



UZ
LEUVEN



EAE Teaching Course

How to describe LV Function? From fiber shortening to ejection – The physiology behind.

Sofia, Bulgaria, 5-7 April 2012

F.E. Rademakers

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UNIVERSITY HOSPITALS LEUVEN

- Definition
- Anatomy
- Physiology
 - Myofilaments
 - Ventricle
 - Stress - strain
 - Pressure – volume
 - Passive properties

Cardiac ‘function’ is defined qualitatively:

The ability to work (pump) and keep on working sufficiently.

=

Cardiac performance

Primary goal:

Maintain Cardiac Output

And Perfusion Pressure

by *developing force* in the wall to generate *cavity pressure*

and by *deforming* the wall to displace *cavity volume*

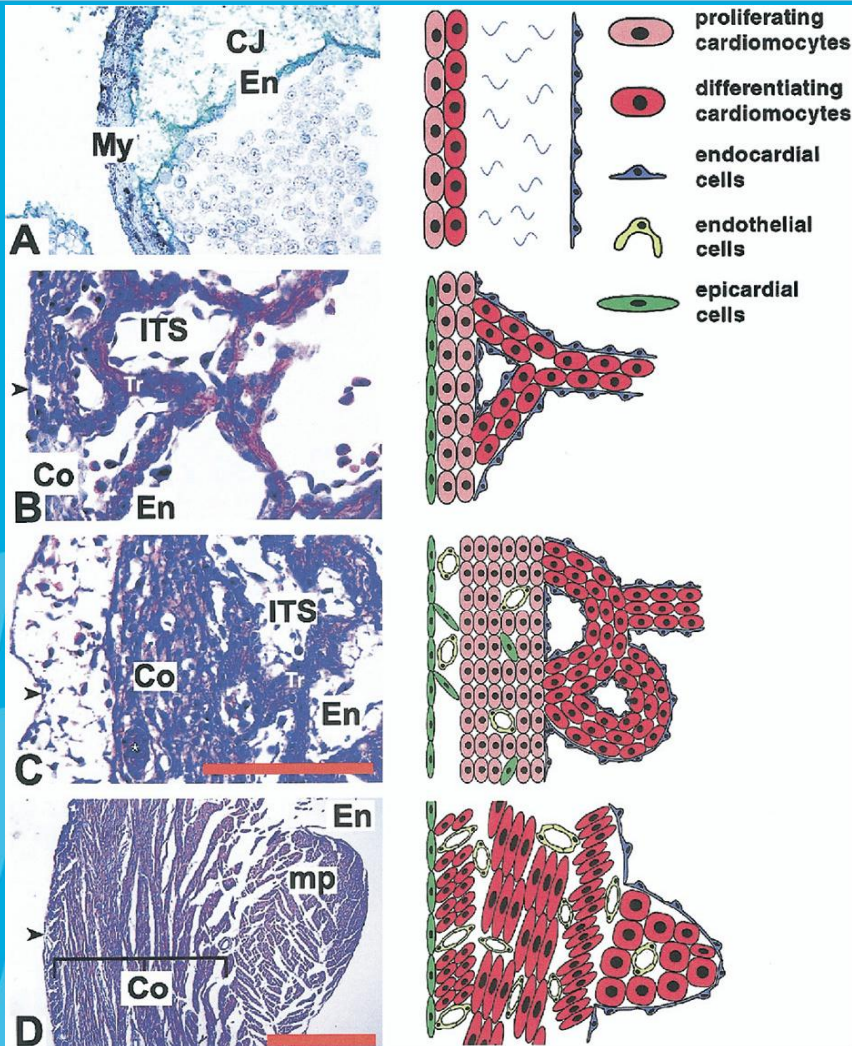
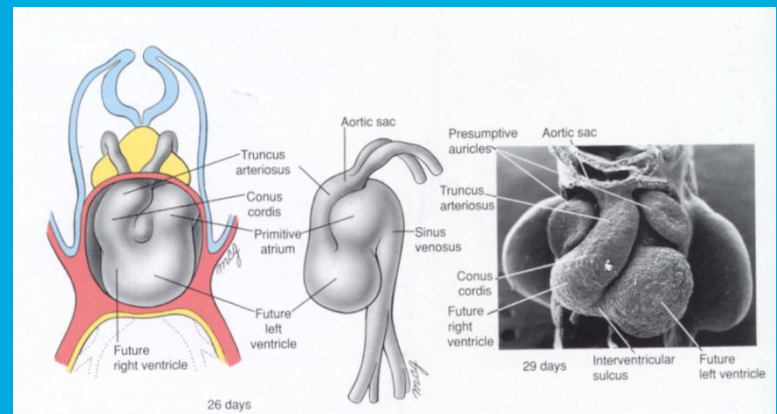
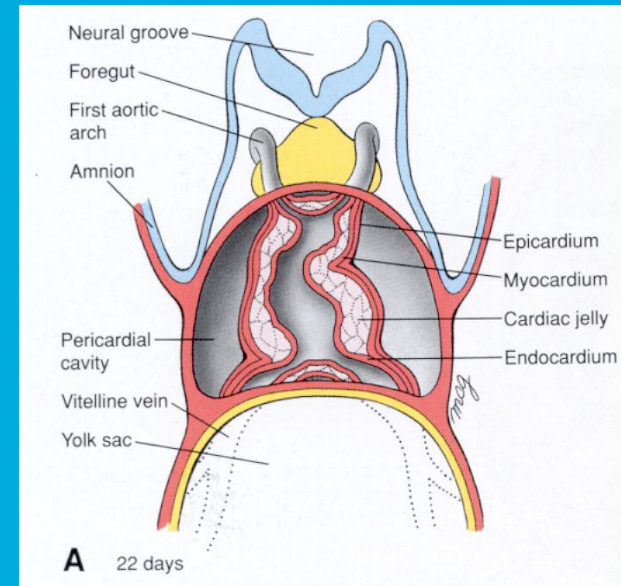
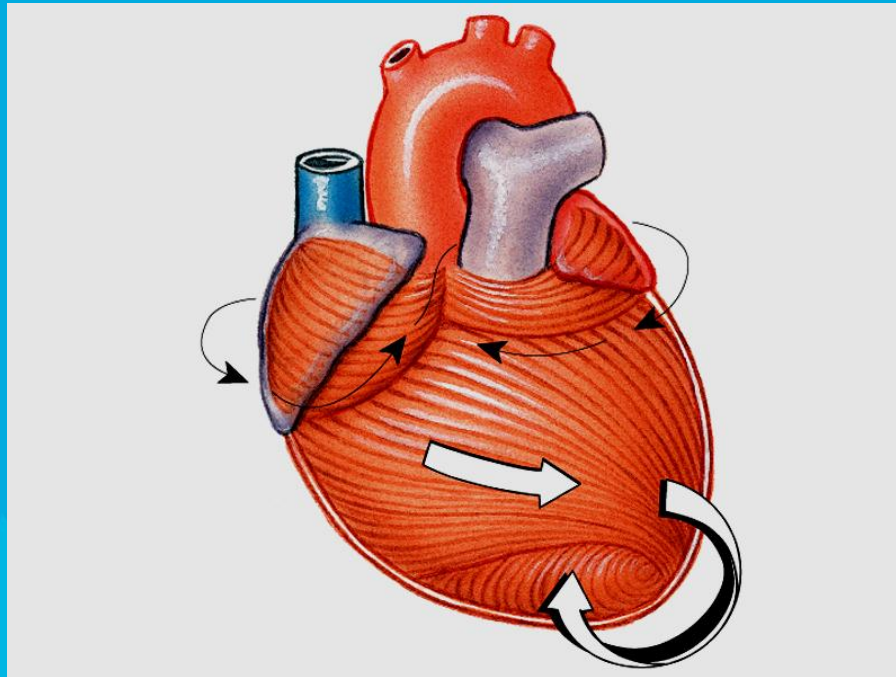
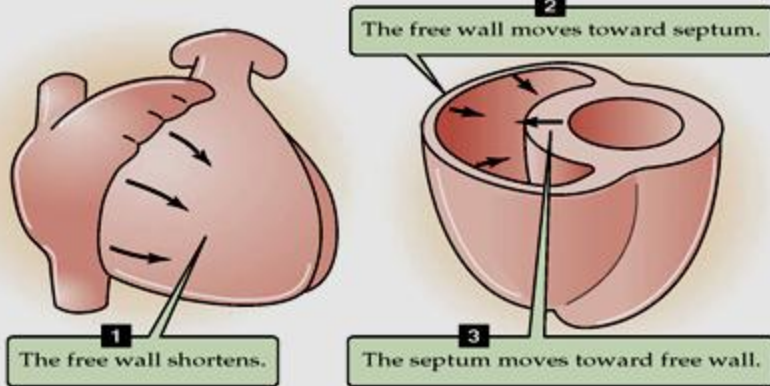


Figure 1. Embryonic development of the left ventricular wall in a chick. (A) The tubular myocardium (My) (2 to 3 cell layers thick) is separated from the endocardium (En) by acellular cardiac jelly (CJ). (B) The inner layers proliferate to form trabeculations (Tr), which are nourished by the blood circulating through the intertrabecular spaces (ITS). The outer layers proliferate and undergo compaction (Co) and are covered by epicardium (arrowhead). (C) By the sixth embryonic day, the compact layer has thickened and is invaded by developing coronaries from the epicardial surface. (D) In the neonatal (day 10) heart, the multilayered compact architecture of the left ventricular wall is clearly appreciated with the innermost layer merging with the papillary muscle (mp). On the right side of each picture is a schematic drawing illustrating the major steps in development of ventricular myoarchitecture. Scale bars = A, B, C, 100 μ m; D, 500 μ m. Reproduced from Sedmera et al. (20) with permission.

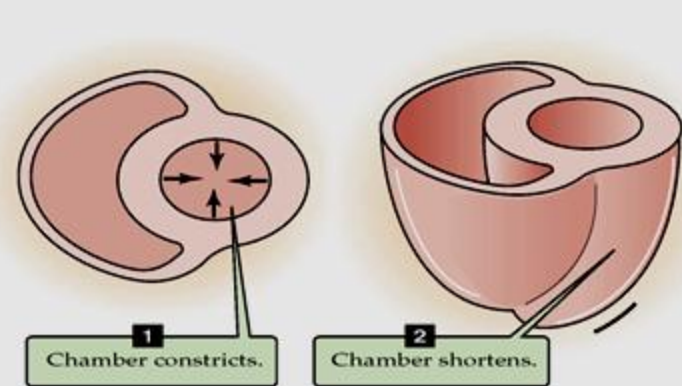


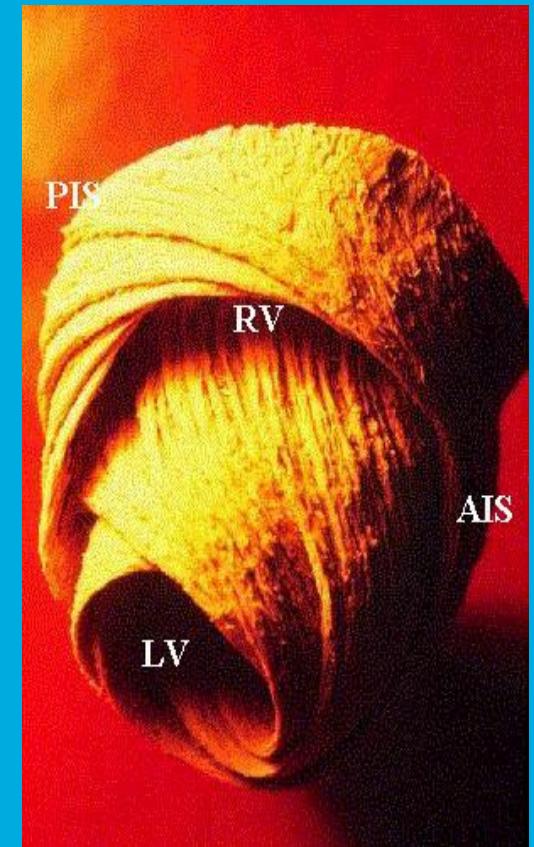
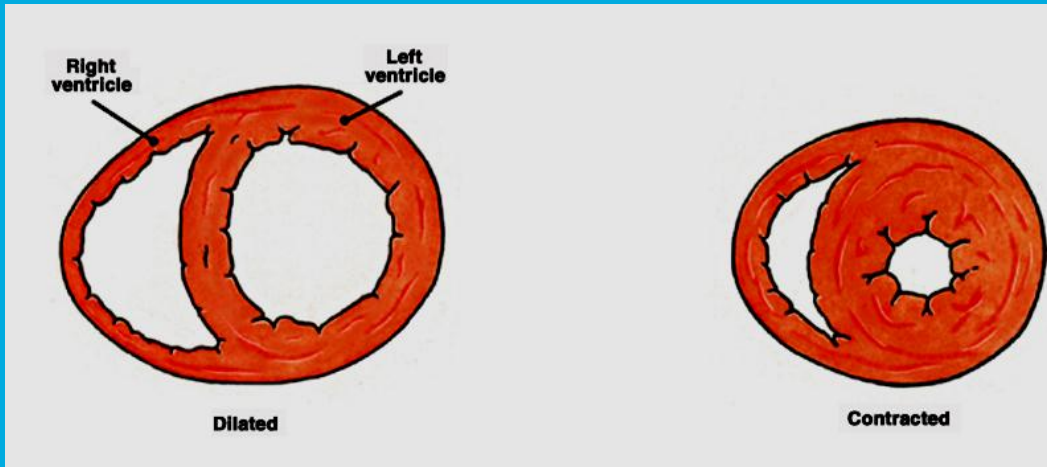


