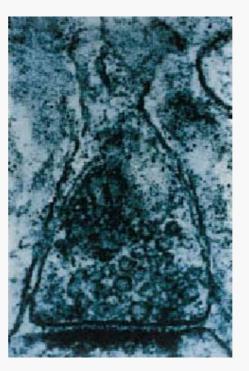
Cardiac Neurotransmission Imaging

For assessment of myocardial sympathetic innervation

Cardiac neurotransmission imaging

 Visualization and quantitation with
 SPECT and PET of pathophysiologic
 processes

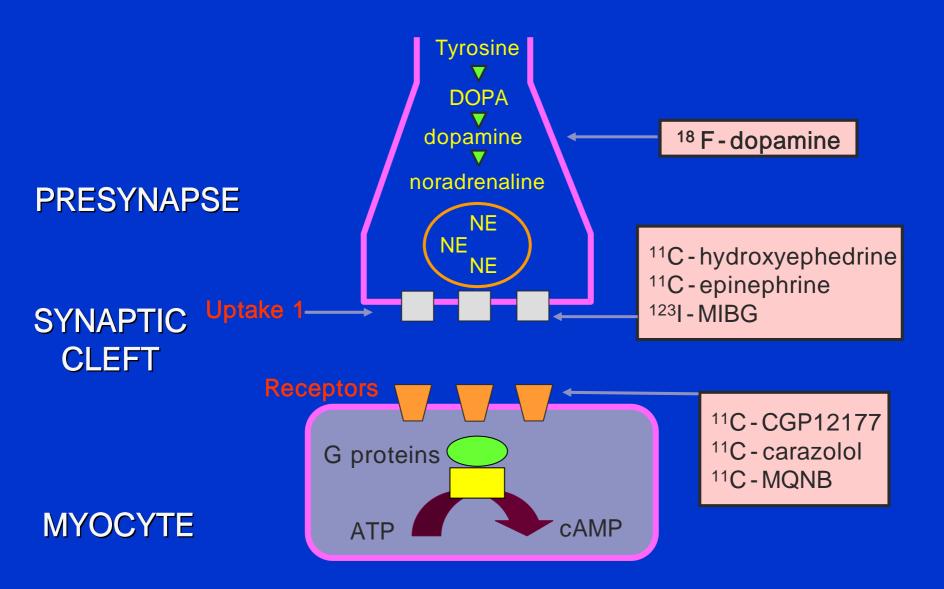
- nerve terminals
- synaptic clefts
- postsynaptic sites



EM of cardiac synapse



PET in vivo visualization of cardiac muscarinic receptors



Radiopharmaceuticals

Targeted process Transport and storage into axoplasmic vesicles Presynaptic uptake - 1 and storage

Presynaptic uptake - 1 and storage

Presynaptic uptake - 1 and storage and metabolism

Postsynaptic adrenoceptor density

Postsynaptic adrenoceptor density

Postsynaptic muscarinic receptor density

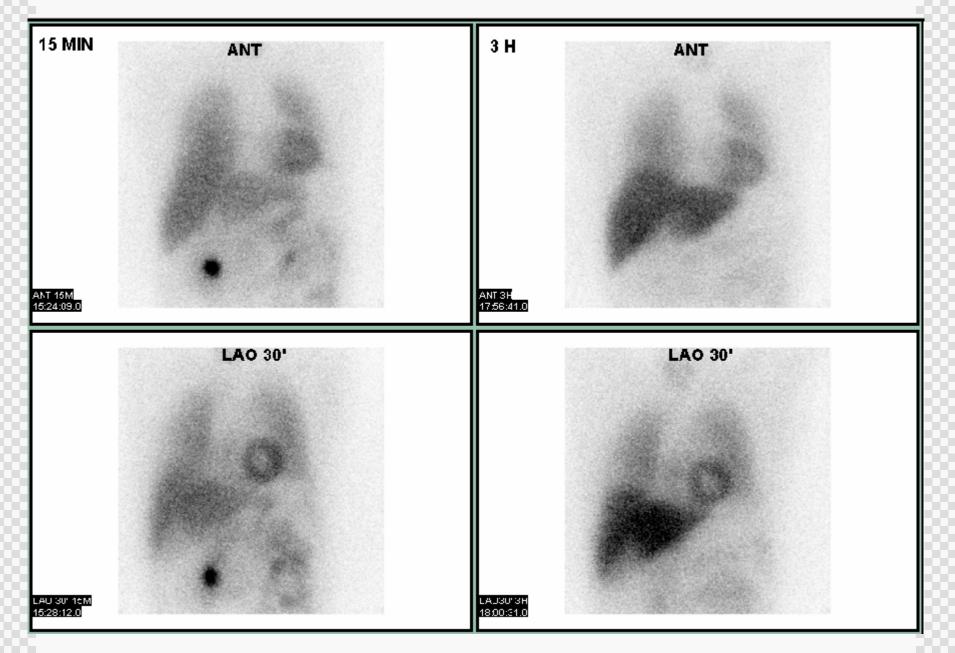
Radiopharmaceutical Imaging / parameters

