

**Risonanza magnetica cardiaca
confronto con le metodiche tradizionali:
Ruolo attuale nella clinica, indicazioni, limiti**

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Advantages and disadvantages of cardiac MRI

Advantages

Three-dimensional tomographic images

High resolution

Intrinsic high contrast

No ionizing radiation

No interference from lung or bone

Multiple imaging techniques in a single system

Disadvantages

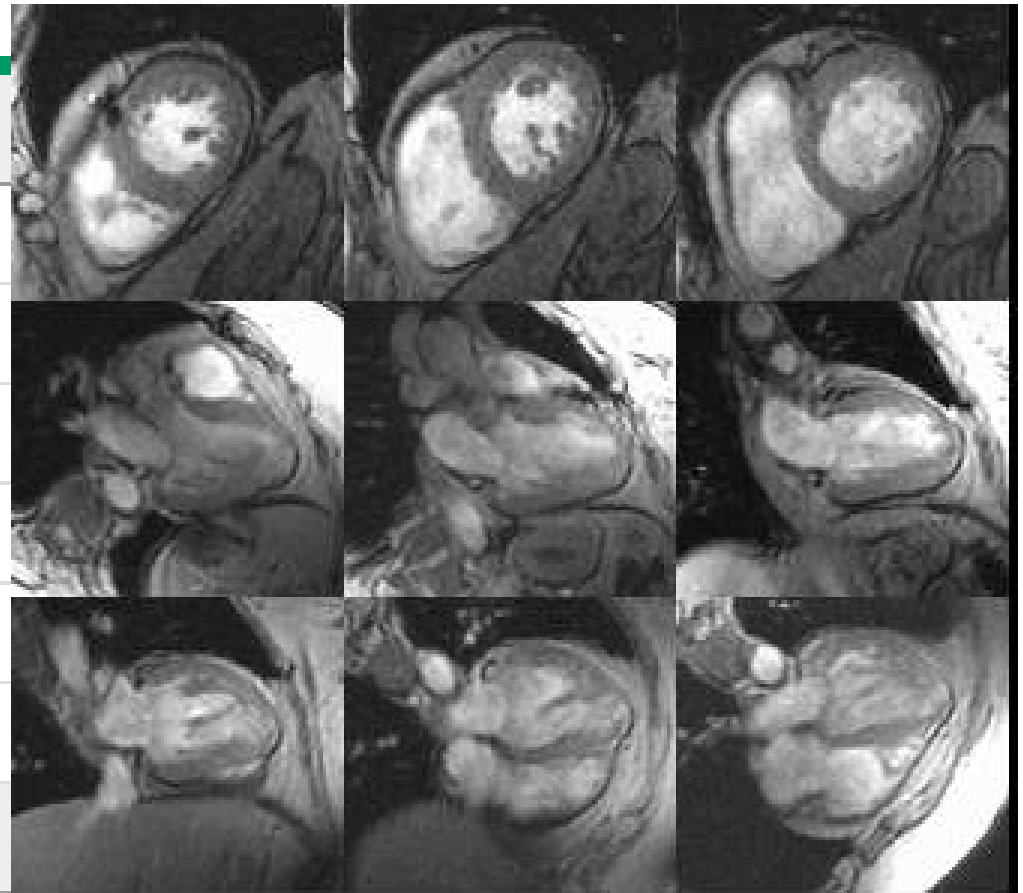
Contraindicated with certain medical implants such as aneurysm clips and pacemakers

Acquisition time can be lengthy

Electrocardiogram can be distorted by the magnetic field interfering with monitoring of acutely ill patients

Requires gating

Claustrophobic



An M.R.I. Machine For Every Doctor? Someone Has to Pay

By REED ABELSON
Published: March 13, 2004

PRINT

	CAD	VALVULOPATIA	MIOCARDIOPATIA
ecocardiografia	+	+++	++
SPECT	+++	-	-
MRI	++	+	+++
CT	++	+	-

Quale ruolo ha la risonanza magnetica cardiaca nella pratica clinica?

ACCF/ACR/SCCT/SCMR/ASNC/NASCI/SCAI/SIR APPROPRIATENESS CRITERIA

ACCF/ACR/SCCT/SCMR/
ASNC/NASCI/SCAI/SIR 2006 Appropriateness
Criteria for Cardiac Computed Tomography
and Cardiac Magnetic Resonance Imaging*

Quando uno studio di imaging è appropriato?

“uno studio di imaging appropriato è quello in cui l’informazione incrementale attesa associata al giudizio clinico supera le conseguenze negative attese di un margine sufficientemente ampio per una specifica indicazione per la quale il trattamento è generalmente considerato come accettabile e ragionevole.”

Indicazioni appropriate (Score 7 – 9)

INDICAZIONI APPROPRIATE (SCORE 9)

CARDIOPATIE CONGENITE

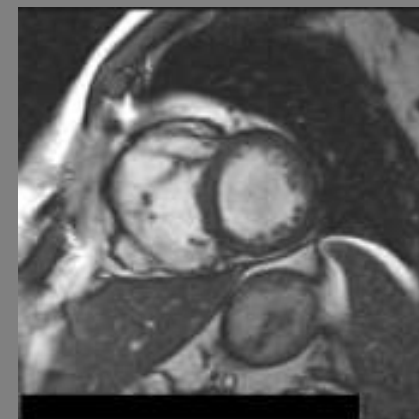
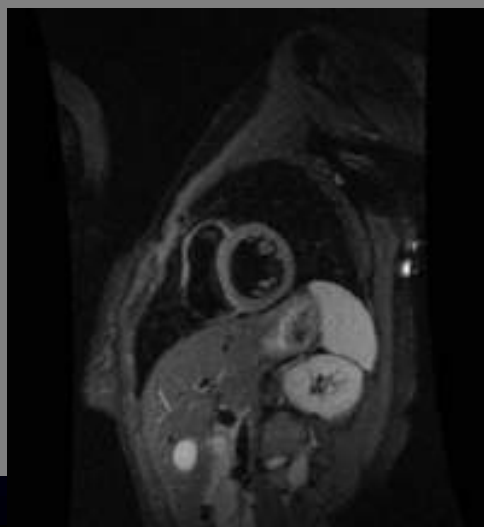
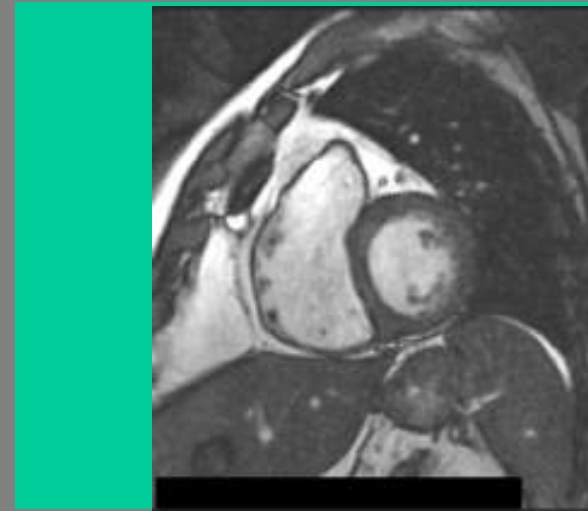
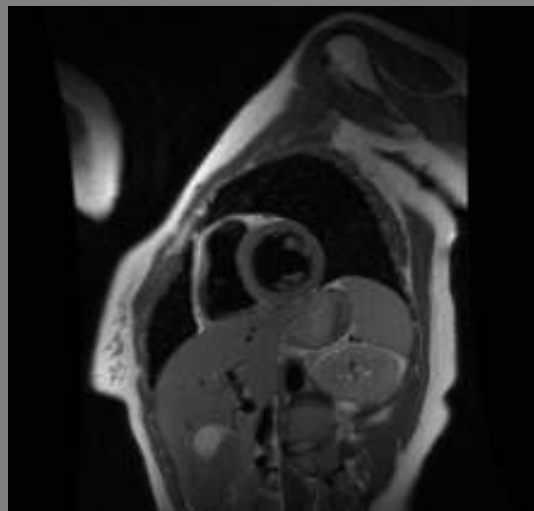


