

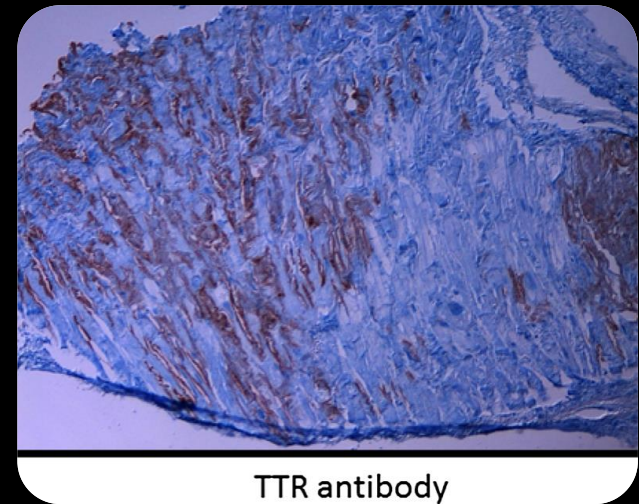
Impact of cardiac ^{99m}Tc -HMDP uptake on myocardial function and left ventricular filling pressure in patients with transthyretin amyloidosis

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Transthyretin amyloidosis ?

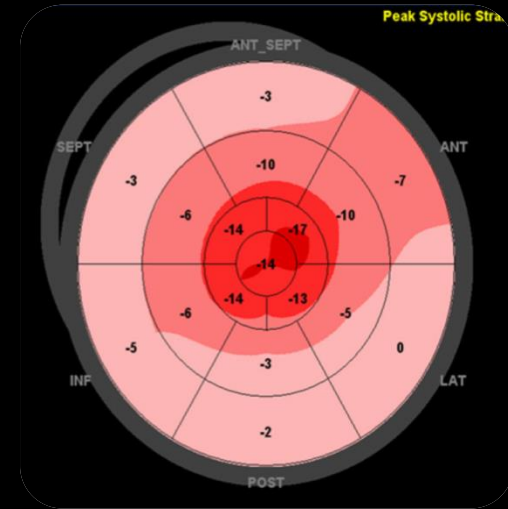
- Amyloidosis is an infiltrative disease characterized by extracellular deposition of fibrillary protein into one (localized) or multiple organs (diffuse or systemic).
- Important cause of restrictive cardiomyopathy and congestive heart failure.
- Two major types of cardiac amyloidosis:
 - Cardiac amyloid light-chain (AL),
 - Transthyretin-related cardiac amyloidosis (ATTR)