- ¹⁸F fluorodopamine PET,
- Peak myocardial concentration
- ¹²³I-MIBG Planar/SPECT
 Heart-to-mediastinum ratio, Wash-out rate
- ¹¹C-HED (hydroxyephedrine) PET
- Retention fraction, Volume distribution
- ¹¹C-EPI (epinephrine) PET
- Retention fraction, Volume distribution
- ¹¹C-CGP (4-(3-*t*-butylamino-2-hydroxypropoxy)-benzimidazol-1) PET
- Cardiac Bmax
- ¹⁸F fluorocarazolol PET
- Cardiac Bmax
- ¹¹C MQNB (methylquinuclidinyl benzylate) PET,- Cardiac Bmax

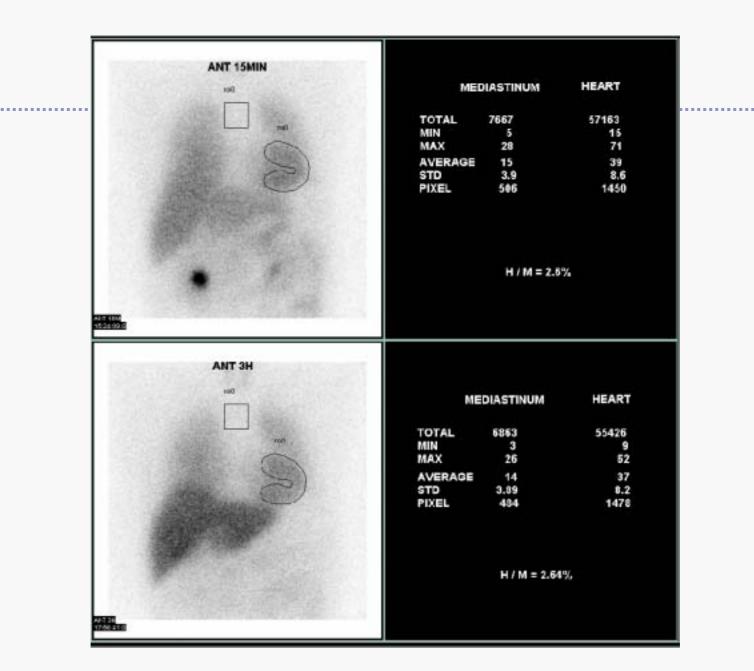
MIBG

♦ MIBG labeled with ¹²³I

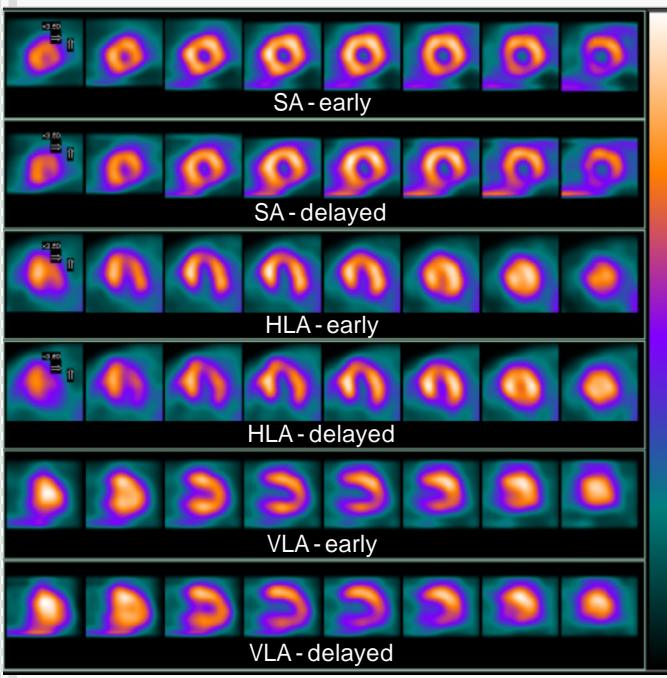
- visualization of the sympathetic nervous system
- Gamma camera : Planar or SPECT.
- Take up by sympathetic nerve endings
 - sodium and energy dependent uptake 1 mechanism
 - similar molecular structures with noradrenaline
 - same uptake and storage mechanisms with noradrenaline

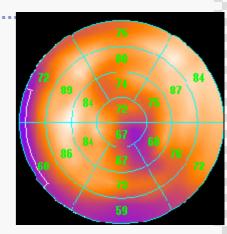


¹²³I-MIBG myocardial scan (normal)

