## ME?

## 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 $\geq 110 \mathrm{~mL} / \mathrm{m}^{2}$ (male) or $\geq 100 \mathrm{~mL} / \mathrm{m}^{2}$ (female)
- RV ejection fraction $\leq 40 \%$
- Minor CMR criteria
- Regional RV akinesia or dyskinesia or dyssynchronous RV contraction AND one of the following:
- RV EDV/BSA $\geq 100-110 \mathrm{~mL} / \mathrm{m}^{2}$ (male) or $\geq 90-100 \mathrm{~mL} / \mathrm{m}^{2}$ (female)
- RV ejection fraction $>40$ to $\leq 45 \%$



## 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
- Quantify RVEDV and RVESV
- Calculate RV SV and RV EF
- Black blood images with/without fat saturation
- Late gadolinium enhancement
- RV fibrosis.


## Further reading

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