Subtraction



INDICAZIONI APPROPRIATE (SCORE 9)

CARDIOPATIA ARITMOGENA VENTRICOLO DESTRO



Indicazioni appropriate CRM (Score 8)

" E-Journal - Volume 5

PRINT VERSION

16 May 2007

Vol 5 N° 33

Topic: Non-invasive imaging: Echocardiography, MR/CT, Nuclear

Cardiovascular magnetic resonance imaging in patients with heart failure

Prof. E. Nagel

Berlin, Germany

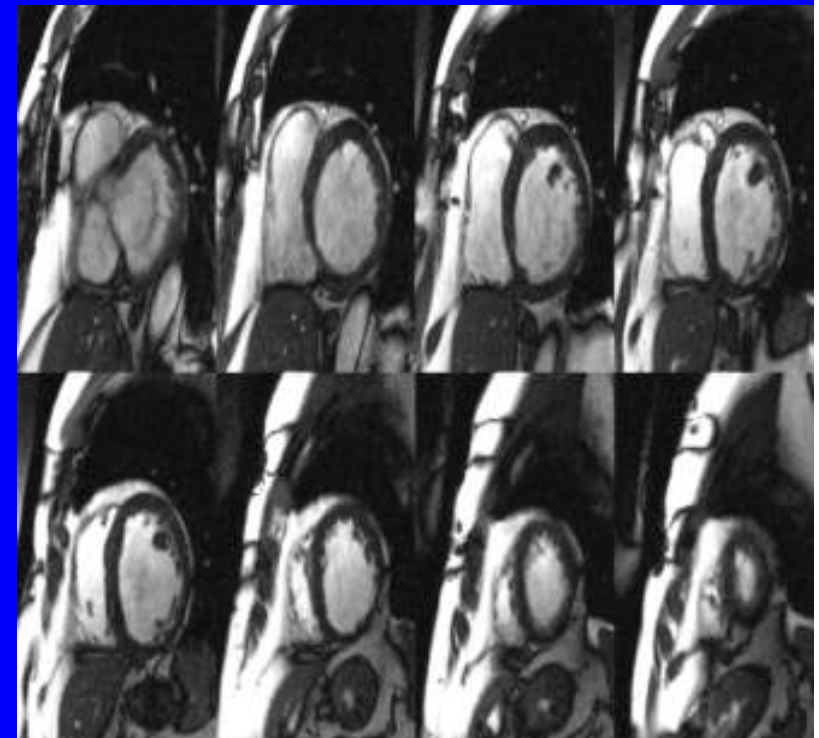
Treasurer, working group on Cardiovascular Magnetic Resonance

Within one CMR examination a number of different questions can be answered:

- Ventricular volume
- Stroke volume
- Ejection fraction
- Wall thickness and thickening
- Valvular function
- Regurgitant volume
- Fibrosis (amount, transmural, underlying etiology)

If these questions can be adequately solved with echocardiography, the underlying etiology can be determined and a more exact quantification is not needed, MR imaging is not required. However, if open questions remain, CMR helps to answer these questions and, thus, optimally guide therapy.

- Valutazione funzione dopo IMA o scompenso cardiaco
- Scarsa finestra eco o test discordanti clinicamente rilevanti



Indicazioni appropriate CRM (Score 7-9)

- Valutazione di massa e volumi e funzione LV/RV
- Valutazione cardiopatie congenite
- Valutazione per dissezione aortica
- Malattia aritmogena del VDX
- Pazienti con sincope o aritmie ventricolari
- Valutazione di masse cardiache ed uso di contrasto per perfusione ed enhancement
- Valutazione del pericardio
- Valutazione delle vene polmonari per ablazione

FA

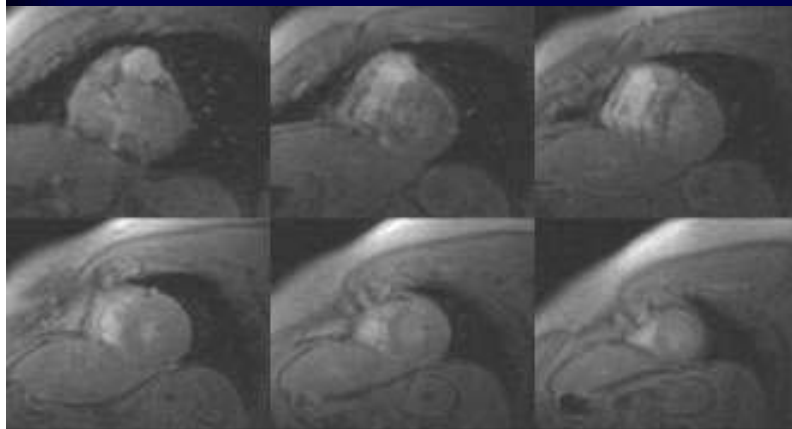
RISONANZA MAGNETICA CARDIACA CARDIOPATIA ISCHEMICA

- **Analisi della funzione e cinetica parietale**

Analisi combinata: cinetica –perfusione- vitalità

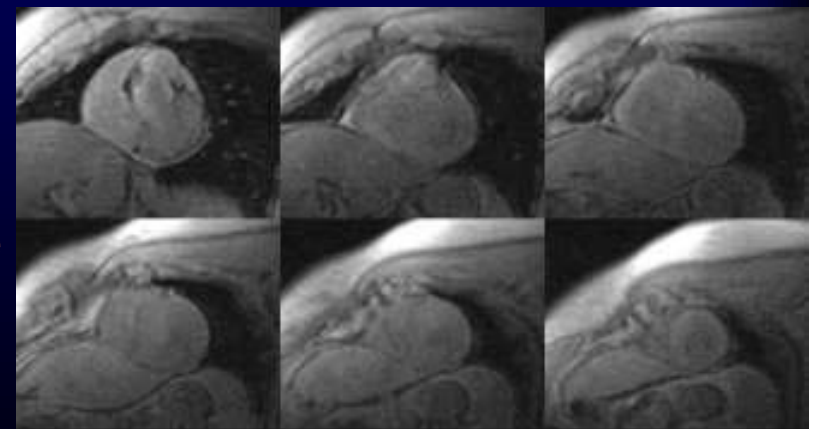
- **Studio delle coronarie: anomalie ...**

