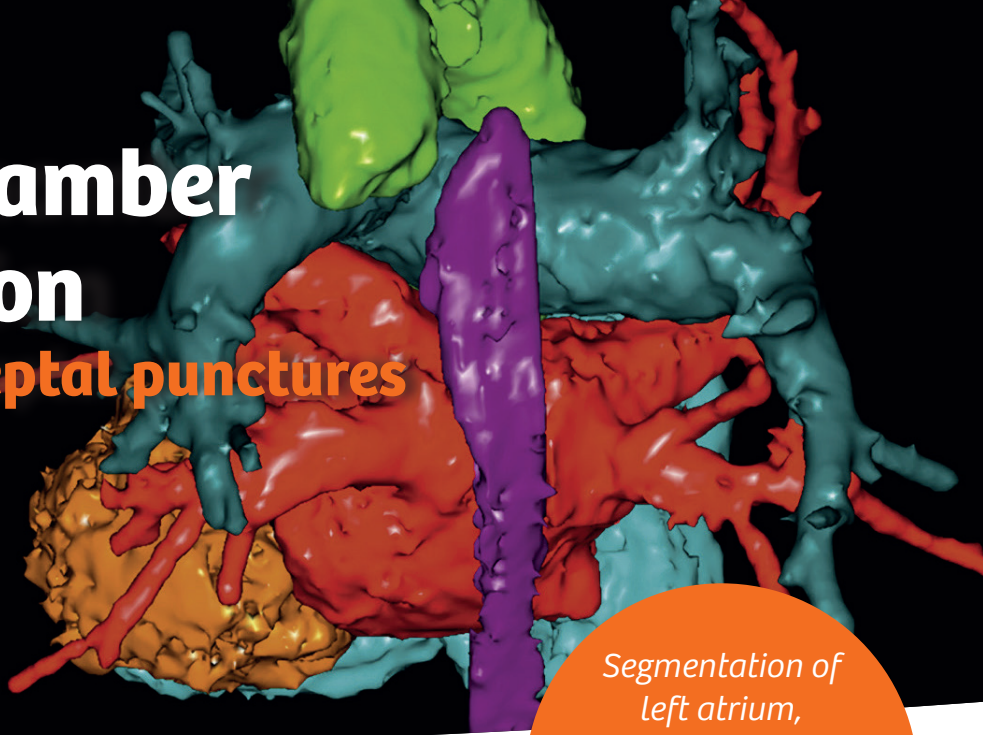


Multi-chamber visualization for transseptal punctures



Segmentation of
left atrium,
right atrium, and
ascending aorta used
for guidance in
transseptal
punctures.

Arrhythmias

Study Protocol

Courtesy of

Prof. Johannes Brachmann, MD,
Georg Nölker, MD,
Harald Marschang, MD,
Department of Cardiology,
Klinikum Coburg, Germany

Supported by

- syngo DynaCT Cardiac
- syngo iPilot
- syngo InSpace3D
- syngo InSpaceEP

System & Software

Artis zee with 30 × 40 FD
syngo X Workplace

Case Description

Patient history

Left atrium segmentation for ablation treatment.

Diagnosis

Paroxysmal atrial fibrillation.

Treatment

Ablation therapy.

Exclusion criteria:

- Patients with highly irregular heart rates, frequent extra systoles, additional extra pulsations, without sinus heart rhythms.
- Patients with implanted metallic cables and electrodes of a cardiac defibrillator, for example. A pacemaker may be permitted. However, there is some risk of image artifacts.
- Patients who cannot hold their breath for 25-30 seconds.

Tips and tricks

- Patient's arms must be placed above the head.
- If barium contrast medium is administered to visualize the esophagus, use a moderate dose. Excessive contrast causes severe streak artifacts in the images.
- Train patient in breathhold maneuver. Exclude patients who seem to be incapable of holding their breath or who cannot hold still for 25-30 seconds.
- Metallic cables should be removed from the field of view.
- Use X-ray translucent ECG leads and electrodes.