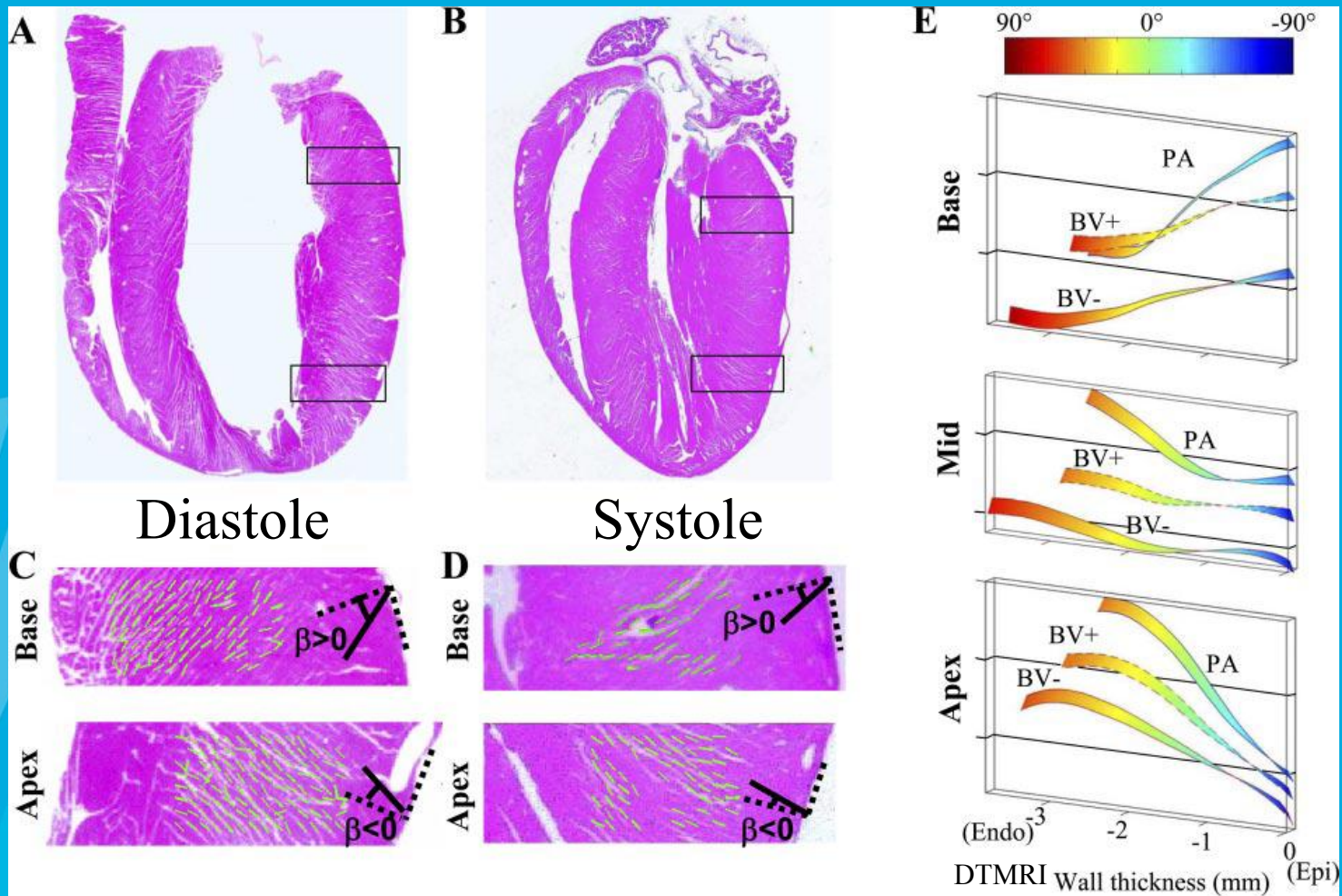
A RIGHT VENTRICULAR CONTRACTION

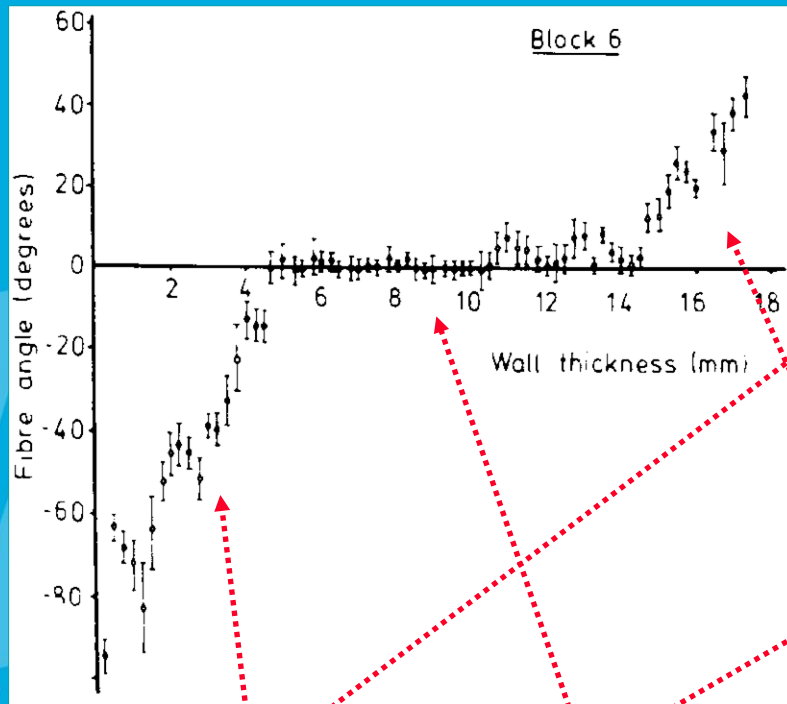


B LEFT VENTRICULAR CONTRACTION





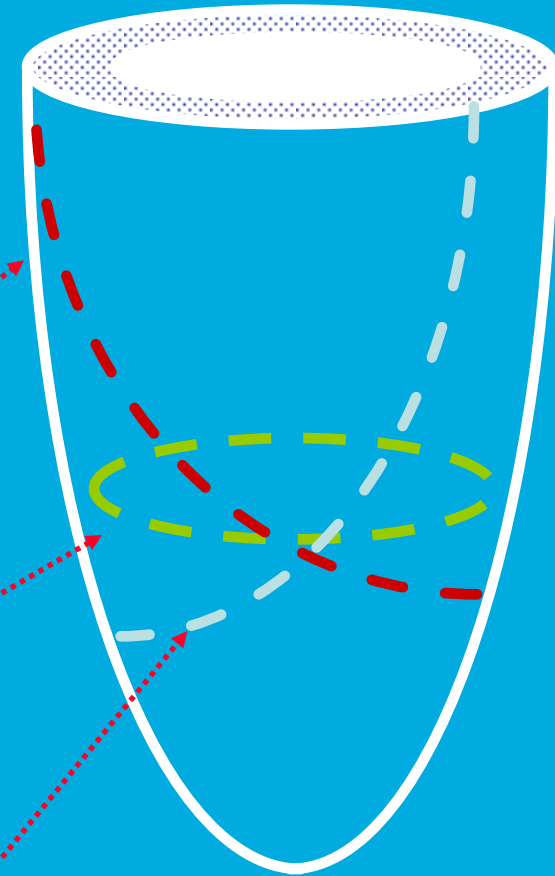


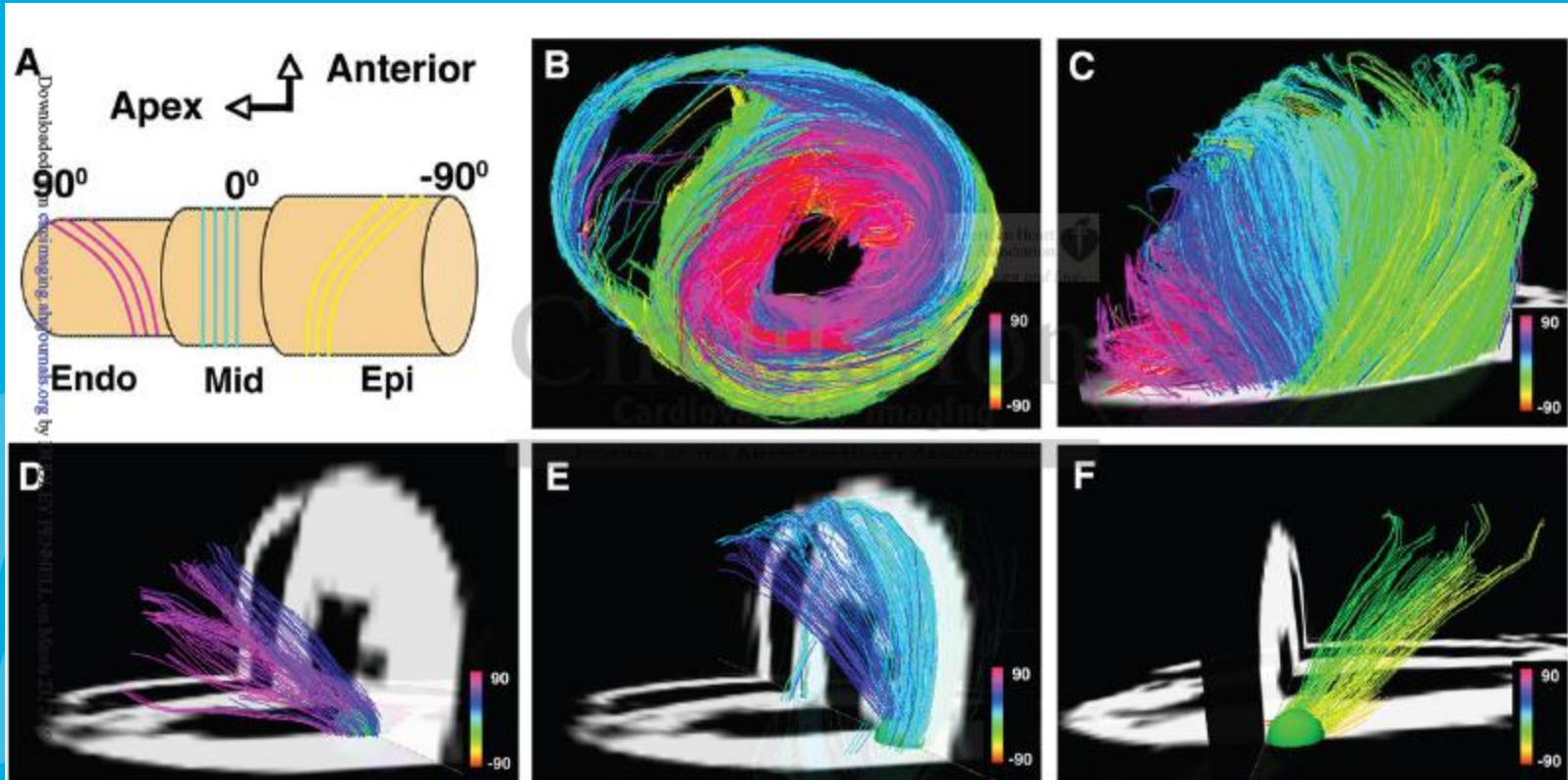


subepicardial
fibers

midwall
fibers

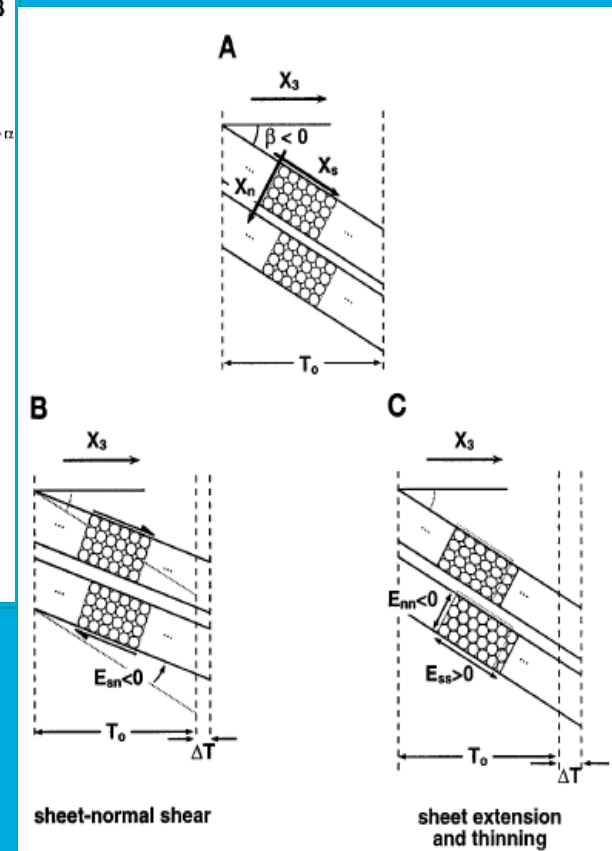
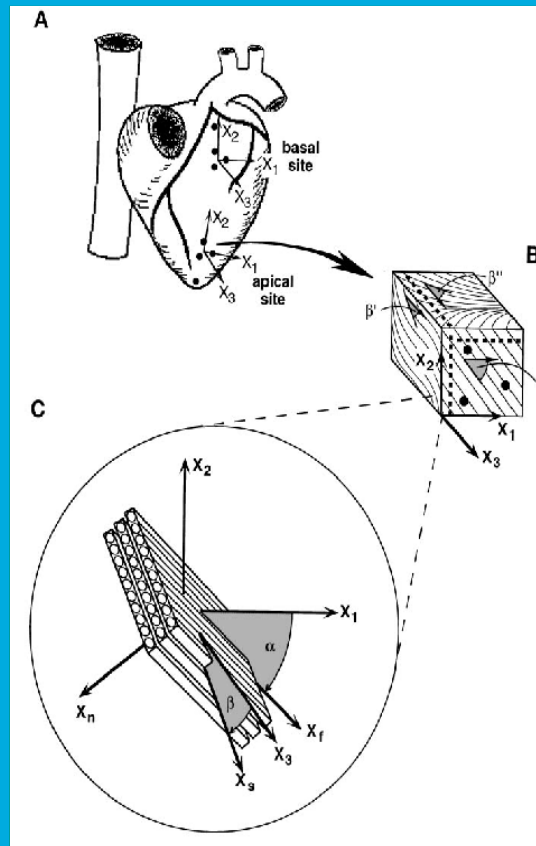
subendocardial
fibers

