4	8	
Mean			8.3±2.7	8.2±2.8	

Bhagirath et al, Circulation AE, 2015

## Conclusion

The proposed MRI-based IPM method

- is accurate for non-invasive PVC localization
- provides a radiation-free alternative for the currently available BSM approach

## Clinical perspective

In addition to anatomy, MRI offers

- Functional (hemodynamic) assessment
- Evaluation of tissue characteristics



These properties facilitate the study of **electrical activation** in relation to **tissue characteristics** 

# Clinical perspective



# **Research Team**

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