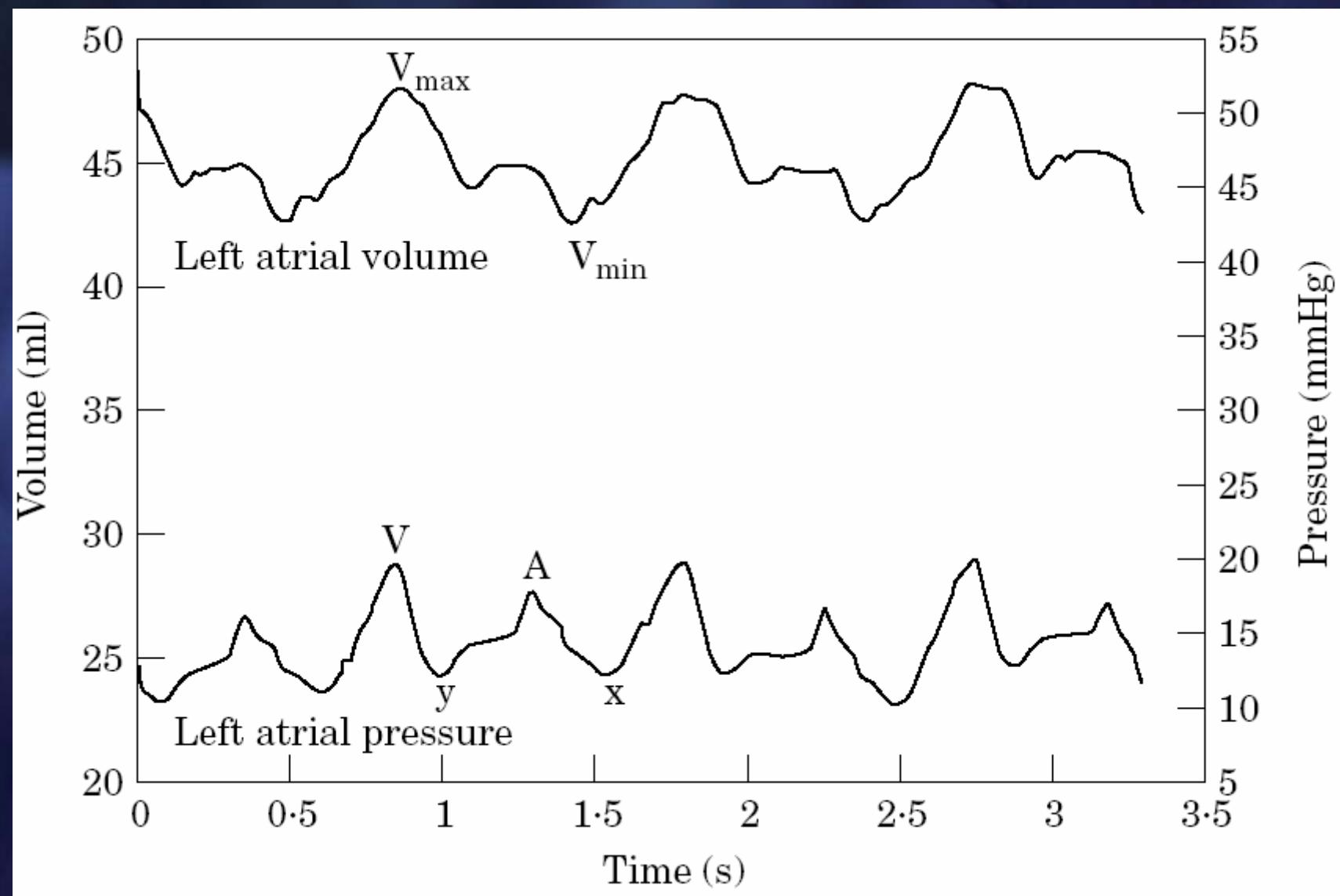


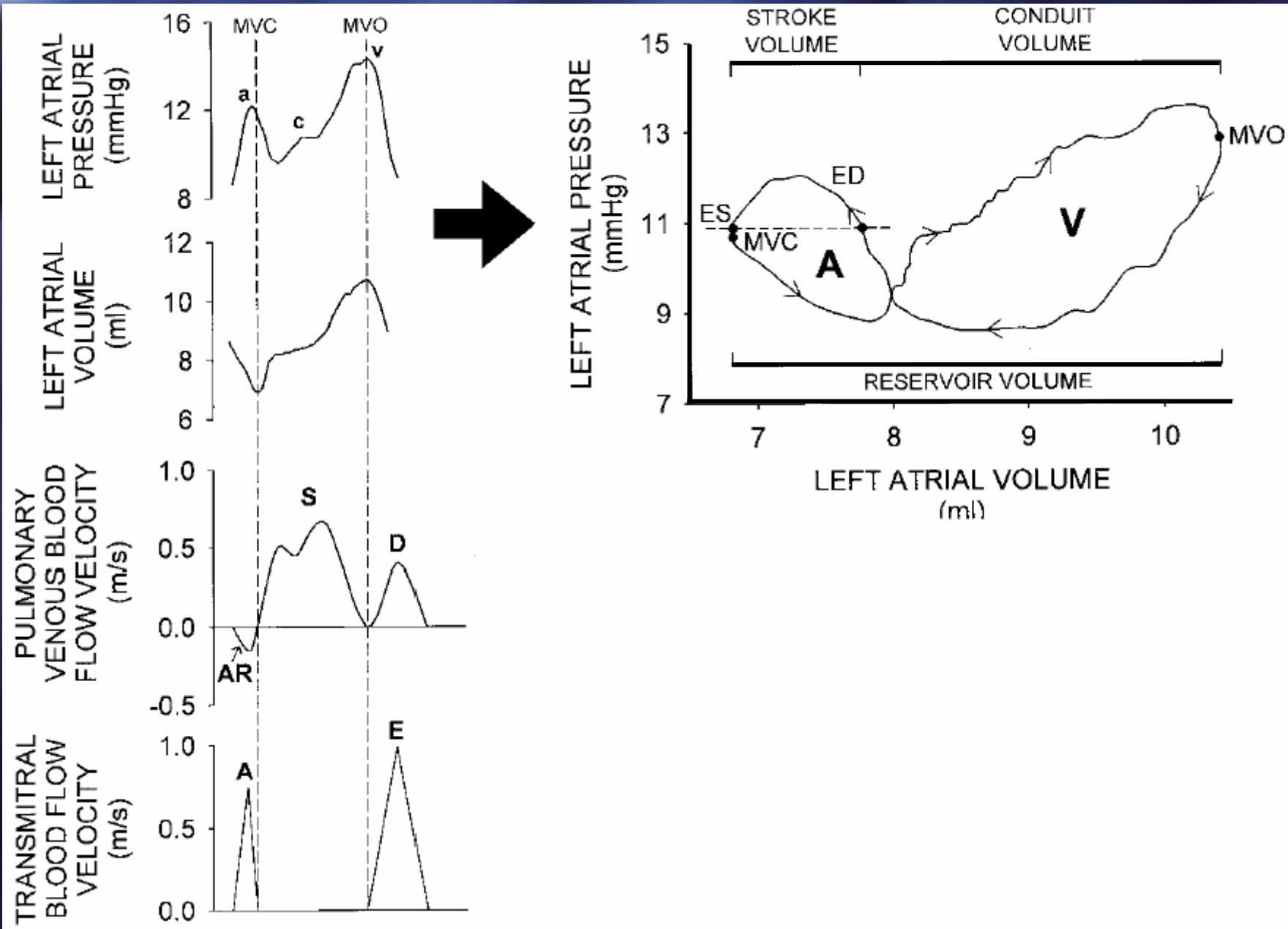
Echocardiographic Evaluation of Left Atrial Function

성균관의대 삼성서울병원 내과
박승우

Three Components

- Reservoir during systole
- Conduit during diastole
- Active contraction during late diastole





Echocardiographic Variables

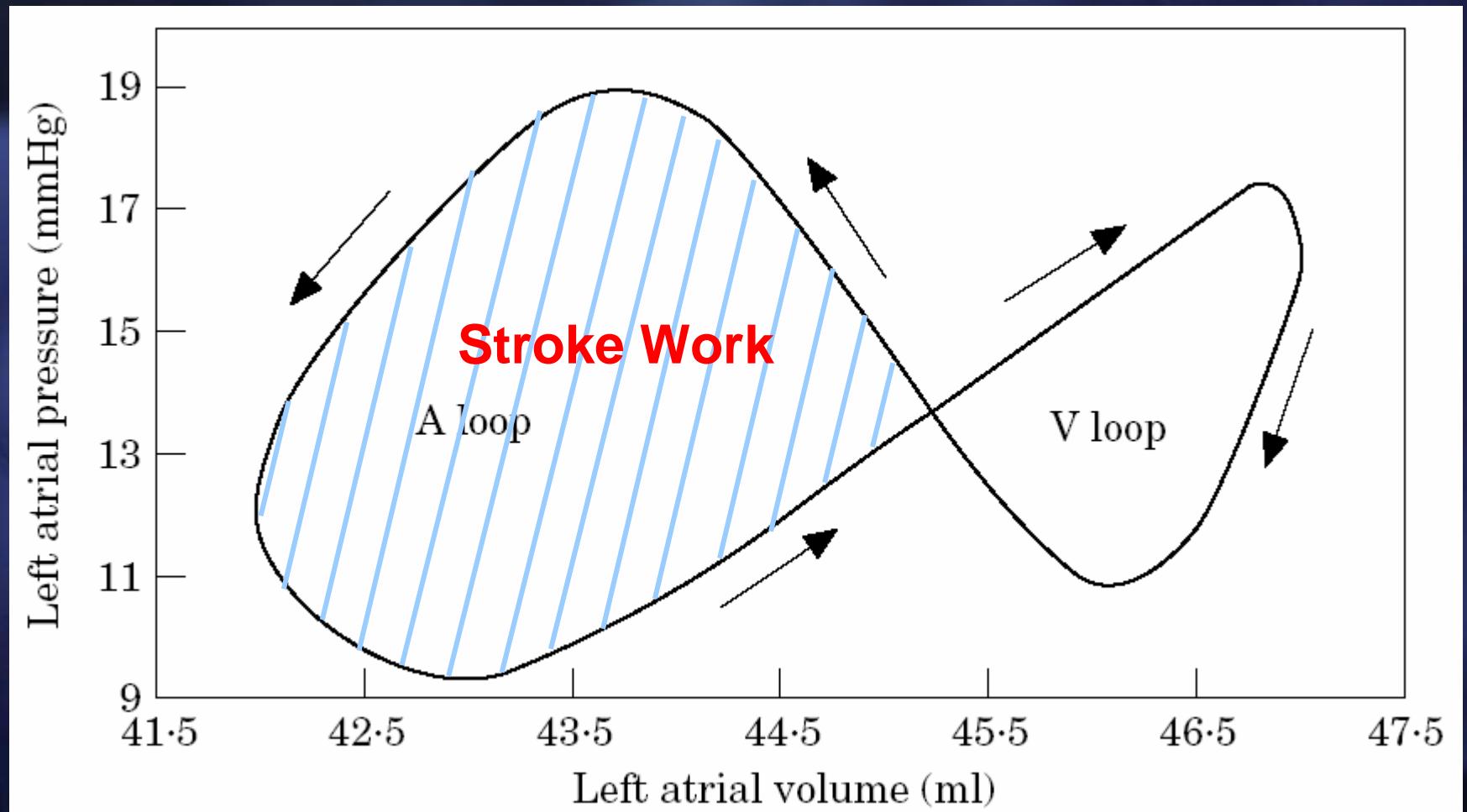
- Indirectly derived LA variables
 - LA ejection force
 - LA kinetic energy
 - Estimated LA dP/dt_{max}
- Pulsed wave Doppler
 - Transmitral velocities at atrial contraction
 - Atrial reversal velocities at pulmonic vein
- Tissue Doppler
 - Mitral annular velocity at atrial contraction
 - LAA wall velocity

Echocardiographic Variables

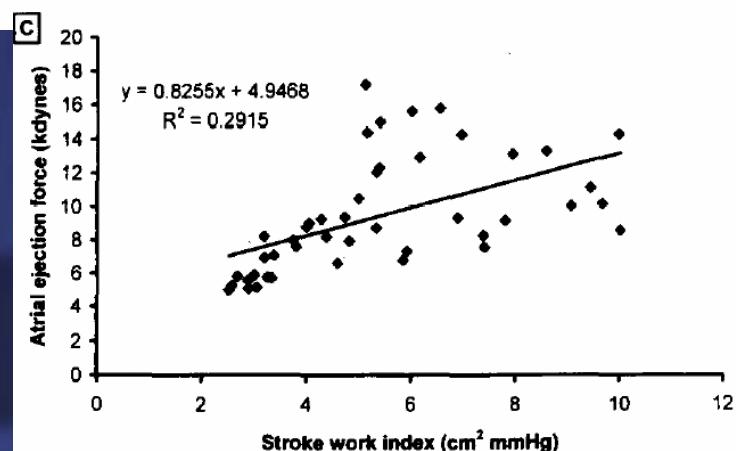
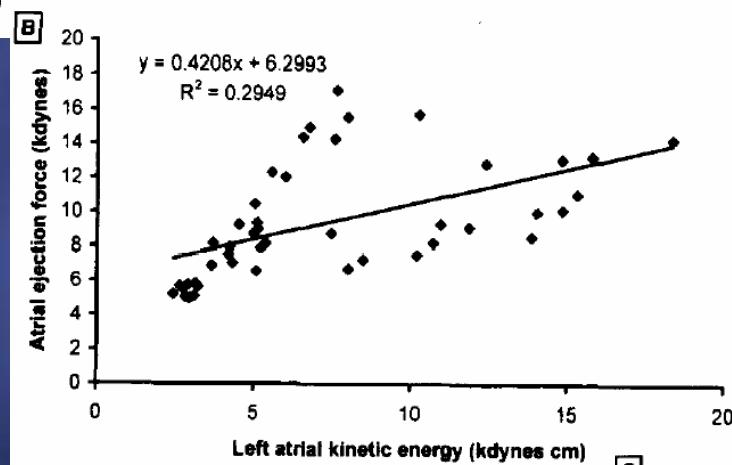
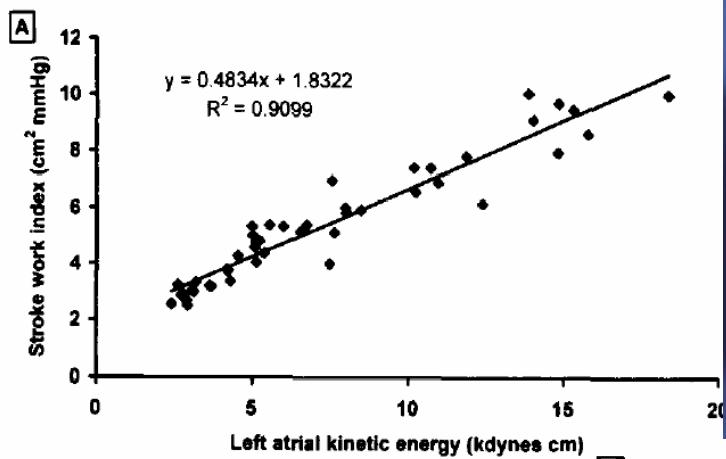
- LA size quantitation
 - LA volume
 - Maximal LA volume
 - Total volume of LA emptying
 - Volume of LA emptying during active atrial contraction
 - LA area
 - + phasic LA area change by AQ technique
 - LA dimension

Volumes According to Phasic Changes

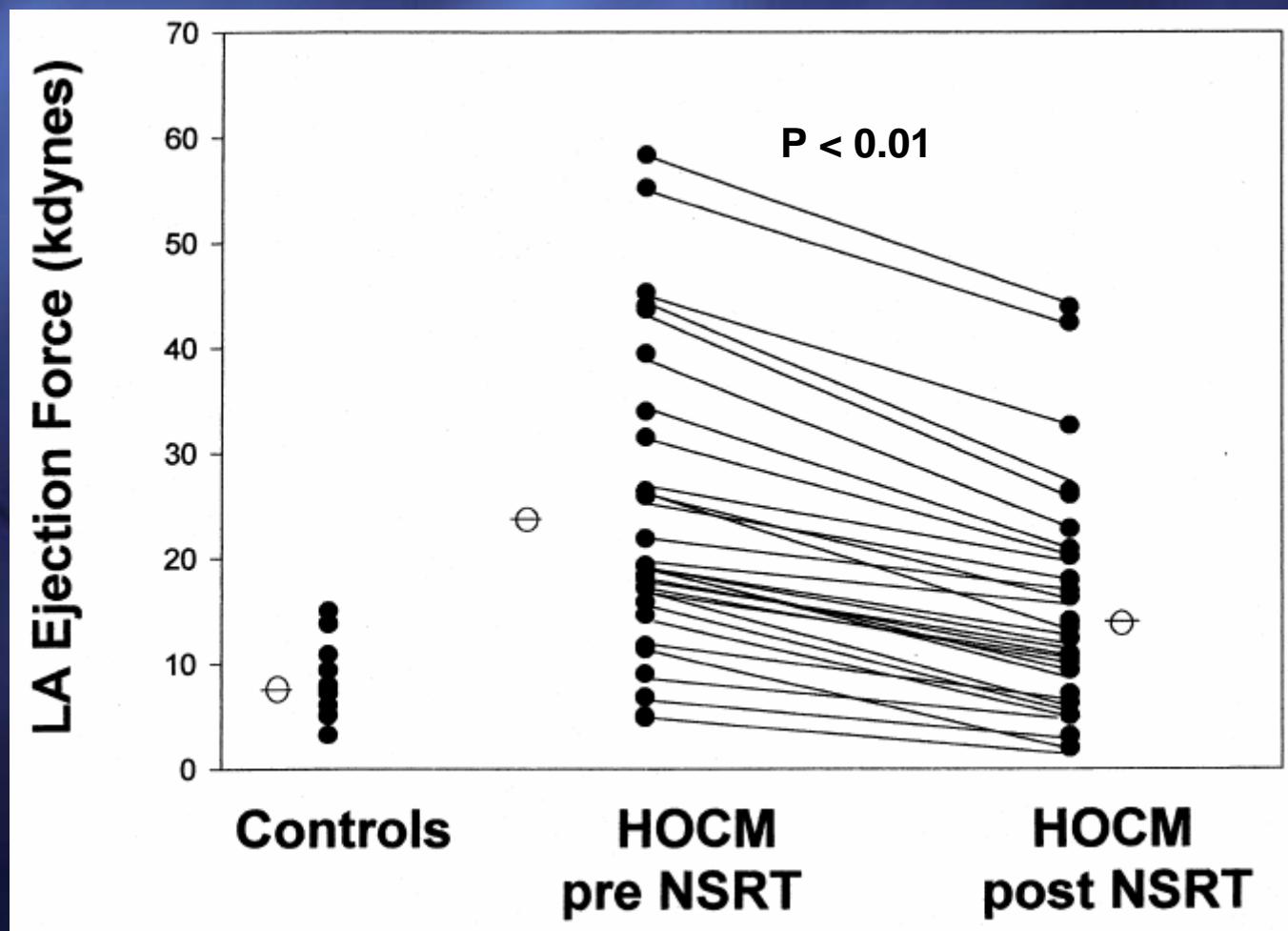
1. Maximum LA volume; volume just before MV opening
2. Minimum LA volume; volume at MV closure
3. Total LA emptying volume (Reservoir volume)
maximum LA volume - minimum LA volume
4. LA passive emptying volume
maximal LA volume - pre-atrial contraction LA volume
(at the onset of the P-wave on ECG)
5. LA active emptying (contractile) volume = LA stroke volume
pre-atrial contraction LA volume - minimum LA volume
6. LA (passive) conduit volume
LV stroke volume - the total LA emptying volume
7. LAEF = 5 / pre-atrial contraction LA volume



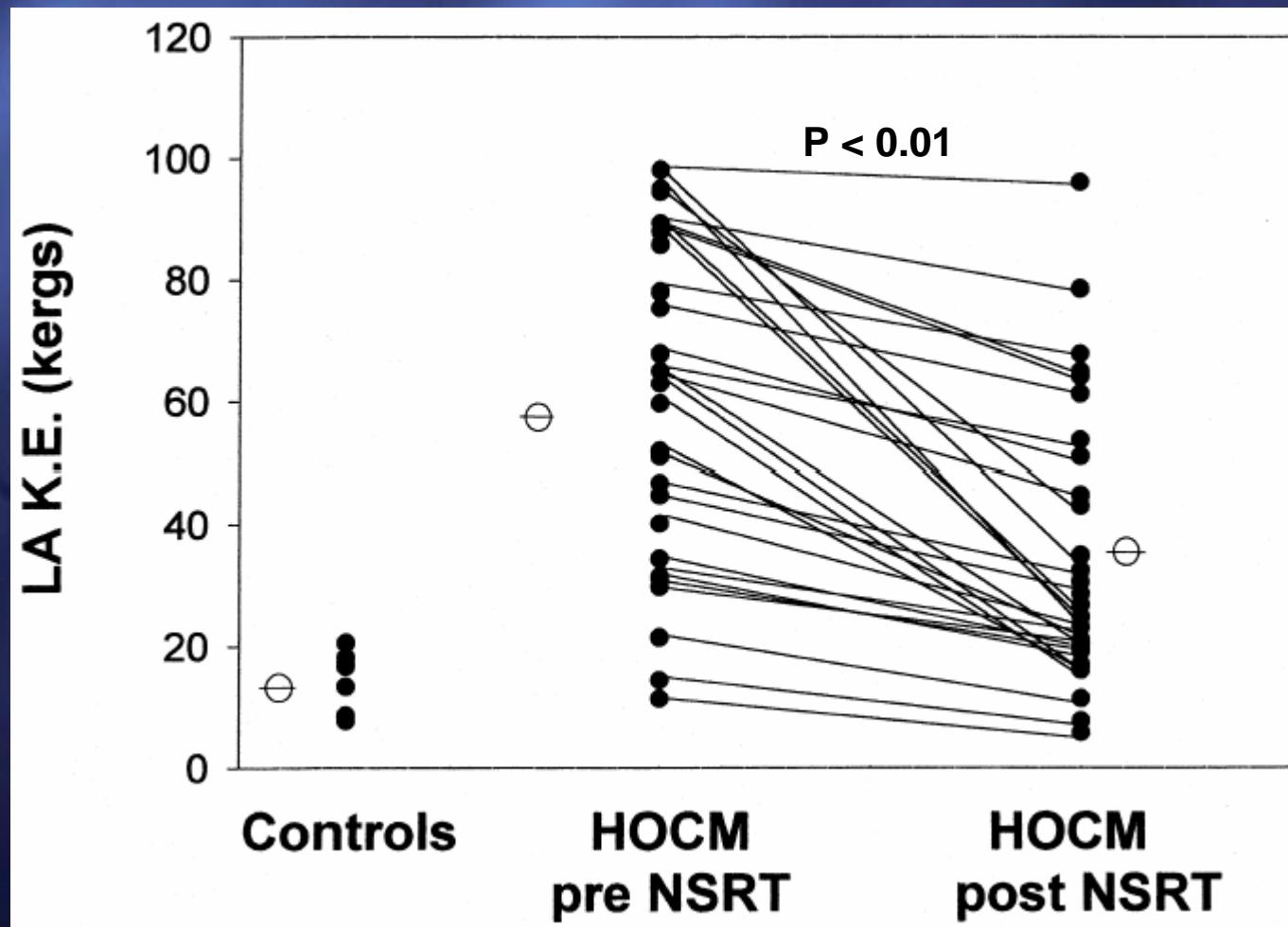
- LA ejection force (kdyne)
= $0.5 \times 1.06 \times$ mitral annulus area \times (peak A velocity²)
- LA kinetic energy (kerg)
= $0.5 \times 1.06 \times$ LA stroke volume \times (peak A velocity²)