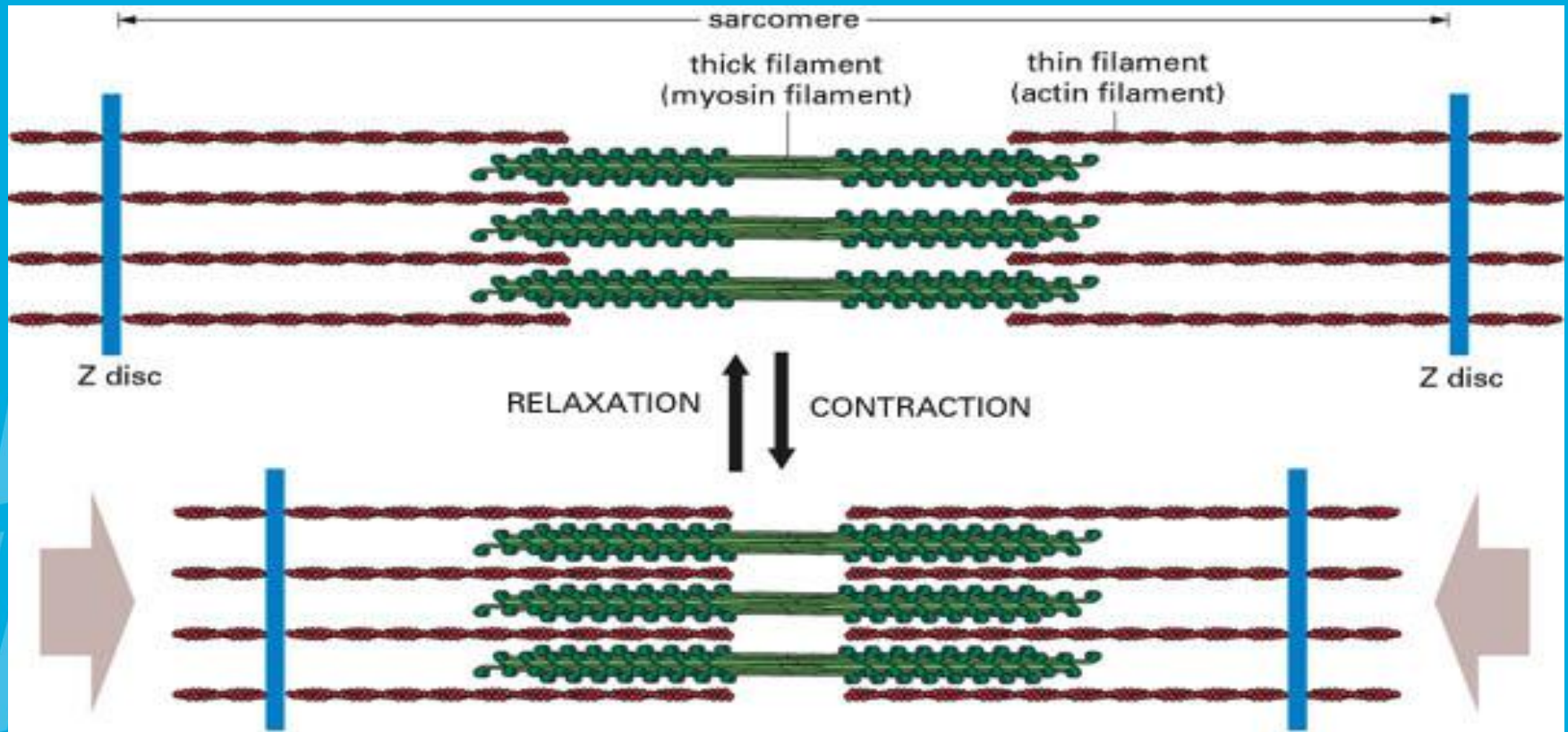




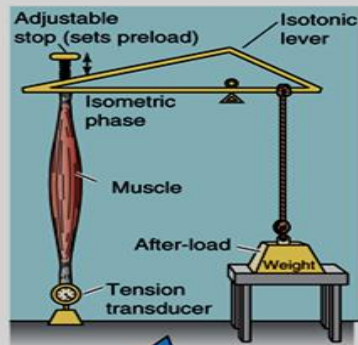
Sosnovik , Circ CV Imaging 2009

- Laminar sheets
- Packed from base to apex
- Branching
- 4 cells thick
- Cleavage planes
- Tight coupling inside sheets

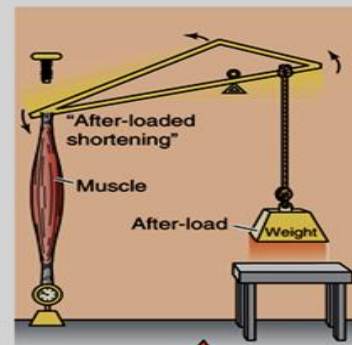




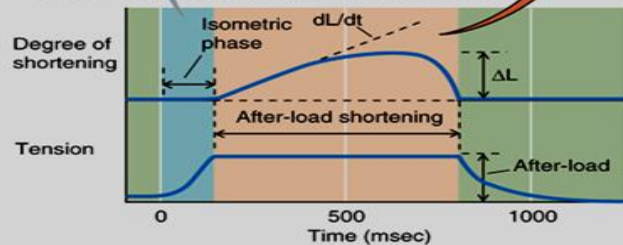
A ISOMETRIC PHASE OF CONTRACTION



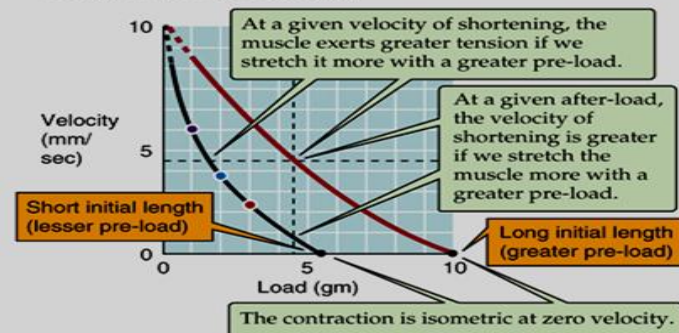
B ISOTONIC PHASE OF CONTRACTION



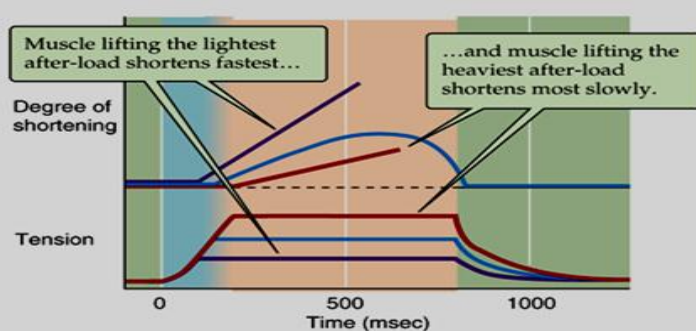
C RECORDS OF TENSION AND LENGTH FOR A SINGLE WEIGHT (I.E., AFTER-LOAD)



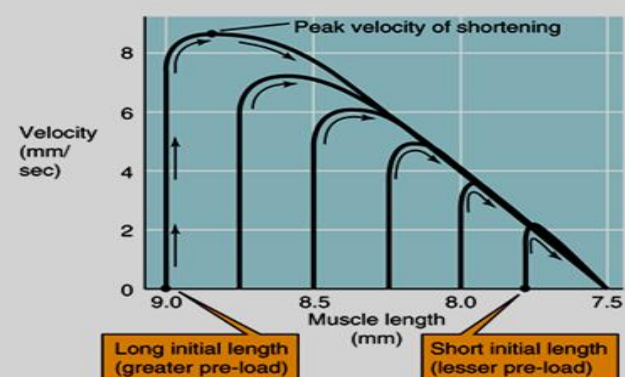
E LOAD-VELOCITY DIAGRAM

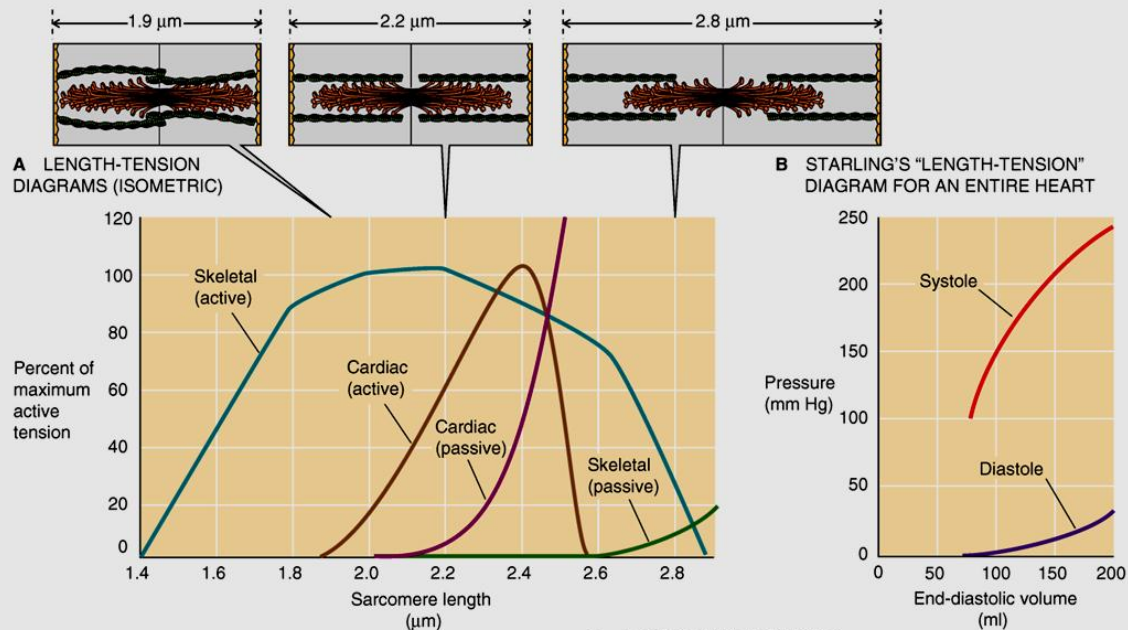


D EFFECT OF AFTER-LOAD ON VELOCITY OF SHORTENING

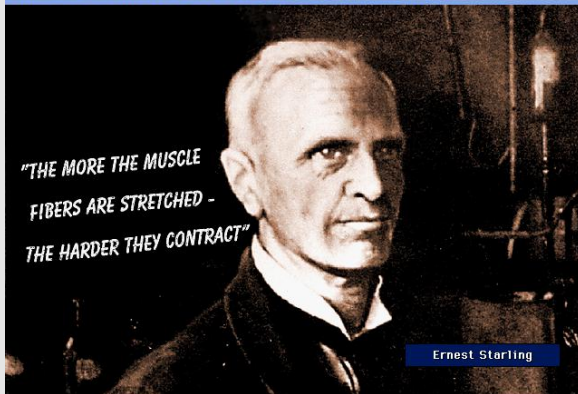


F VELOCITY-LENGTH DIAGRAM





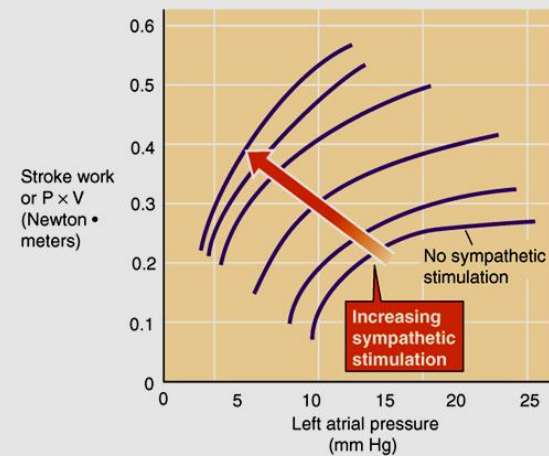
ERNEST STARLING AND THE FRANK-STARLING LAW