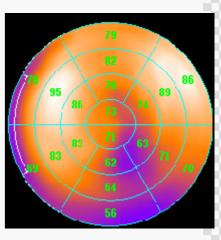


¹²³I-MIBG myocardial SPECT (normal)





early



Delayed

Clinical application

- Primary cardiomyopathy
 - Dysautonomias
 - Heart transplantation
 - Idiopathic ventricular tachycardia and fibrillation
- Secondary cardiomyopathy
 - Dilated cardiomyopathy
 - Coronary artery disease
 - Hypertrophic cardiomyopathy
 - Diabetes mellitus
 - Hypertension
 - Drug-induced cardiotoxicity

Heart Transplantation

Allograft ; completely denervated

Lack of autonomic nerve supply

Physiologic limitations

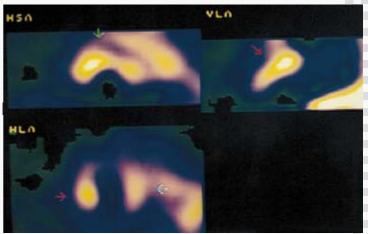
- Inability to perceive pain
 - no symptomatic recognition
 - accelerated allograft vasculopathy
 - acute ischemic events/ LV dysfunction /sudden death
- Denervation of sinus node
 - no adequate acceleration of heart rate
 - altered hemodynamic performance
 - \downarrow exercise capacity

Cardiac neurotransmission imaging

Slow reinnervation

 \bigotimes

- only after 1 y after transplantation
- Myocardial MIBG uptake
 - Increases with time after transplantation
 - positive correlation
 - heart-to-mediastinum rates
 - time after transplantation
- Serial MIBG studies
 - Reinnervation from the base to the apex
 - primarily in the anterior, anterolateral, and septal regions
 - usually not apparent in the posterior or inferior regions,
 - no Complete reinnervation even up to 12 y after transplantation.

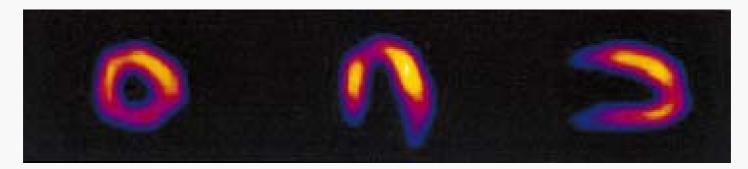


Idiopathic Ventricular Tachycardia and Fibrillation

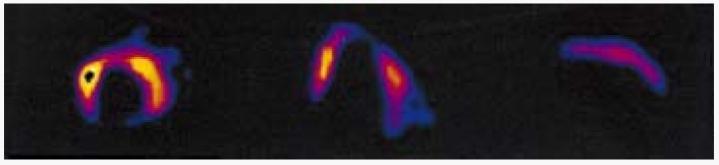
- The most common arrhythmia of sudden death
 No structural or functional abnormalities of myocardium
- $^{\circ}$ ¹²³I-MIBG, ¹¹C-hydroxyephedrine, and ¹¹C-CGP,
 - idiopathic right ventricular outflow tract tachycardia
 - \downarrow presynaptic myocardial catecholamine reuptake
 - \downarrow postsynaptic myocardial β -adrenoceptor density
 - Normal blood catecholamine levels
- ↓ maximal binding capacity ; β-adrenoceptor antagonist
 - impaired catecholamine reuptake
 - ↑ local synaptic catecholamine levels
 - myocardial β adrenoceptor downregulation

Idiopathic Ventricular Tachycardia

²⁰¹TI myocardial SPECT



¹²³I MIBG SPECT

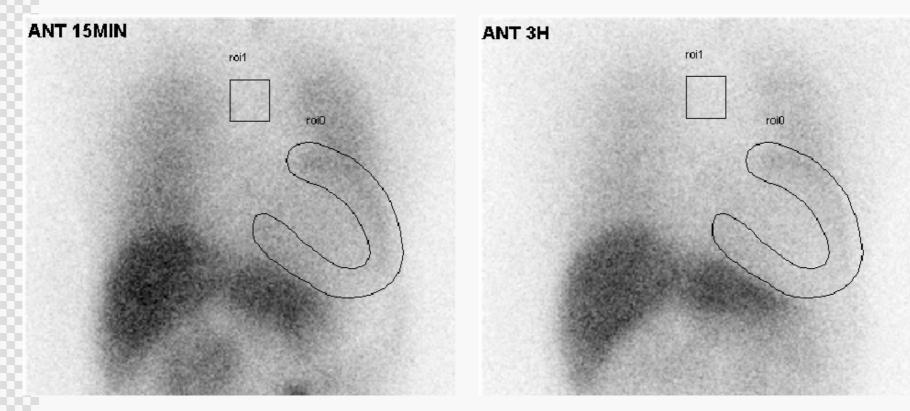


Dilated Cardiomyopathies

- \diamond Sympathetic nervous system activity \uparrow
 - Deleterious effects
 - Vascular constriction and *↑*salt and water retention
 - ↑ energy requirement of myocardial wall
 - Altered sympathetic cardiac adrenergic function
 - Arrhythmias
 - desensitization of postsynaptic β-adrenoceptors
 - activation of other neurohumoral systems
 - progression of myocardial dysfunction
- prolonged exposure to norepinephrine
 - modify cellular phenotype / result in myocyte death