riposo



**Ischemia
infero-settale
da malattia
RCA**

stress



Hundley, Circulation 2002
Jahnke, Circulation 2007

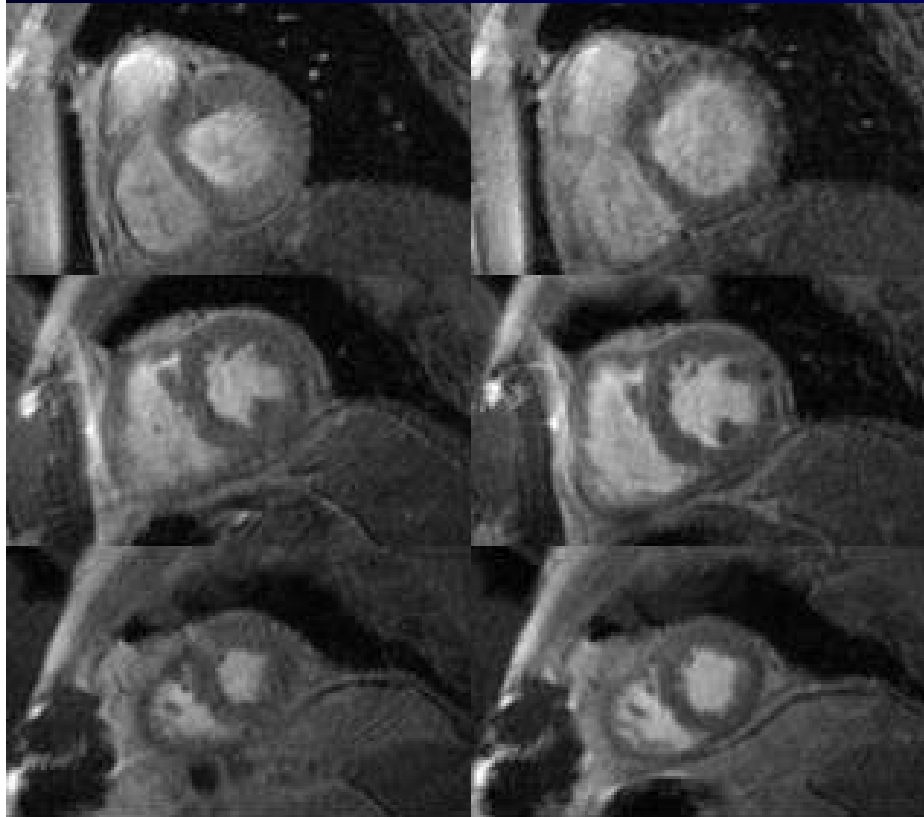
Sensibilità 83%
Specificità 83%
Alto valore prognostico

RM da stress

Stress dobutamina per sospetta CAD



È un esame
sicuro?