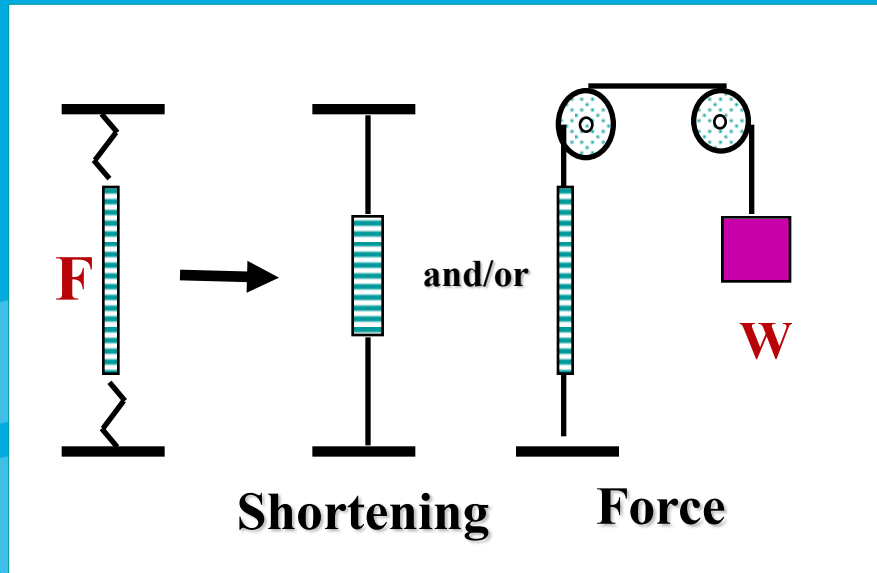


Photograph © Wellcome Institute Library, London

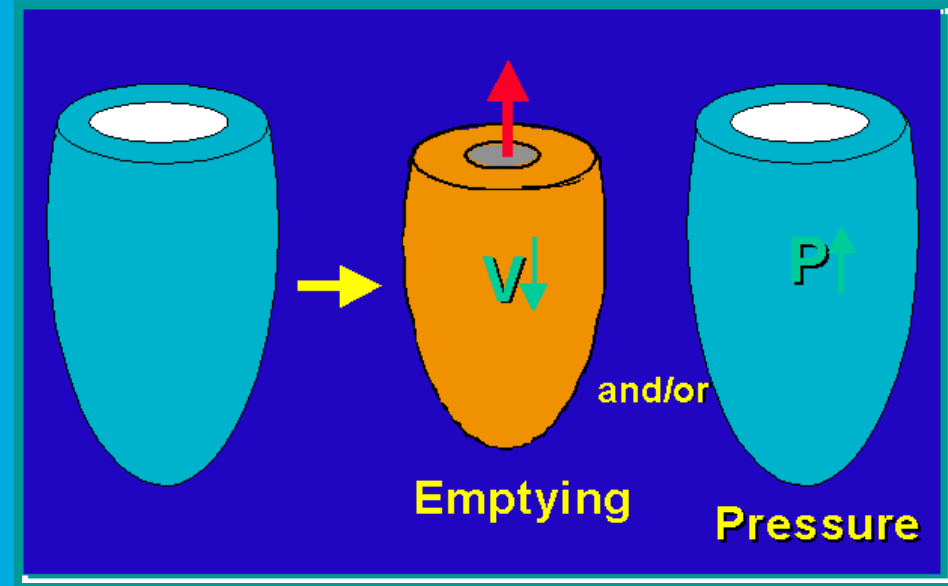
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C PERFORMANCE CURVES

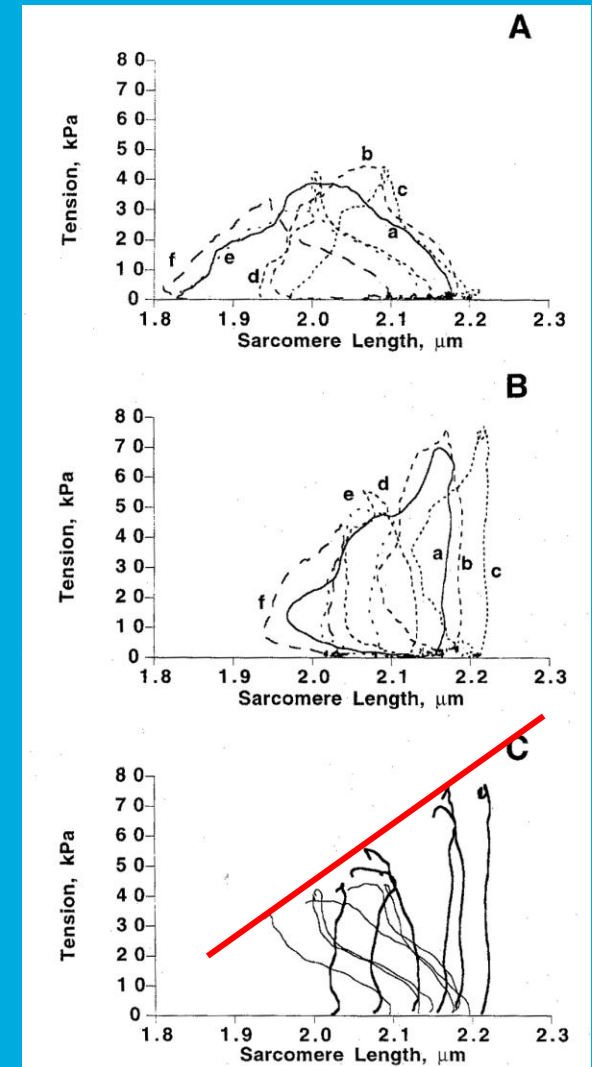
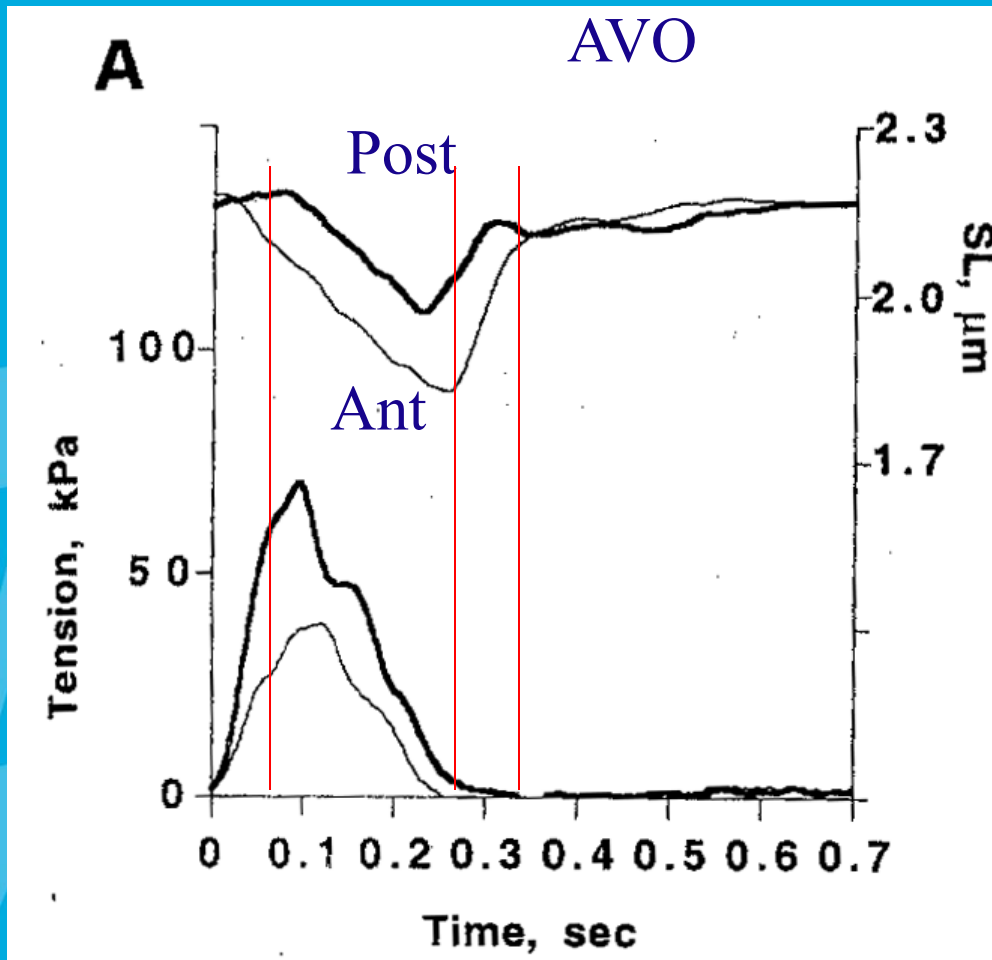




Fiber



Ventricle



FILLING

EMPTYING

ED volume x EF effective = stroke volume

In

Out

distensibility/
compliance
active relaxation
atrial function
AV valve
pericardium