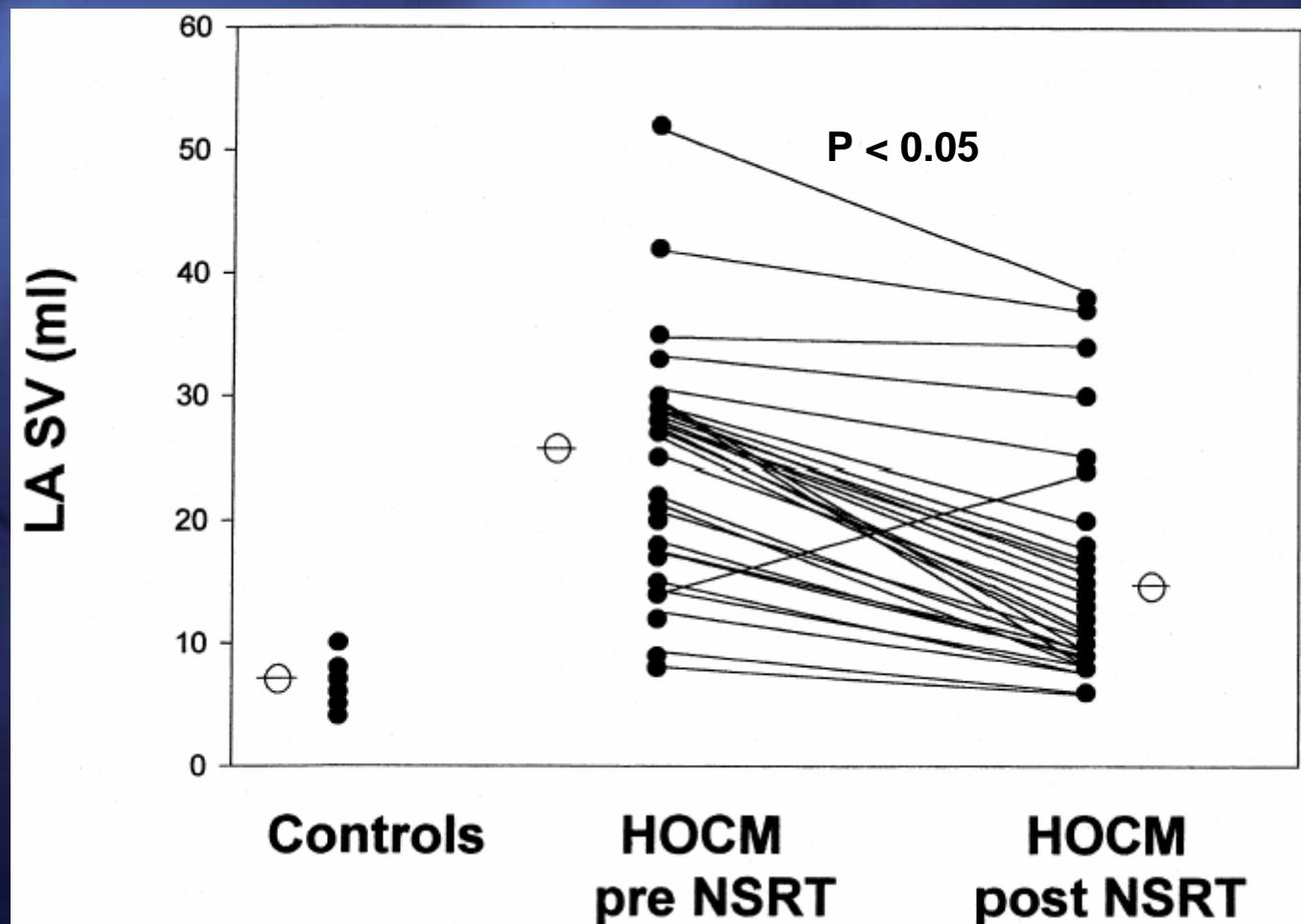
Change of LA Function After Septal Ablation in HCM



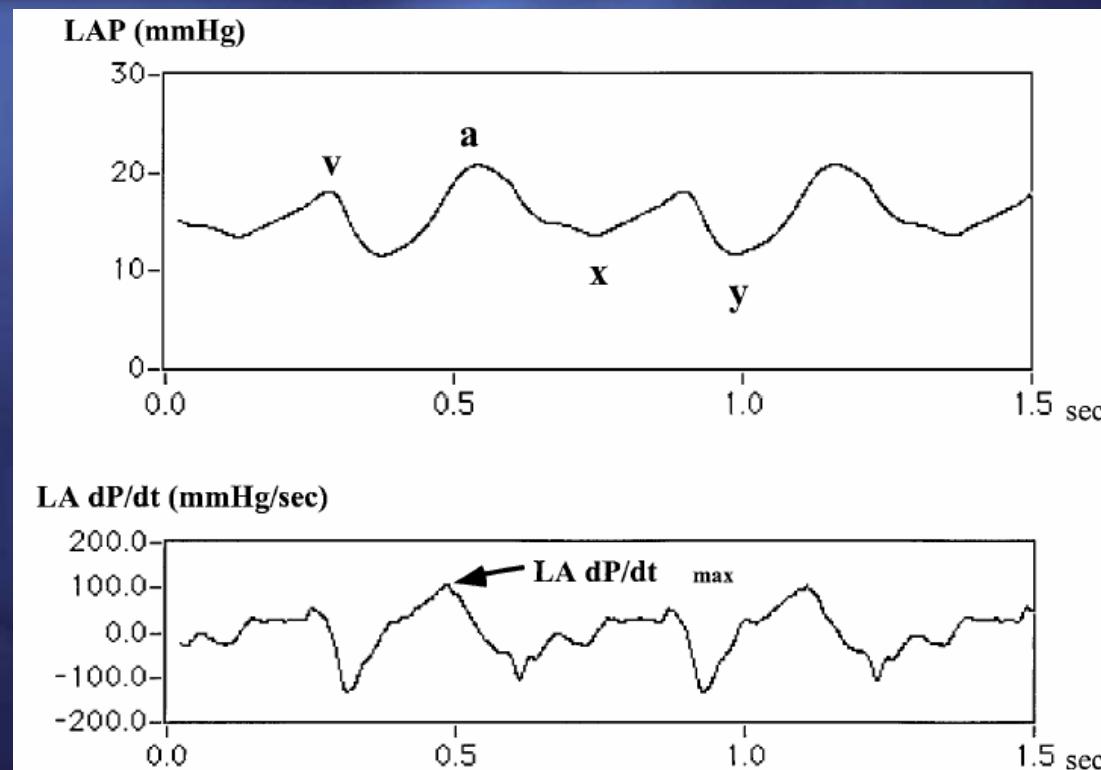
Change of LA Function After Septal Ablation in HCM



Change of LA Function After Septal Ablation in HCM

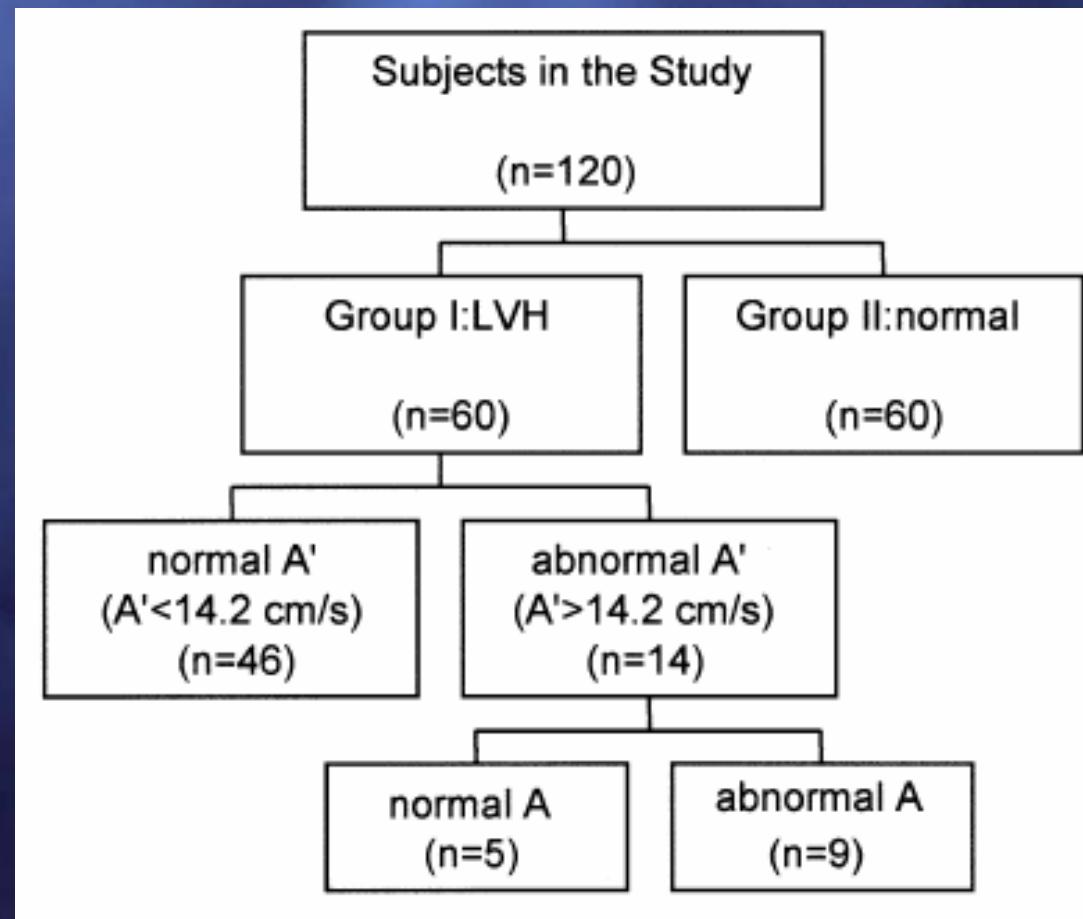


Estimation of LA dP/dt_{max} by Mitral Inflow and PV Flow

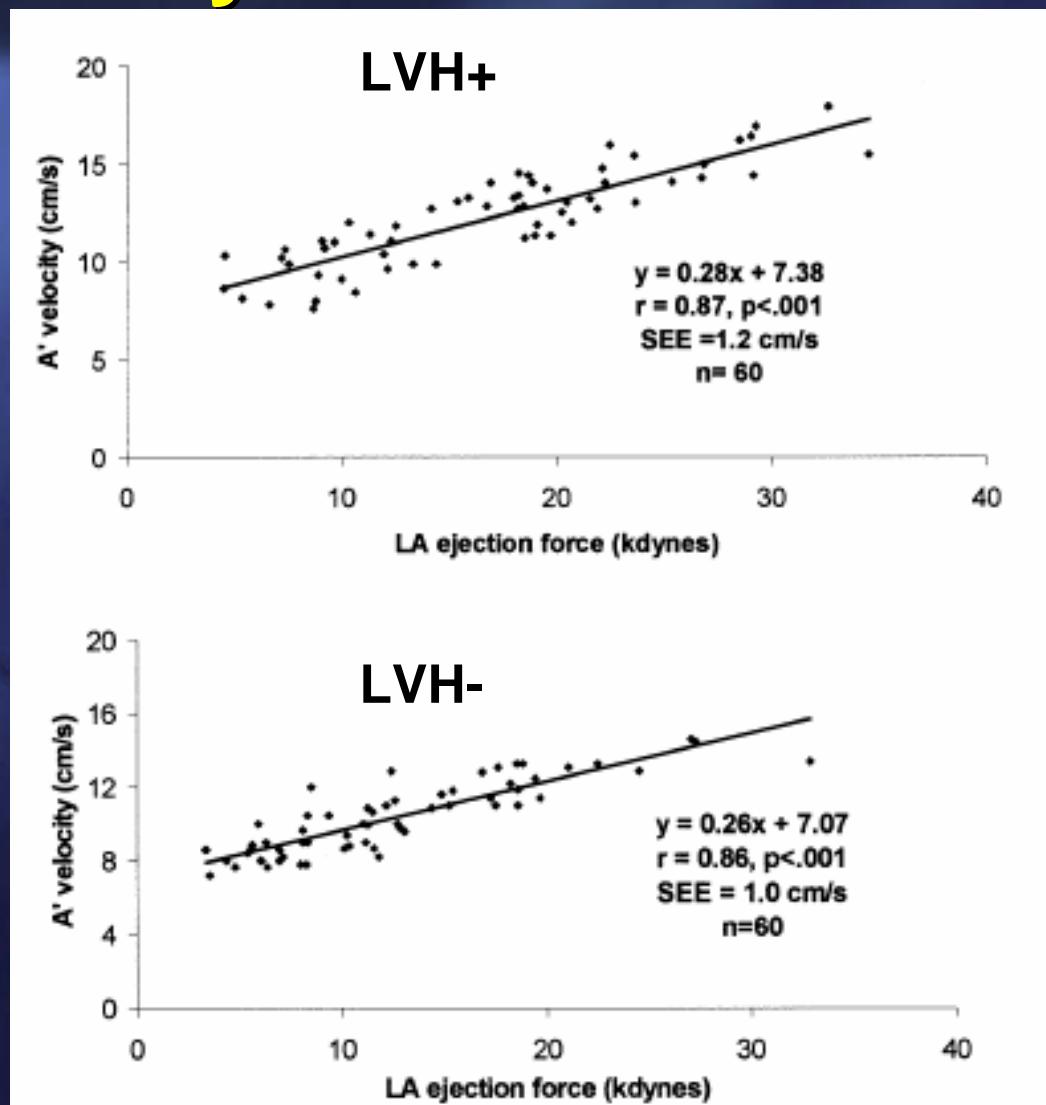


$$LA \text{ dP/dt}_{\text{max}} = 0.1 \text{ M-AC (cm/s}^2\text{)} + 1.8 \text{ PV (cm/s)} - 4.1$$

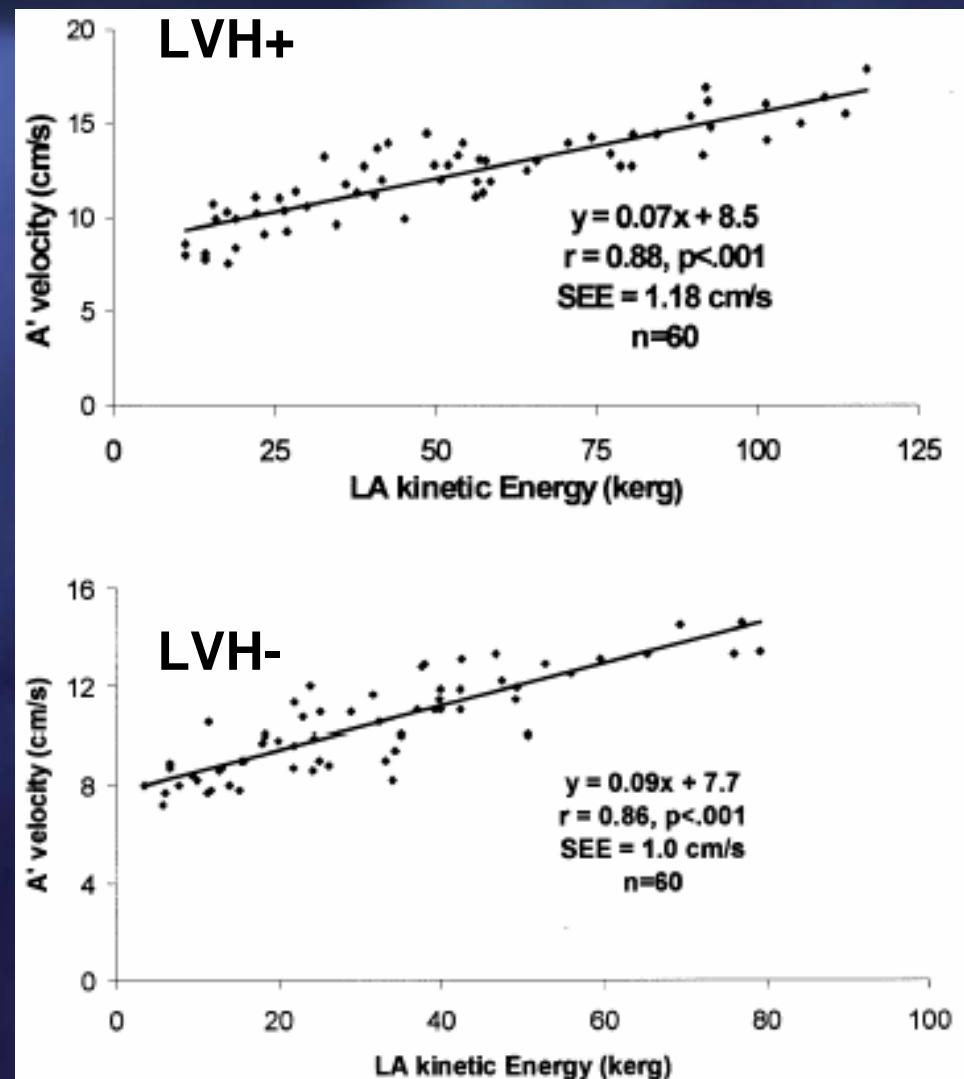
LA Systolic Function Evaluation by A' at Mitral Annulus



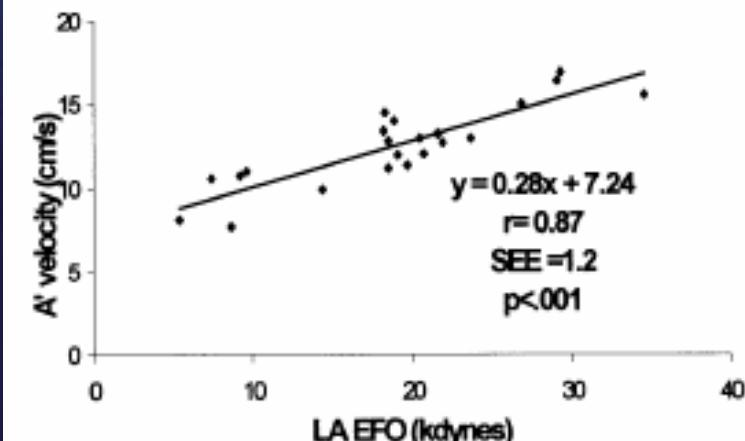
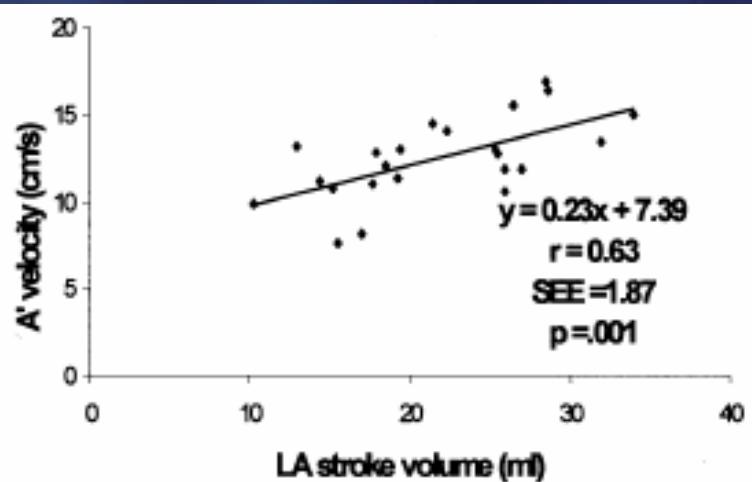
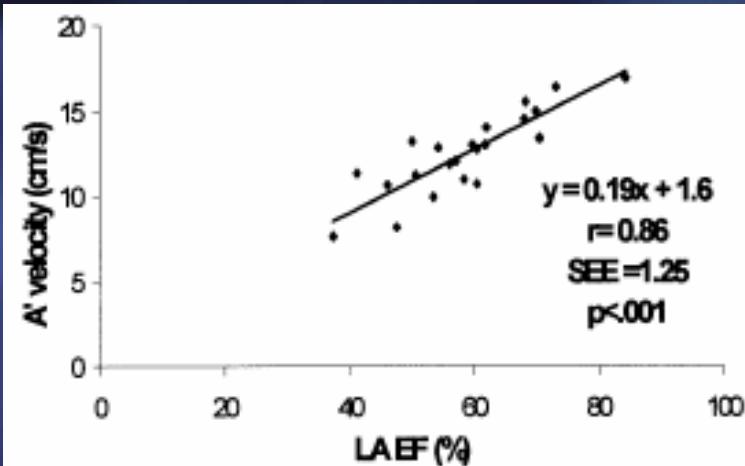
LA Systolic Function Evaluation by A' at Mitral Annulus



