

Structural Heart Disease

Study Protocol

Courtesy of

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Supported by

- syngo DynaCT Cardiac
- syngo iPilot
- syngo InSpace3D

System & Software

Artis Q.zen syngo X Workplace

Case Description

Patient history

The patient was a 74-year-old male weighing 91 kg, with a height of 1.67 m.

Diagnosis

Permanent atrial fibrillation (AFib), contraindication for oral anti-coagulation due to severe bleeding events. Pre-procedural echo showed no thrombus in the left atrial appendage (LAA).

Treatment

LAA closure with occluder (Boston Scientific Watchman™)

Tips and tricks

- TEE probe was pulled back during acquisition.
- Arms can be kept in normal position beside the body.
- Use breathhold to reduce respiratory motion artifacts.
- No rapid pacing (if patient is in permanent AFib, rapid pacing can be skipped).
- Pigtail catheter with side holes (close to the center of the LAA ostium).



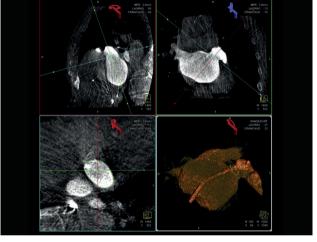
Left atrial appendage closure

Acquisition protocol	5s DCT Card
Number of projections	248
System dose	0.36 μGy/f
Increment in degrees	0.8 °/f
Injection protocol	
Catheter position	Left atrial appendage
Contrast medium (CM)	350 mg iodine/mL
Test bolus	w/o
Dilution	50%
Injection volume	65 mL (32.5 mL CM/32.5 mL saline)
Injection rate	15 mL/s over 4.33 s
Duration of injection	5 s
X-ray delay	2 s
Power injector used	Yes

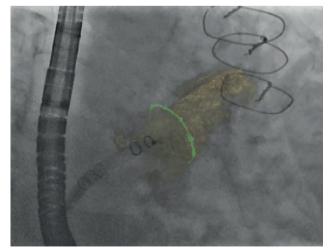
Reconstructions	
VOI size	Full
Slice matrix	512 × 512
Kernel type	HU
Image characteristics	Normal
Reconstruction mode	Nat fill
Viewing preset	Golden



 $\ensuremath{\mathsf{AP}}$ projection from rotational angiography with direct injection into the LAA



syngo InSpace reconstruction of the LAA, with measurements of the ostium and the length of the LAA in MPRs $\,$



 $\ensuremath{\textit{syngo}}$ iPilot with overlay of 3D structure and landing zone onto the live fluoro image

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