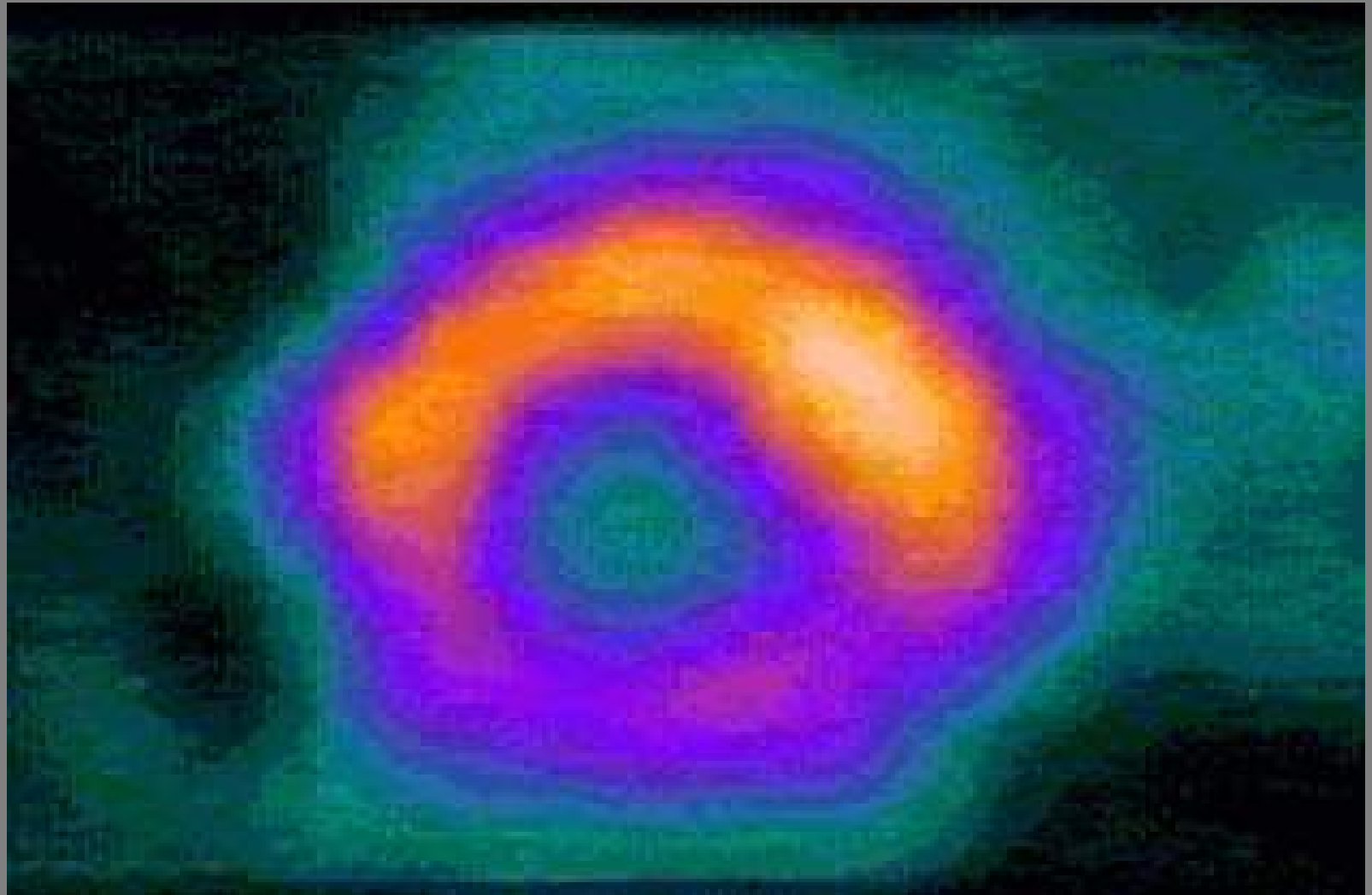


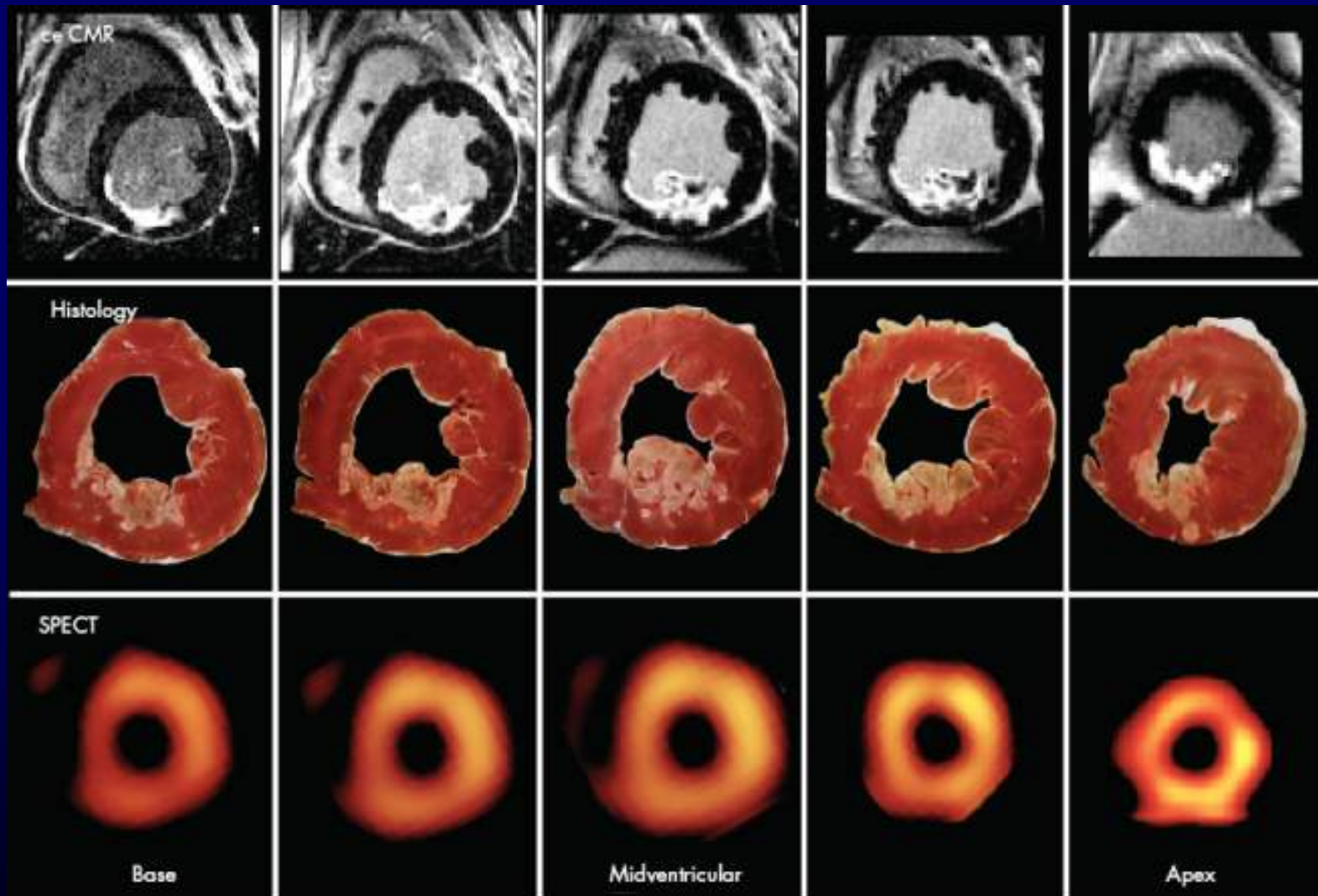
riposo

stress

Quale utilità
clinica?
in pazienti con eco non
eseguibile

Viability Studies: Change in Paradigm “**bright is dead**”