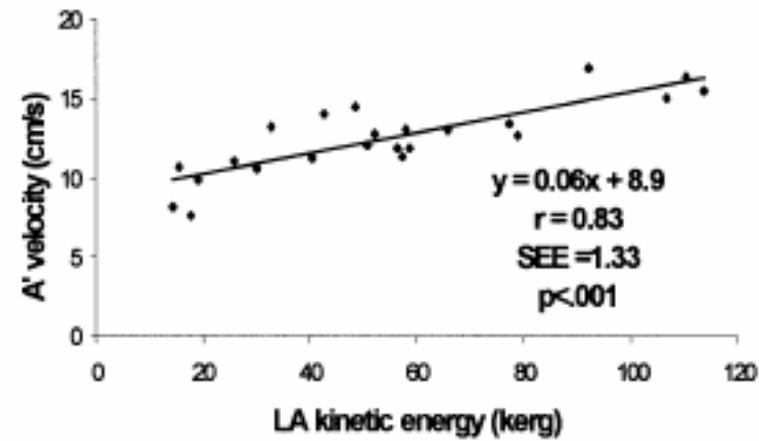
LA Systolic Function Evaluation by A' at Mitral Annulus



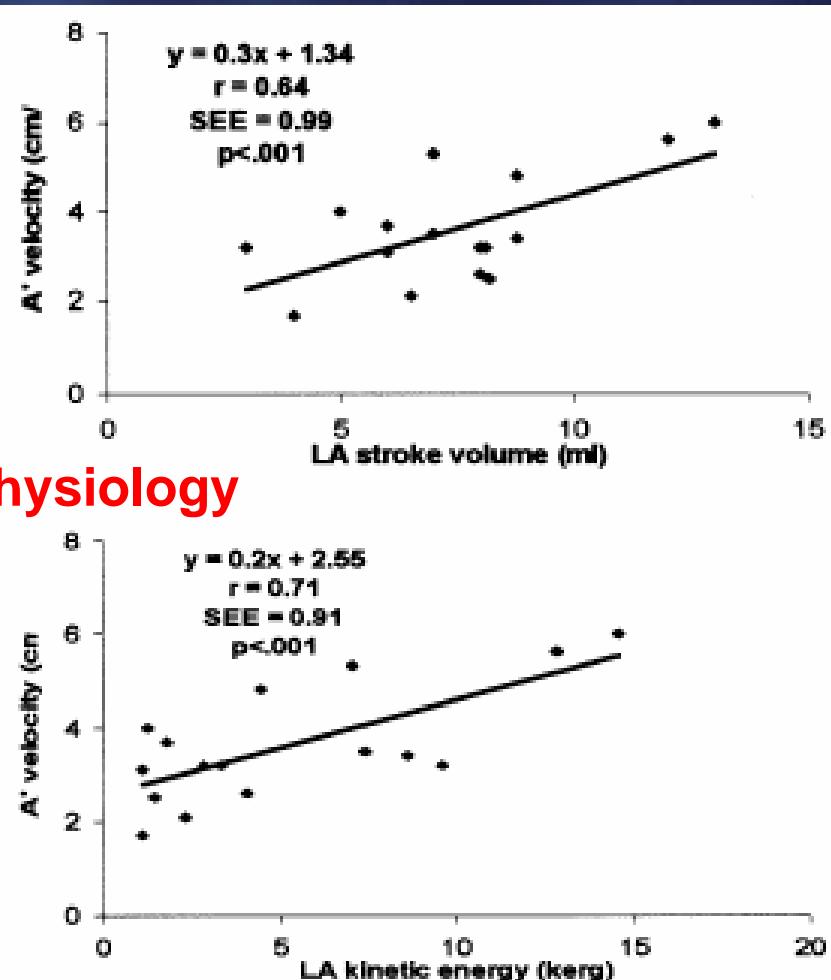
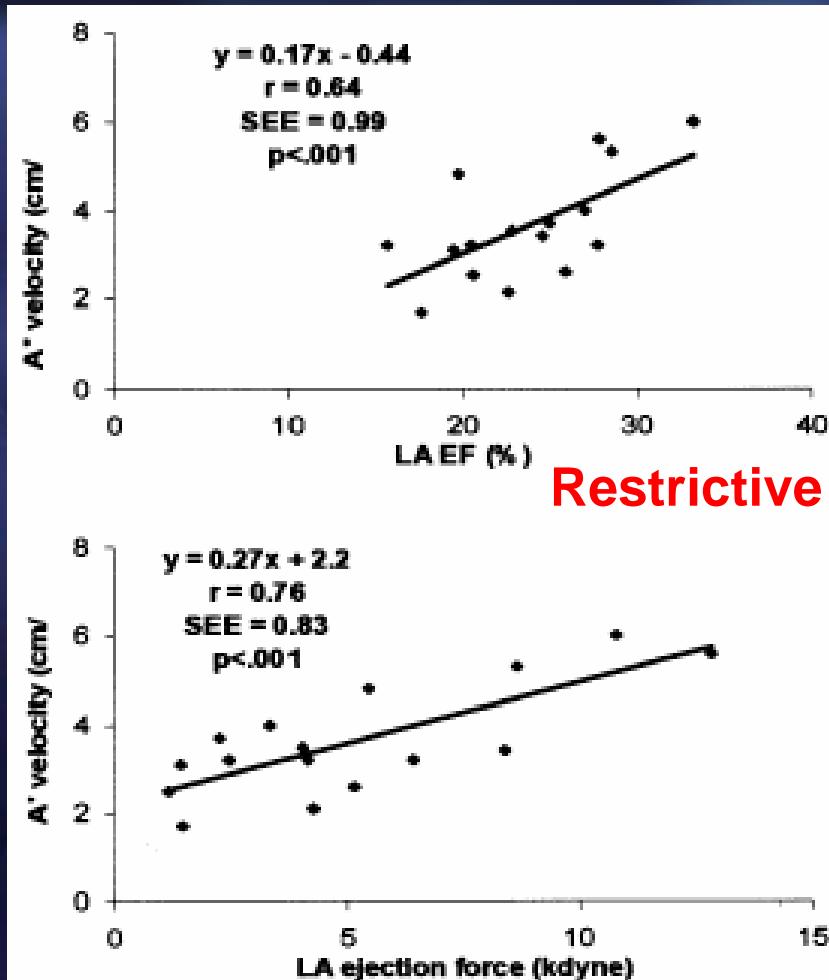
LA Systolic Function Evaluation by A' at Mitral Annulus



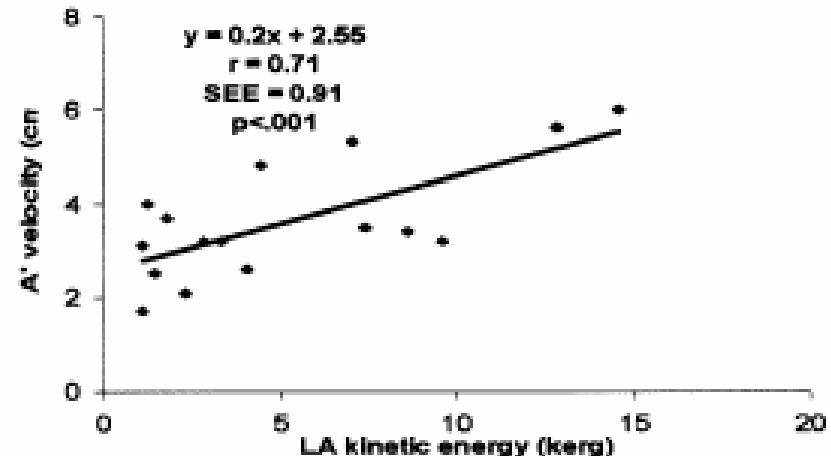
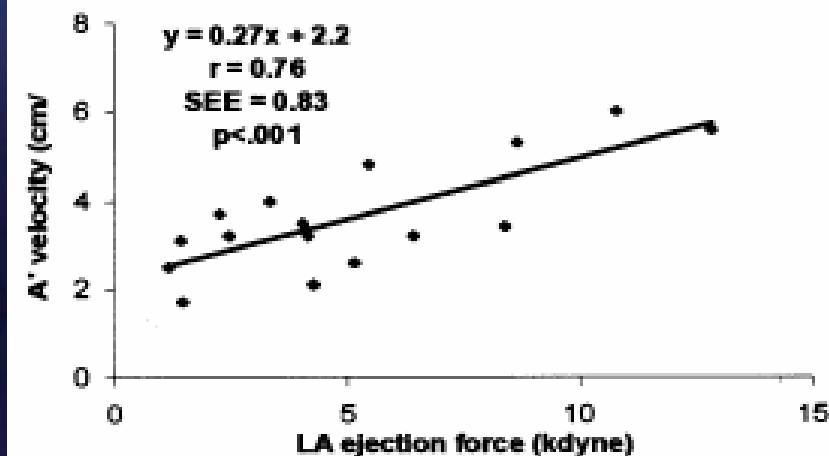
LVEF < 50%



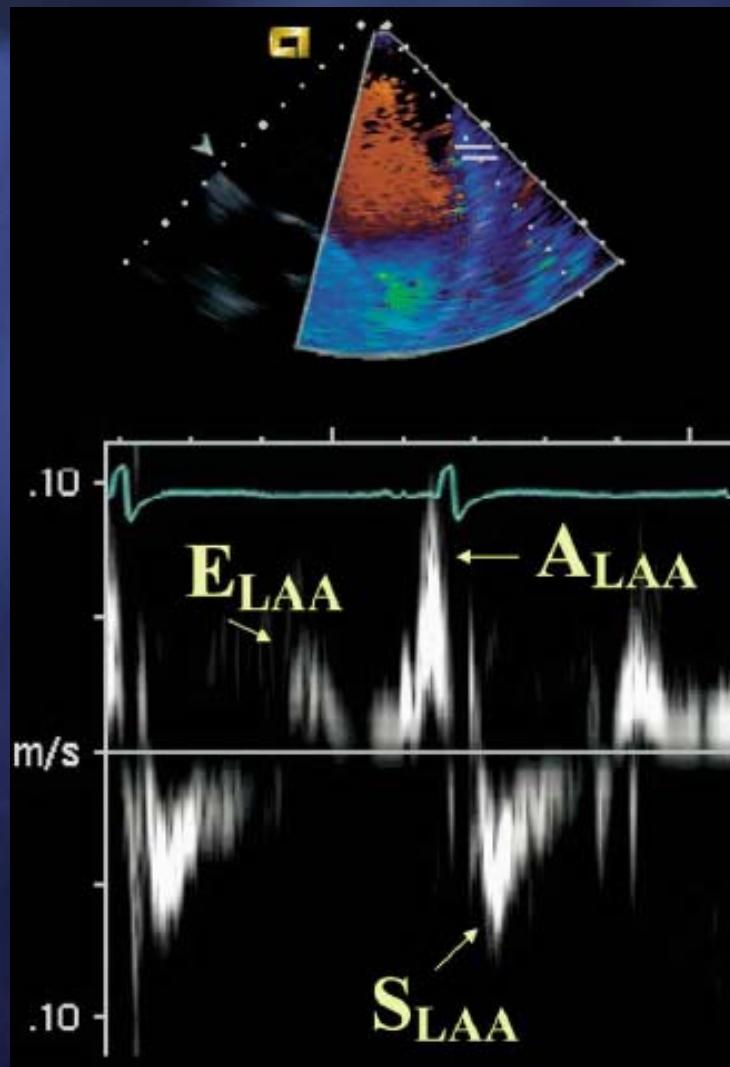
LA Systolic Function Evaluation by A' at Mitral Annulus



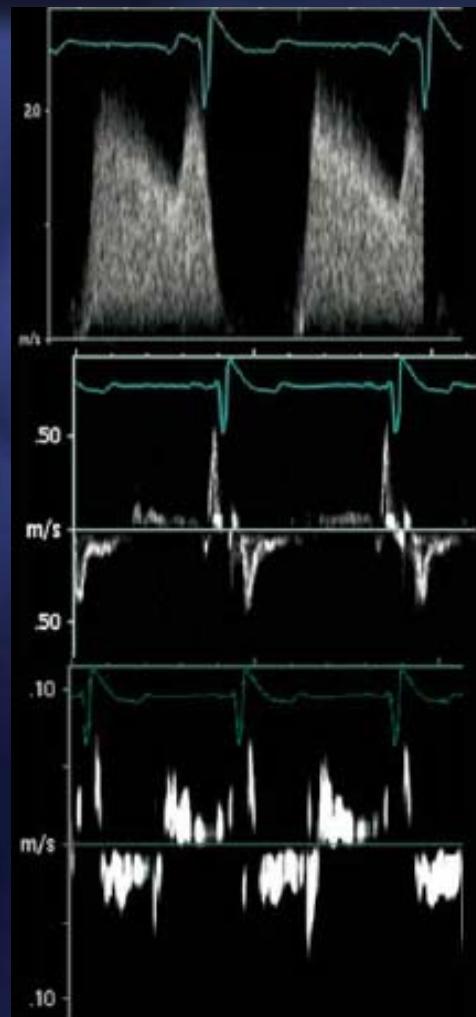
Restrictive Physiology



Effect of Afterload Reduction on LAA function



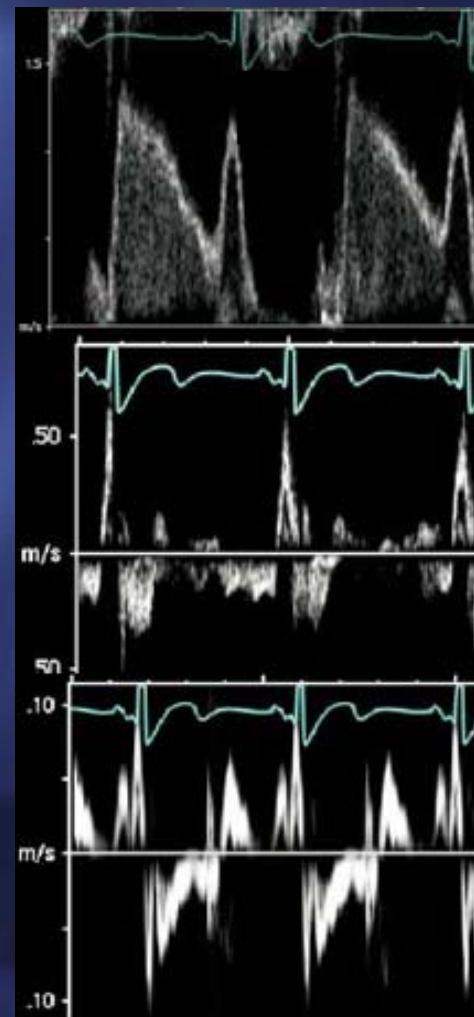
Effect of Afterload Reduction on LAA function



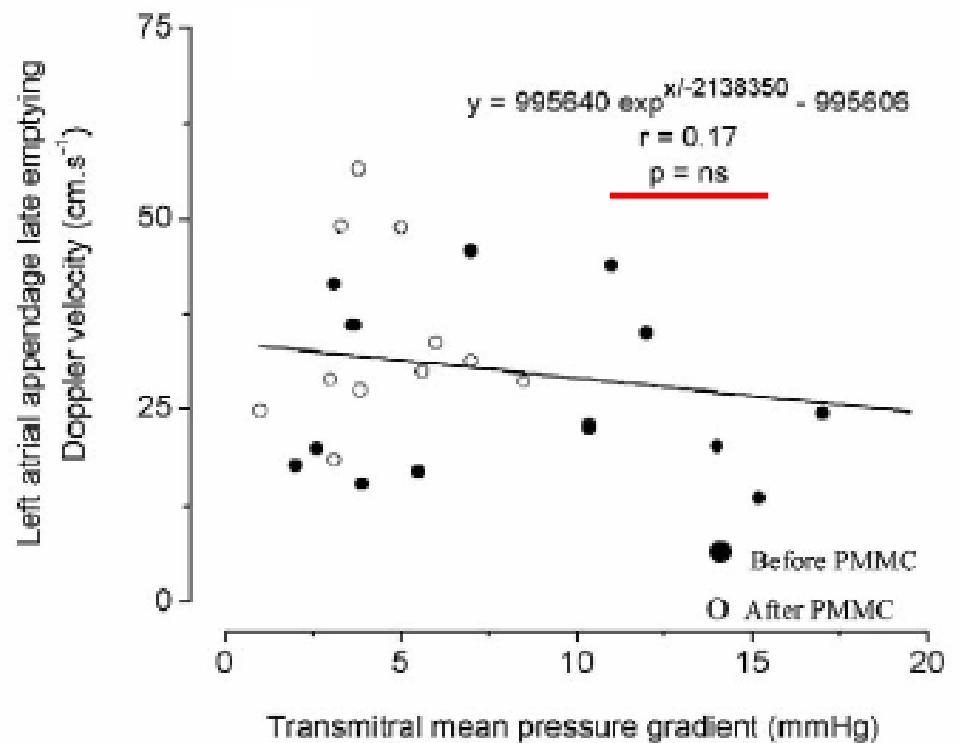
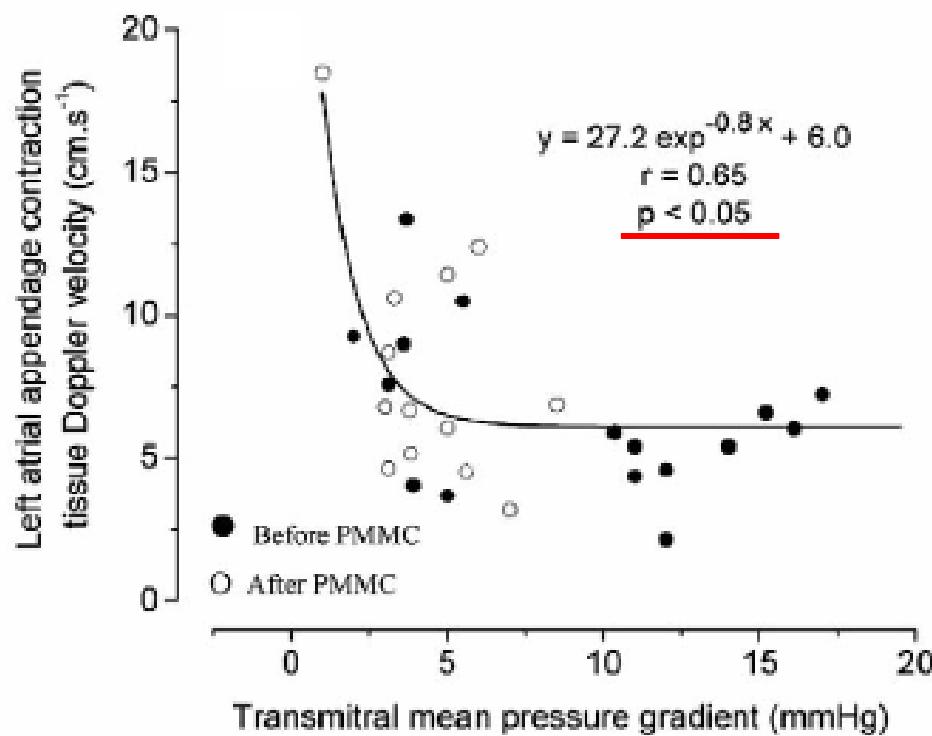
Mitral Inflow

LAA flow

LAA Tissue Velocity



Effect of Afterload Reduction on LAA function



Atrial Index

LAEF by TEE

$$= (\text{LA max area} - \text{LA min area}) / \text{LA max area} \times 100$$

Atrial Index

$$= \text{Transmitral VTI} \times \text{LAEF} / \text{LA max area}$$

Predictors of post CABG AF

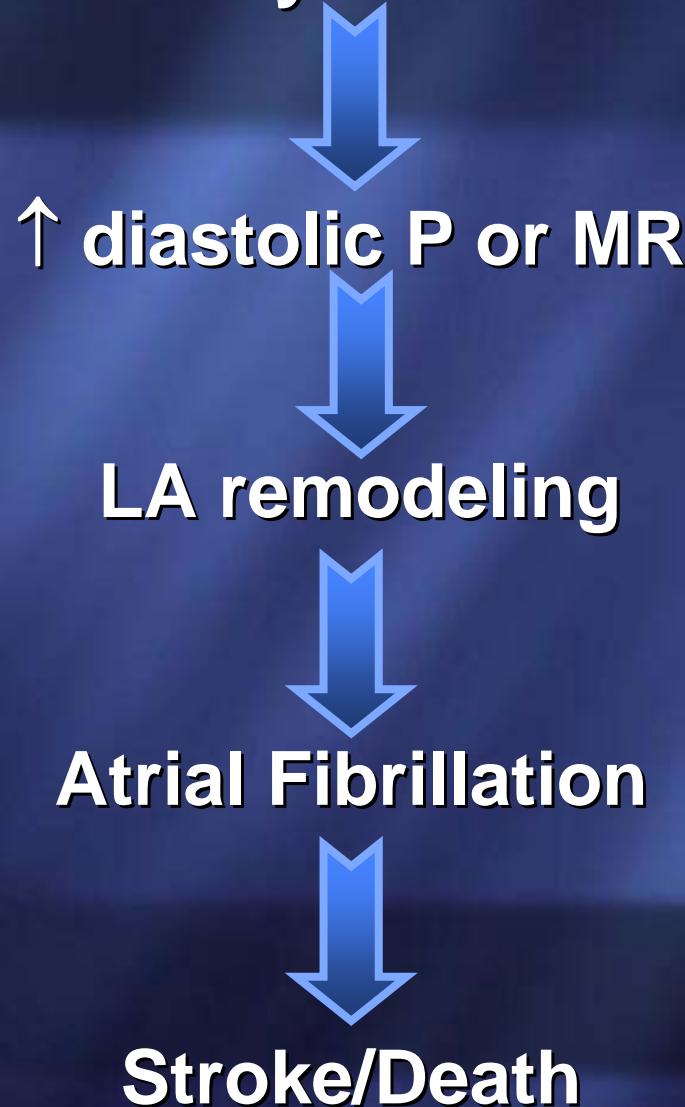
Univariate Analysis

| Variables | OR (95% CI%) | P value |
|-------------------------------------|-------------------|---------|
| Age | 1.07 (1.01-1.25) | .013 |
| Atrial index | 0.38 (0.14-1.04) | .059 |
| LA dimension | 2.10 (1.29-3.40) | .003 |
| Body surface area | 57 (3.97-827) | .003 |
| Aortic cross-clamp time | 1.03 (1.00-1.05) | .029 |
| Postoperative myocardial infarction | 3.28 (0.99-10.86) | .052 |