TTR antibody

TTR antibody

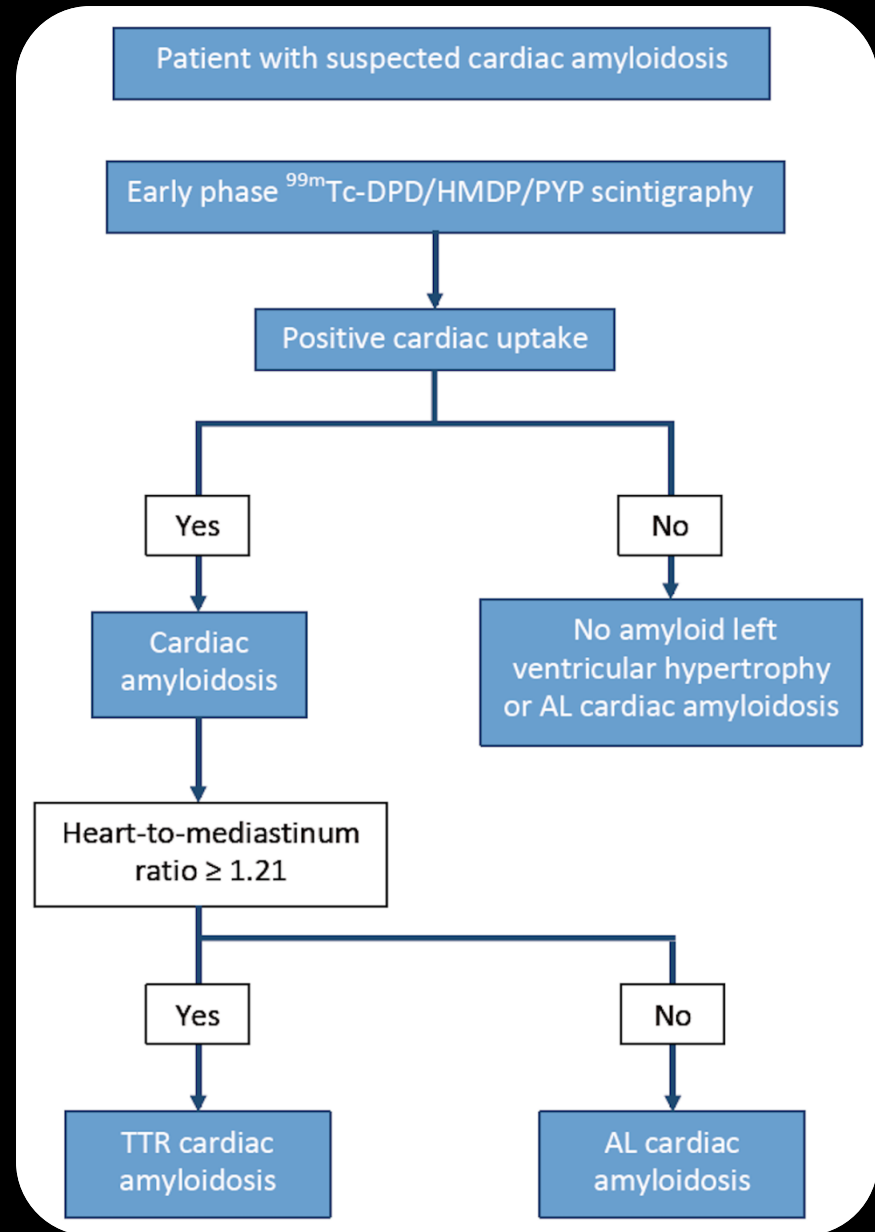
- Differentiating the type of cardiac amyloidosis (AL vs ATTR) is crucial in guiding patient care.
- Endomyocardial biopsy with immunohistochemistry staining is the gold standard for the diagnosis.
- Electrocardiogram, echocardiography, and cardiac magnetic resonance imaging (CMR)
- *Nuclear imaging:*
 - 99m Tc-DPD (technetium-3,3-diphosphono-1,2-propanodicarboxylic acid) and 99m Tc-PYP (technetium pyrophosphate)
 - PET...



Bone scintigraphy with transthyretin amyloidosis

- Multicenter study 1200 patients
- >99% sensitive and 86% specific for TTR CA,
- With false positives almost exclusively from uptake in patients with AL CA.
- The combined findings of visual score 2 or 3 myocardial radiotracer uptake on bone scintigraphy and the absence of a monoclonal protein in serum or urine has a specificity and positive predictive value for TTR CA of 100%

Galat A, Van der Gucht A, Guellich A, et al. Early Phase ^{99m}Tc -HMDP Scintigraphy for the Diagnosis and Typing of Cardiac Amyloidosis. *JACC Cardiovasc Imaging*. 2016;8:30352-30357.



Methods

- Fifty patients with TTR cardiac amyloidosis
- **^{99m}Tc - hydroxymethylene-diphosphonate (^{99m}Tc -HMDP) scintigraphy:**

Cardiac retention by scintigraphy was assessed by visual scoring and the heart/whole body (H/B) ratio was calculated by dividing counts in the heart by counts in late whole body images.

- **Echocardiography:**

Measure of LV morphology, longitudinal strain (LS), systolic and diastolic functions.