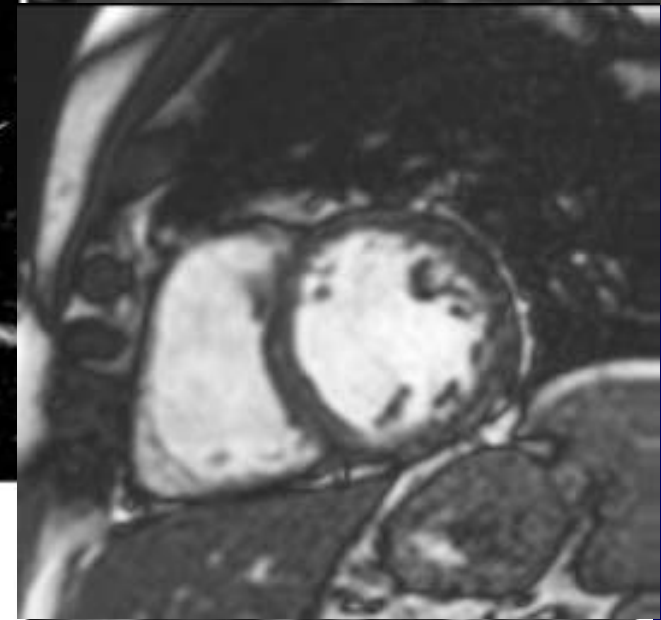
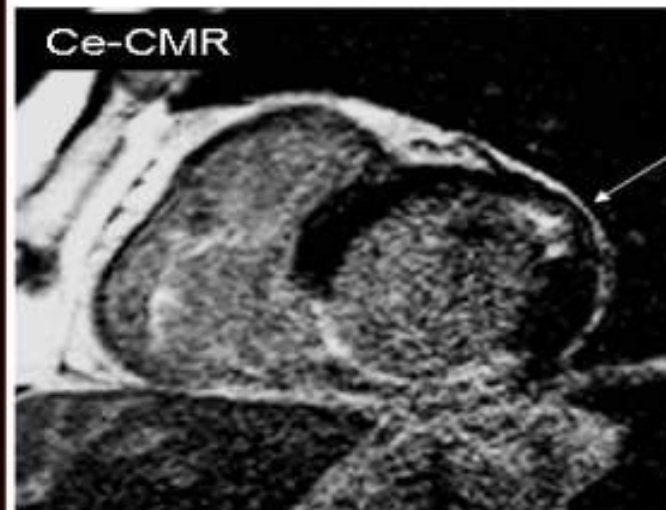
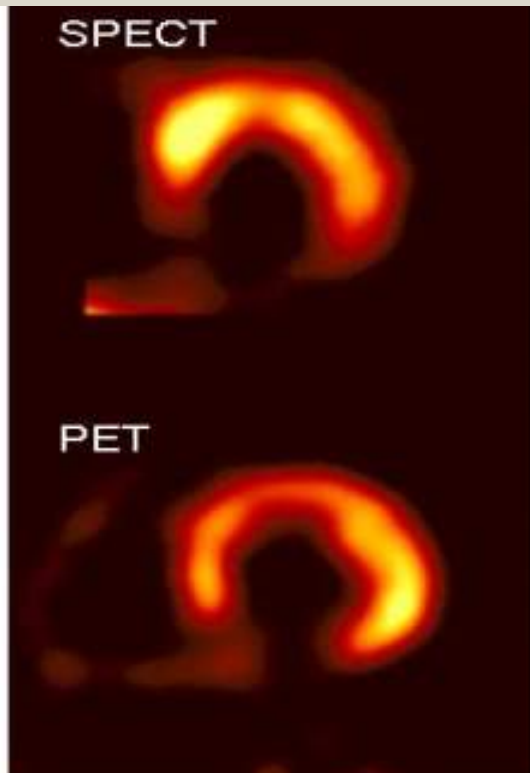
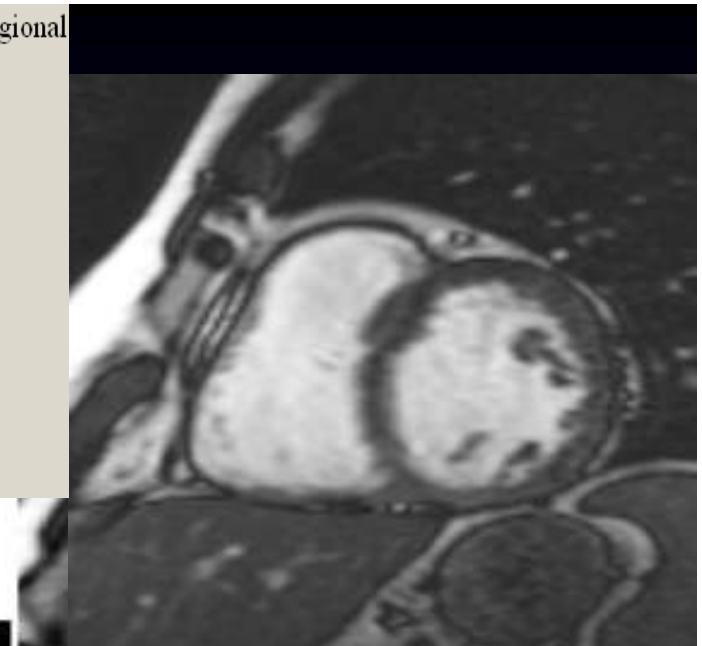




Sensitivity, specificity, and predictive values of ce-CMR and PET/SPECT for the prediction of recovery of regional myocardial function

	ce-CMR	PET/SPECT
Sensitivity (%)	97 (91;99)	87 (78;93)
Specificity (%)	68 (11;97)	76 (37;94)
Positive predictive value (%)	73 (59;83)	73 (58;84)
Negative predictive value (%)	93 (72;99)	77 (40;94)

Numbers in brackets give 95% confidence intervals.



Assessment of reversible myocardial dysfunction in chronic ischaemic disease: comparison of CE-MR and SPCT and PET- EBJ 2006