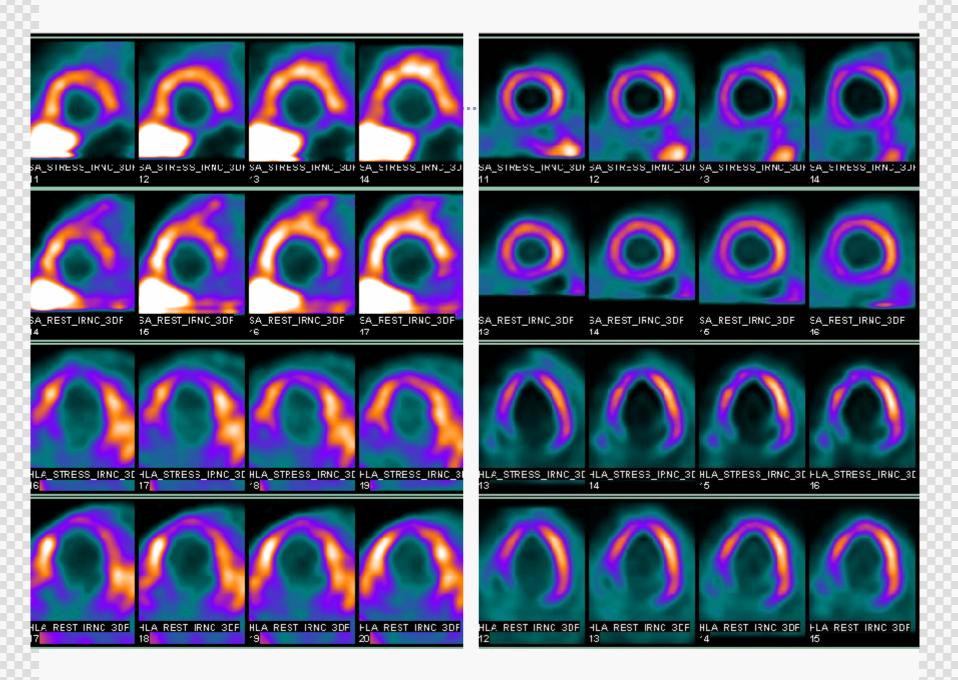
- ♦ ↑ concentration of circulating catecholamines
 - blunted responsiveness to β -adrenoceptor agonists
 - alterations of sympathetic innervation \rightarrow fatal outcomes
- Only independent predictors of mortality
 - low MIBG uptake & LVEF
 - Merlet et al. *J Nucl Med.* 1999;40:917–923.
- Most powerful independent predictor of prognosis
 - Washout Rate of MIBG
 - cardiomyopathy : washout rates (>25% from 15 to 85 min)
 - Healthy volunteers (<10%)
 - Momose et al. *Nucl Med Commun.* 1999;20:529 –535