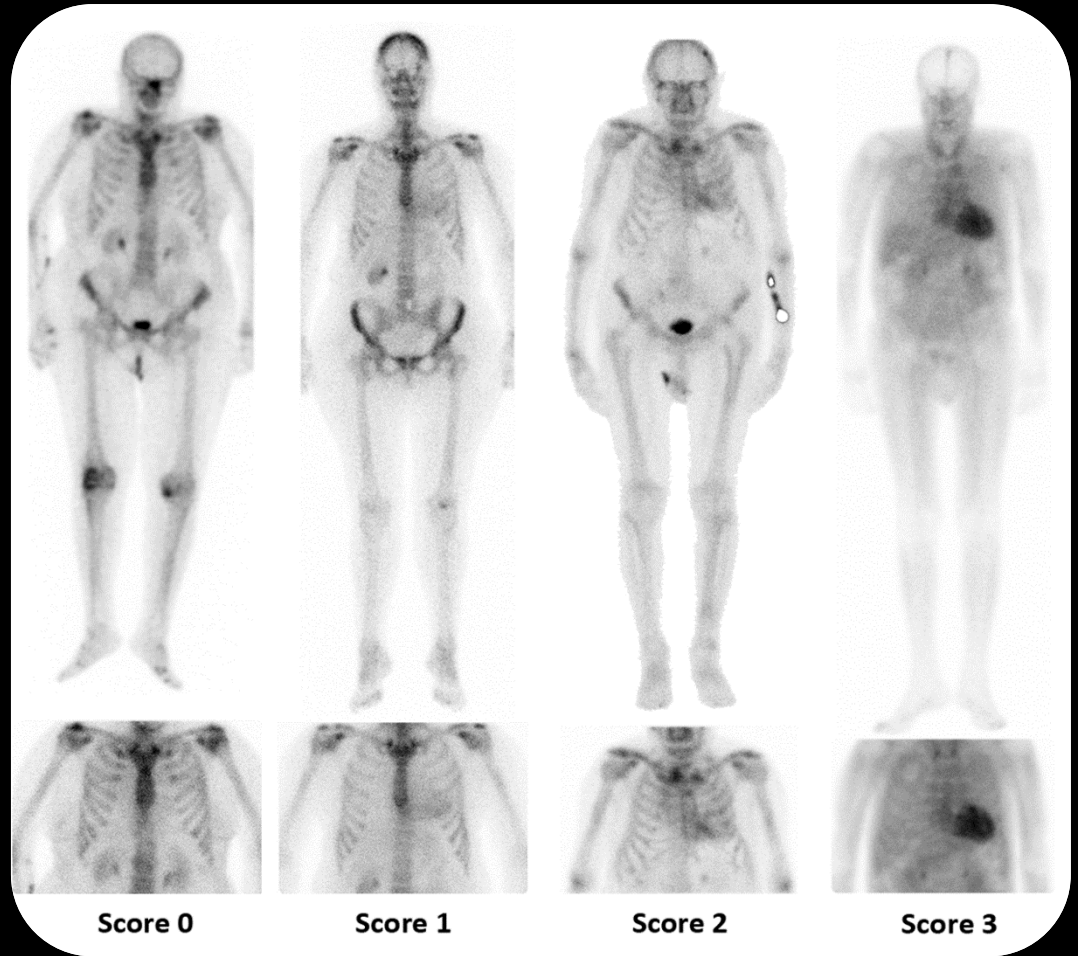
0= absent cardiac uptake and intense bone uptake;

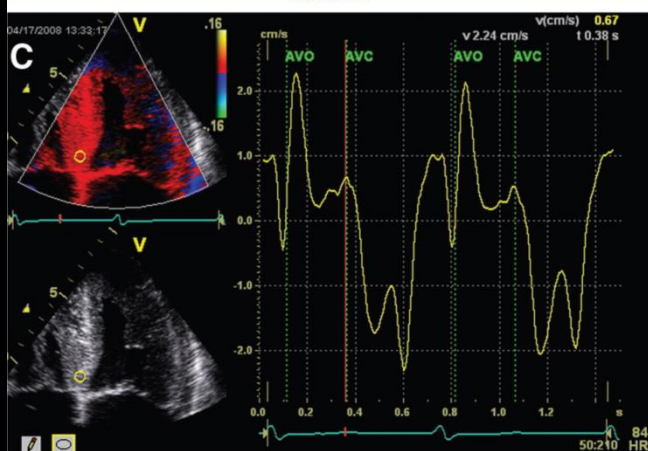
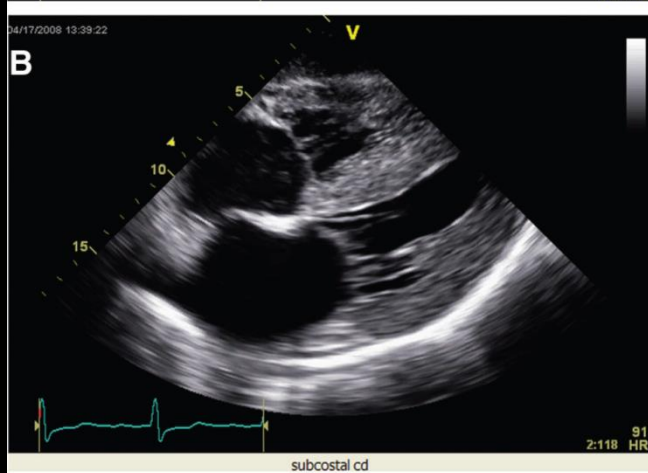
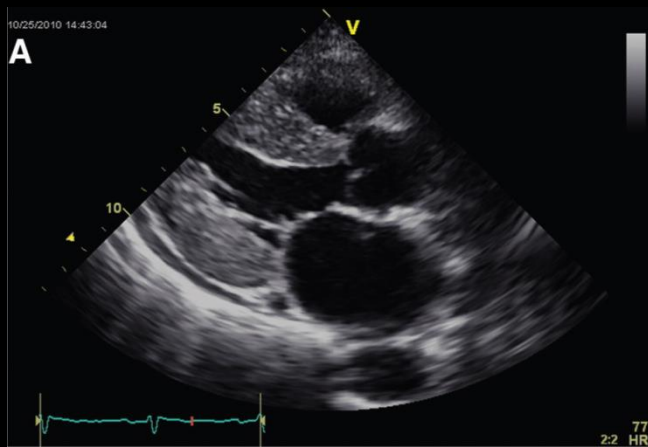
1 = mild cardiac uptake < bone uptake

