

## for left heart chamber quantification in children

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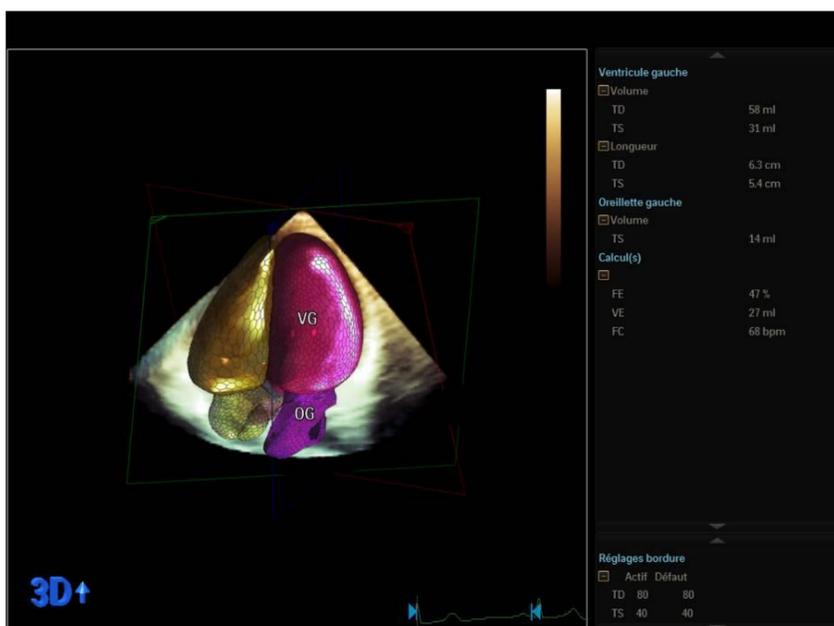
### Introduction

New 3D automatic software (Heart model (HM)) is now available to quantify left heart chamber size and function. Its feasibility and accuracy in children have not been reported.

Aims: to assess feasibility and reproducibility of HM in healthy children, and to compare LV indices obtained by this technique with classic 2D biplane method.

### Material and methods

60 consecutive healthy children more than 5 years old (mean age 6.5 years, mean weight 20.8 kg) underwent TTE (Epic 7, X5-1, Philips). Left ventricle (LV) end-systolic and end-diastolic volumes, LV ejection fraction (EF) and left atrium (LA) end-systolic volume were obtained by biplane Simpson method. 3D dataset was obtained from apical 4 chamber view and analyzed using HM software. LV indices obtained by the two methods were compared.



### Results

**Feasibility** of HM was 80%, in 30 cases (62.5%) with contour adjustment and 18 cases (37.5%) without contour adjustment.

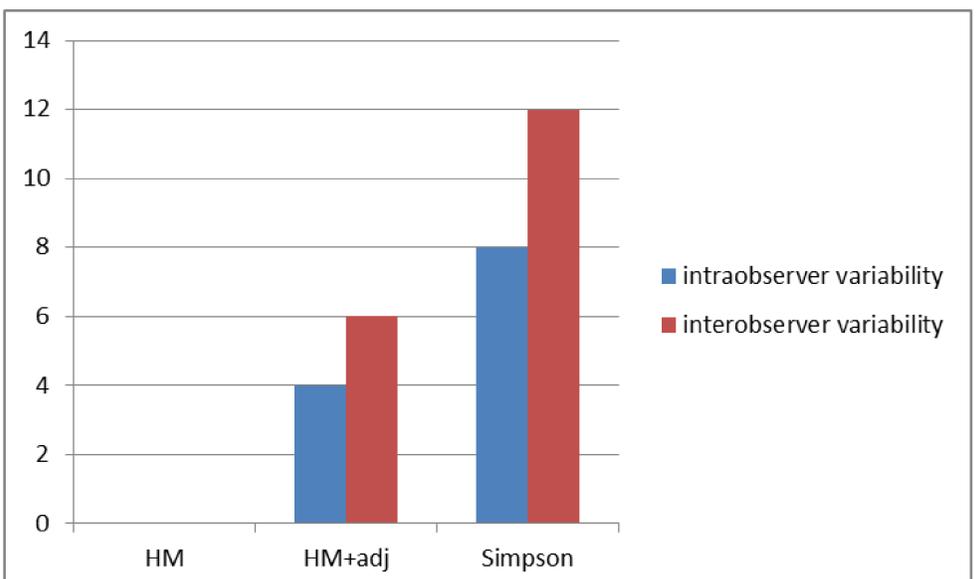
**Intraobserver variability** was (0 %, 4% and 8% for HM without contour adjustment, HM with contour adjustment, and biplane method respectively).

**Interobserver variability** was (6% and 12% for HM with contour adjustment and biplane method respectively).

**Test- retest variability** for HM was 5%.

**Correlation** between HM and biplane measurements were strong ( $r= 0.85$  to  $0.94$ ).

LVEF obtained by HM was lower than that obtained by biplane method (bias -8%). However LV volumes and LA end-systolic volume were larger (bias +21 and +8 ml respectively).



### Conclusion

HM is a promising software for assessment of left heart chamber volume and function. Its feasibility in infants more than 5 years old is good with excellent reproducibility. Working is going on to validate this technique in children with congenital heart disease and to compare it with MRI measurement as the gold standard.