



45th Annual International Congress of the
EGYPTIAN SOCIETY OF CARDIOLOGY
CardioEgypt 2018

3D Echocardiography Assessment of the Right Ventricle

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NHS Foundation Trust

CLINICAL QUESTIONS

- RV size



- Global systolic function

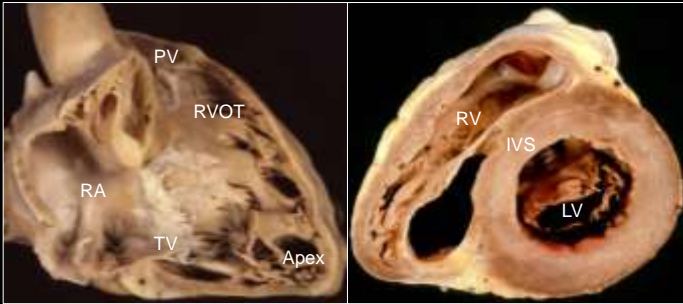


- Regional systolic function and RV mechanics

- RV shape

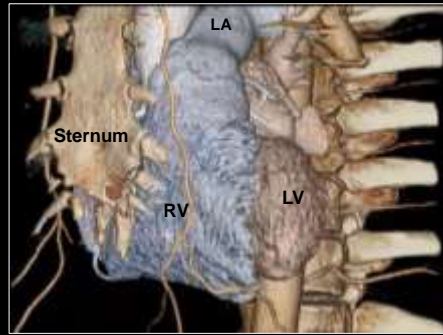


CHALLENGES IN RV ASSESSMENT BY ECHOCARDIOGRAPHY

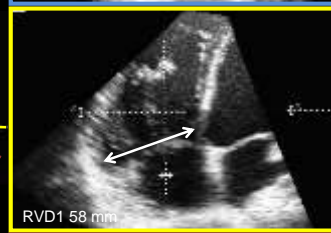
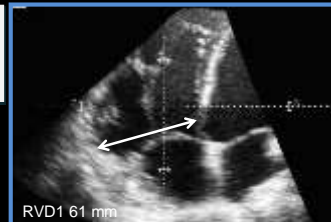
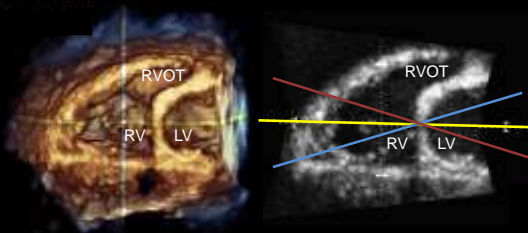


Images: courtesy of Dr. F. Paletra and Dr. C. Basso

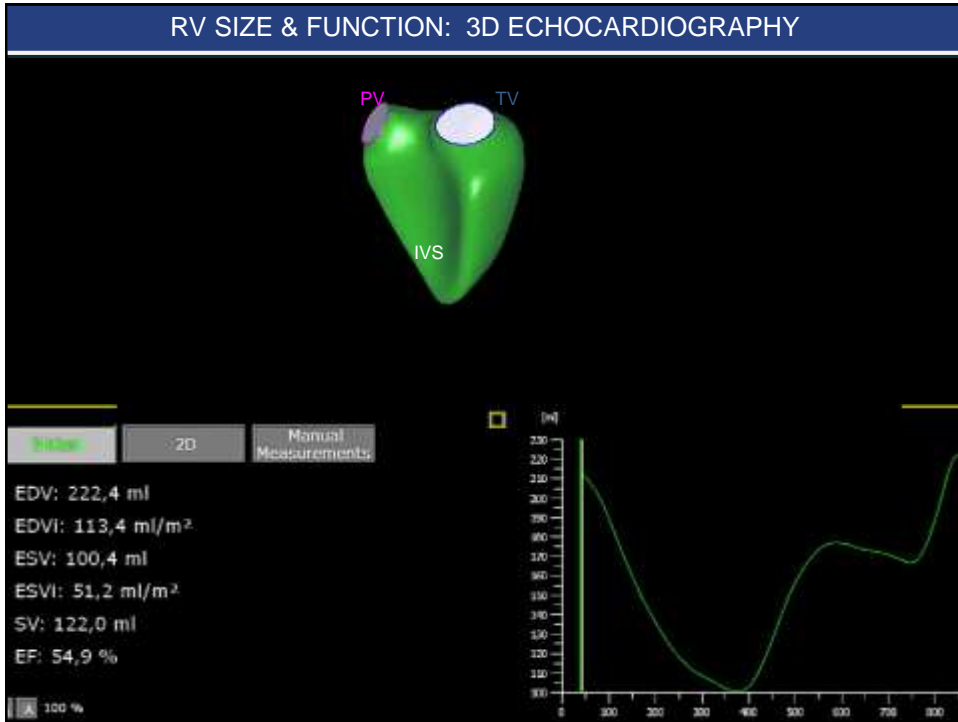
- Unfavorable location within the thoracic cavity
- Complex 3D anatomy
- Prominent trabeculation
- Limited number of anatomical landmarks
- Complex mechanism of RV contraction