2 = moderate cardiac uptake = bone uptake

3 = high cardiac uptake > bone uptake.

Quantitative assessment using heart retention, and heart to whole body retention, is assessed using counts in the region of interest.





Increased LV wall thickness (ATTR/AL); overlap with other infiltrative disease such as hypertrophic CM, severe LVH, Fabry's disease

Increased interatrial septal thickness, pleural and pericardial effusion, valve thickening (non-specific)

Apical sparing on Bull's eye plot of Global Longitudinal strain: SN 96%, SP 88% (in patients without CAD). Does not differentiate AL vs ATTR

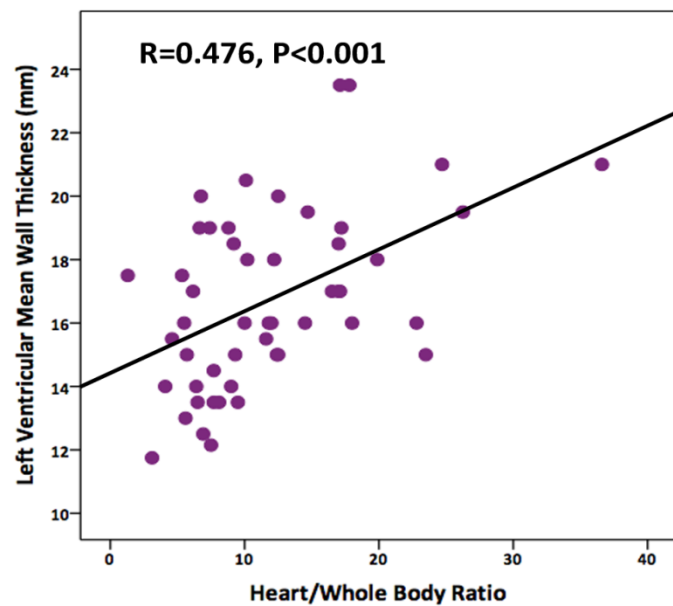
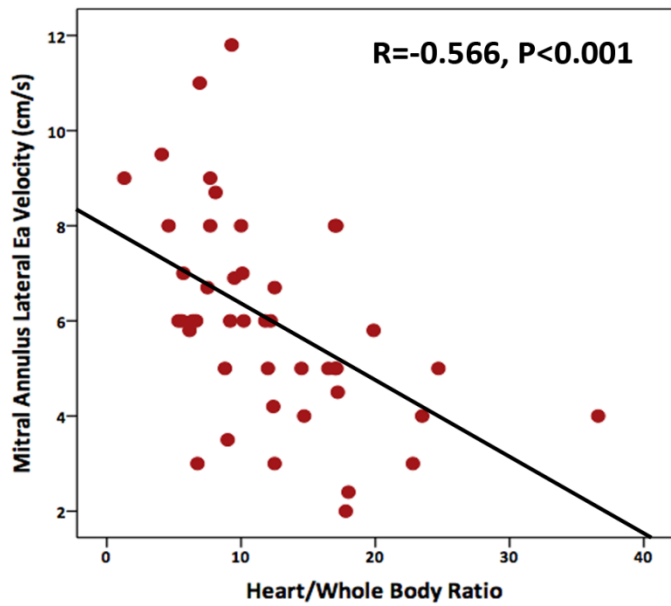
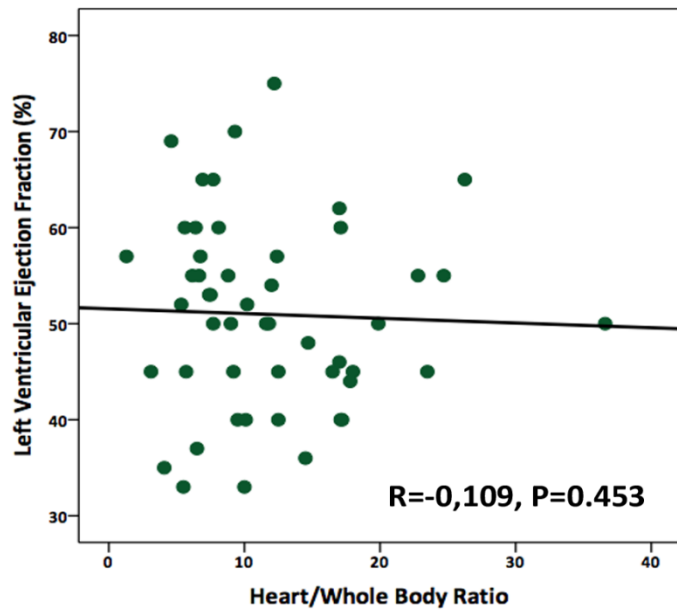
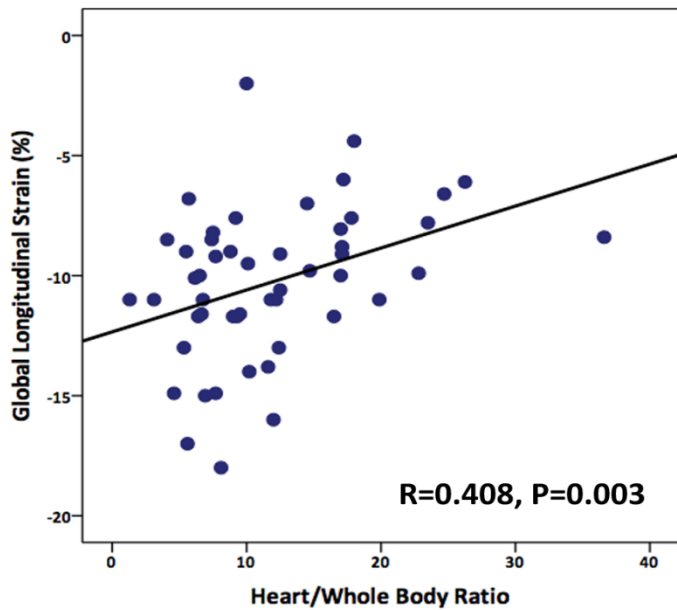
Strain longitudinal
Ea
mean left ventricular wall thickness
E/Ea ratio
LVEF

Results

- Mean population age : 79 ± 10 years.
- Visual score:
 - 2 for 6 patients (12%)
 - 3 for 44 patients (88%)
- Mean H/WB ratio: 12 ± 7 .
- Mean LV ejection fraction and global LS were $51 \pm 10\%$ and $10 \pm 3\%$, respectively.

Results (2)

- H/WB ratio was correlated with:
 - global LS ($R=0.408$, $P=0.003$),
 - Ea ($R=-0.566$, $P<0.001$)
 - mean left ventricular wall thickness ($R=0.476$, $P<0.001$)
-but not with LV ejection fraction ($R=-0.109$, $P=0.453$).
- Segmental myocardial uptake normalized by H/WB ratio was correlated with segmental LS ($n = 850$ segments, $R = 0.162$, $P<0.001$).
- H/WB ratio was not correlated with NT-proBNP levels ($R=0.219$, $P=0.148$) neither E/Ea ratio ($R=0.204$, $P=0.184$).



Conclusion

In patients with TTR cardiac amyloidosis, myocardial uptake by ^{99m}Tc -HMDP scintigraphy is correlated with decrease of myocardial LS.