contractility

afterload

preload

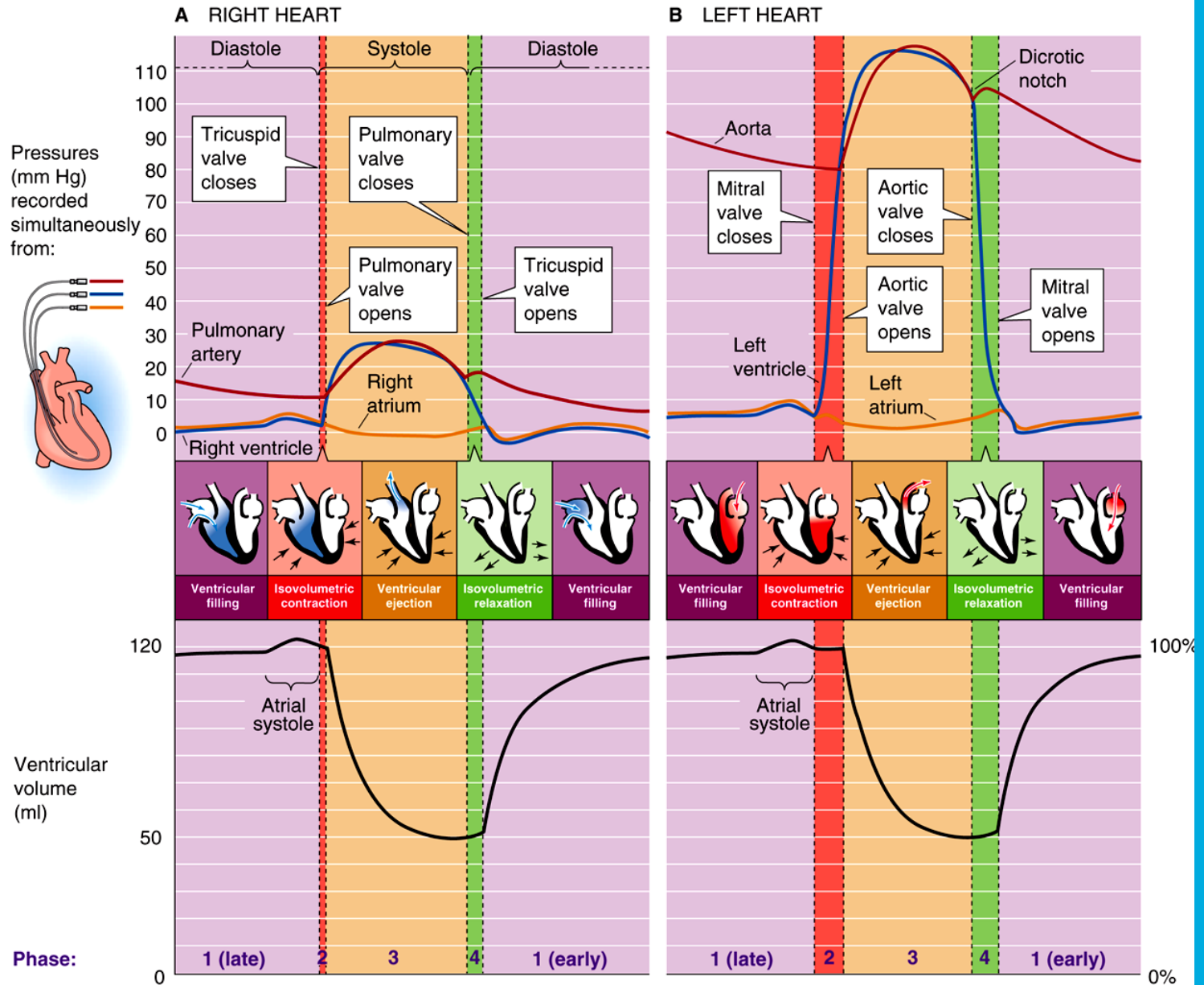
structure

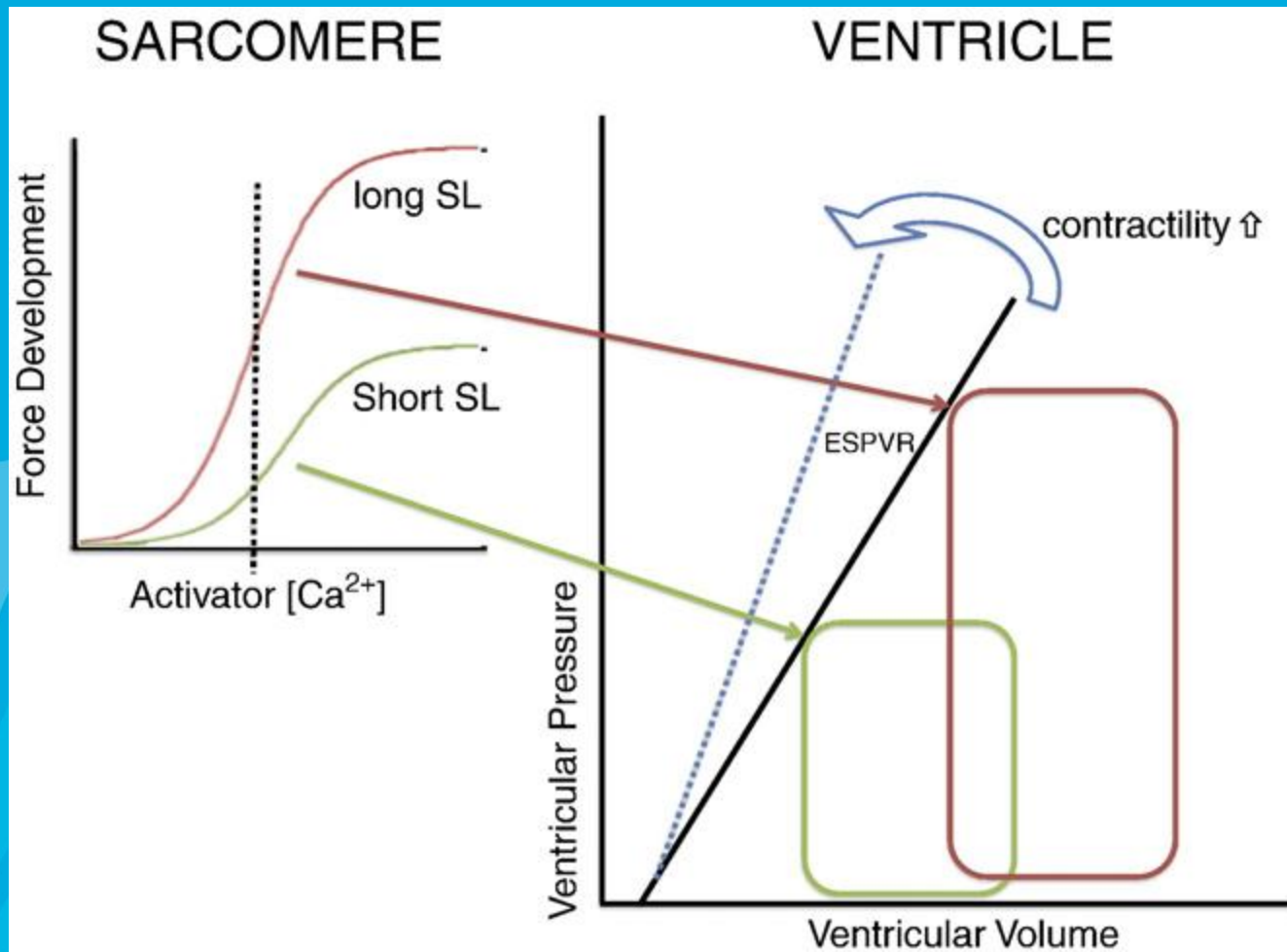
x

heart rate

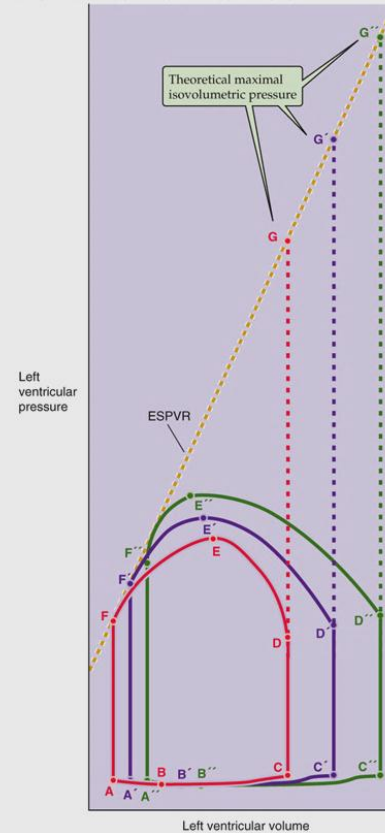
diastolic function

systolic function

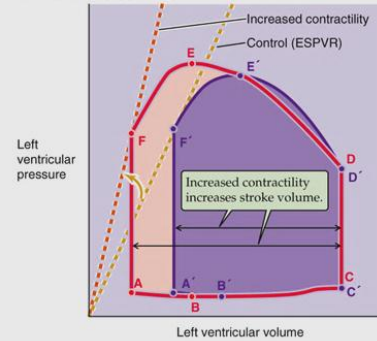




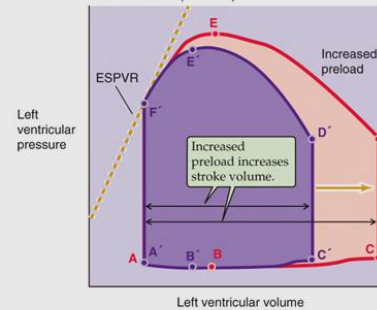
A STANDARD CONTRACTILITY CONDITIONS



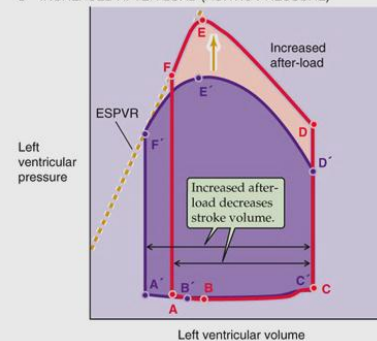
B INCREASED CONTRACTILITY

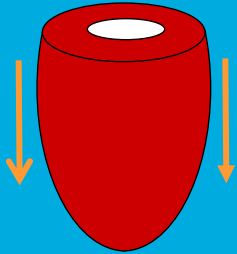


C INCREASED PRELOAD (FILLING)

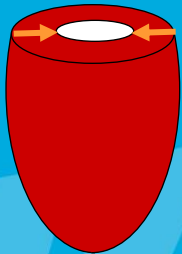


D INCREASED AFTER-LOAD (AORTIC PRESSURE)

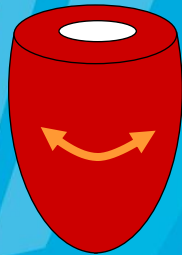




Longitudinal
shortening



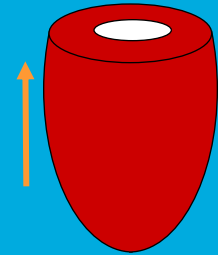
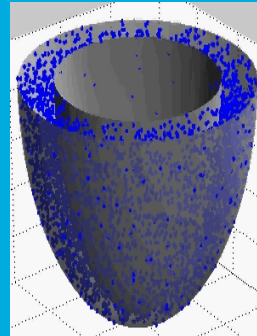
Radial
thickening



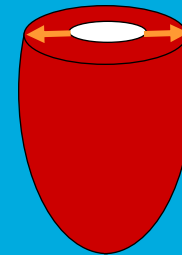
Circumferential
shortening

+

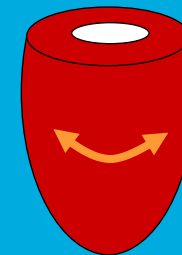
Endocardial inward motion for ejection



Longitudinal
lengthening



Radial
thinning



Circumferential
lengthening

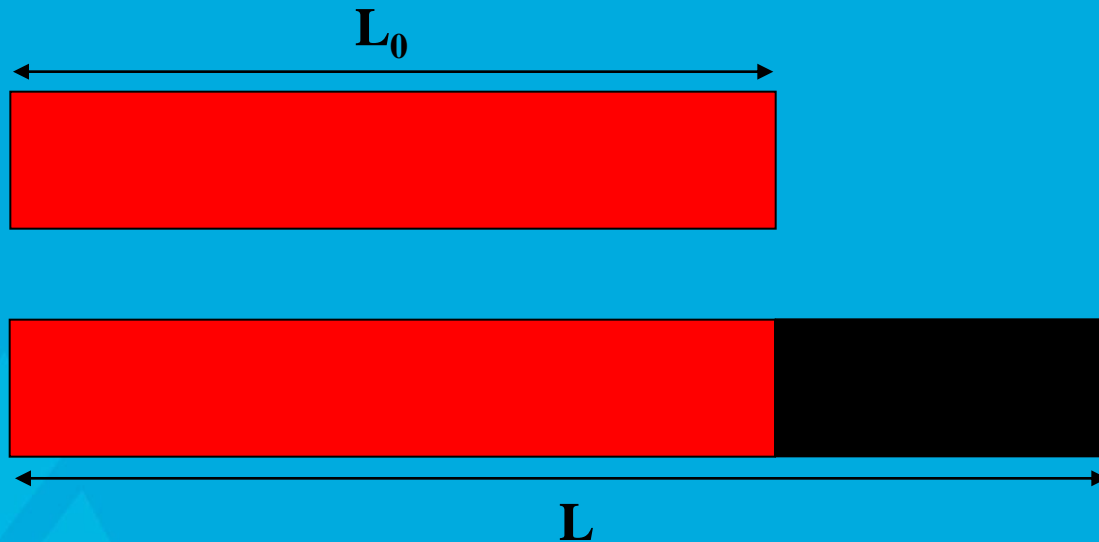
+

Endocardial outward motion for filling

+ Shearing (twisting,...) optimize
transmission of fiber force/deformation



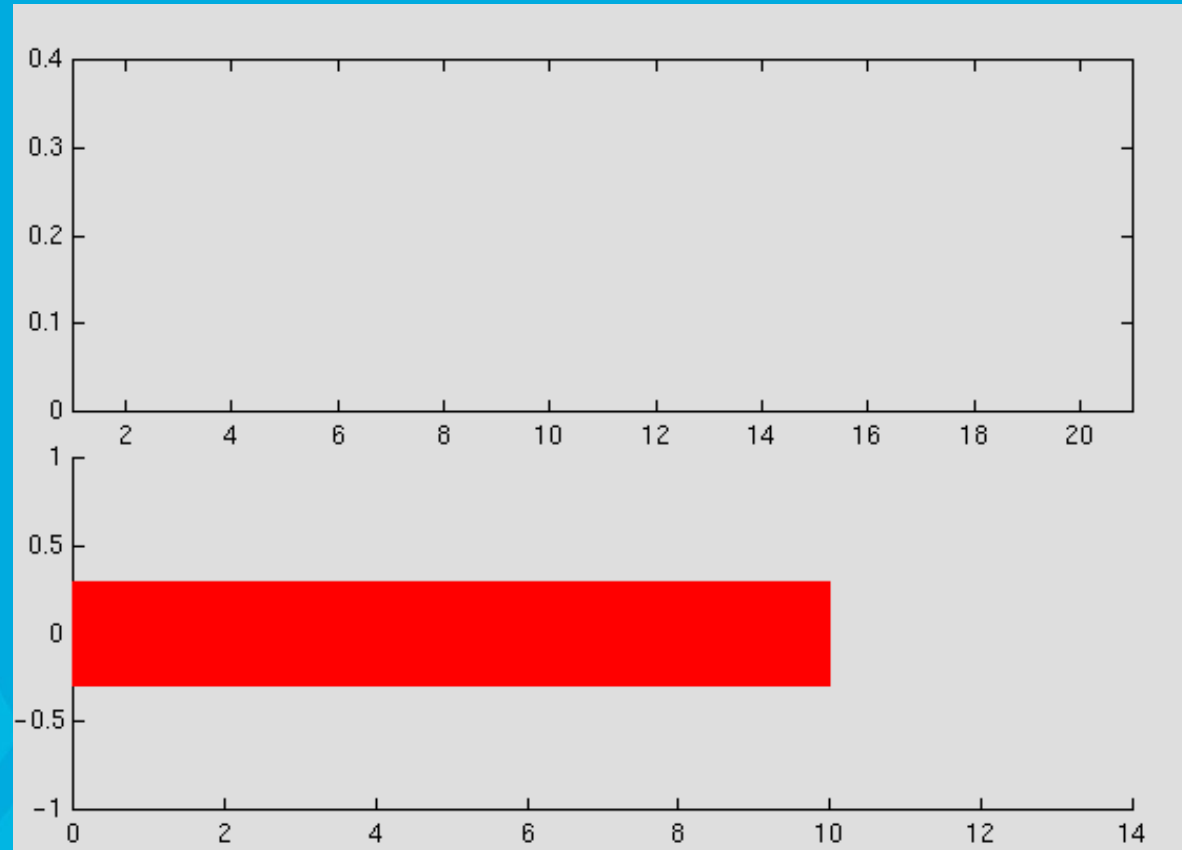
Strain (\mathcal{E}) = the deformation of an object expressed with respect to its original shape



$$\mathcal{E} = \frac{L - L_0}{L_0}$$

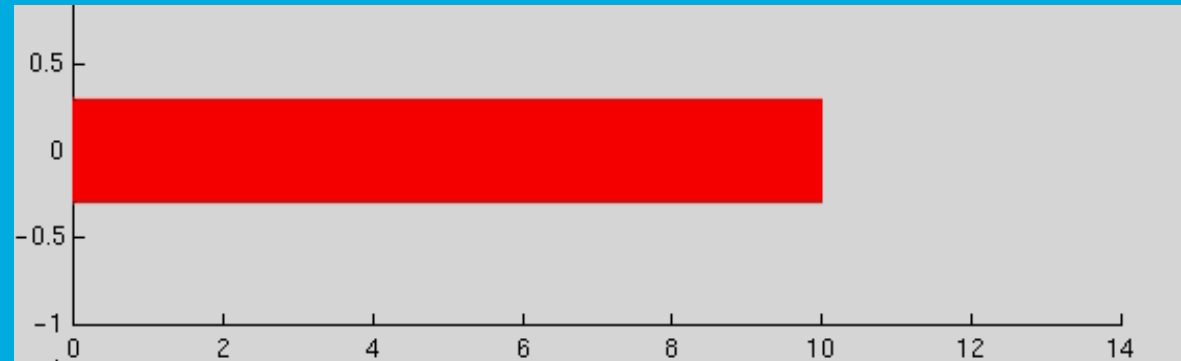


dimensionless

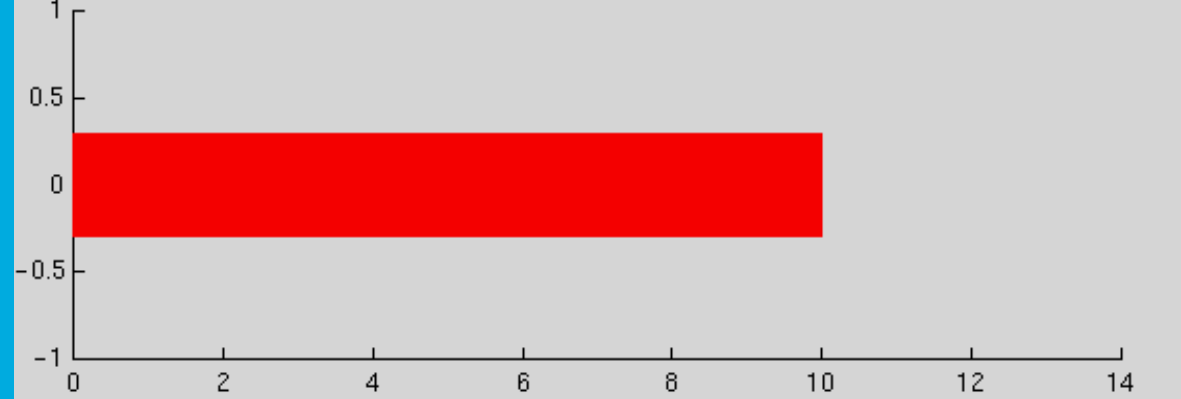


$$\varepsilon(t) = \int_{L_0}^L \frac{dL(t)}{L_0} = \frac{L(t) - L_0}{L_0} = \frac{L(t)}{L_0} - 1$$