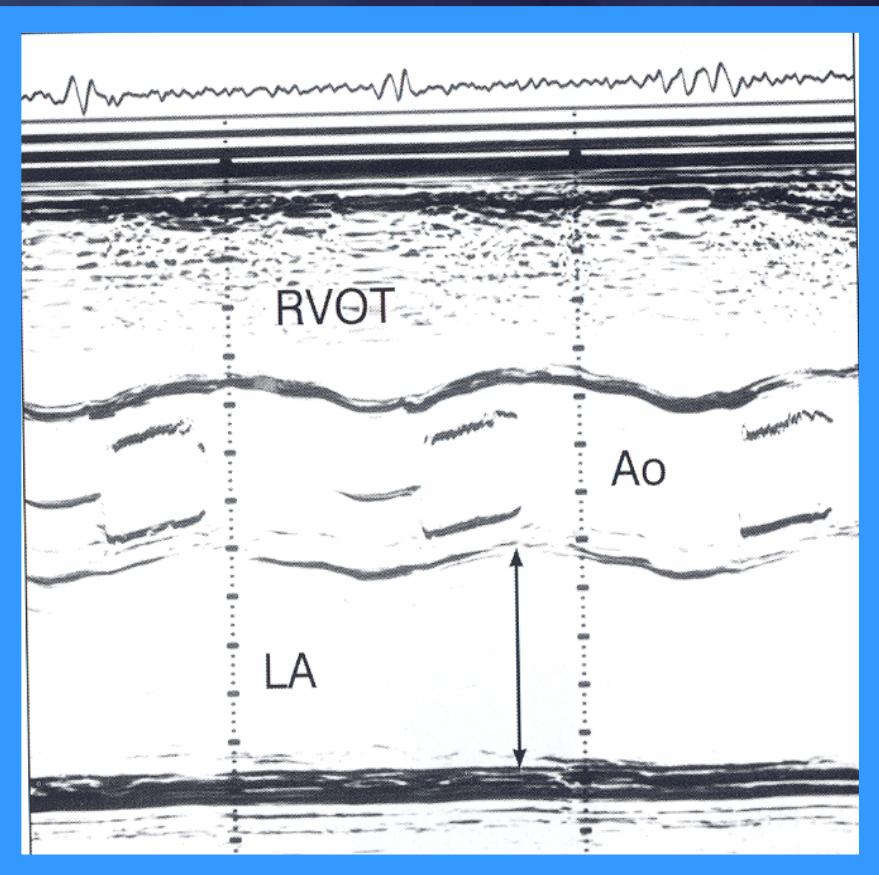
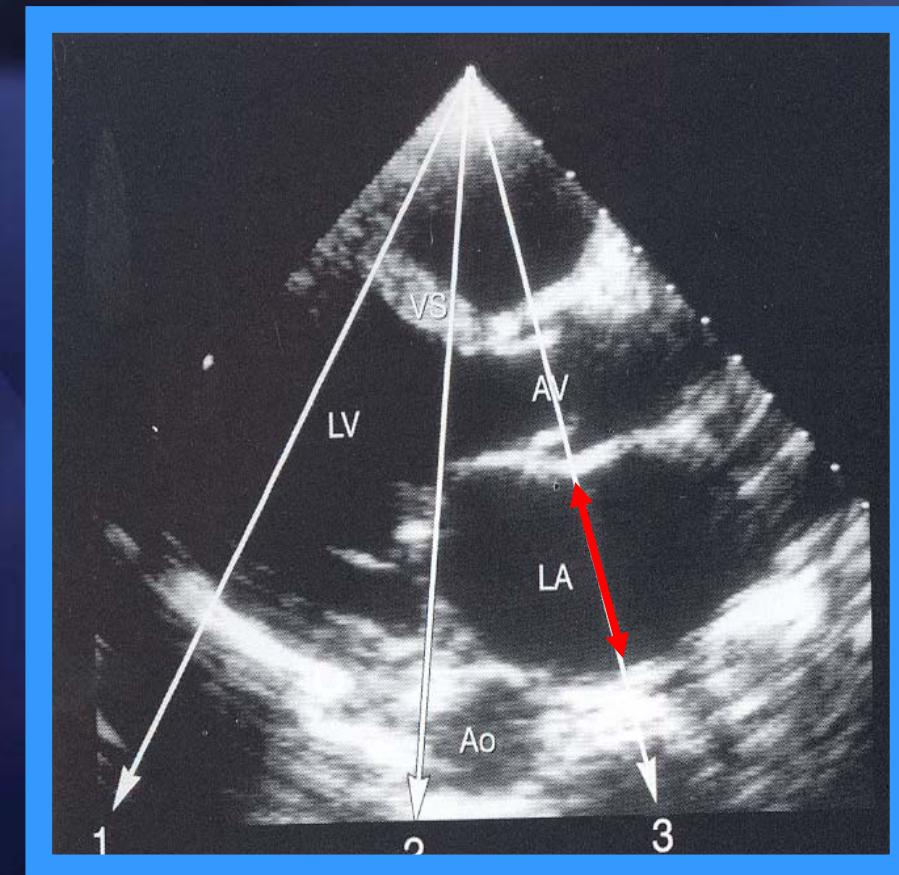
Multivariate Analysis

| Variables | OR (95% CI) | P value |
|--------------|------------------|---------|
| Age | 1.11 (1.04-1.19) | .002 |
| LA dimension | 1.74 (1.03-2.96) | .038 |
| BSA | 114 (4.65-2810) | .004 |