M/61, DCM

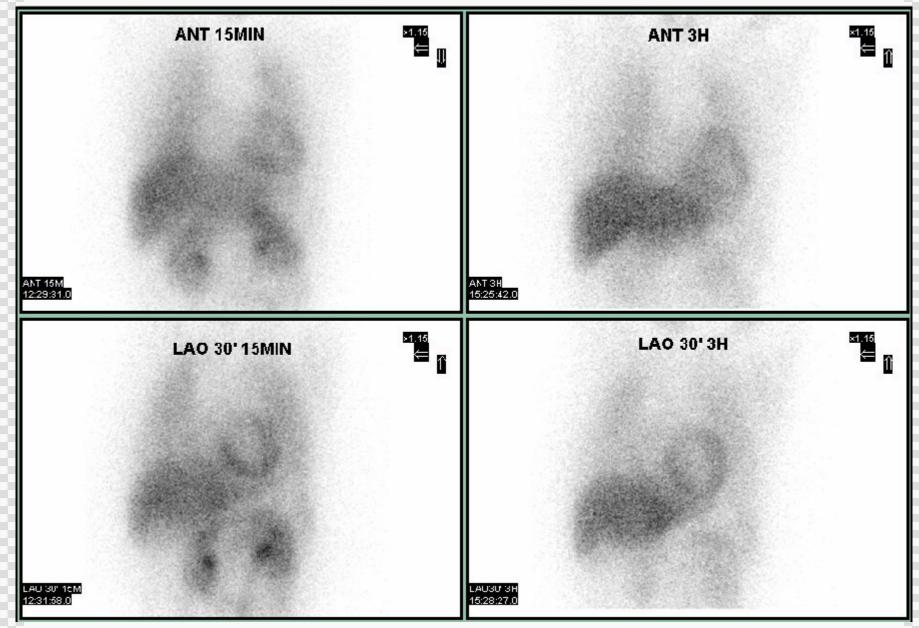


H/M ration : 1.57

H/M ration : 1.57

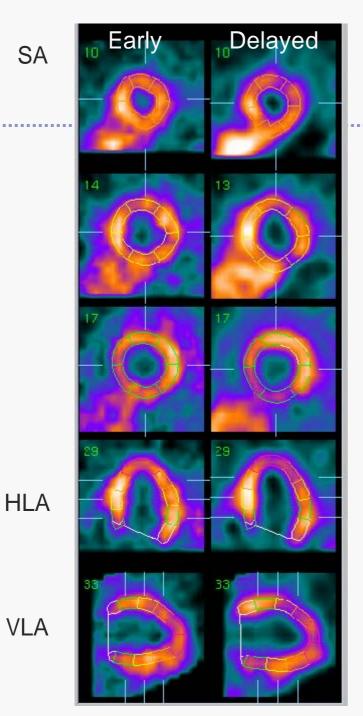


F/49, DCM

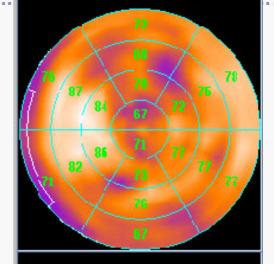


H/M ratio : 2.2

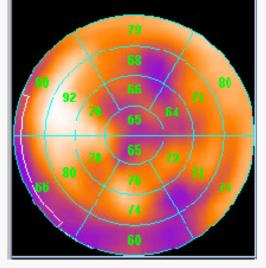




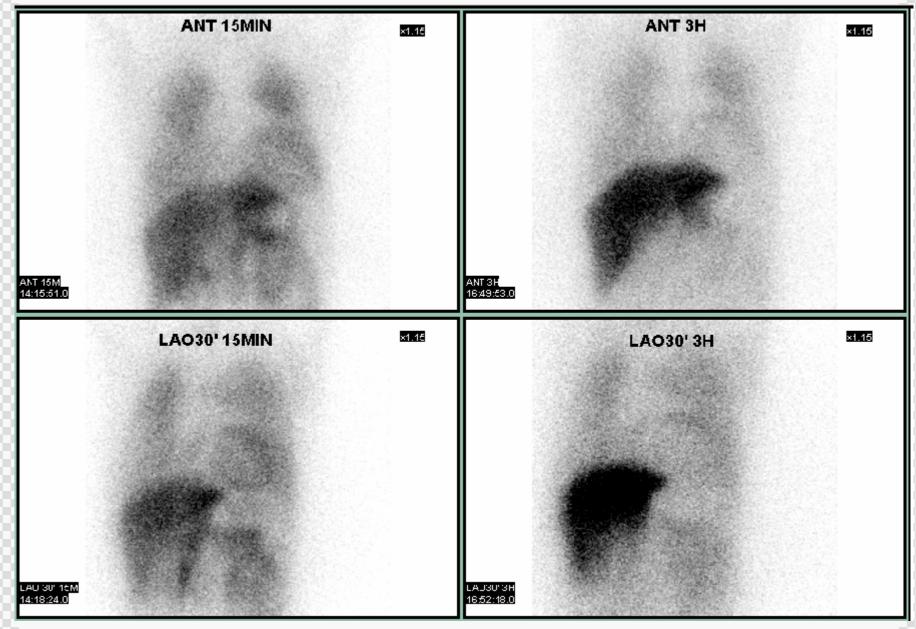
Early



Delayed



F/69, DCM



H/M ratio : 1.9

H/M ratio: 1.5

Assess New Forms of Medical Therapy

Senalapril treatment

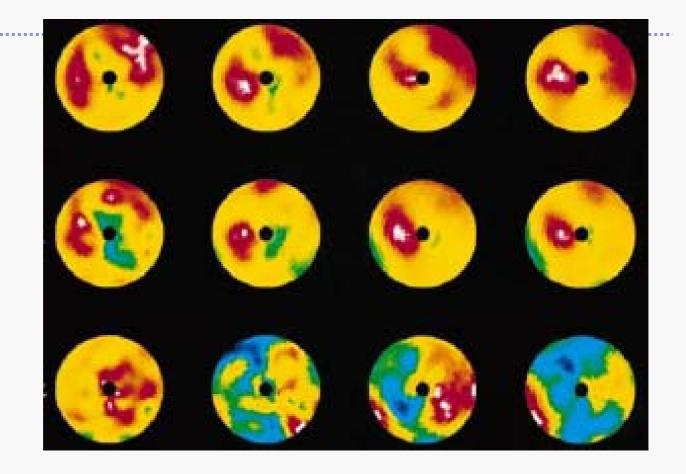
- restoration of neuronal uptake of noradrenaline
 - Somsen et al. *Eur J Nucl Med.* 1995;22:1149 –1154.
- ♦ ¹²³I MIBG myocardial imaging
 - Heart/mediastinum ratio on delayed images
 - good predictor of the response to α -blocker therapy
 - Threshold 1.7 identifying responders to bisoprolol
 - sensitivity : 91%, specificity : 92%.
 - Suwa et al. Am Heart J. 1997;133:353–358.