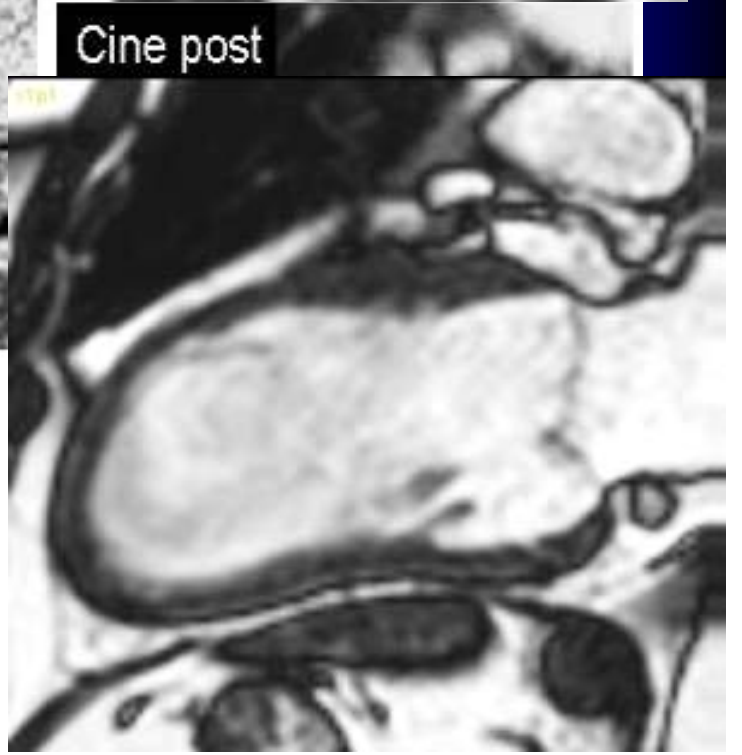
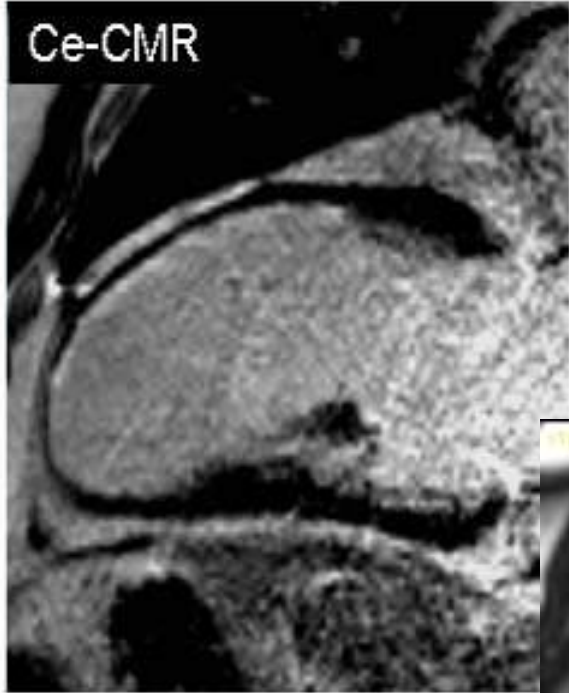
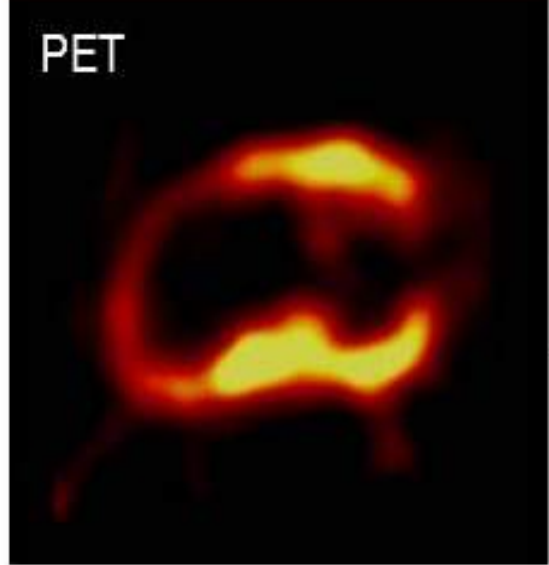
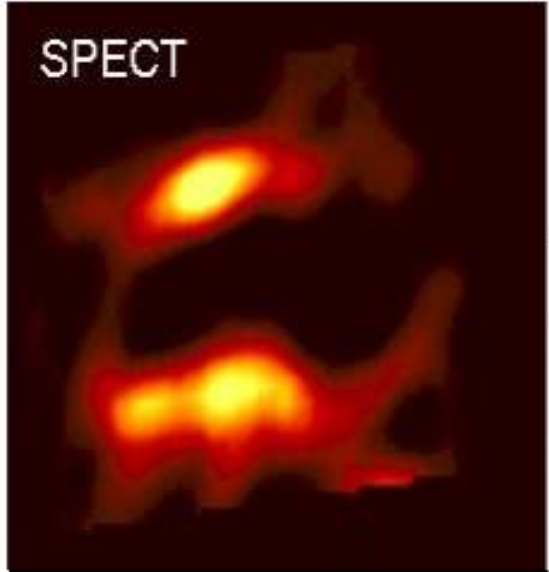
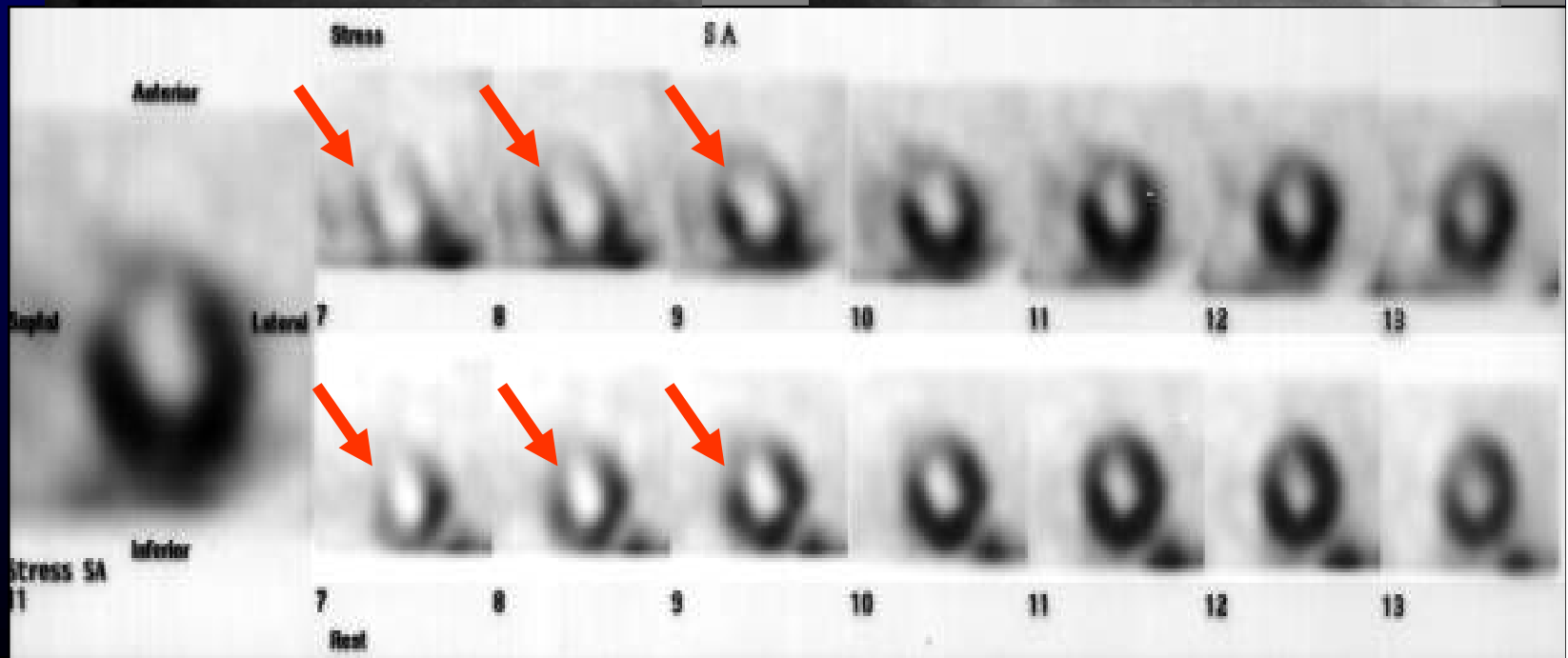
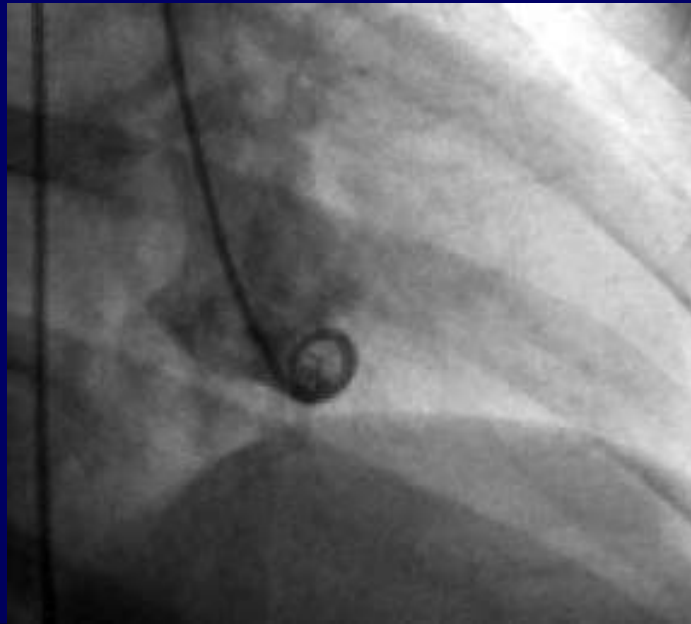