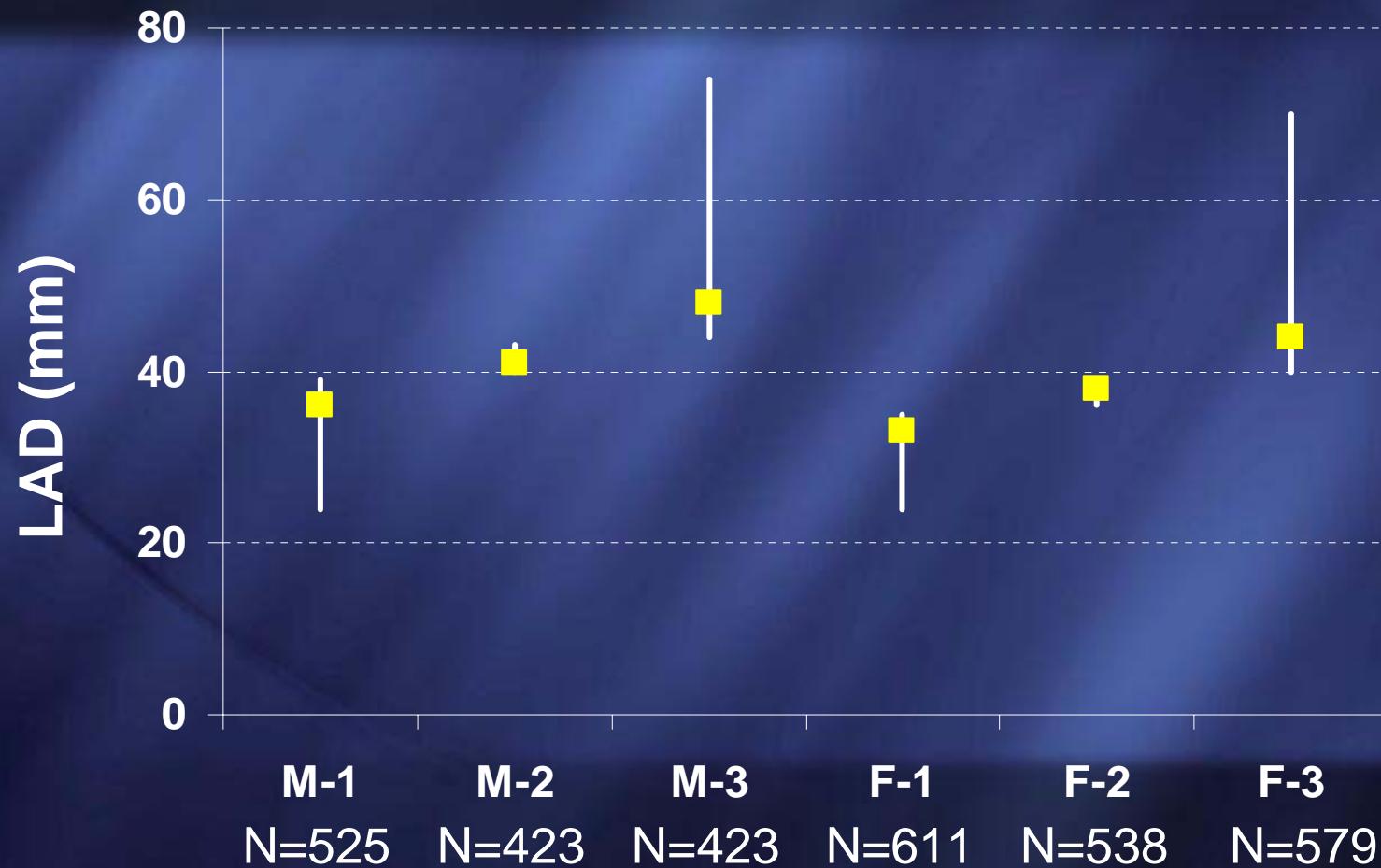
LV Remodeling and Dysfunction



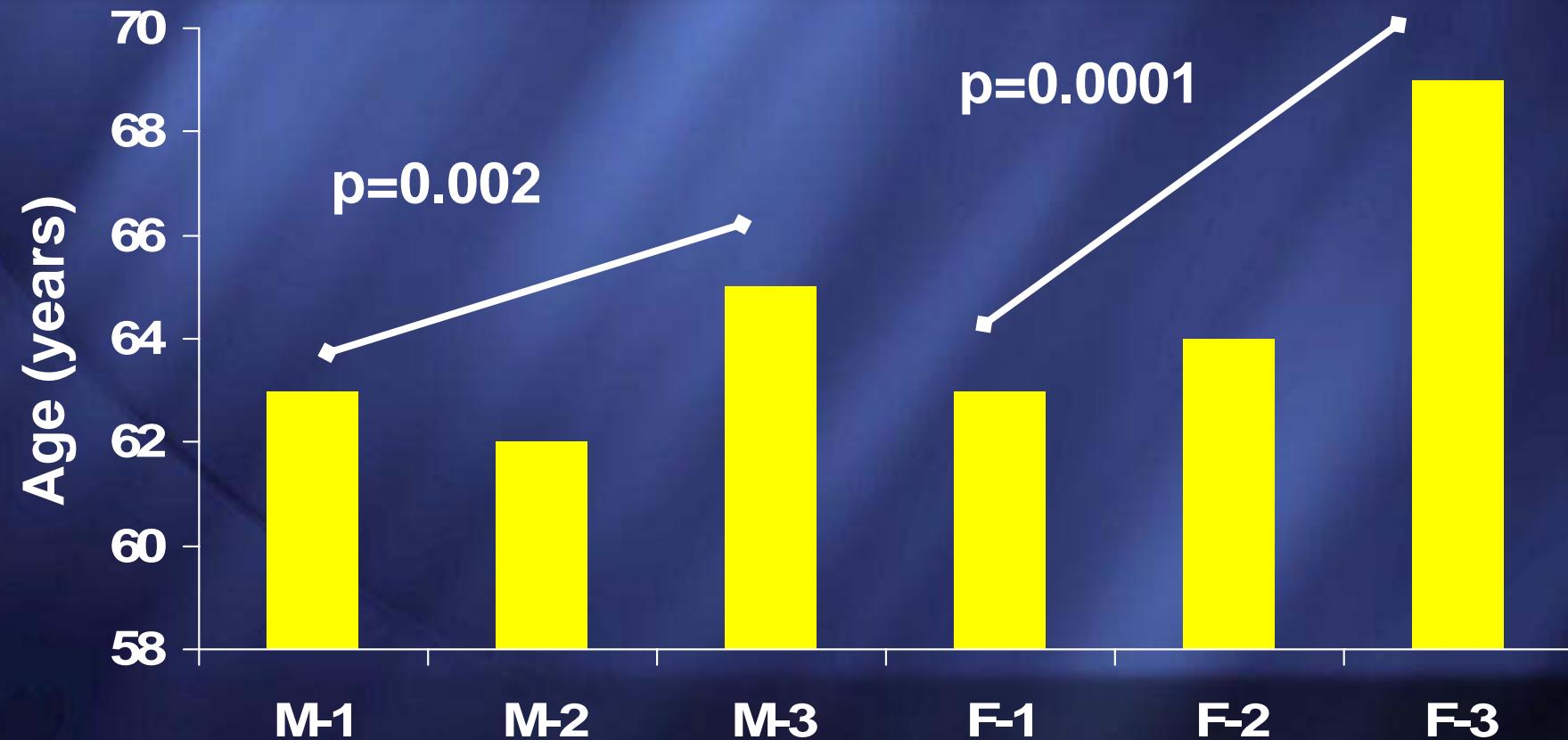
LA Dimension



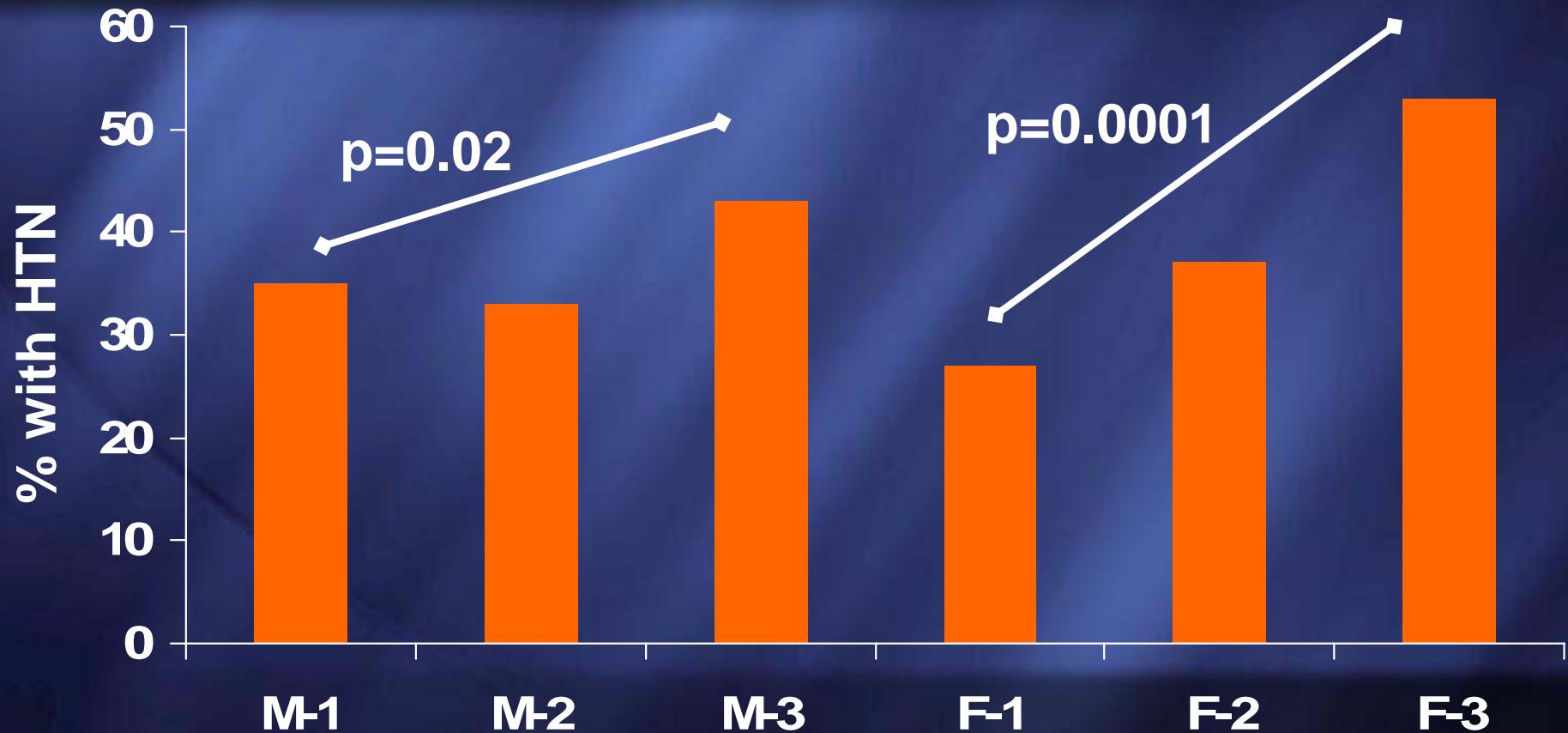
LAD in the FHS



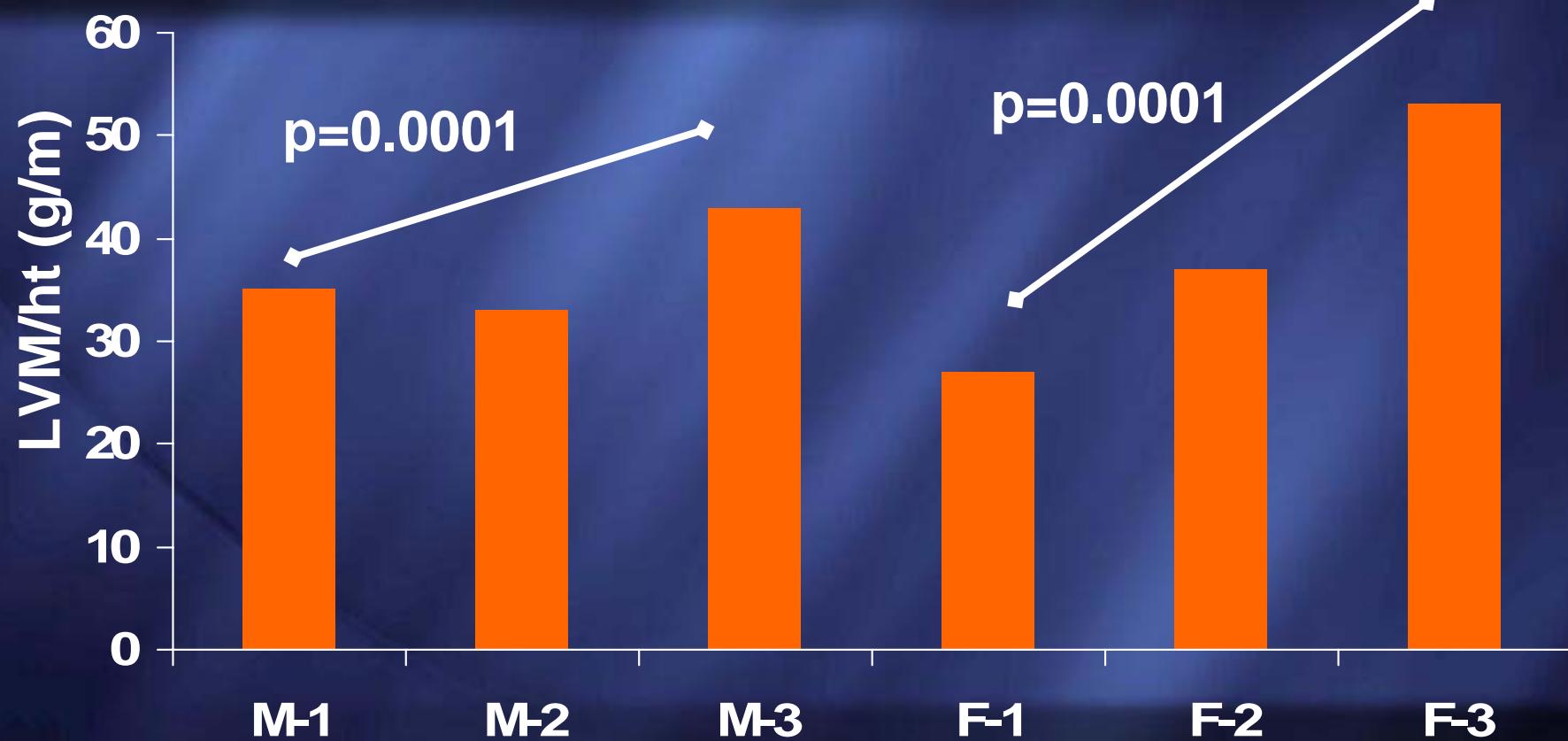
LAD and Age



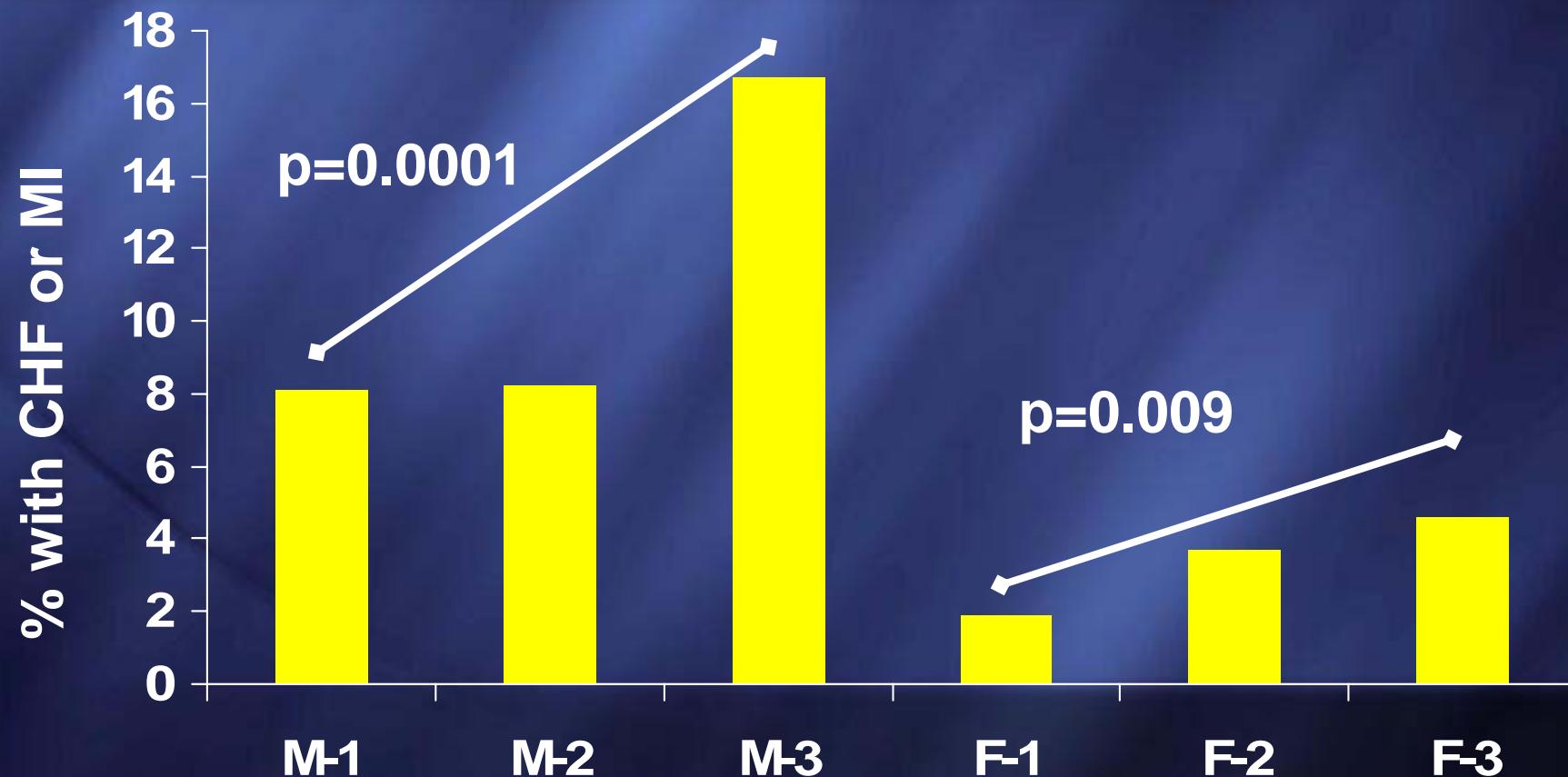
LAD and HTN



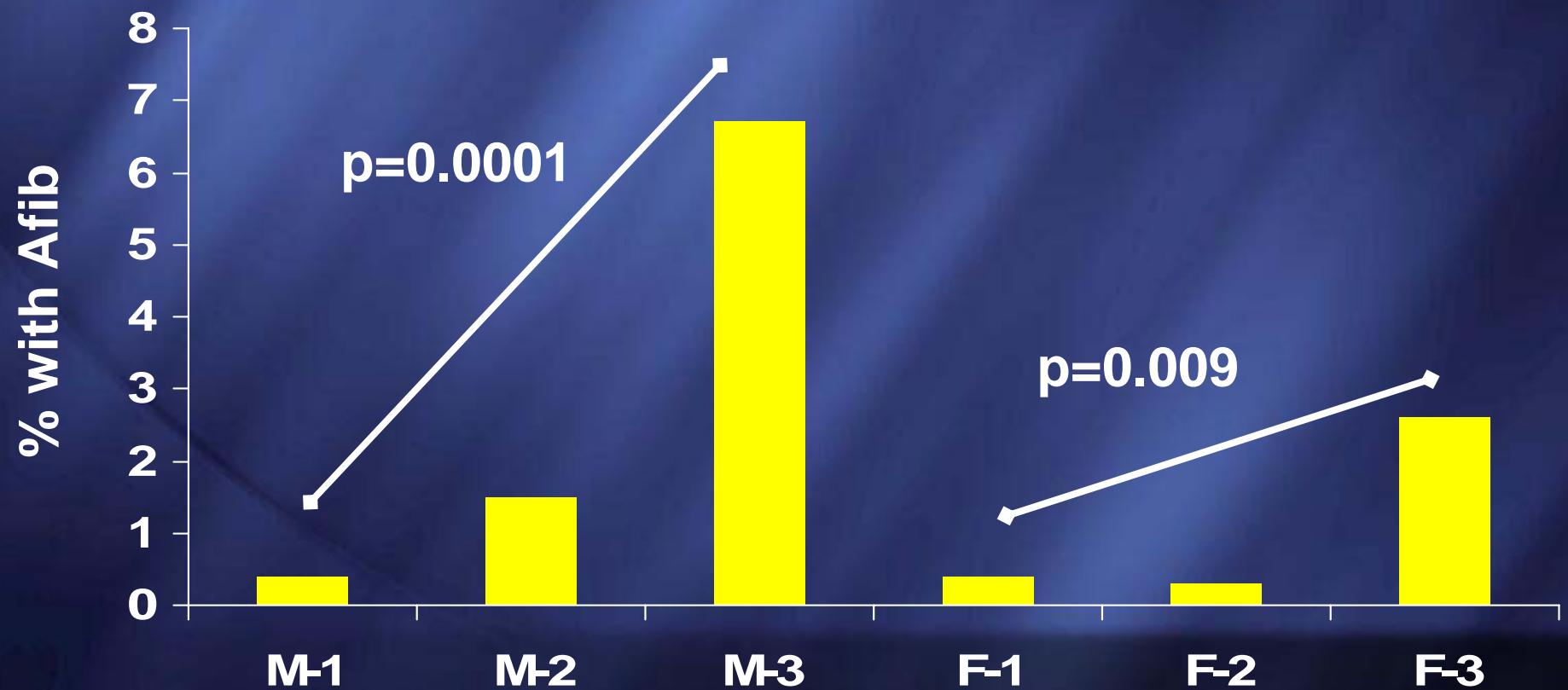
LAD with LV Mass



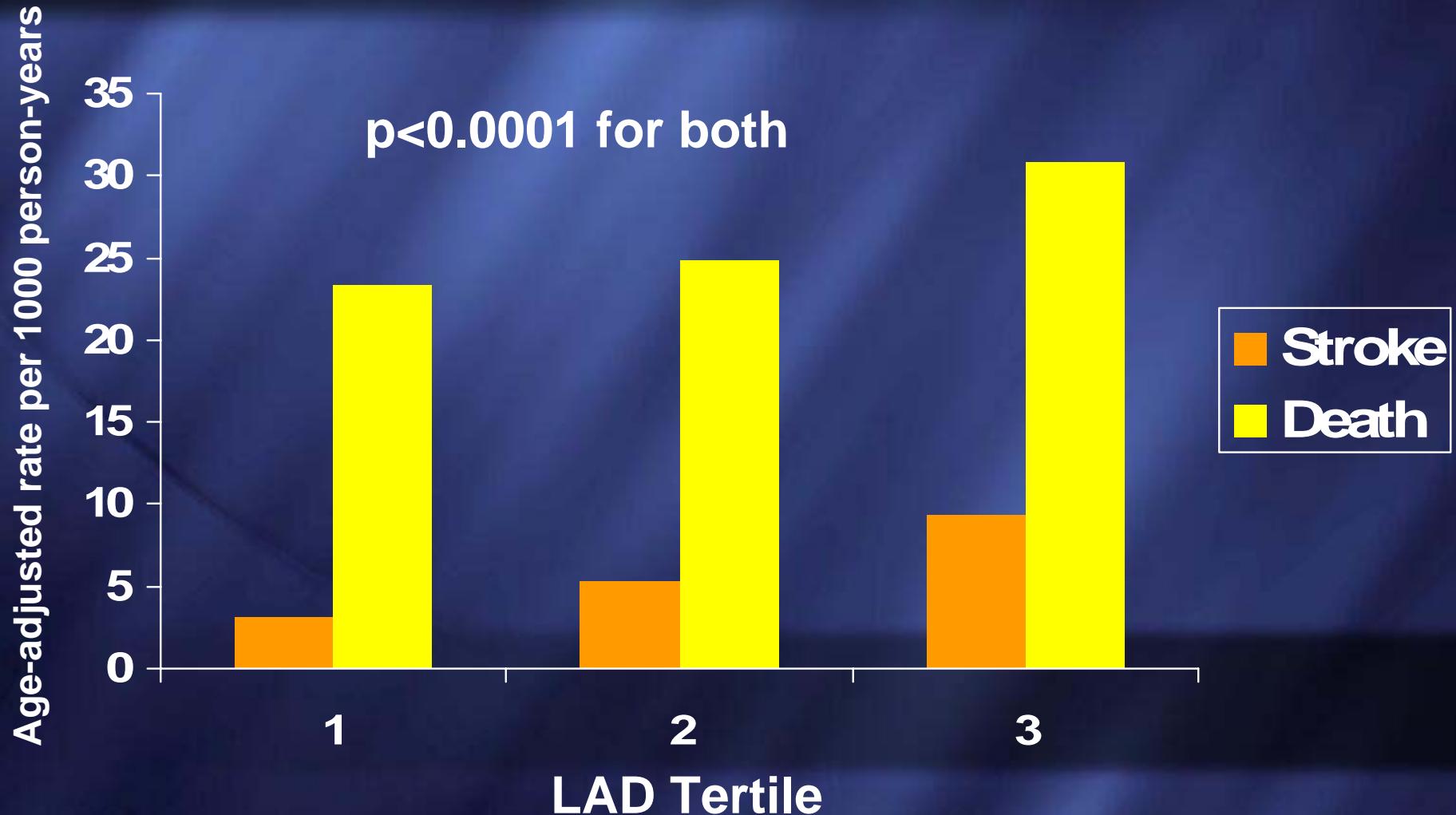
LAD and CV disease



LAD and Afib



LAD and Stroke / Death



Circulation 1995, 92: 835

LA Volume Measurement

Area-Length Method

$$V = \frac{0.85 * A_1 * A_2}{L}$$

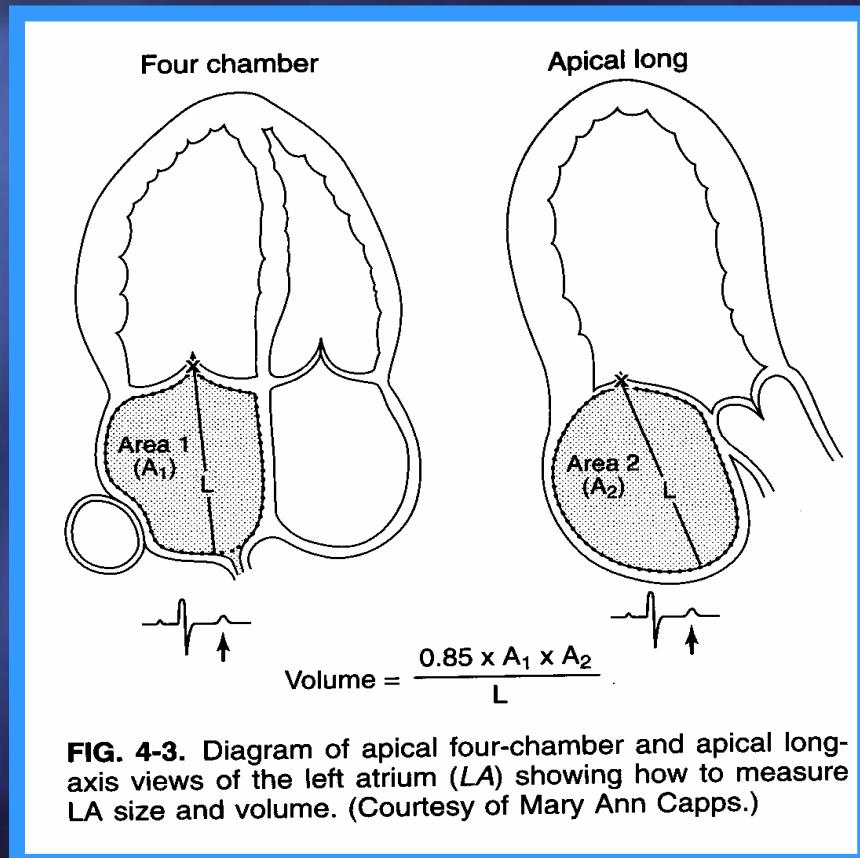
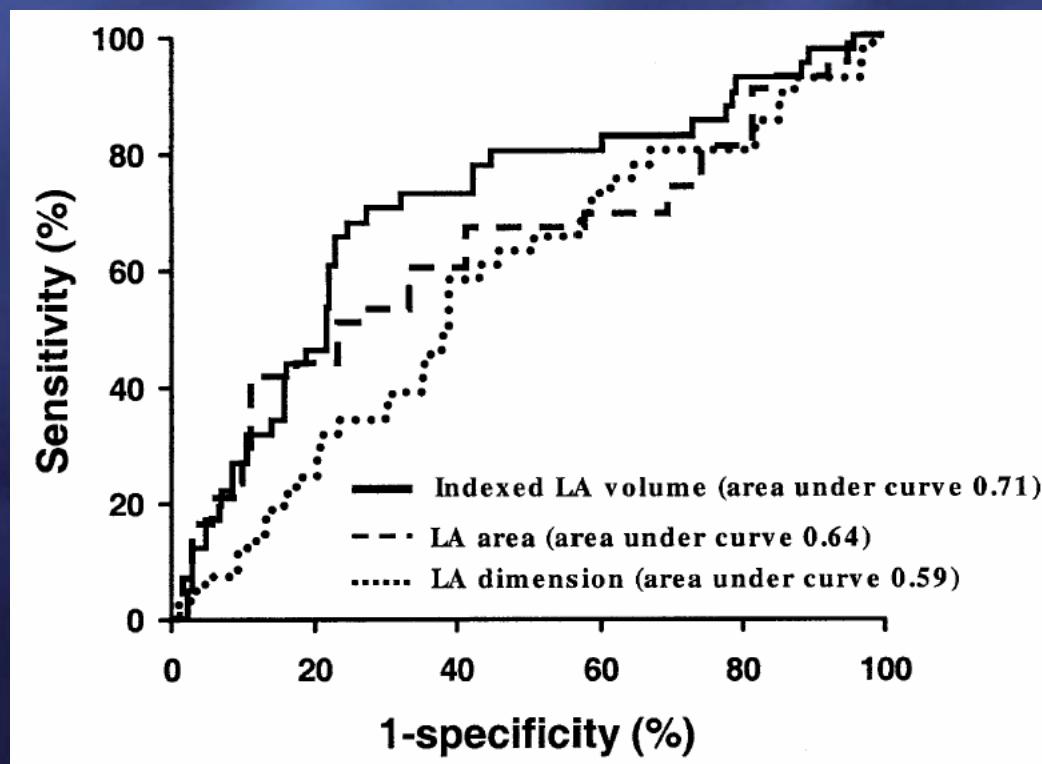


FIG. 4-3. Diagram of apical four-chamber and apical long-axis views of the left atrium (LA) showing how to measure LA size and volume. (Courtesy of Mary Ann Capps.)

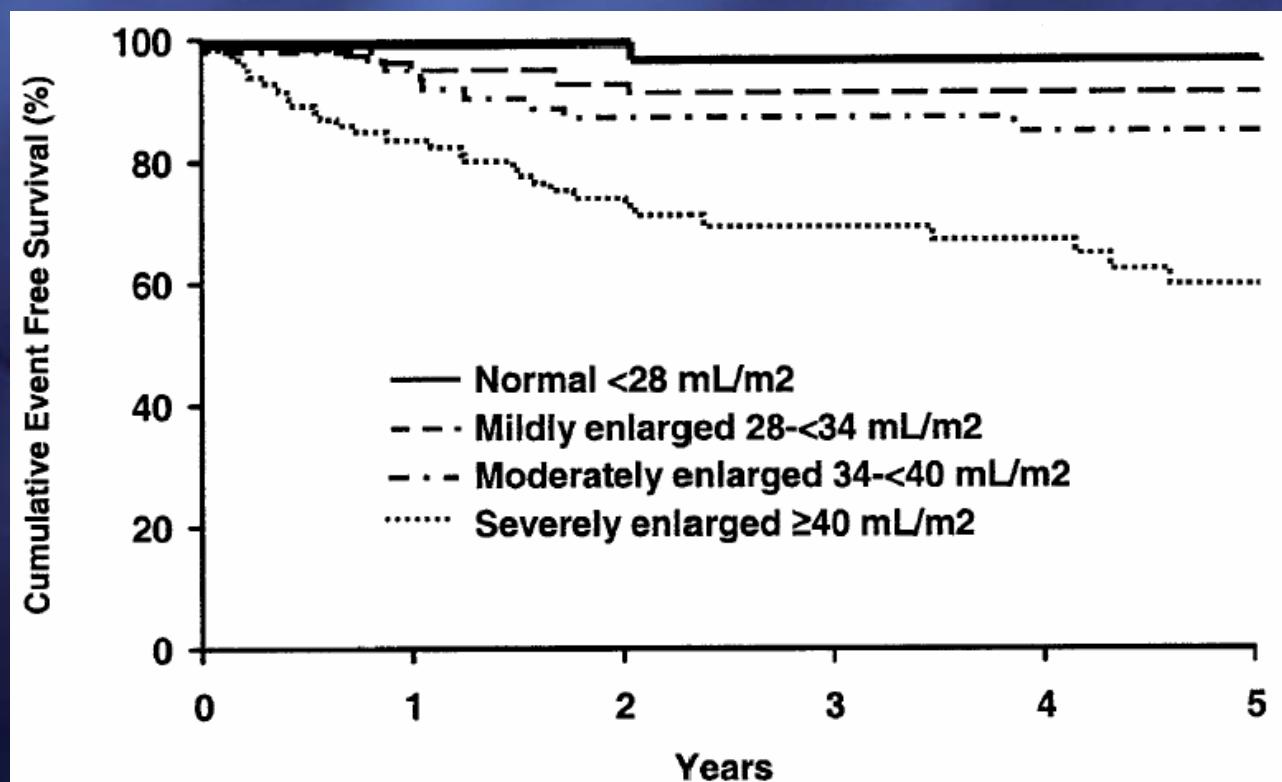
Volume, Area or Dimension?

- Prediction of CV outcomes in SR
(AF, TIA, MI, CHF, CV death)



Volume, Area or Dimension?

- Prediction of CV outcomes in SR
(AF, TIA, MI, CHF, CV death)

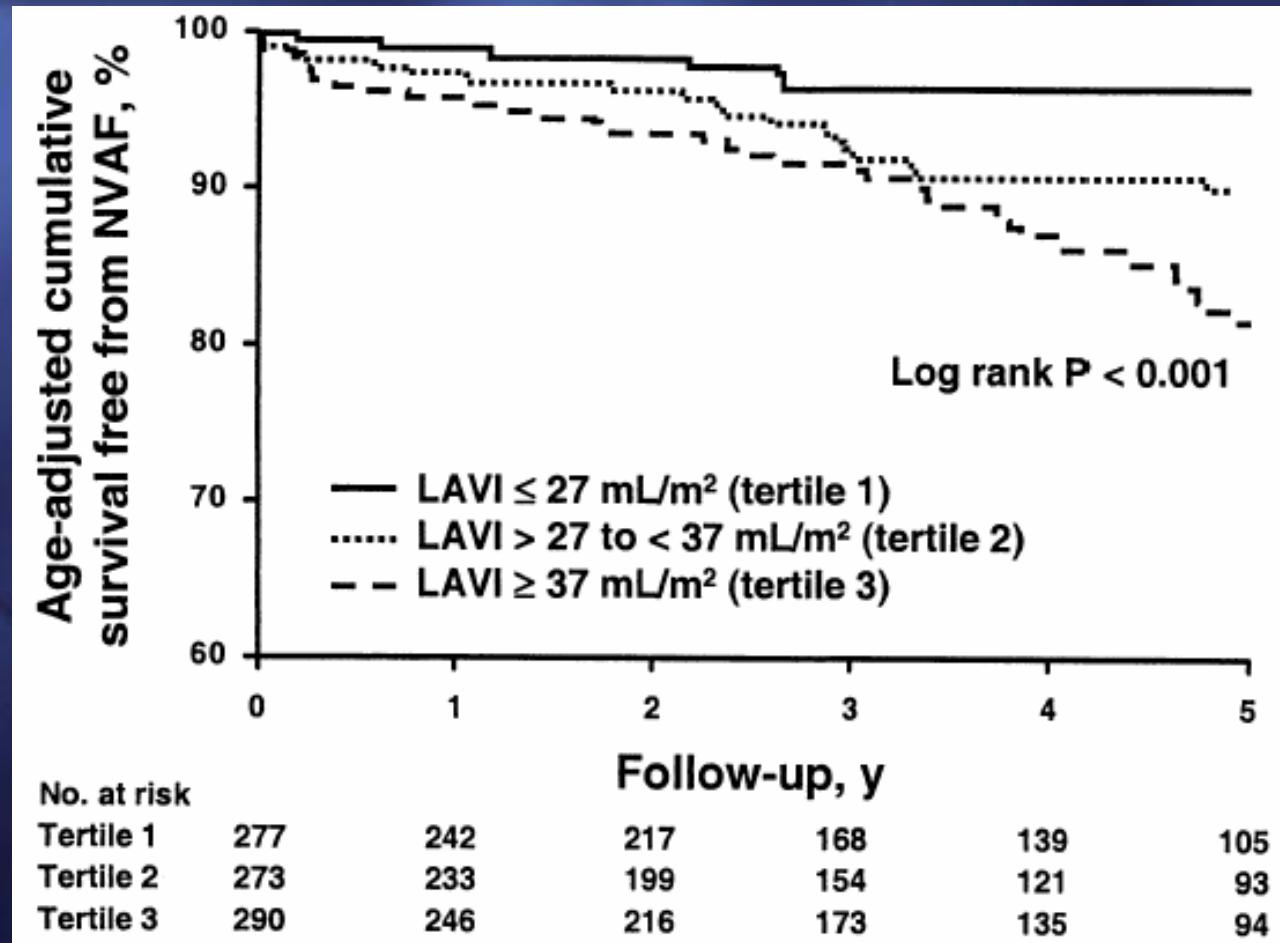


Volume, Area or Dimension?