Sequential MIBG studies for monitoring of α -blocker therapy.

early

delayed

washout



	Before	0.4 yrs.	3.3 yrs.	6.9 yrs.
Washout rate	56%	24%	19%	18%
LVEF	28%	59%	65%	62%

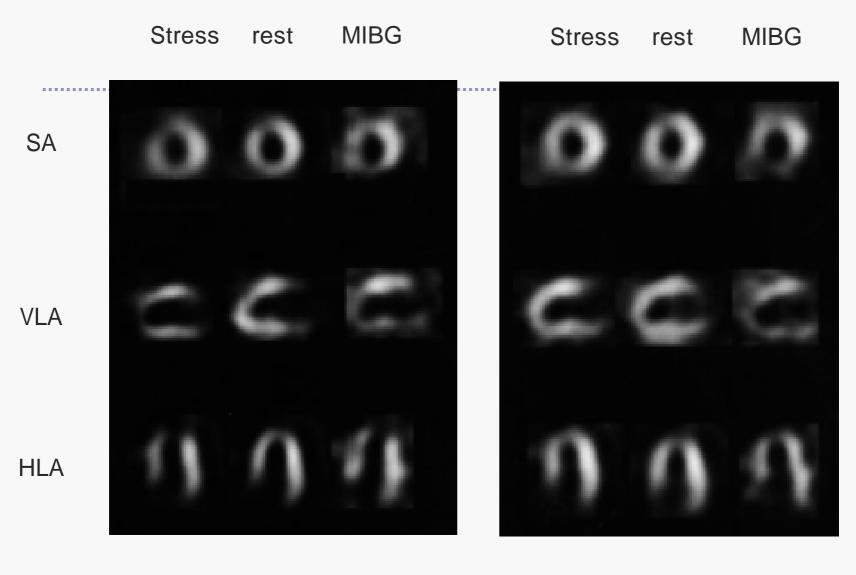
Coronary Artery Disease

Sympathetic nervous tissue

 more sensitive than myocardial tissue in ischemia

Ischemia

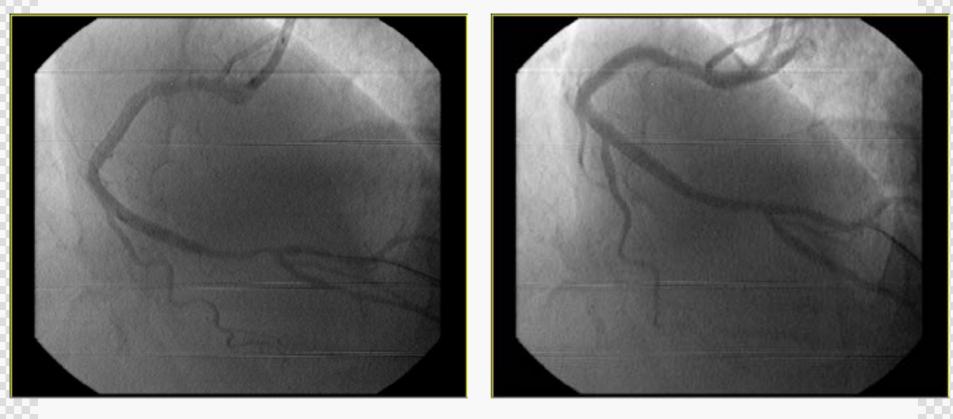
- damage to sympathetic neurons
 - long time to regenerate
- repetitive episodes of ischemia
 - permanent loss of MIBG uptake