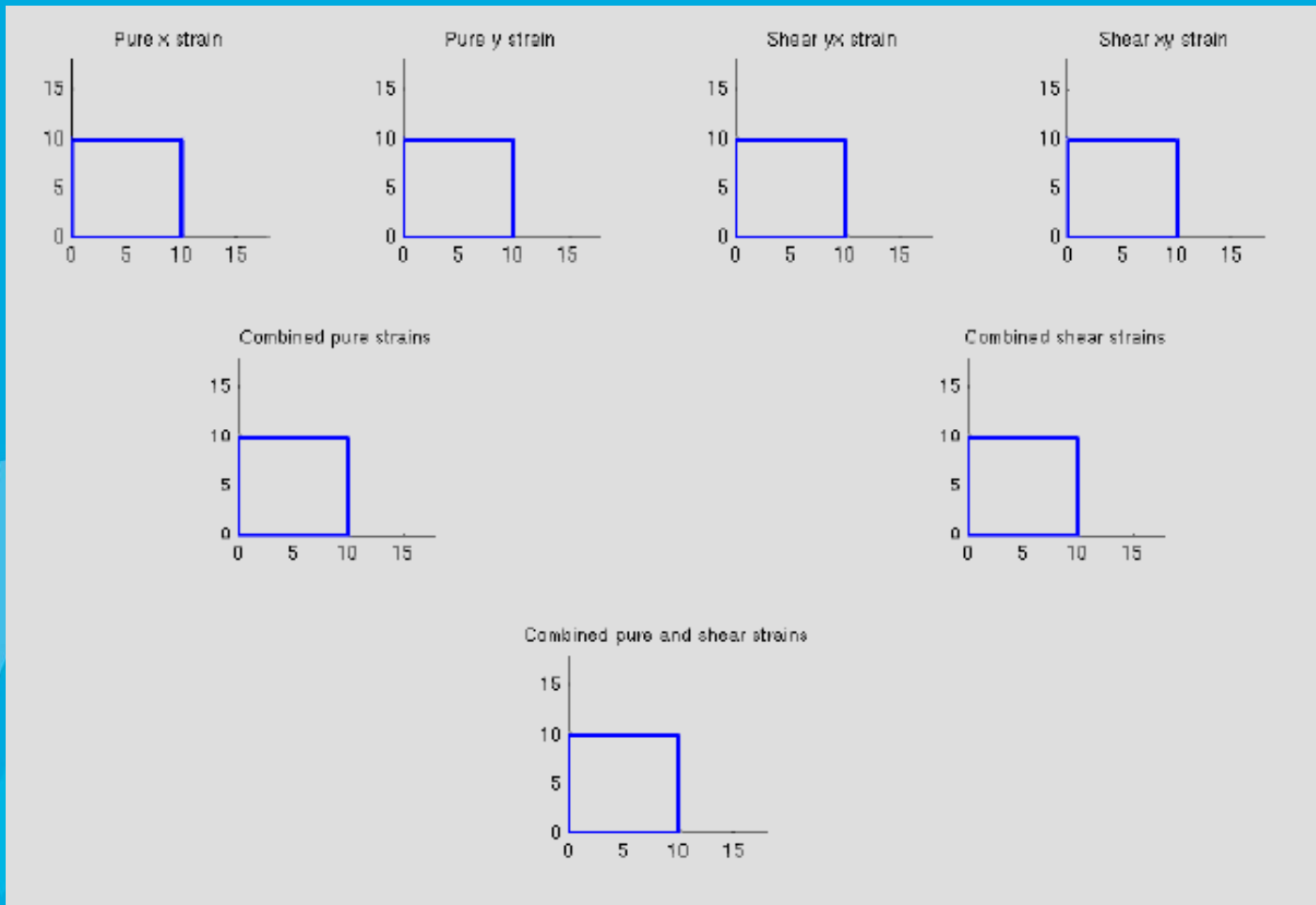
40% strain
1 s



40% strain
2 s



Average Lagrangian strain rate: 0.4 s^{-1} vs. 0.2 s^{-1}



For a 2D object:

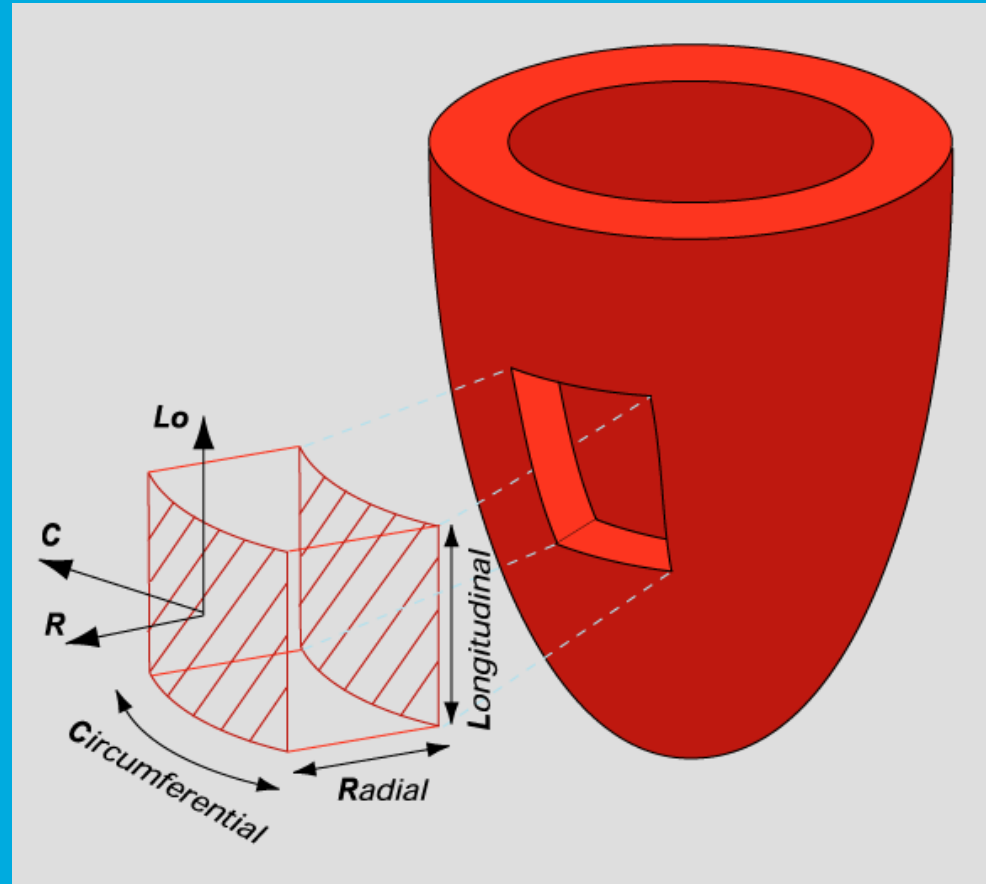
4 independent strains exist

4 independent strain rates exist

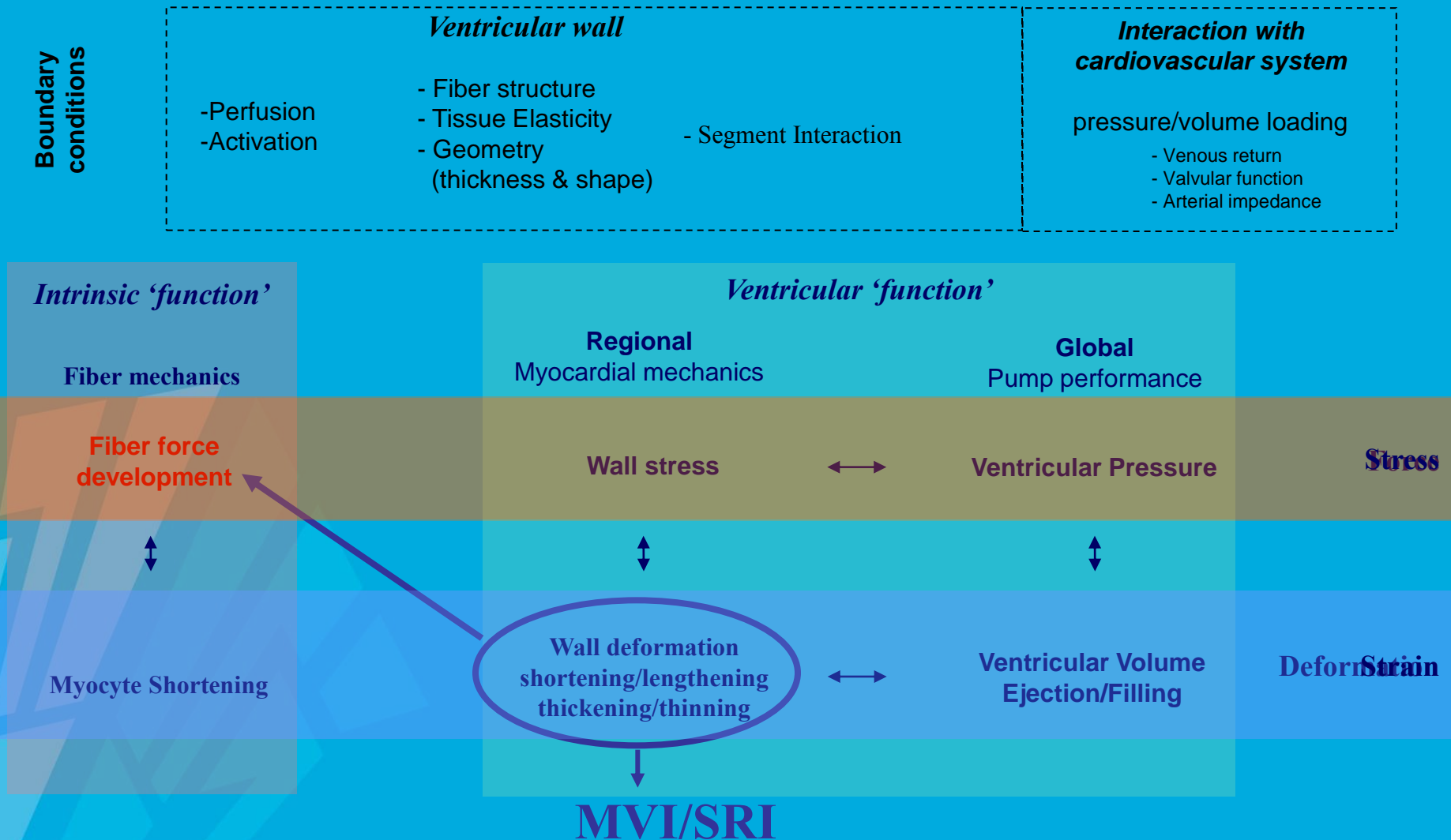
- Radial
- Longitudinal
- Circumferential

↓

$$\epsilon = \begin{bmatrix} \epsilon_{RR} & \epsilon_{RC} & \epsilon_{RL} \\ \epsilon_{CR} & \epsilon_{CC} & \epsilon_{CL} \\ \epsilon_{LR} & \epsilon_{LC} & \epsilon_{LL} \end{bmatrix}$$

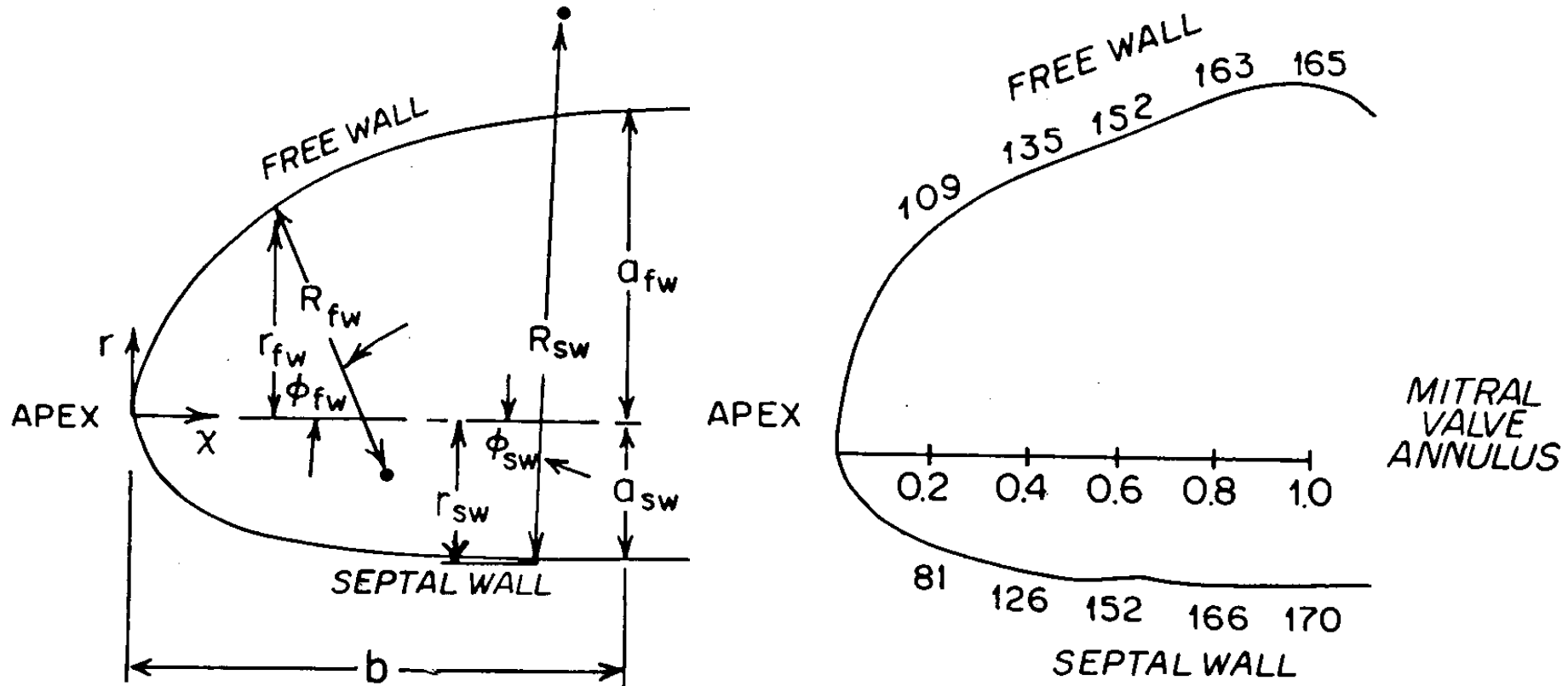


Facilitates physical interpretation and mathematics of the strain values
(e.g. RR = wall thickening; CC/LL = circumferential/longitudinal shortening)