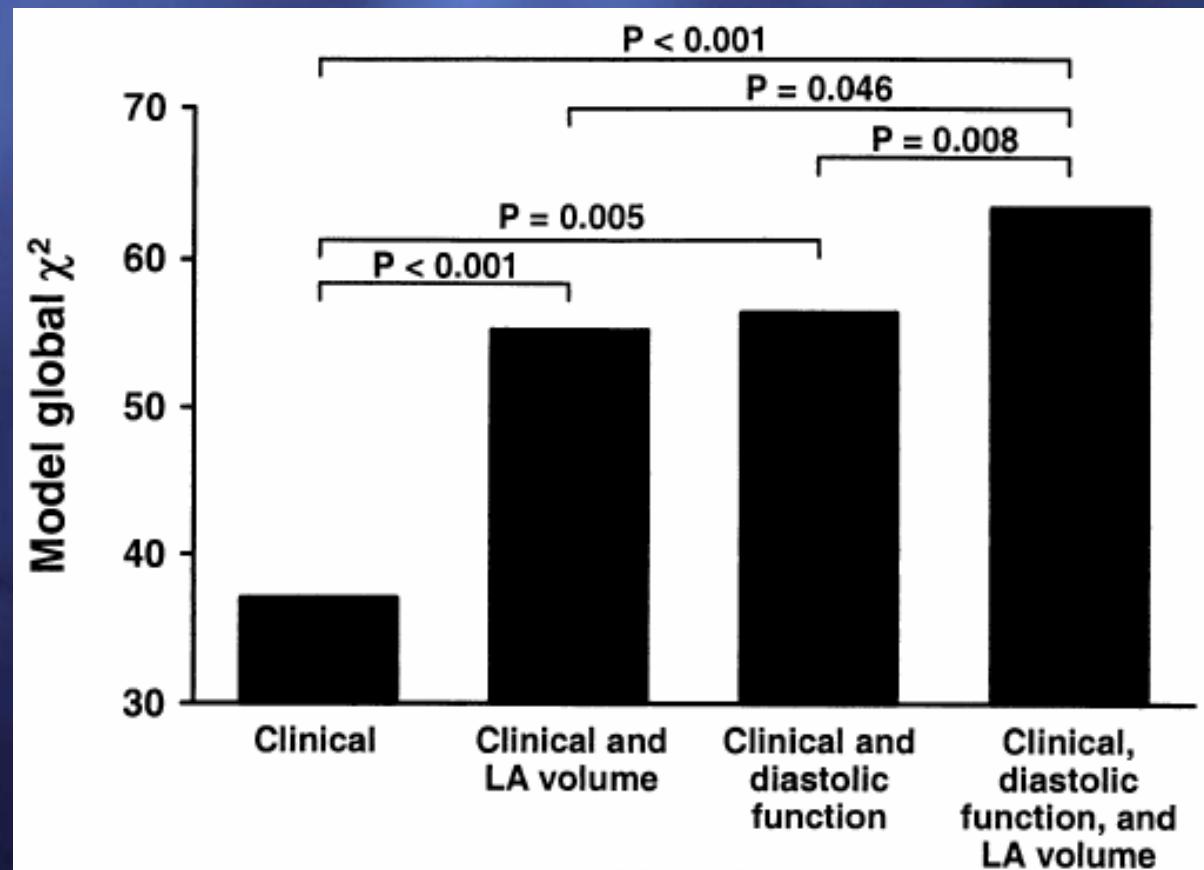
**Prediction of CV outcomes in AF
(TIA, MI, CHF, CV death)**

CV events \neq LA size quantitation

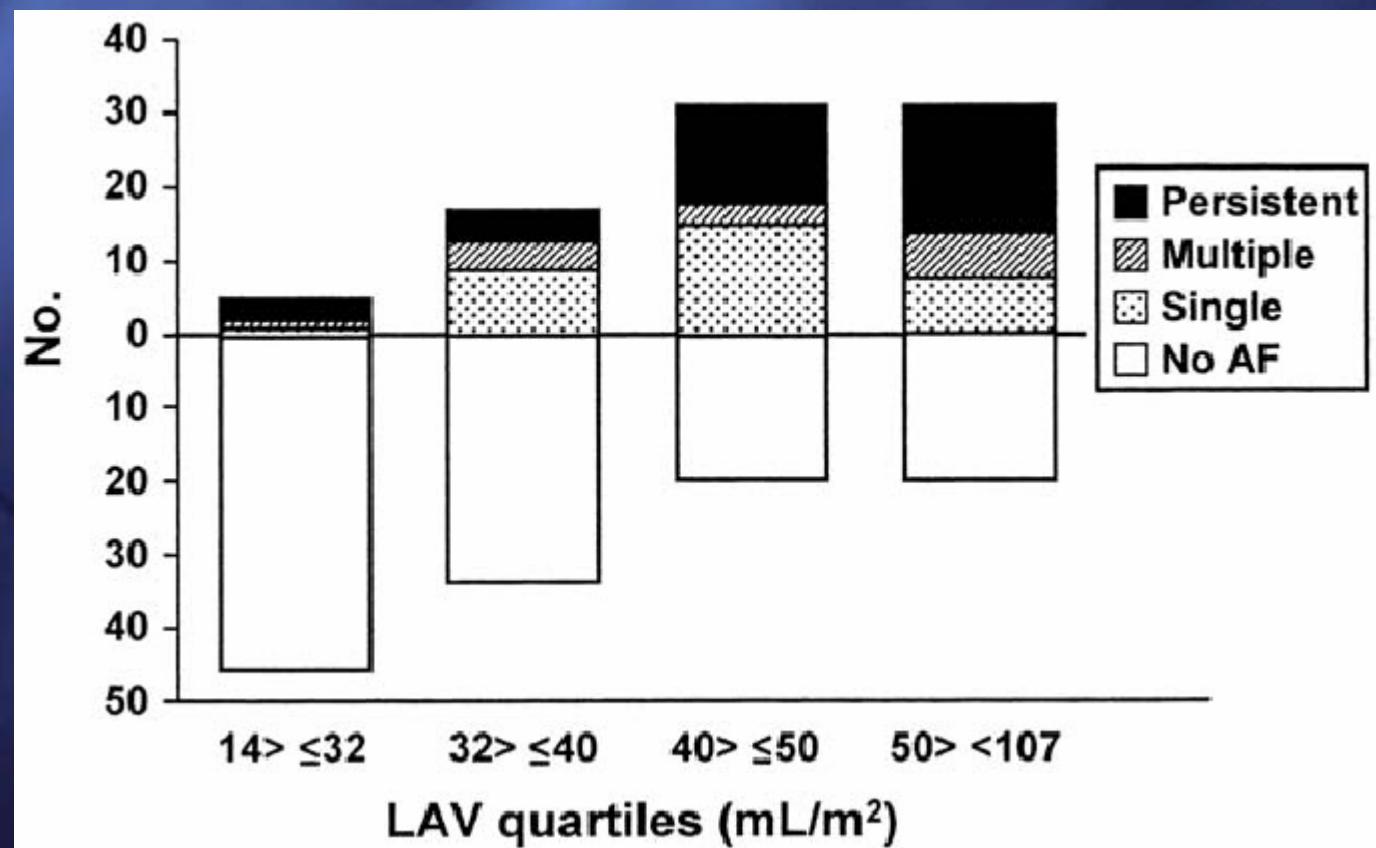
LA Volume Predicts NVAF in Elderly People



LA Volume Predicts NVAF in Elderly People



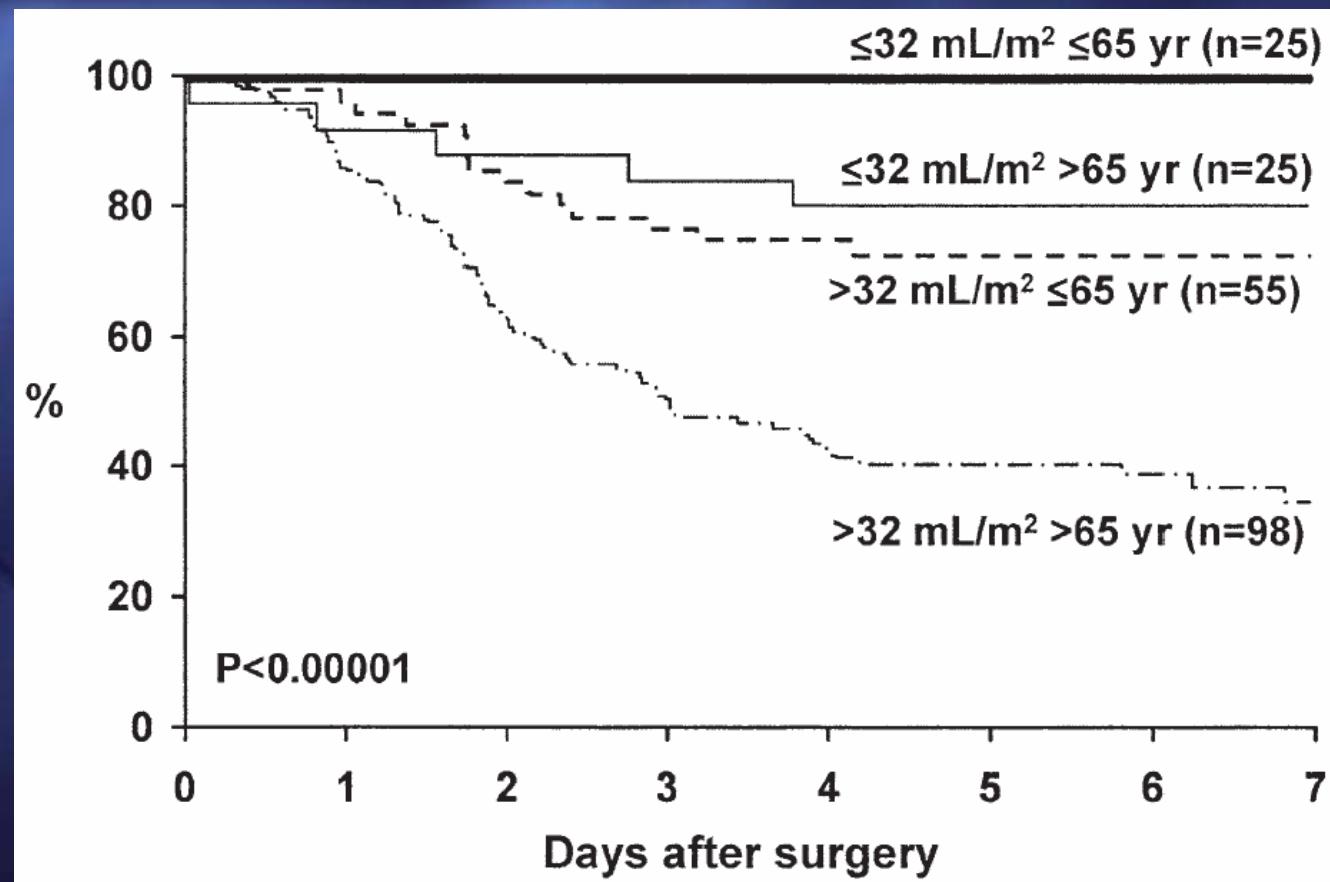
LA Volume Predicts Postop AF After Cardiac Surgery



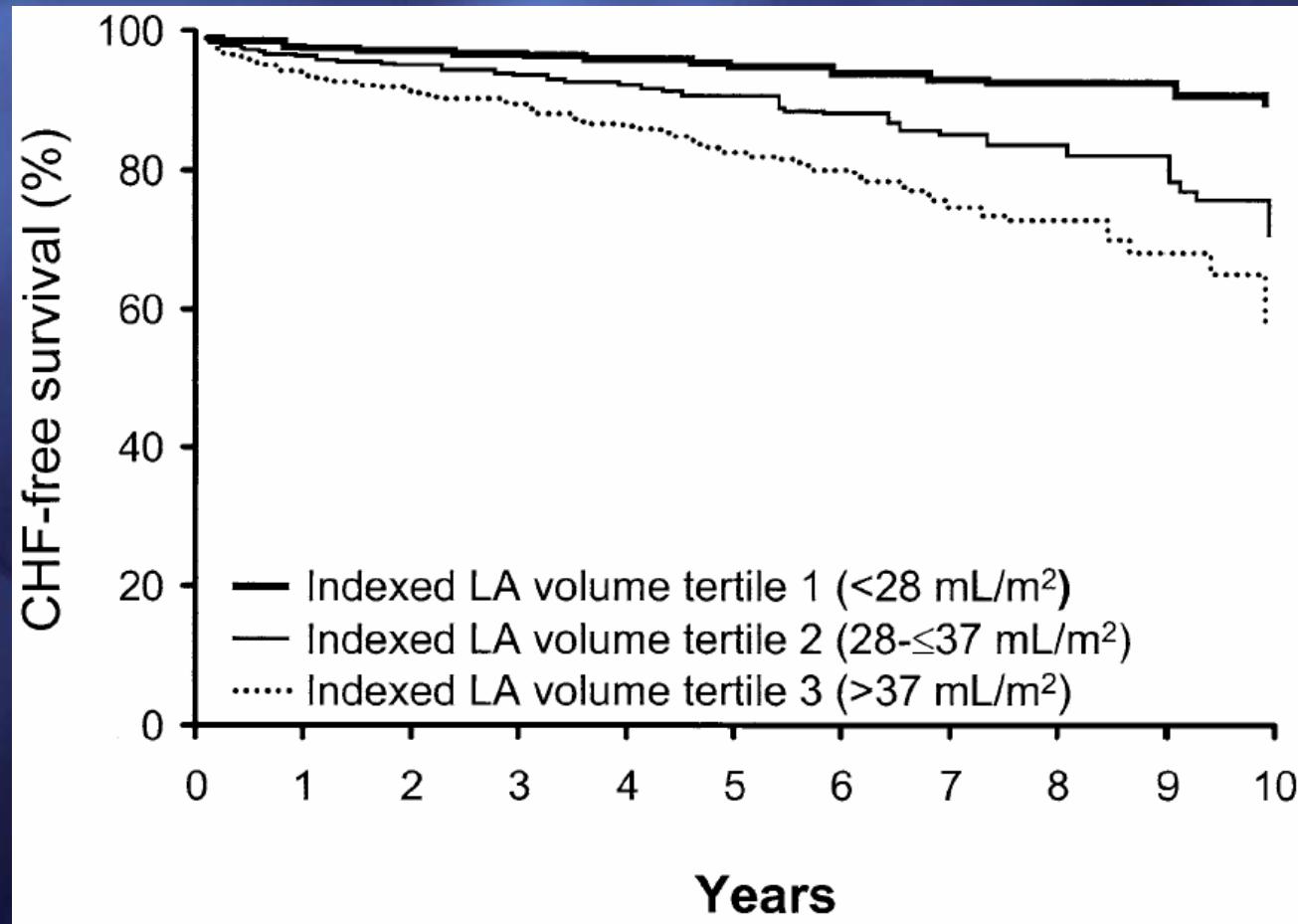
LA Volume Predicts Postop AF After Cardiac Surgery

| | HR | (95% CI) | p Value |
|-------------------------------|-------------|--------------------|---------------|
| Age (yrs) | 1.04 | (1.02–1.06) | 0.0002 |
| <u>LAV (ml/m²)</u> | <u>1.03</u> | <u>(1.01–1.04)</u> | <u>0.0001</u> |
| History of CHF | 1.21 | (0.77–1.92) | 0.41 |
| History of AF | 1.38 | (0.73–2.61) | 0.32 |
| Smoking | 1.50 | (0.95–2.36) | 0.08 |
| CABG + AV | 1.54 | (0.88–2.70) | 0.14 |
| SBP (mm Hg) | 1.01 | (0.99–1.02) | 0.42 |
| Ejection fraction (%) | 1.00 | (0.99–1.02) | 0.65 |

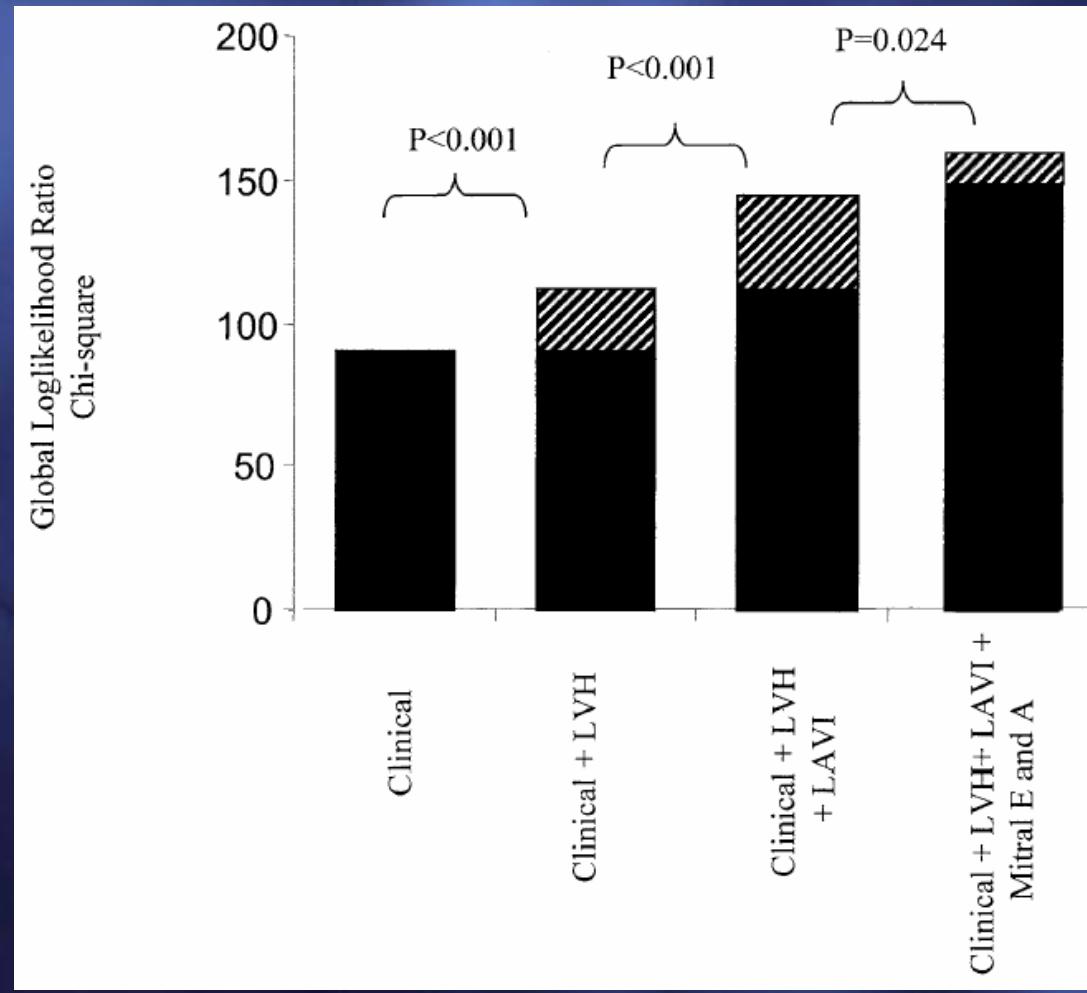
LA Volume Predicts Postop AF After Cardiac Surgery



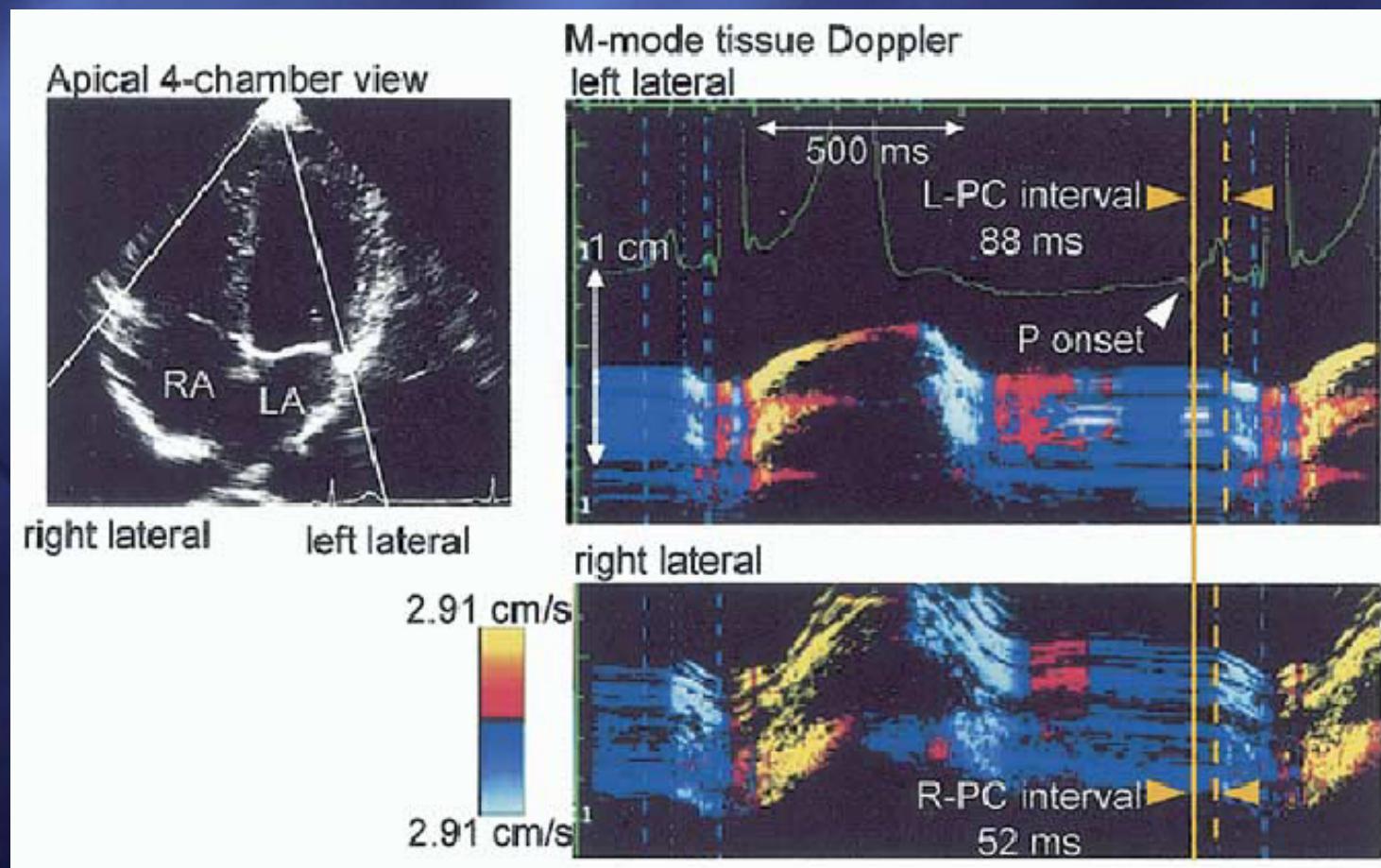
Prediction of 1st CHF in elderly patients with normal LVEF