Before rehabilitation

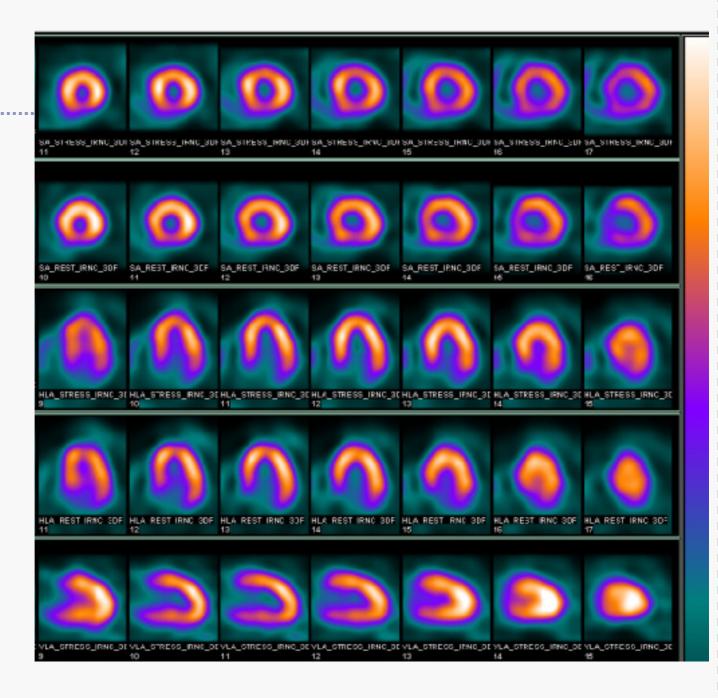
After rehabilitation

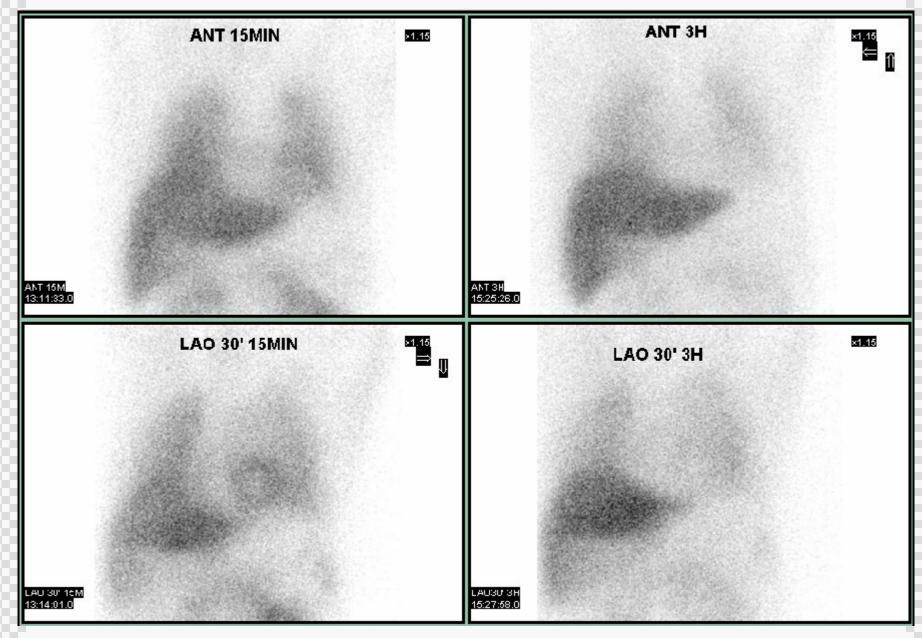
M/59



^{99m}Tc - MIBI

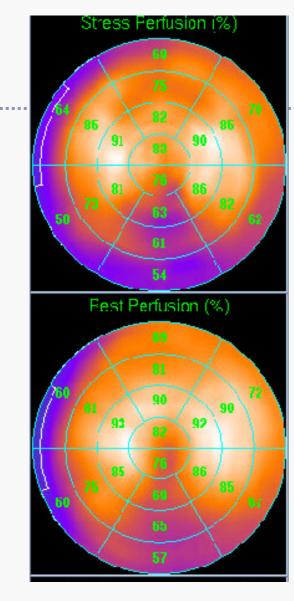
Myocardial Perfusion SPECT



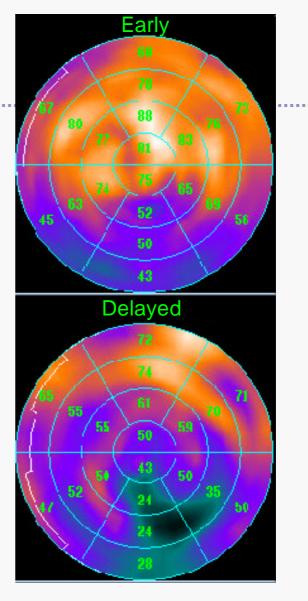


H/M ratio : 2.4

H/M ratio: 1.7



^{99m}Tc-MIBI Myocardial Perfusion SPECT



¹²³I-MIBG Myocardial SPECT

¹²³I-MIBG in Myocardial infarciton

¹²³I-MIBG scan on day 10 after acute MI

- Area of reduced uptake more extensive than thallium perfusion defect
 - McGhie et al. Am J Cardiol. 1991;67:236 –242.
- Adrenergic denervation of viable myocardium
 - denervation supersensitivity,