Minor alterations in 2D plane orientation – significant changes in RV diameters



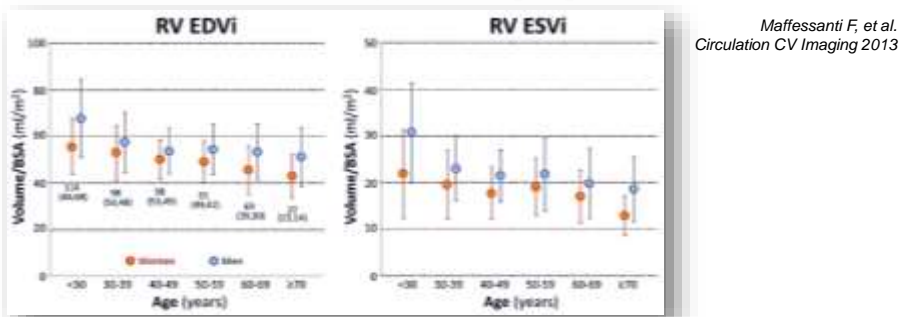
Surkova E, et al.
The use of multimodality imaging to assess right ventricular size and function
 Int. Journal of Cardiol. 2016



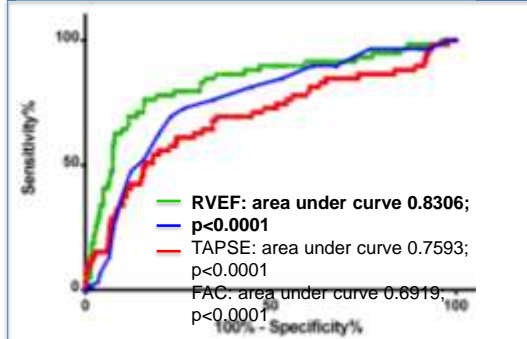
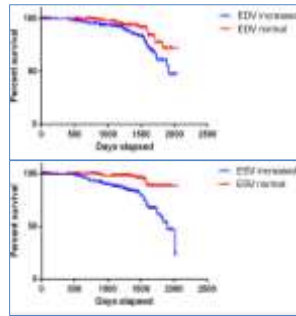
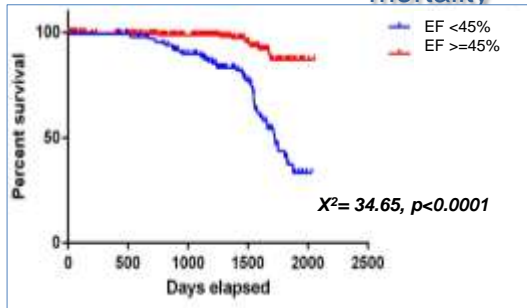
Reference values