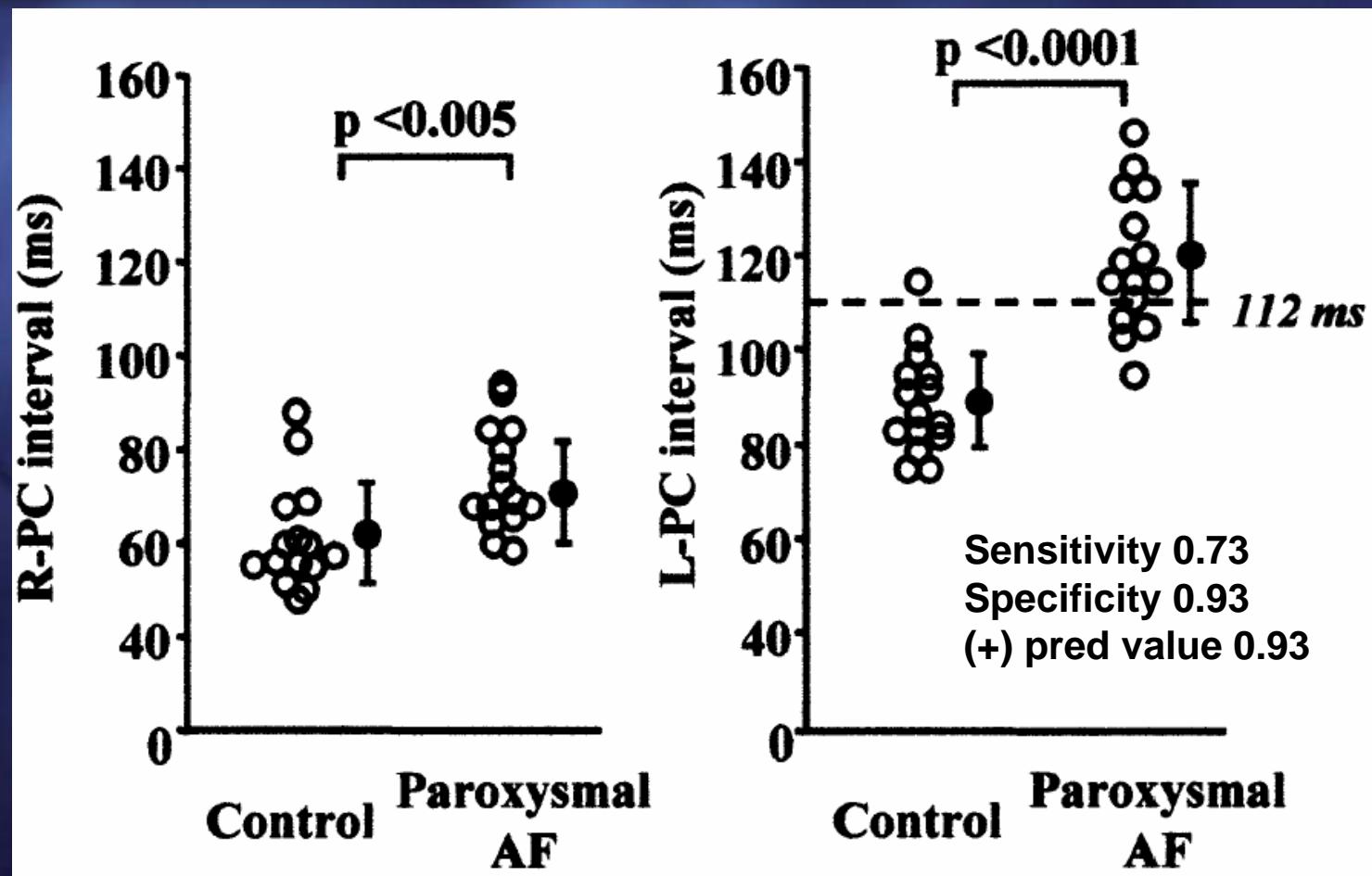
Prediction of 1st CHF in elderly patients with normal LVEF



Electromechanical Coupling in Paroxysmal Atrial Fibrillation



Electromechanical Coupling in Paroxysmal Atrial Fibrillation



Regional LA Deformation Assessment

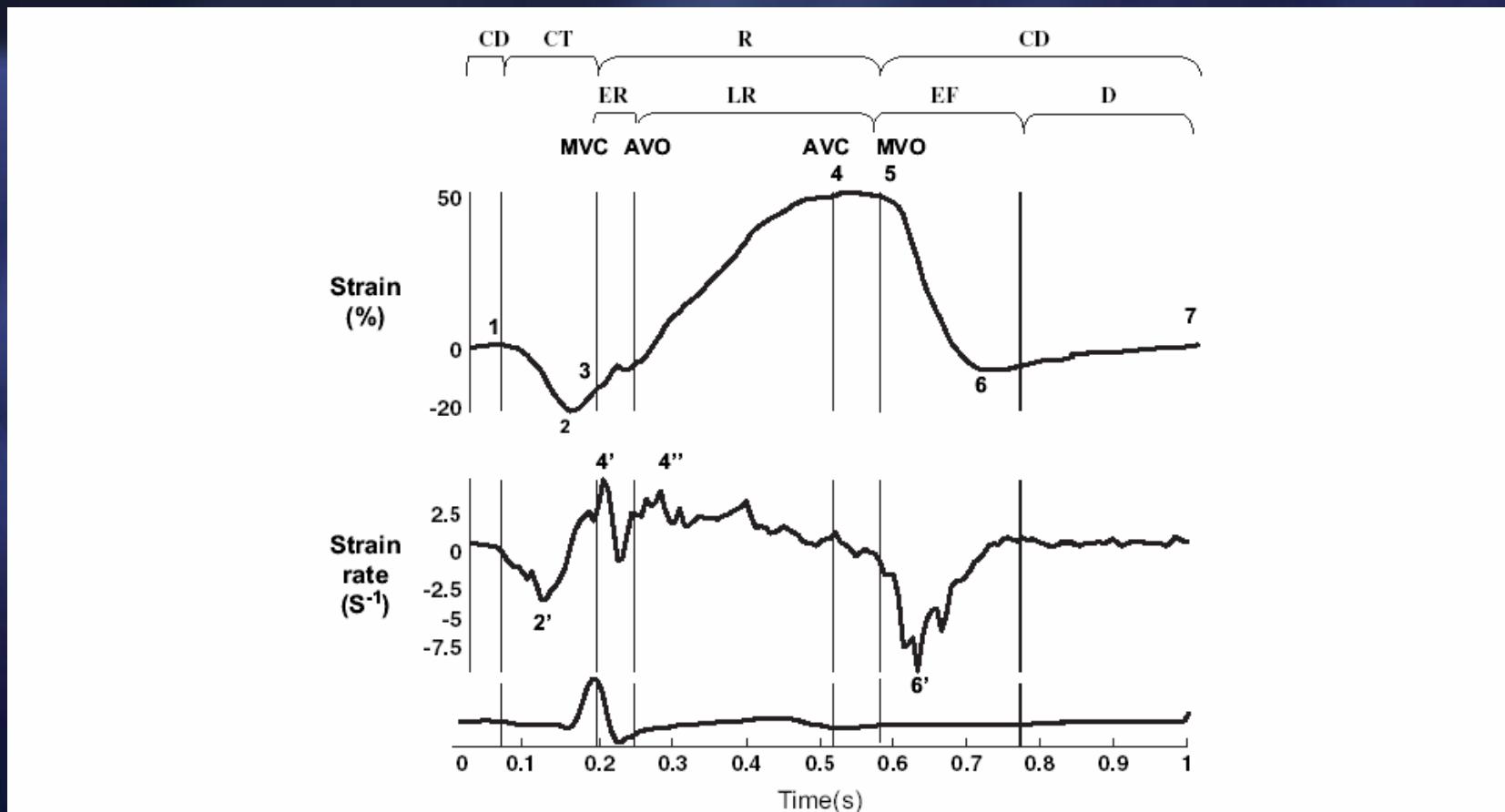
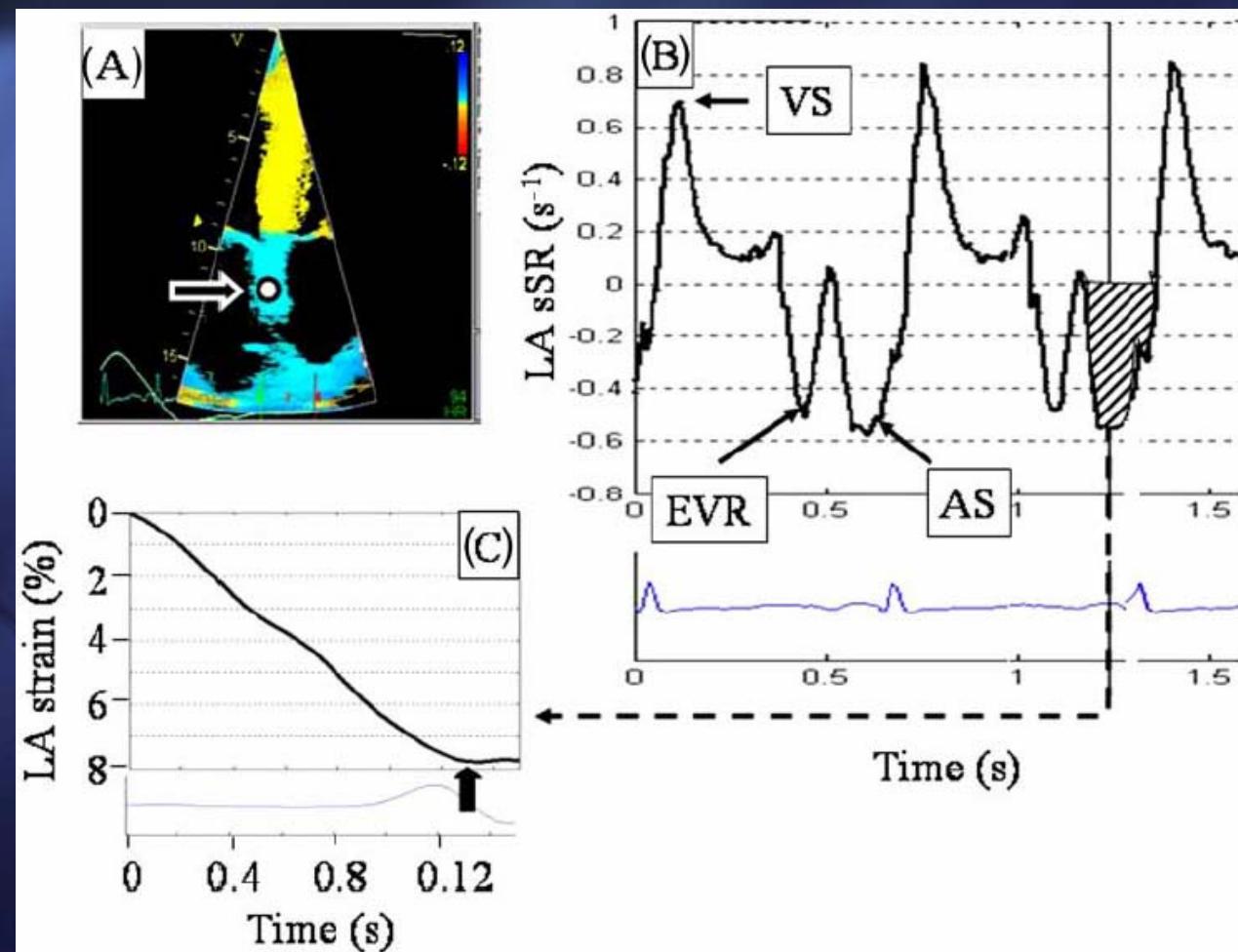
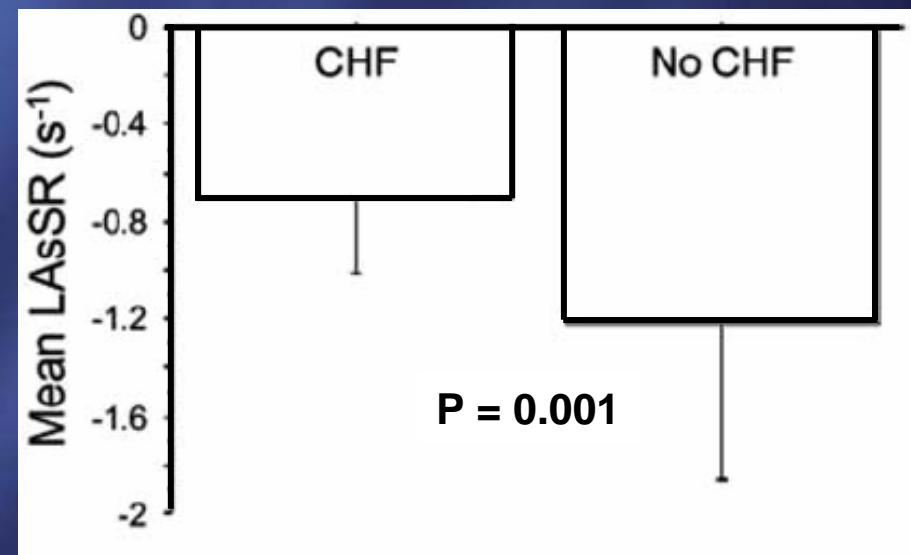
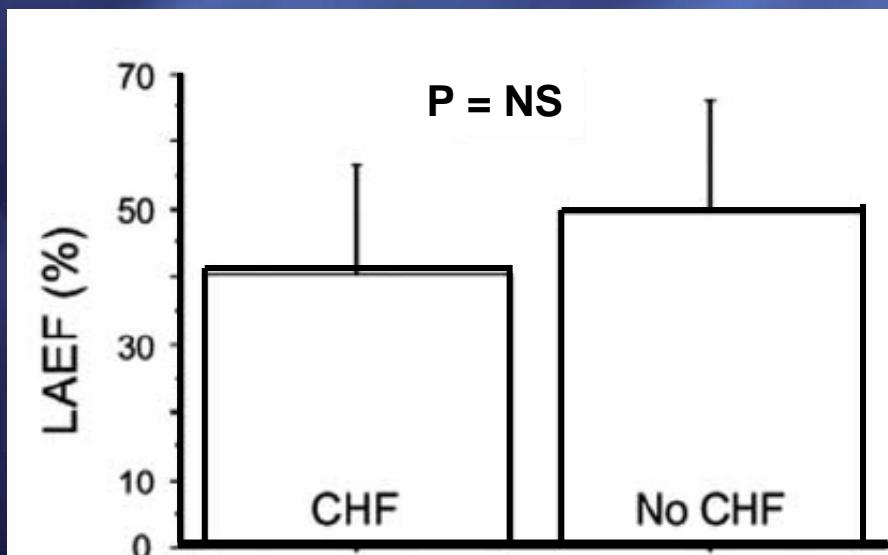


Figure 1 Extracted SR/ε profiles for LA wall longitudinal deformation. MVC, mitral valve closure; AVO, aortic valve opening; AVC, aortic valve closure; MVO, mitral valve opening; CT, contractile period (1, onset; 2, peak ε; 2', peak SR; 3, end); R, reservoir period (3, onset; 4, peak ε; 5, end); ER, early reservoir period (4', peak SR); LR, late reservoir period (4'', peak SR); CD, conduit period (5, onset; 6, peak ε; 6', peak SR; 7, end of LA wall deformation during diastasis; EF, early ventricular filling; D, diastasis).

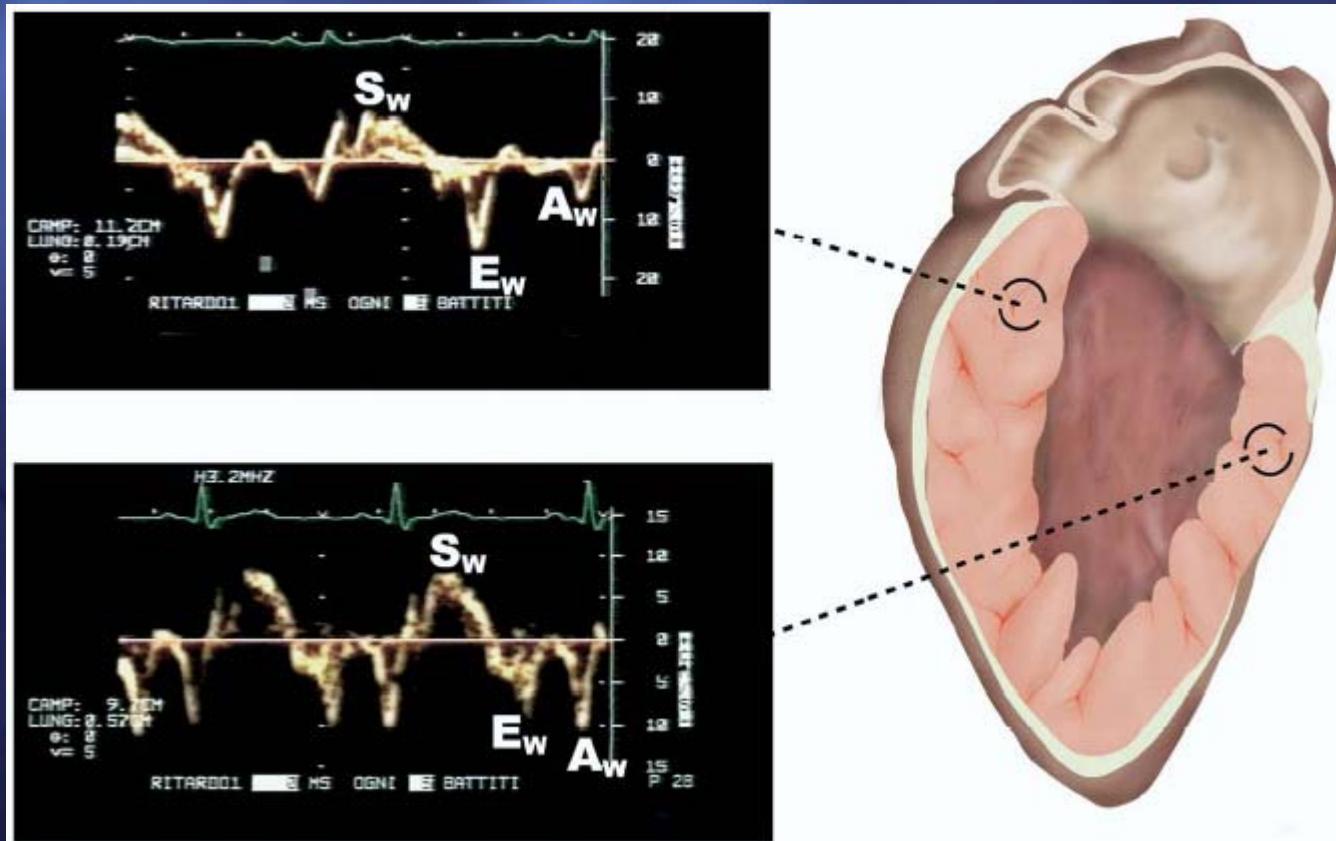
LA Strain Rate in Amyloidosis



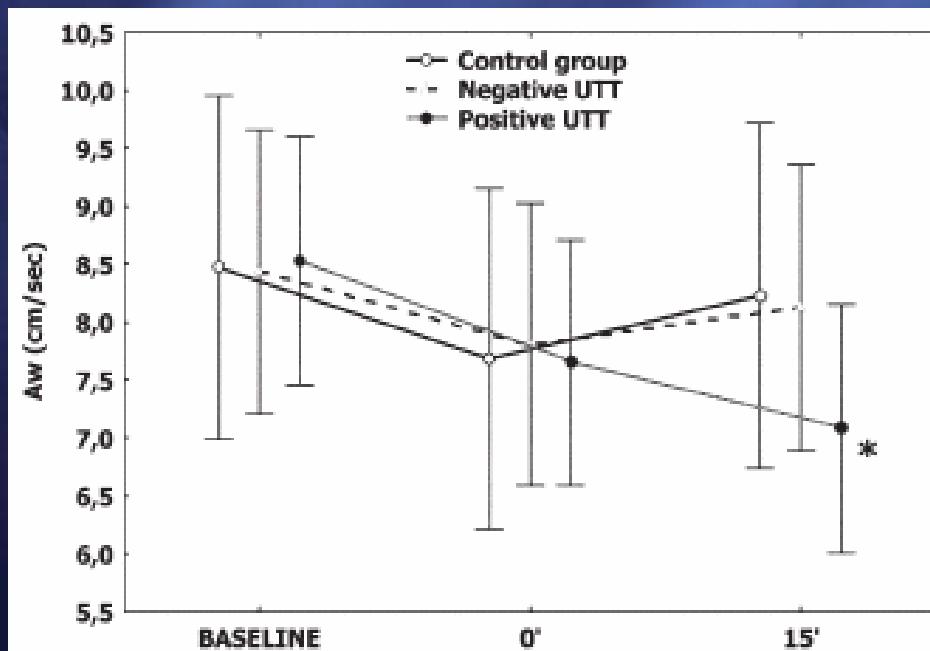
LA Strain Rate in Amyloidosis



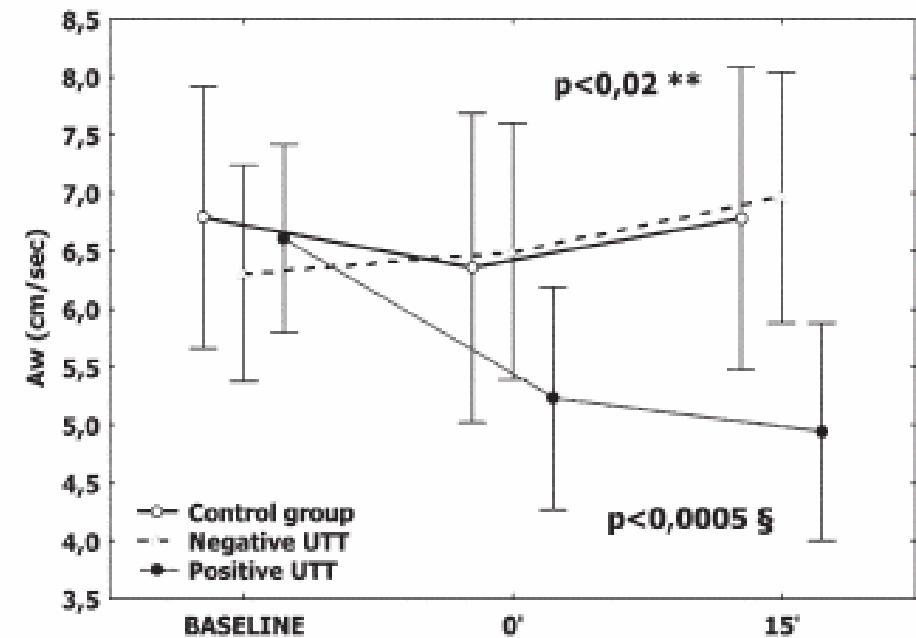
Atrial Function in Neurally Mediated Syncope