Multi-chamber visualization for transseptal punctures

Acquisition protocol		5s DCT Card ECG
Number of projections		248
System dose		0.54 $\mu\text{Gy}/\text{f}^1$
Increment in degrees		0.8 °/f
Number of sweeps		4 (configurable)
Total scan time in seconds		Approx. 25 seconds
Center of triggered phase		75 % (adjustable)
Width of triggered phase		50 % (recommended)
Reconstructions		
VOI size		Full
Slice matrix		512 × 512
Kernel type		HU
Image characteristics		Normal
Reconstruction mode		Nat fill
Viewing preset		Golden

¹ For software version VC14 and higher, 0.36 $\mu\text{Gy}/\text{f}$ is used for all 5-second protocols (except for low-dose protocols).

Injection protocol		
Catheter position		Inferior vena cava (not in right atrium)
Contrast medium (CM)		370 mg iodine/mL
Test bolus		w/o
Dilution		w/o
Injection volume		Depending on patient's weight
Weight	Rate	Quantity
50 kg	3.5 mL/s	105 mL
65 kg	4.0 mL/s	120 mL
80 kg	4.5 mL/s	135 mL
100 kg	5.0 mL/s	150 mL
Injection rate		0.5 mL/s × (square root weight/kg)
Duration of injection		30 s
X-ray delay		10 s
Power injector used		Yes

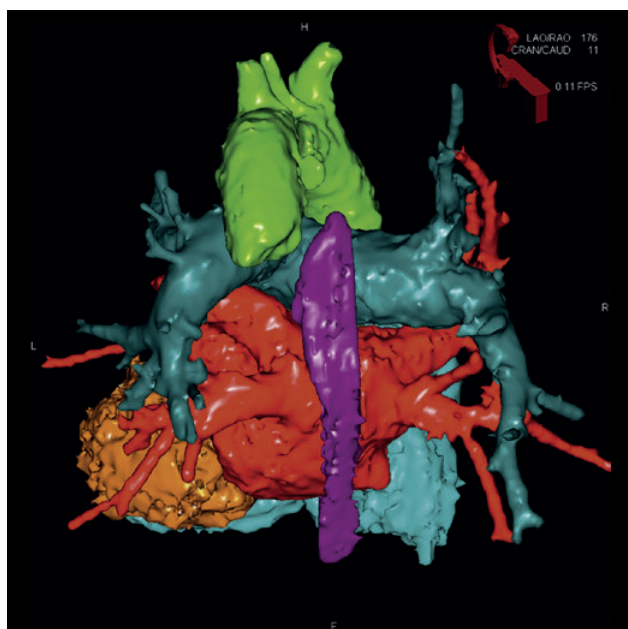
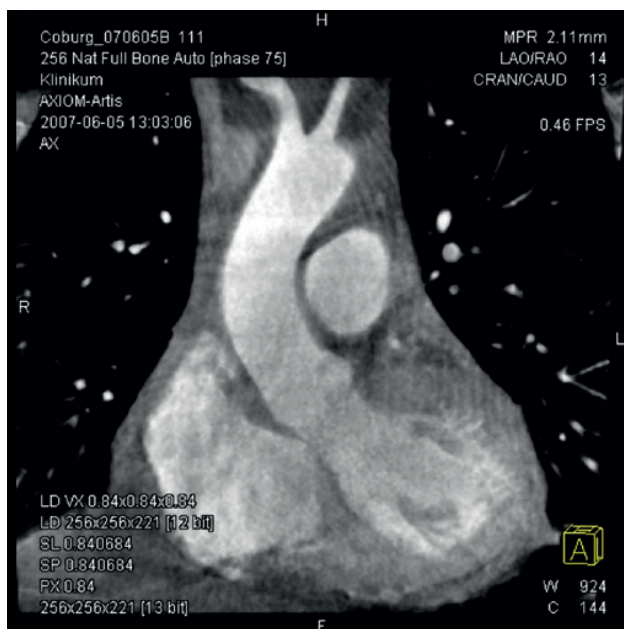


Image segmentation via syngo InSpaceEP: left atrium (red), aorta (green), right atrium (blue) in posterior orientation



Visualization of MPR slice in sagittal orientation

Siemens Healthineers Headquarters

Siemens Healthcare GmbH
Henkestr. 127
91052 Erlangen, Germany
Phone: +49 913184-0
siemens.com/healthineers

The statements by Siemens' customers presented here are based on results that were achieved in the customer's unique setting. Since there is no "typical" hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption), there can be no guarantee that other customers will achieve the same results.

On account of certain regional limitations of sales rights and service availability, we cannot guarantee that all products included in this case are available throughout the Siemens sales organization worldwide.

All rights reserved.