Abnormality threshold	Gender	3DE	
RV EDVi (ml/m ²)	men	>87	Lang RM, et al. <i>Recommendations for cardiac chamber quantification.</i> EHJ Cardiovasc Imaging, 2015
	women	>74	
RV ESVi (ml/m ²)	men	>44	
	women	>36	
RV EF (%)		<45	

Reference values depend on age, gender and race

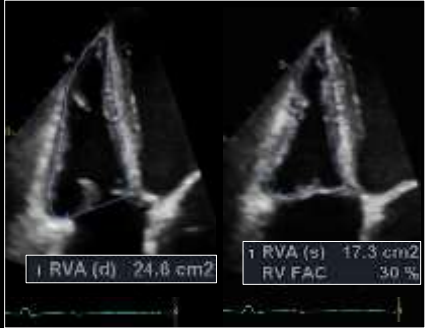
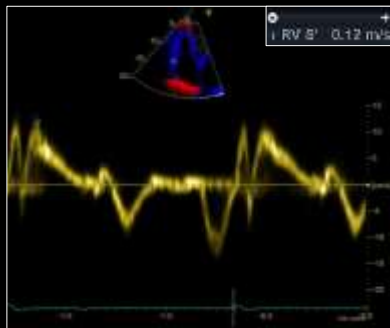
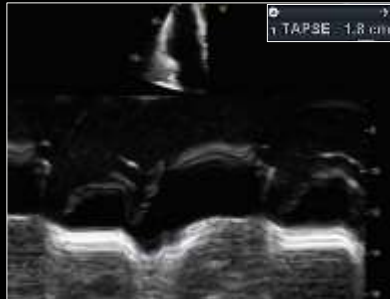


3D RV EF, EDVi and ESVi are significant predictors of all-cause mortality

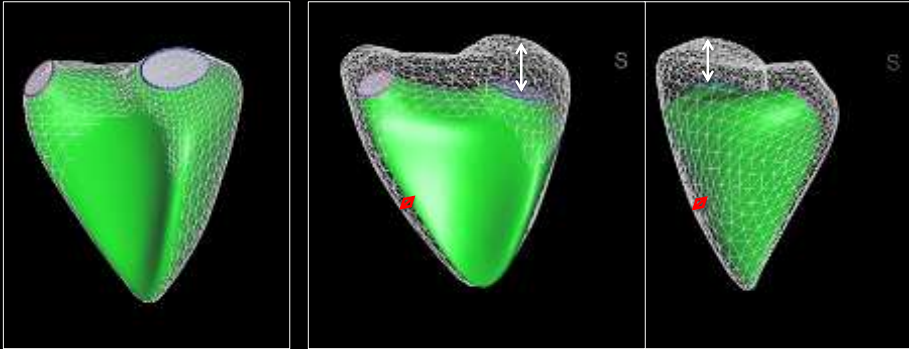


E.Surkova, et al. *3DE right ventricular volumes and EF predict mortality in unselected patients with various cardiac diseases* EHJ-CVI, 2017

CLINICAL CASE 1: RV Function?