Atrial Function in Neurally Mediated Syncope

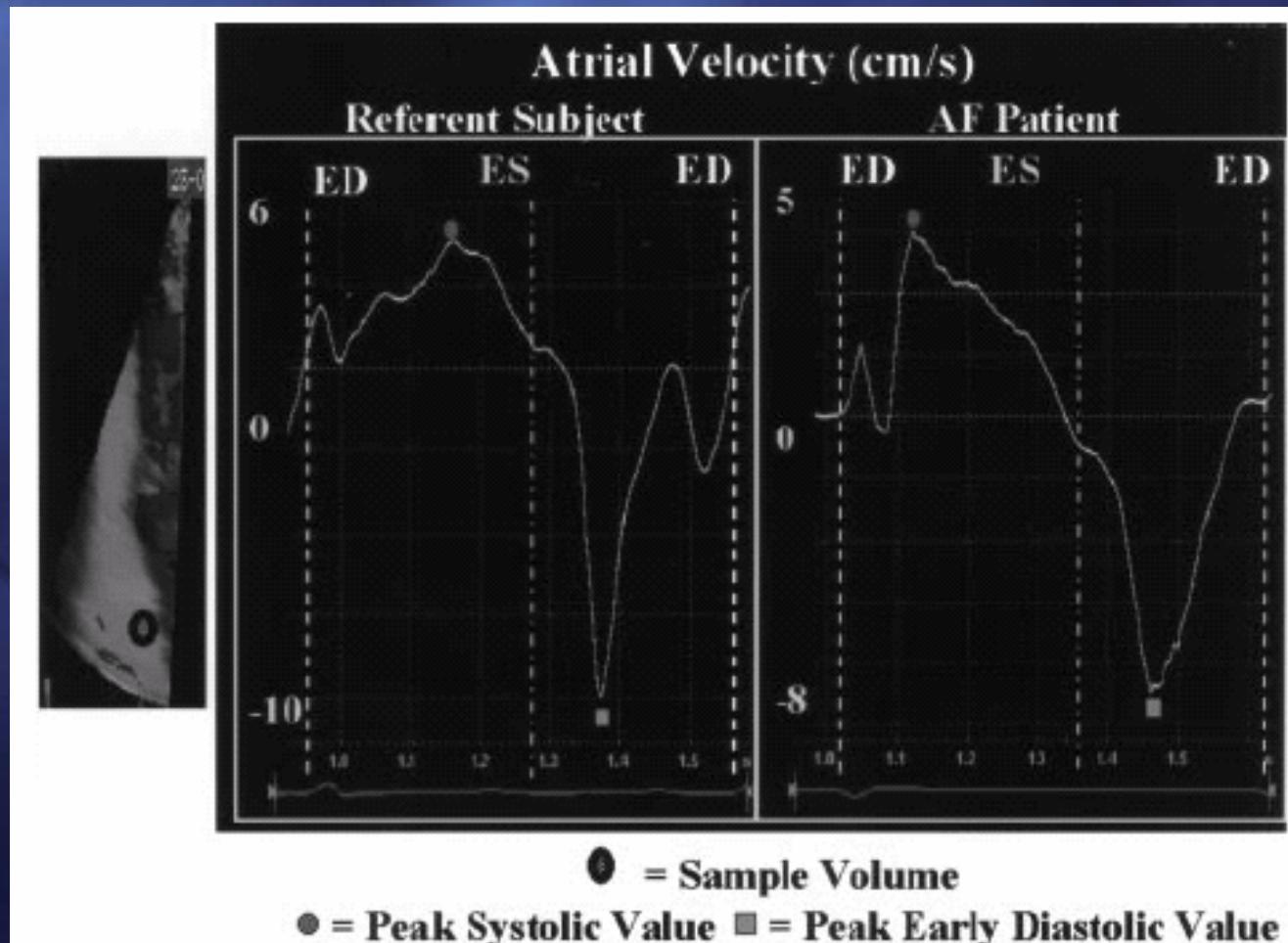


Inf. Wall

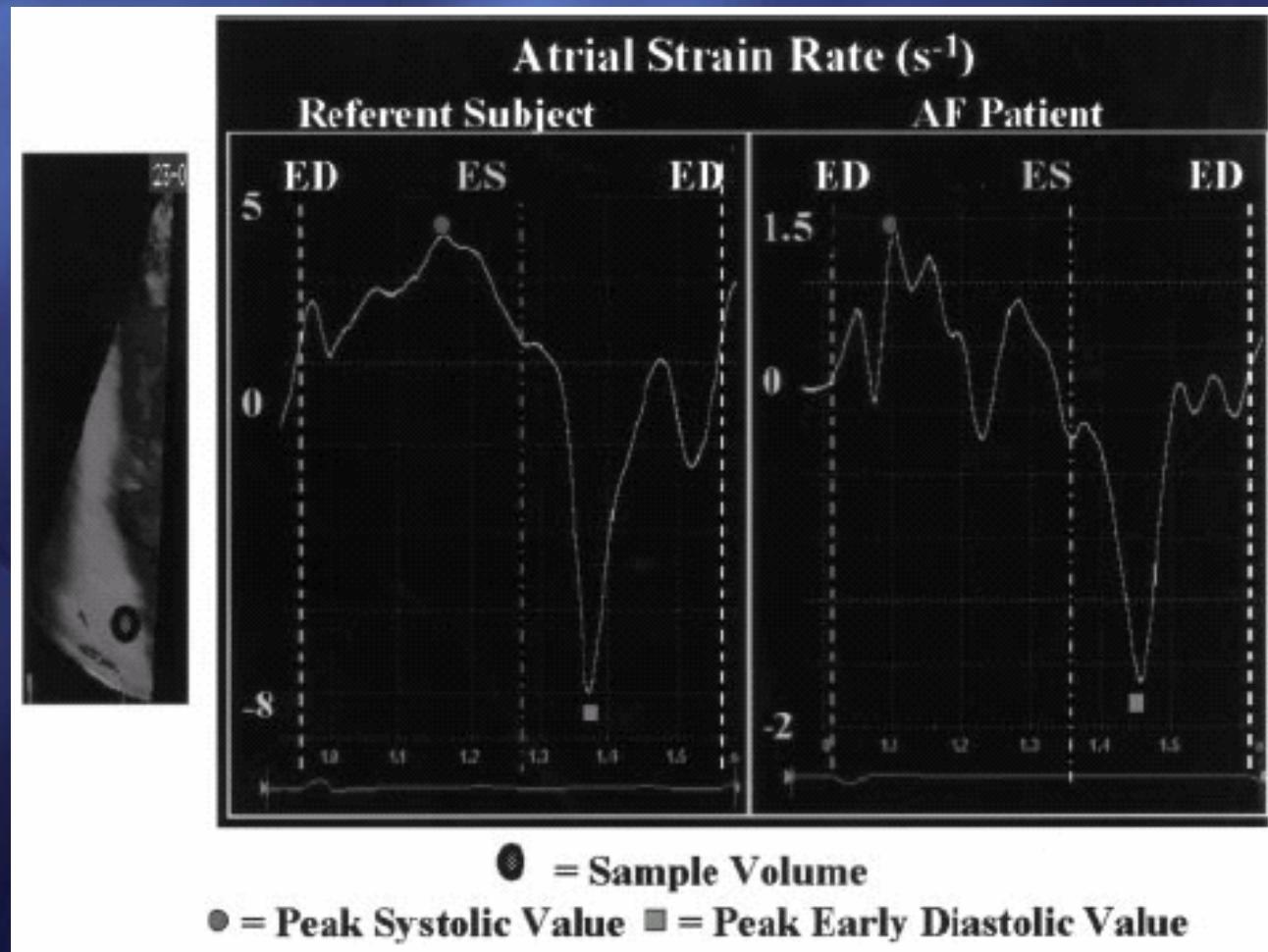


Ant. Wall

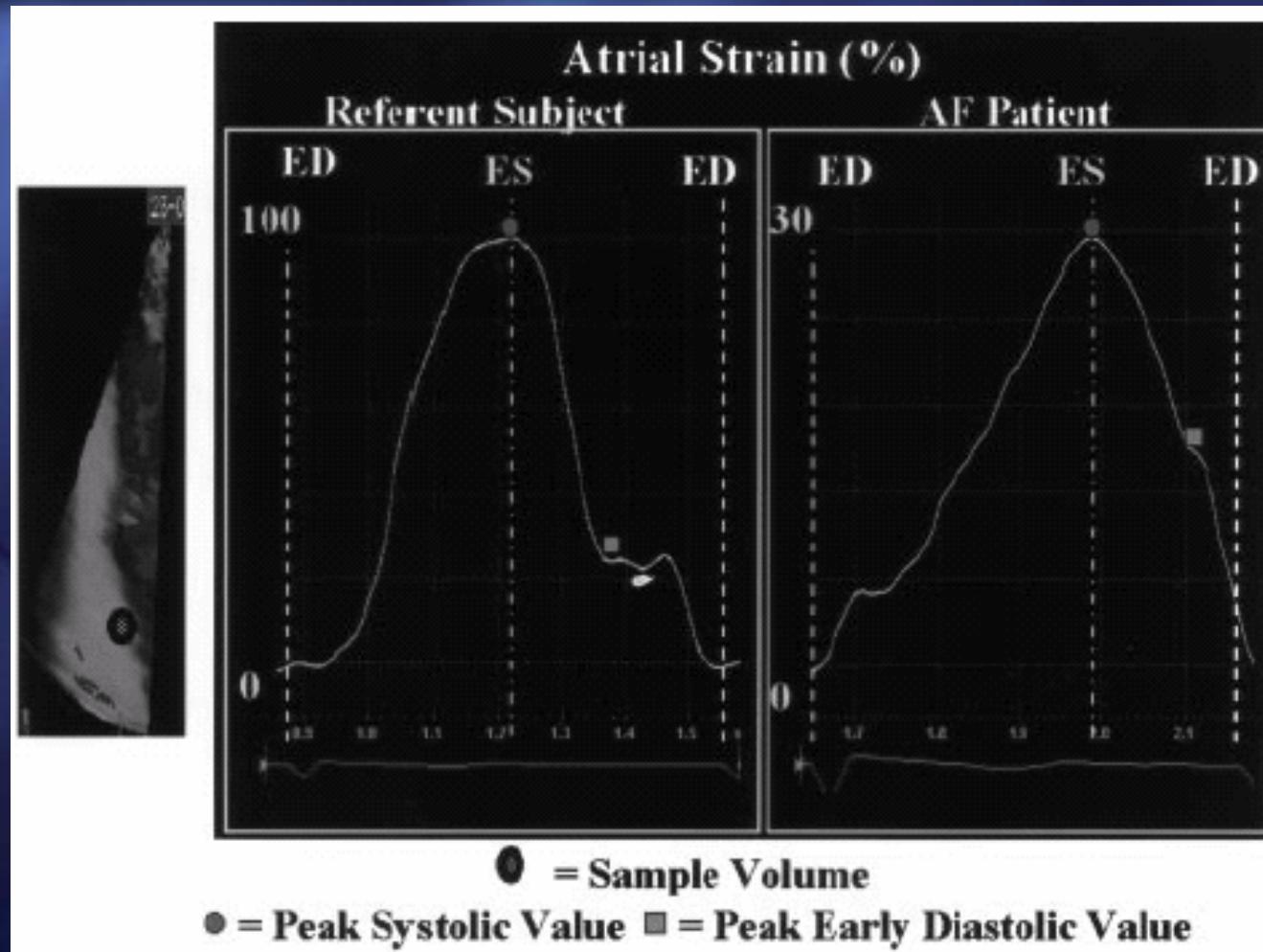
Prediction of SR Maintenance After Cardioversion in Lone AF



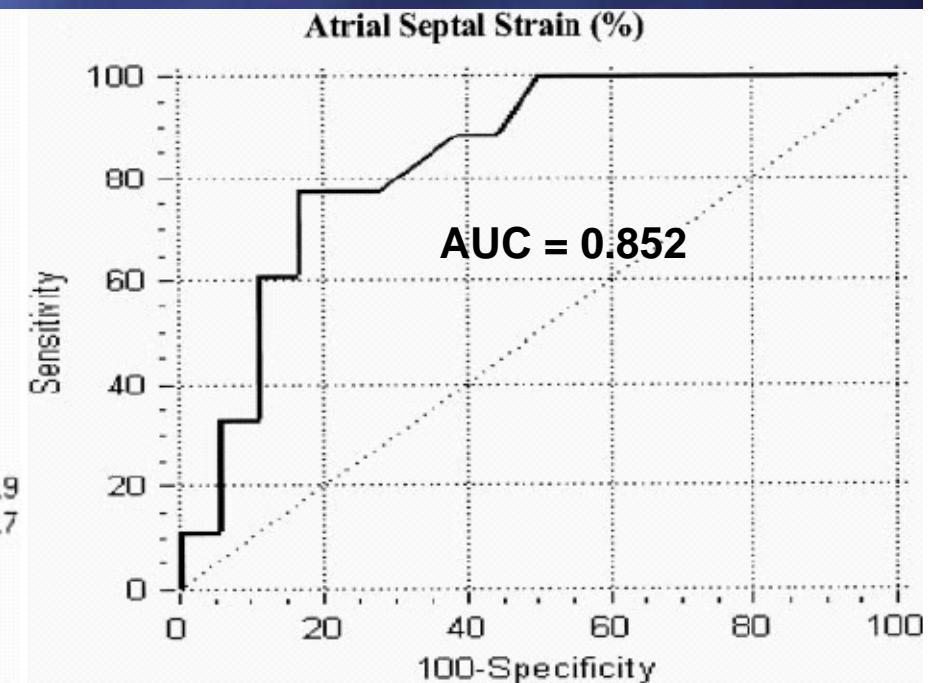
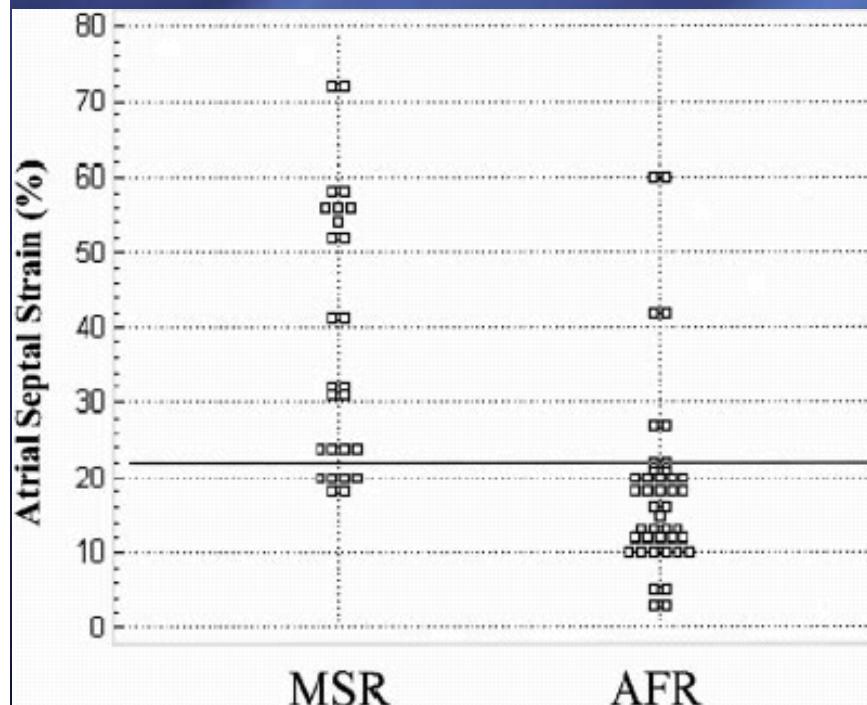
Prediction of SR Maintenance After Cardioversion in Lone AF



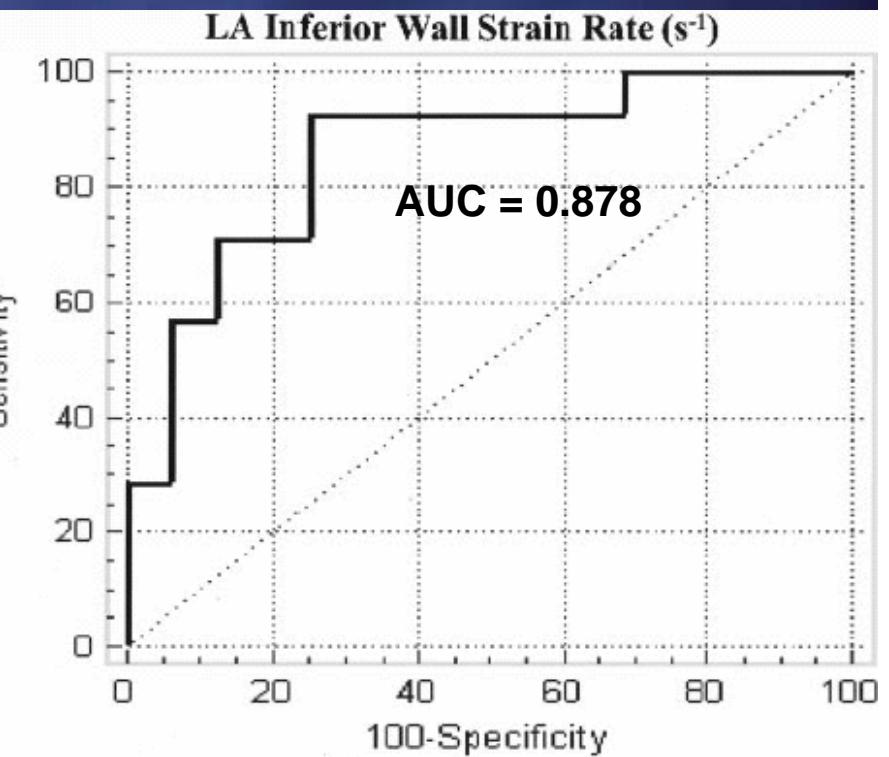
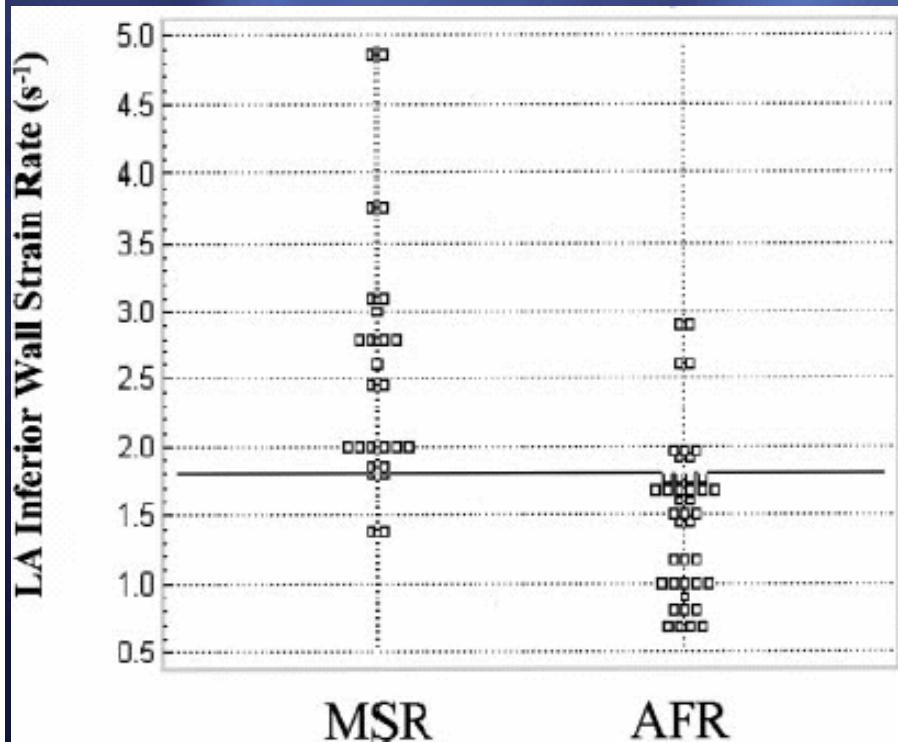
Prediction of SR Maintenance After Cardioversion in Lone AF



Prediction of SR Maintenance After Cardioversion in Lone AF



Prediction of SR Maintenance After Cardioversion in Lone AF



Summary

- Echo measurements for LA function
 - Feasible, multiple parameters
Which is optimal?
 - Load dependent, especially LV load.
LA contractility \neq LA contraction
- parameters
 - Simple - Mitral A, a', Strain, SR
 - Complex
 - Volumes
 - Derived indices – LA ejection force, kinetic energy

Summary

- LA size quantitation, especially LA volume (?) helps in clinical situations.
- LA myocardial velocity, strain, and SR may be promising in potential clinical application.
- Future studies
 - Validation for LA indices
 - Age, gender, HR effects
 - Medium to large scale study