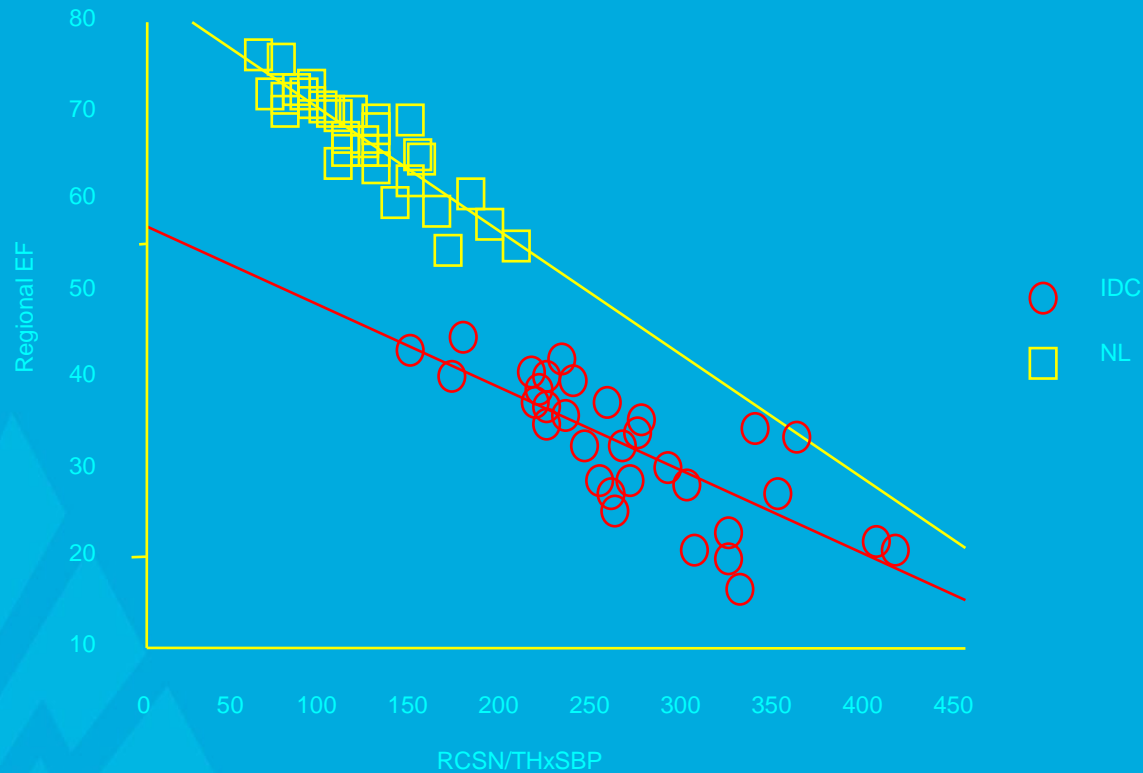


To understand the mechanics, we need to combine these two components

Radius of curvature greater in septum



From echocardiography and cuff brachial BP in 9 subjects

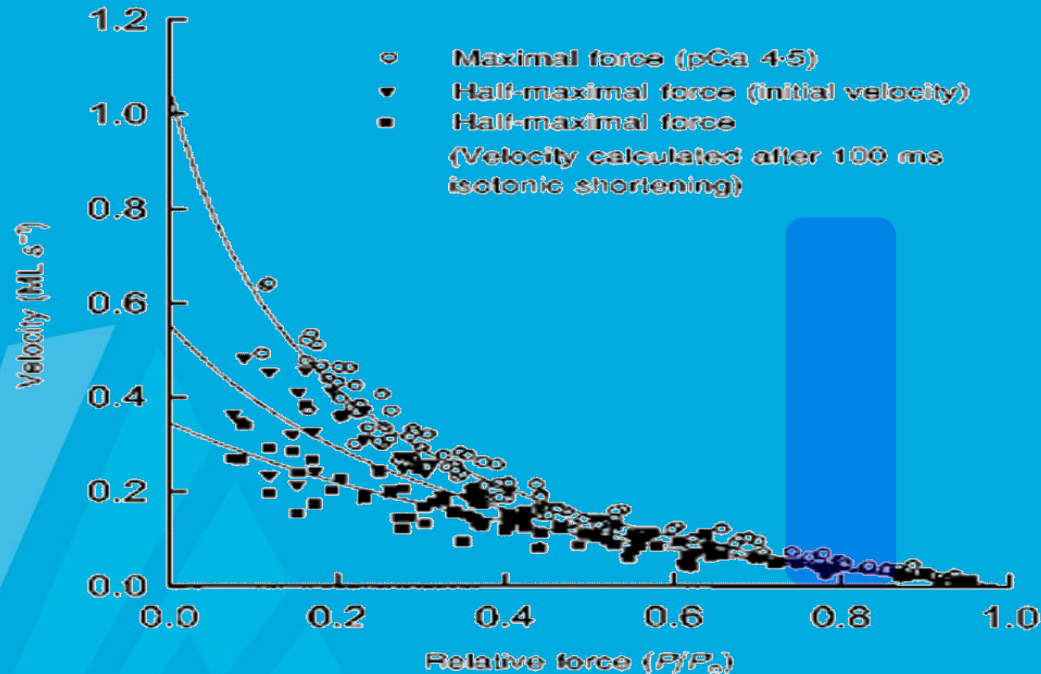


REF = $57.377 - .094 \cdot \text{RCSN/THxSBP}$; $R^2 = .606$ (IDC)

REF = $83.396 - .139 \cdot \text{RCSN/THxSBP}$; $R^2 = .795$ (NL)

- Radial/Circumferential strain rate

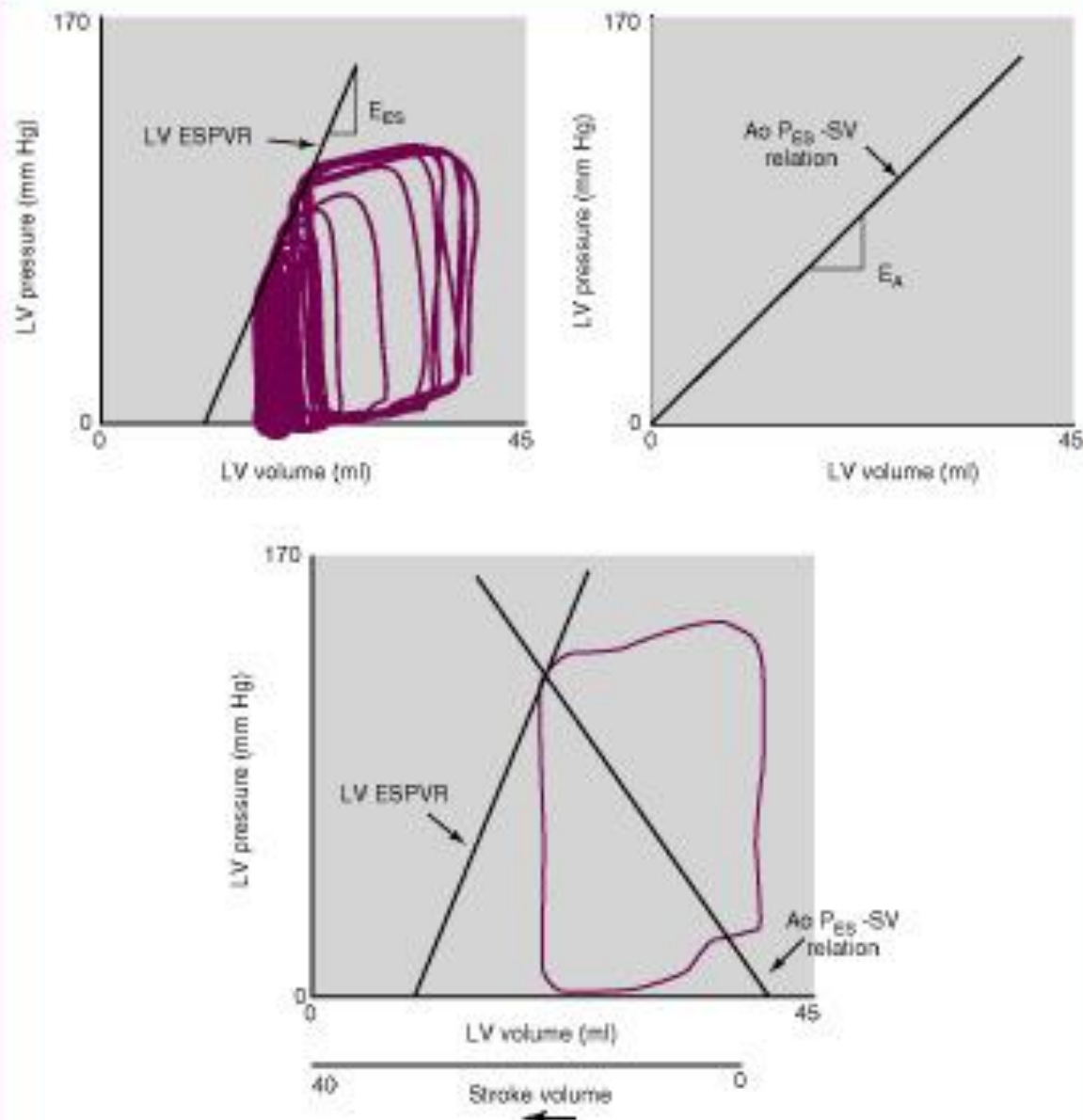
- Dependent on **myocardial contractility**

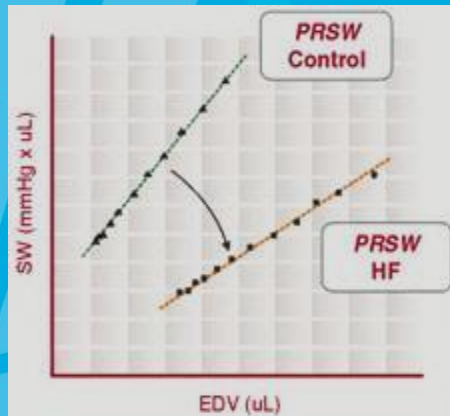
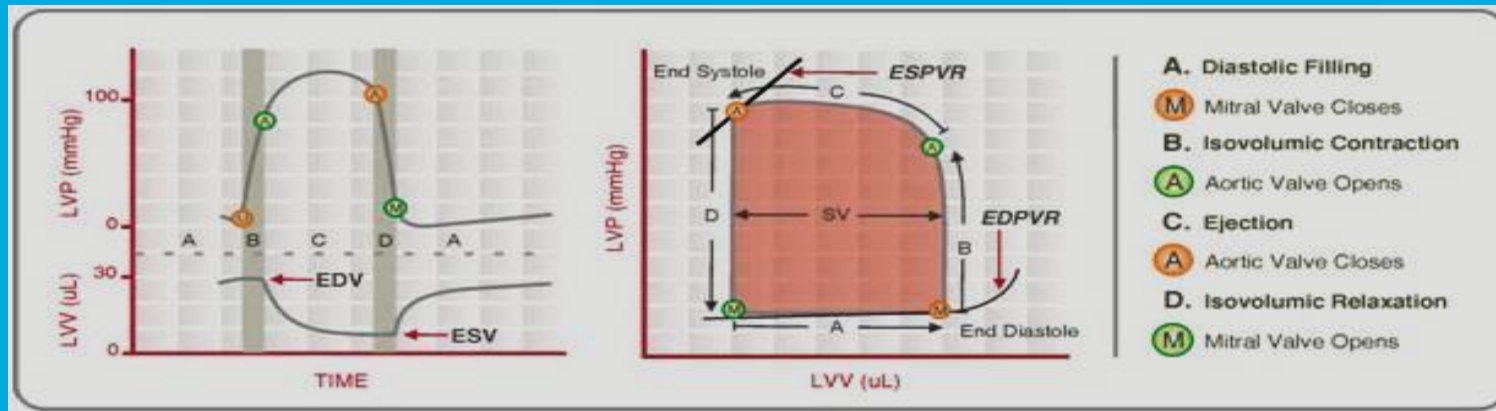