 \diamond

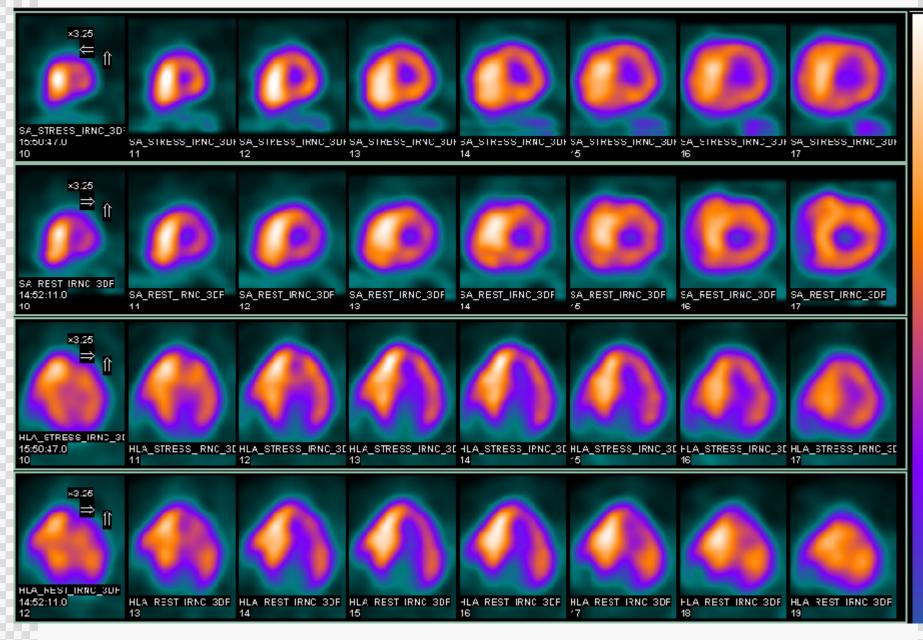
- exaggerated response of myocardium to sympathetic stimulation.
- vulnerability to ventricular arrhythmias.
- ¹²³I-MIBG uptake at 3 13 mo after infarction
 - no difference in MIBG activity within the infarcted zone
 - increase in activity in the periinfarcted region
 - without a change in perfusion.

• Hartikainen et al. Am J Cardiol. 1996;77:5–9.

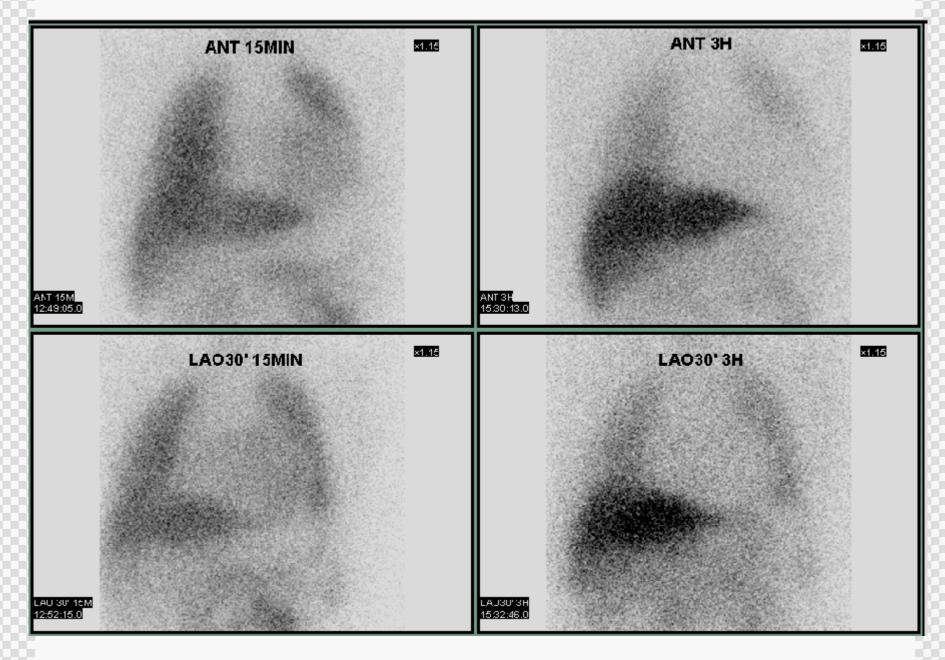
Hypertrophic Cardiomyopathy

- autonomic dysfunction : phenotypic expression
- Impaired Cardiac presynaptic catecholamine reuptake
 - ↑ neurotransmitter concentration in synaptic cleft
 - \downarrow postsynaptic β -adrenoceptor density
- ♦ Quantitative ¹¹C hydroxyephedrine and ¹¹C CGP PET
 - increased washout rate (.25%)
- ¹³N ammonia and ¹⁸F fluorodopamine PET
 - \downarrow ¹⁸F:¹³N ratio in hypertrophied myocardium
 - ↓ neuronal uptake of catecholamines in hypertrophied myocardium

M/30, HCM



Tc-99m MIBI Myocardial perfusion SPECT



¹²³I MIBG scan



Cardiac neurotransmission imaging

- Pathophysiology of disease
- Selection of patient for various treatment
- Assessment of results of therapy
- Future direction
 - New tracers
 - Clinical practice
 - Assessment and prediction of therapy