LONGITUDINAL & RADIAL FUNCTION: 3D ECHOCARDIOGRAPHY

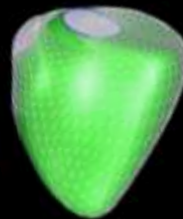


RV SHAPE: 3D ECHOCARDIOGRAPHY

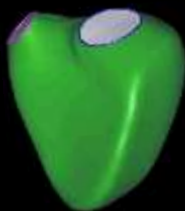
Healthy volunteer



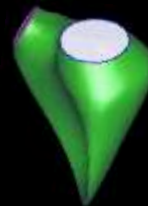
CCTGA: Systemic RV



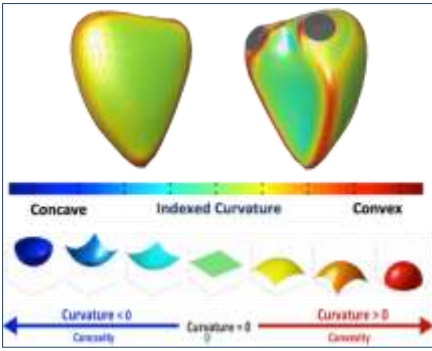
RV Volume overload



LV Dilatation with rEF



RV SHAPE & CURVATURE: 3D ECHOCARDIOGRAPHY

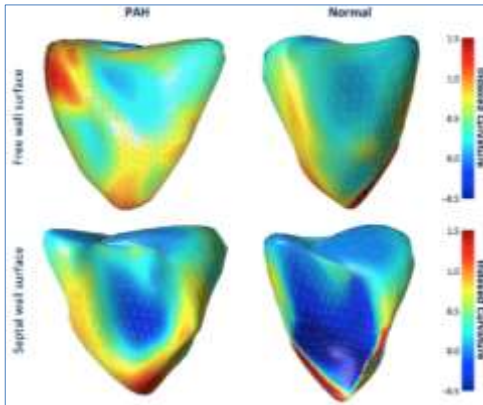


Concave Indexed Curvature Convex

Curvature < 0 Curvature = 0 Curvature > 0

Concavity Convexity

The curvature of the RV inflow tract was a more robust predictor of death than RV EF, RV volumes, or other regional curvature indices.

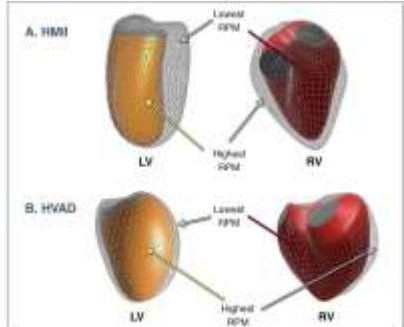


K. Addetia, et al. *3DE-based analysis of RV shape in pulmonary arterial hypertension. EHJ-CVI, 2015.*

RV SHAPE & CURVATURE: 3D ECHOCARDIOGRAPHY

Reference values for the RV curvature are available

Region	Overall		
	ED	ES	P
Apical free wall	2.38 ± 0.24	2.45 ± 0.34	<.01
Body free wall	1.17 ± 0.06	1.13 ± 0.10	<.01
Apical septum	0.51 ± 0.34	0.52 ± 0.43	.55
Body septum	0.24 ± 0.15	0.25 ± 0.18	.11
RVOT	1.42 ± 0.11	1.31 ± 0.12	<.01
RVIT	1.27 ± 0.16	1.20 ± 0.13	<.01



K. Addetia, et al. *3D Morphological Changes in LV and RV During LVAD Ramp Studies. JACC-CVI,*

Strengths and limitations of 3D echocardiography in assessing the RV

- Major advantages**
- Direct measurements of volumes and EF
 - No geometric assumptions
 - Higher accuracy and reproducibility than 2DE parameters
 - Additive prognostic value in congenital and acquired heart diseases
 - Novel 3DE-based methods allow to assess:
 - ✓ relative contribution of longitudinal and radial contractility to RV EF,
 - ✓ RV shape

- Major limitations**
- Need of stable cardiac rhythm and patients' cooperation
 - Severely dilated RV may be difficult to encompass in a 3D data set
 - Requires good image quality

TAKE HOME MESSAGES

Recommendations. RV size should be routinely assessed by conventional 2DE using multiple acoustic windows, and the report should include both qualitative and quantitative parameters. In laboratories with experience in 3DE, when knowledge of RV volumes may be clinically important, 3D measurement of RV volumes is recommended.



- 3DE should be performed in all patients' categories where RV information is clinically/prognostically important:
 - ✓ PH,
 - ✓ Congenital heart disease,
 - ✓ Heart failure,
 - ✓ MI,
 - ✓ ARVC,
 - ✓ RV pathology/failure



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