- Radial strain rate

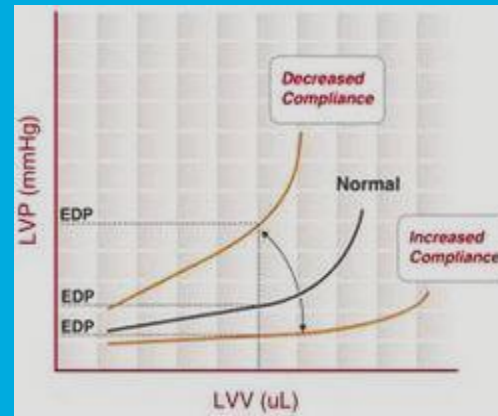
- Secondly dependent on LVMV
 - > increased LV mass – decreased radial LV function

=> Strain rate as reliable and valuable surrogate of true ventricular contractility

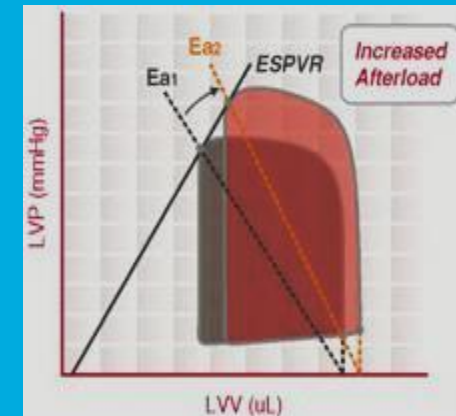


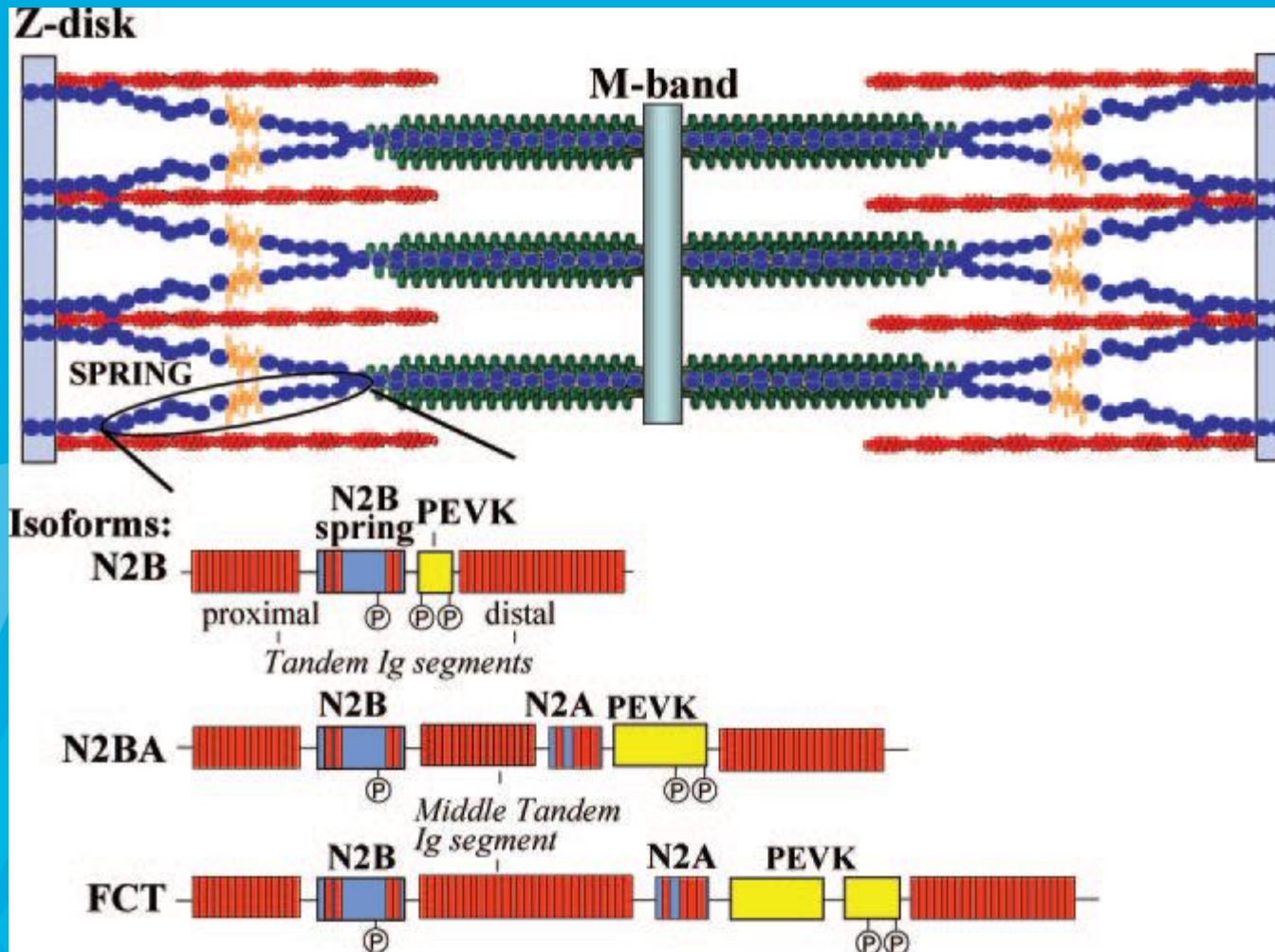


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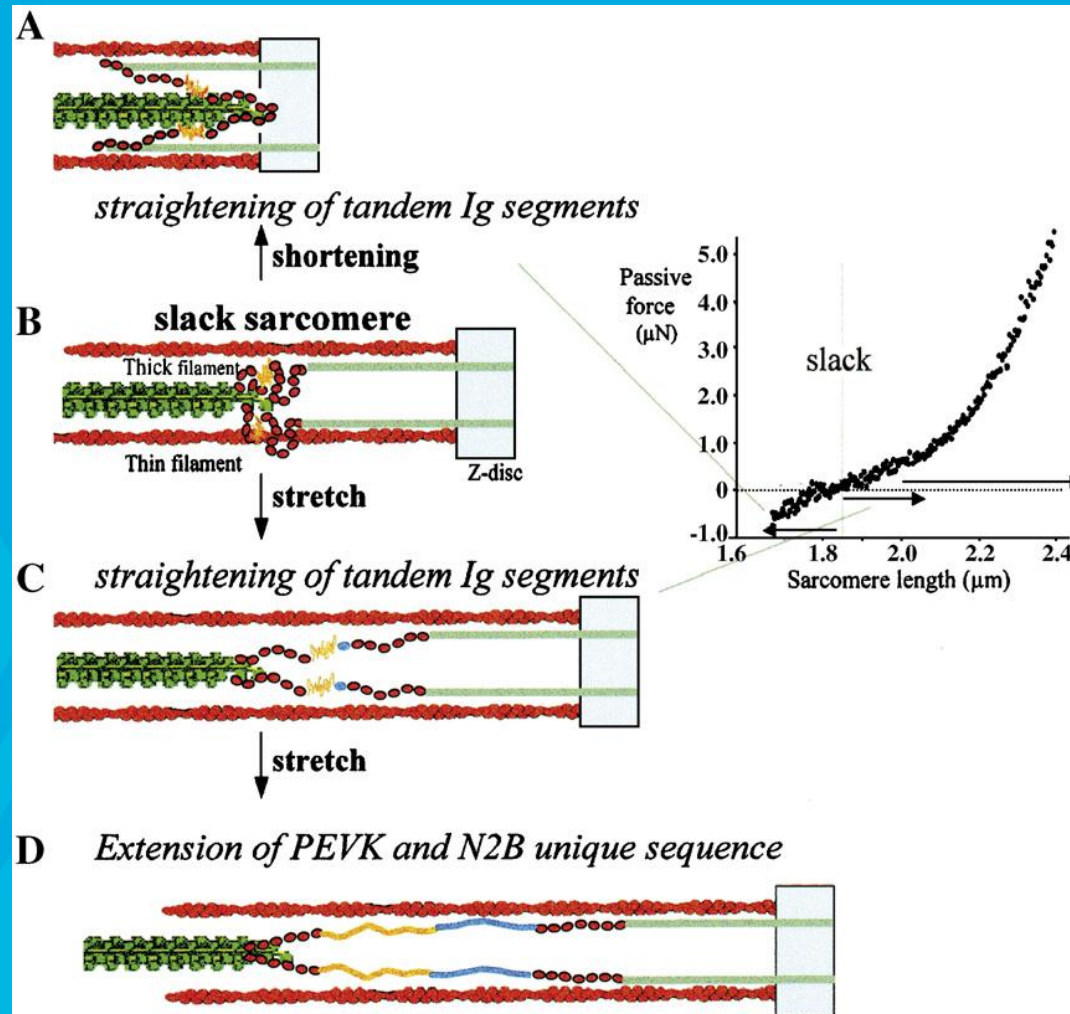


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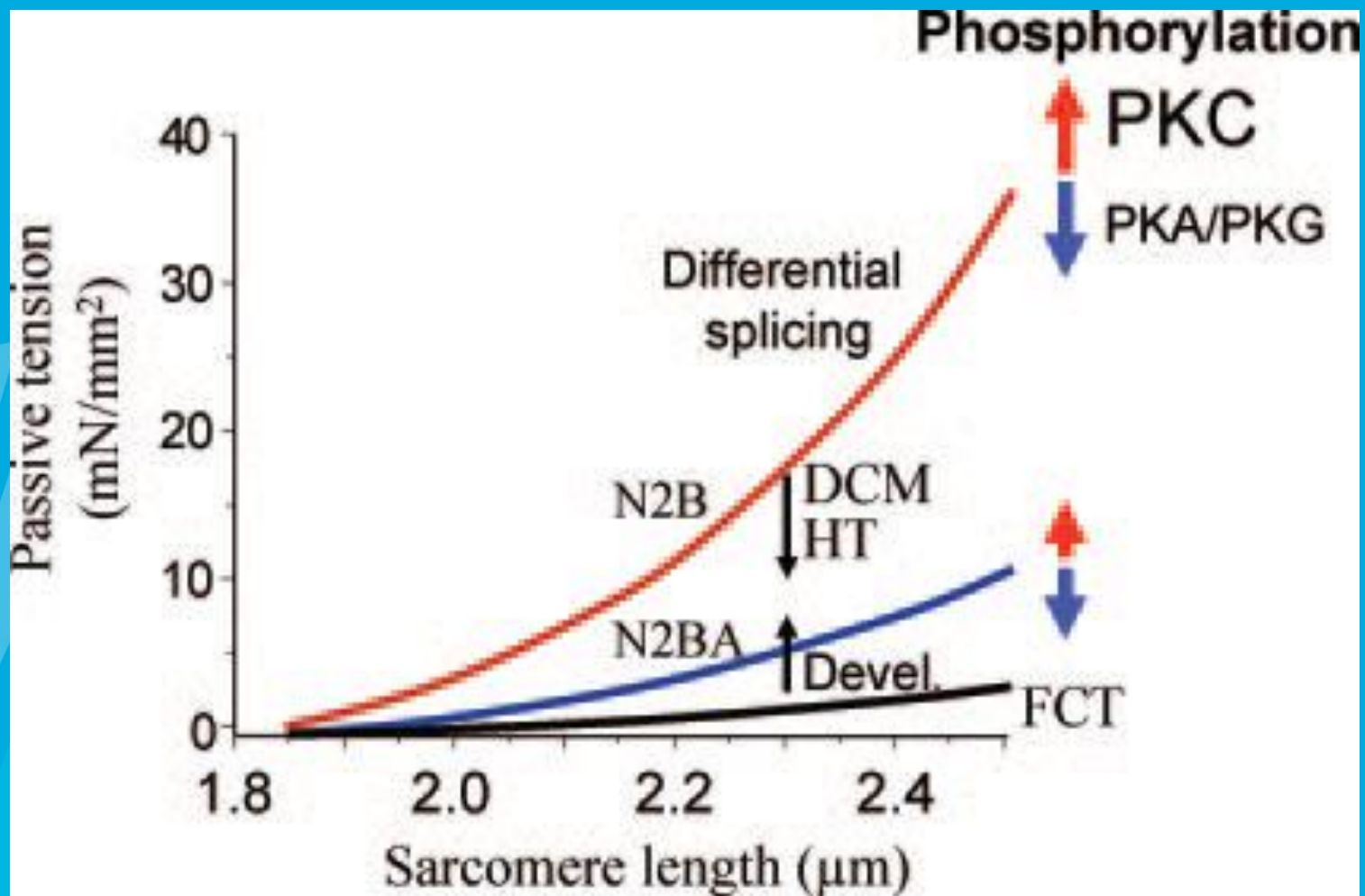




Circled P's indicate phosphorylatable sites.

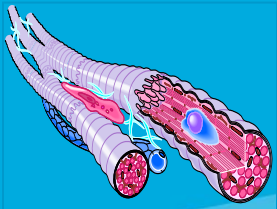


Stretching of the sarcomere from slack length (panel B) results in sequential extension of tandem Ig (panel C) and then PEVK and N2B elements (panel C), each of which is responsible for a segment of the sarcomere length (SL)–passive force relation (right). Shortening below slack length (panel A) results in reverse extension of titin with development of a restoring force



Perfusion
Activation

1
active force
development
within the fibres

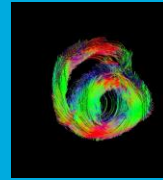


Regional mechanical boundary conditions

FIBRE ORIENTATION
Fibre rearrangements
for optimal pressure built-up
(shape change during IVC)



15% FIBRE SHORTENING
TO 60% EJECTION FRACTION



TISSUE CHARACTERISTICS
e.g. ELASTICITY
(collagen matrix, titin)

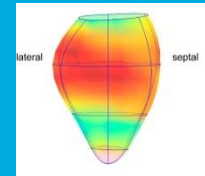
SEGMENT INTERACTION



2
cavity pressure
development

GEOMETRY
shape, wall thickness

Volumes (preload)



Systemic
resistance
AFTERLOAD



3
Ejection by
wall deformation

Global mechanical boundary conditions