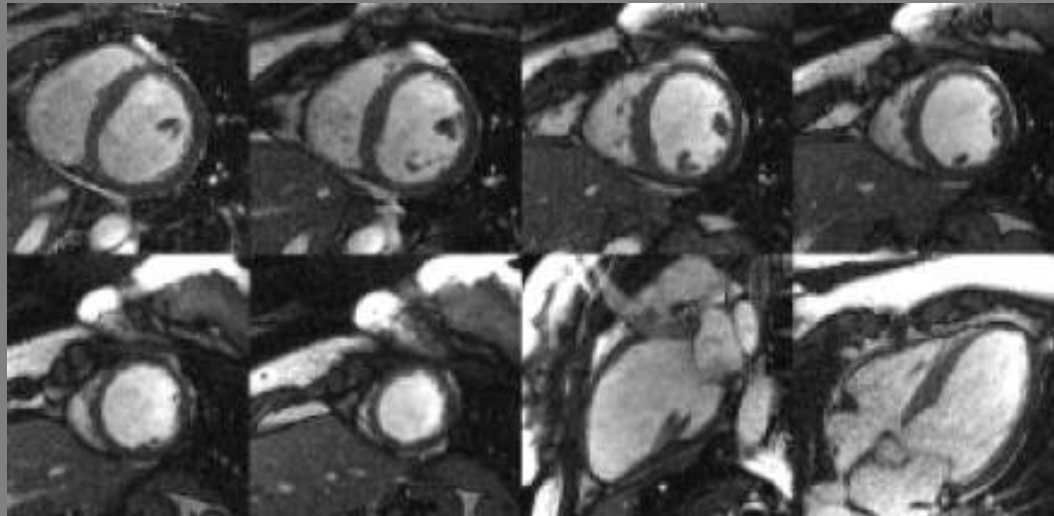
Figure 5

Caso clinico

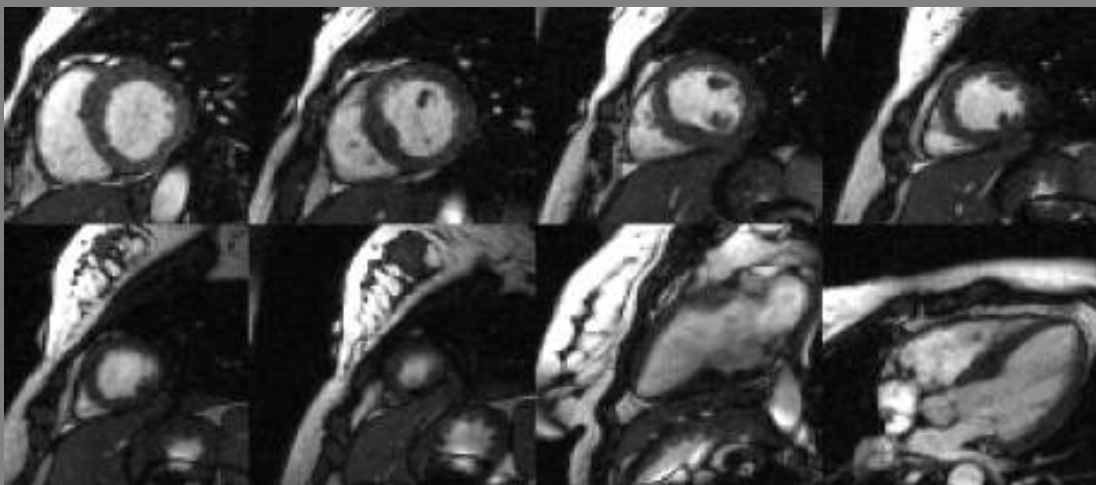




**Late Enhancement
Viability Study**



before CABG



**3 months after
bypass surgery**

CeMR ha elevata accuratezza, anche in segmenti con severa disfunzione,
non richiede stress farmacologico, basso rischio,
è tecnicamente facile ed è meno osservatore dipendente

Indicazioni appropriate CRM (Score 7-9)

Identificazione di cicatrice e vitalità (uso di late gadolinium enhancement)

Determinazione della sede e dell'estensione della
necrosi miocardica,

- Diagnosi di vitalità prima della rivascolarizzazione
- Stabilire la probabilità di recupero di funzione dopo rivascolarizzazione o terapia medica
- Valutazione della vitalità mediante SPECT o ecodobutamina con risultati equivoci o indeterminati

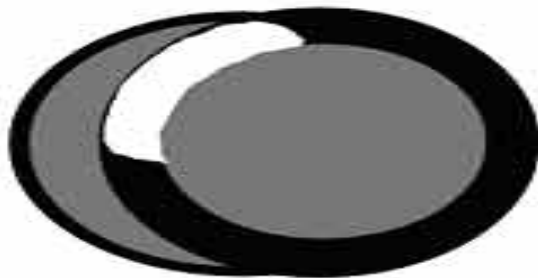
HYPERENHANCEMENT PATTERNS

Ischemic

A. Subendocardial Infarct



B. Transmural Infarct



Nonischemic

A. Mid-wall HE



- Idiopathic Dilated Cardiomyopathy
- Myocarditis

- Hypertrophic Cardiomyopathy
- Right ventricular pressure overload (e.g. congenital heart disease, pulmonary HTN)

- Sarcoidosis
- Myocarditis
- Anderson-Fabry
- Chagas Disease

B. Epicardial HE



- Sarcoidosis, Myocarditis, Anderson-Fabry, Chagas Disease

C. Global Endocardial HE

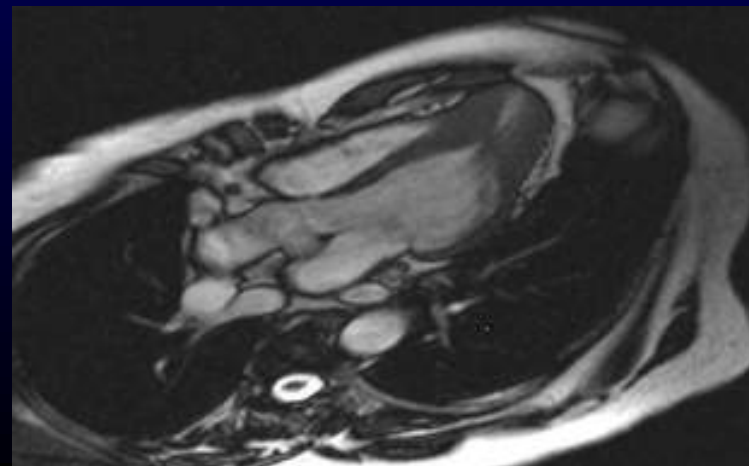
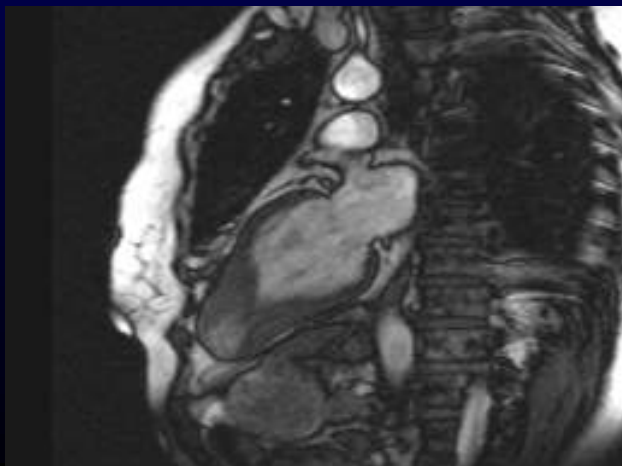


- Amyloidosis, Systemic Sclerosis, Post cardiac transplantation

Typical enhancement patterns in patients with ischemic (left) and nonischemic (right) etiologies of myocardial fibrosis. (From Mahrholdt et al, Eur Heart Journal 2005.)

