

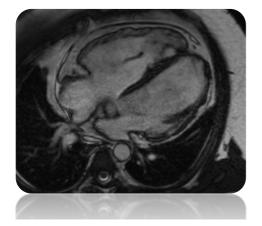
Cardiac MRI Essentials

Arrhythmogenic right ventricular cardiomyopathy (ARVC)

- ARVC is an autosomal dominant condition
- Prevalence between 1 in 2,000 and 1 in 5,000
- Characterized by fibro-fatty replacement of the right ventricular myocardium
- Can lead to ventricular arrhythmias with a right ventricular origin
- ARVC is a common cause of sudden cardiac death in the young

ARVC is diagnosed using Task Force Criteria (2010)

- See Further Reading for details of the criteria and how they are used
- CMR diagnostic criteria are divided into major and minor:
- Major CMR criteria
 - Regional RV akinesia or dyskinesia or dyssynchronous RV contraction AND one of the following:
 - RV EDV/BSA \geq 110 mL/m² (male) or \geq 100 mL/m² (female)
 - RV ejection fraction ≤40%
- Minor CMR criteria
 - Regional RV akinesia or dyskinesia or dyssynchronous RV contraction AND one of the following:
 - RV EDV/BSA ≥100–110 mL/m² (male) or ≥90–100 mL/m² (female)
 - RV ejection fraction >40 to ≤45%



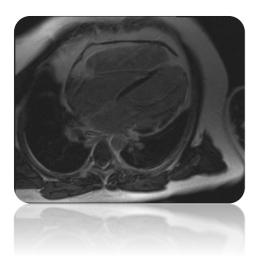
ARVC: 4-chamber view

- Dilated right ventricle
- Abnormal appearance to RV myocardium with regional wall motion abnormalities on cine CMR



ARVC: RVOT view

- An ARVC study should include multiple cine CMR views of the right ventricle
- RVOT view is shown here
- Assess regional wall motion carefully in every view



ARVC: Late gadolinium enhancement

- Shows evidence of myocardial fibrosis affecting the right ventricle
- Also evidence of left ventricular involvement

How do we assess ARVC with CMR?

CMR assessment in ARVC should include:

- Standard anatomical cine views
- RV inflow/outflow and RVOT views
- SA and transaxial cine stack
 - o Quantify RVEDV and RVESV
 - o Calculate RV SV and RV EF
- Black blood images with/without fat saturation
- Late gadolinium enhancement
 - o RV fibrosis.

Further reading

Diagnosis of arrhythmogenic right ventricular cardiomyopathy/dysplasia. *Circulation* 2010; **121**: 1533-1541 [click here to access online]