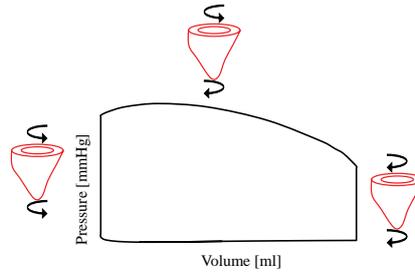
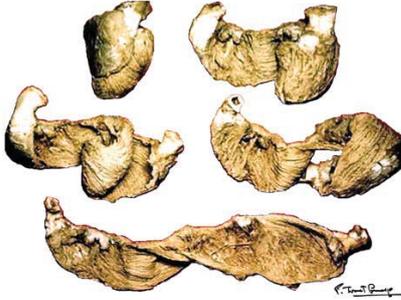


Motivations

The organization of the myocardium at a macroscopic level in a unique ventricular muscle band is responsible for the mutual coupling of anatomy and function in the ventricular myocardium in terms of electrical, mechanical and kinematical behavior. The peculiar arrangement of the myocardial fibers determines the **cardiac torsion**.

The **cardiac torsion** is conventionally defined as the difference between the **cardiac apical** and **basal cross-sections rotation**. A counter-clockwise rotation when viewed from the apex is conventionally assumed as positive. During isovolumic contraction, the apex and the base both rotate in a counter-clockwise direction. During the systole the base rotates in a clockwise direction, while the apex continues to rotate counterclockwise, causing the torsional peak. The apex returns to its initial position during diastole.

The torsional behavior of the heart was proved to be sensitive to the alteration of some cardiovascular parameters, i.e. preload, afterload and contractility.



Multi-scale model coupling a 3D finite element (FE) model of the two ventricles to lumped parameter model (LPM) of circulation.

Investigate cardiac torsion alterations under pathological conditions

Materials & Methods

Patient specific segmentation

Reconstructed geometry

Fiber orientation as from literature data

Domain discretization

Passive characteristic

$$\Psi = \frac{1}{2} c(I_1 - 3) + \frac{k_1}{2k_2} [\exp(k_2 \bar{E}_f^2) - 1]$$

Anisotropic hyperelastic material

Active characteristic

Variation of fibers stiffness k_1 to simulate muscle contraction

Lumped parameter model

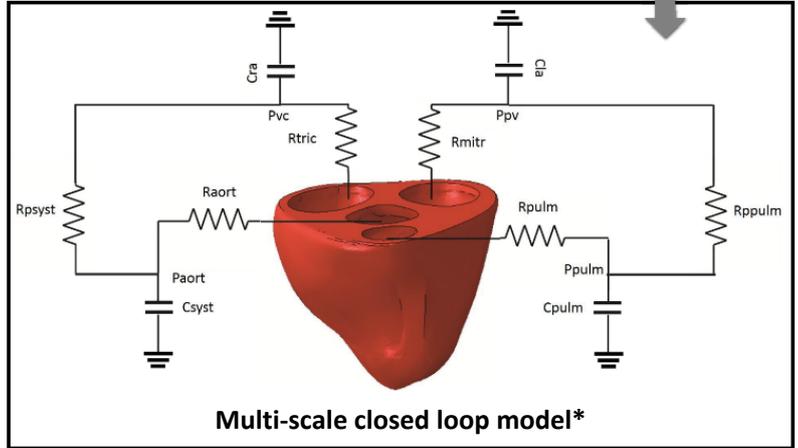
Simulated conditions*:

- ✓ physiological condition (PHYS)
- ✓ systemic hypertension (HYP)
- ✓ mitral valve regurgitation (MVR)
- ✓ myocardial infarction at the interventricular septum (SEP-INF)
- ✓ myocardial infarction at the LV free wall (FW-INF)

SEP-INF

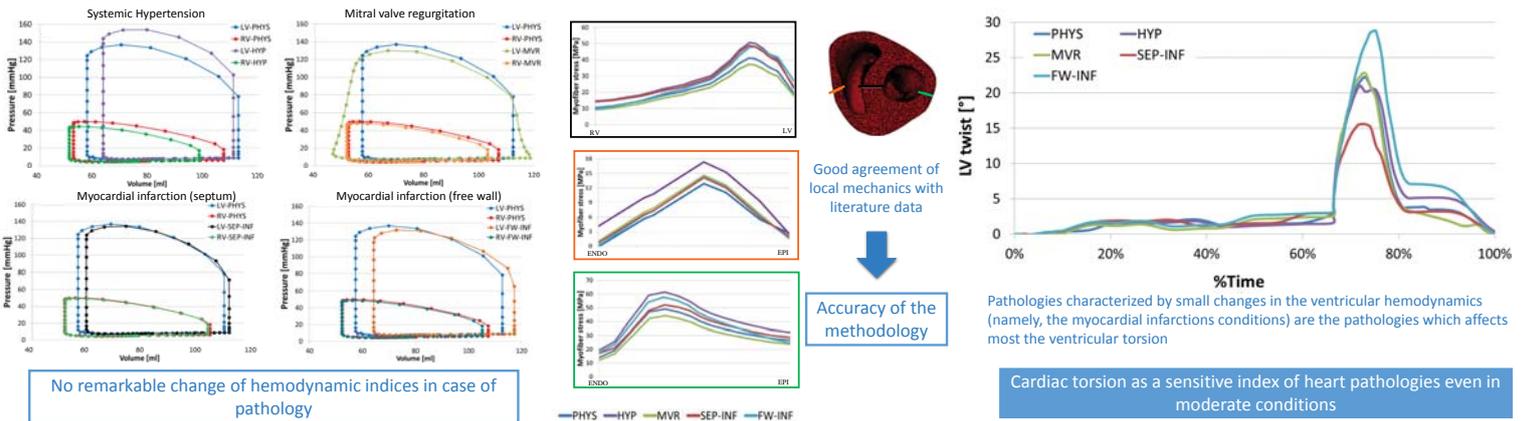
FW-INF

Healthy myocardium (red)
Infarcted region (20% of total LV mass) (yellow)



Cutri E., Serrani M. et al. The cardiac torsion as a sensitive index of heart pathology: A model study, J. of the Mechanical Behavior of Biomedical Materials, 2015, 55; 104-119.

Results & discussion



Conclusions

The proposed multi-scale model allowed the investigation of cardiac torsion under widespread pathological conditions. The comparison between the pathological and the physiological torsional behaviour highlighted an alteration in the cardiac torsion pattern in case of disease. This finding is particularly interesting in case of the two myocardial infarction conditions. To conclude, our study assessed the ability of the cardiac torsion to reveal even moderate pathological conditions not detected by classical hemodynamic indices, thus suggesting its prognostic relevance.