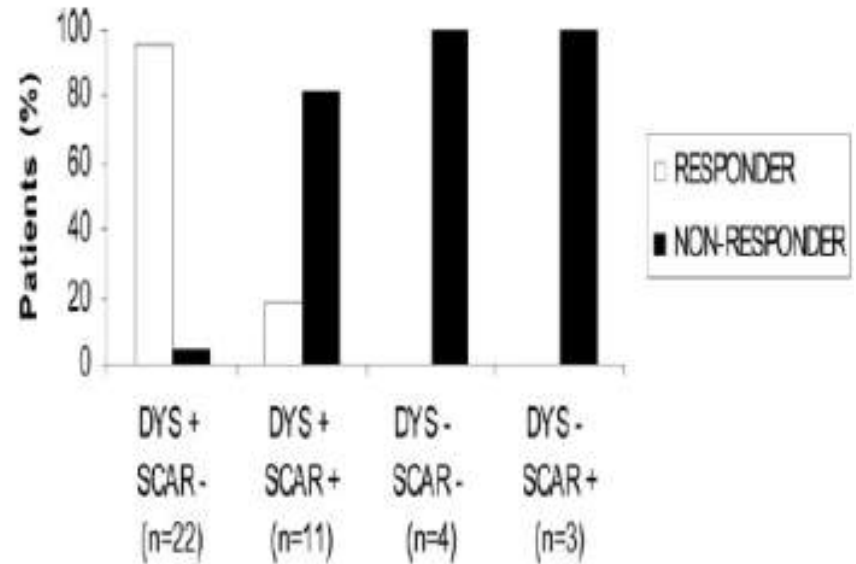
Indicazioni appropriate CRM (Score 7-9)

- **Valutazione di specifiche cardiomiopatie (infiltrative amiloidosi, sarcoidosi) HCM, terapie cardiotossiche)**
- **Miocarditi o IMA con coronarie normali**
- **Positività enzimi senza coronaropatia**



RM e resincronizzazione

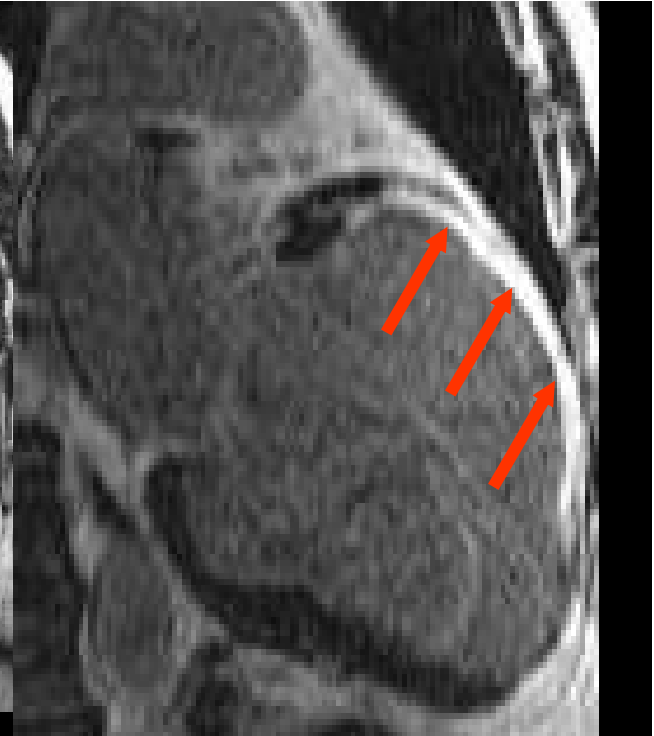
Nell'ultimi due anni sono apparsi lavori che stimano entità e sede della cicatrice nella valutazione per la CRT. (Bleeker Circulation 2006, JACC 2006,2007)



perfusione



cine



Late Enhancement

l'obiettivo/sfida della ricerca clinica con Risonanza Magnetica.

- La capacità di identificare e quantizzare la "fibrosi" nell'ambito delle varie cardiopatie deve integrarsi con la comprensione del suo significato clinico e prognostico per il singolo paziente

QUANTO COSTA UN ESAME CARDIO RM ?

One-Stop Shop

PET	1100
RM	300
AORTO	325
SPECT	140
ECO	60

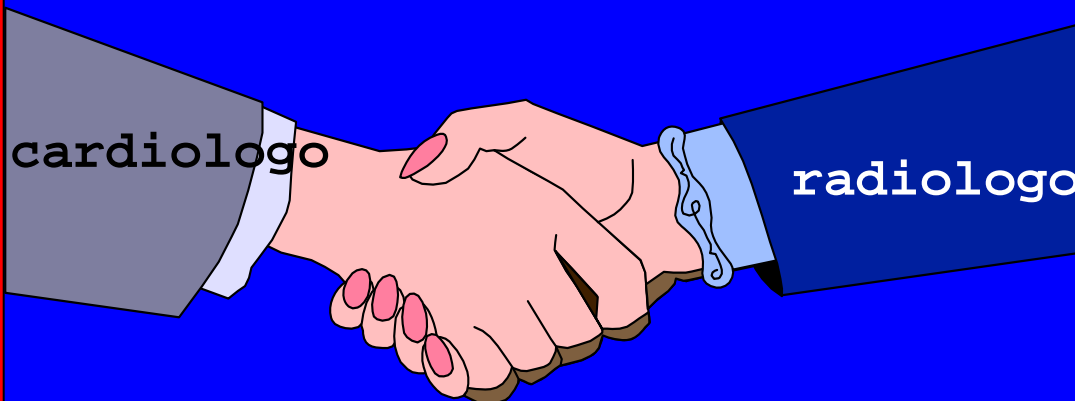
COSA FARE PER MIGLIORARE L'APPROPRIATEZZA

...the local availability or quality of equipment or personnel may influence the selection of imaging procedures.

- Disponibilità e diffusione macchina
- Maggiore diffusione nella cultura cardiologica
- Standardizzazione delle sequenze

cardiologo

radiologo





RM nella pratica clinica: quando, perché e per chi

- Se le risposte ai nostri quesiti clinici sono soddisfatte dall'eco RM non richiesta.
- Studio della vitalità
- Studio di miocardiopatie e congeniti
- Positività enzimi con coronarie normali
- Esame prima della CRT
- **Ricerca immagini non solo belle ma anche e soprattutto utili.**