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Pre-LVAD CT-Derived Measures of RV Size and Function May Be Strong Identifiers of Right Ventricular Failure

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Authors

Scott, A
Kim, P
Adler, E
[et al.](#)

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Peer reviewed

Title: Pre-LVAD CT-derived Measures of RV Size and Function May Be Strong Identifiers of Right Ventricular Failure.

Authors: A Scott, P Kim, H Tran, S Kligerman, V Pretorius, E Adler, F Contijoch

Purpose:

LVADs are a commonly used treatment for patients with end stage heart failure, though patients are at a high risk of right ventricular failure (RVF) after implantation. ECG-gated, contrast enhanced functional CT provides quantitative volumetric and functional measures that may prove more useful in predicting RVF than traditional measures.

Methods:

Since September 2017, ECG-gated contrast-enhanced CT scans of the heart were acquired on a Revolution scanner (GE Healthcare) as part of the work-up for heart failure patients with GFR > 40. For this study, we included patients who received a functional CT scan and went on to receive an LVAD. RVF classification and severity was assessed within 6 months of implantation per INTERMACs criteria. Prognostic values for previously published risk scores and common predictors were compared to CT-derived measures of RV size and function. Area under the curve (AUC) values, accuracy, sensitivity, and specificity were used to compare CT-derived RV EDVI and RVEF to clinical risk scores, CVP, Creatinine, PAPI, Michigan Score, and CRITT score.

Results:

Of the 62 patients scanned, 12 received LVADs. Post implantation, 7 patients had RVF (5 moderate, 2 severe). Patients were evaluated for their RV EDVI (131 ± 34 mL/m²), RVEF ($30 \pm 13\%$), CVP (9 ± 4 mmHg), Creatinine (1.17 ± 0.25 mg/dL), PAPI (2.74 ± 1.91), Michigan Score (2 ± 2), and CRITT score (0.5 ± 0.7). RV EDVI, RVEF, and PAPI were the strongest predictors (AUC = 0.75, 0.725, 0.714 respectively) with ideal cutoffs of 144 ml/m² for RVEDVI, 27% for RVEF, and 1.88 for PAPI. Creatinine was less predictive (AUC = 0.7) and the Michigan Score, CRITT score, and CVP were not predictive (AUC = 0.575, 0.5, 0.5).

Conclusion:

For this small cohort, functional CT derived parameters had high AUC in predicting RVF in LVAD patients, and may prove useful in future risk assessment.

| Parameter | RV EDVI (mL/m ²) | RV EF (%) | PAPI | Creatinine (mg/dL) | Michigan Score | CRITT Score | CVP (mmHg) |
|-----------|------------------------------|-----------|------|--------------------|----------------|-------------|------------|
| AUC | 0.75 | 0.73 | 0.71 | 0.7 | 0.58 | 0.5 | 0.5 |

| | | | | | | | |
|--------------|-----|------|------|-----|------|------|-----|
| Ideal Cutoff | 144 | 27 | 1.87 | 1.2 | 6.5 | 2 | 12 |
| Accuracy | 77% | 77% | 85% | 69% | 54% | 54% | 54% |
| Sensitivity | 80% | 63% | 50% | 80% | 100% | 100% | 50% |
| Specificity | 75% | 100% | 100% | 63% | 13% | 14% | 29% |