



US 20160354049A1

(19) **United States**(12) **Patent Application Publication**
Bar-Tal(10) **Pub. No.: US 2016/0354049 A1**(43) **Pub. Date: Dec. 8, 2016**(54) **REGISTRATION OF CORONARY SINUS
CATHETER IMAGE**(71) Applicant: **BIOSENSE WEBSTER (ISRAEL)
LTD., Yokneam (IL)**(72) Inventor: **Meir Bar-Tal, Haifa (IL)**(73) Assignee: **BIOSENSE WEBSTER (ISRAEL)
LTD., Yokneam (IL)**(21) Appl. No.: **14/730,386**(22) Filed: **Jun. 4, 2015****Publication Classification**(51) **Int. Cl.**

<i>A61B 6/00</i>	(2006.01)
<i>A61B 5/00</i>	(2006.01)
<i>A61B 5/06</i>	(2006.01)
<i>G06T 15/08</i>	(2006.01)
<i>A61B 6/12</i>	(2006.01)
<i>G06T 11/00</i>	(2006.01)
<i>G06T 7/00</i>	(2006.01)
<i>A61B 5/055</i>	(2006.01)
<i>A61B 6/03</i>	(2006.01)

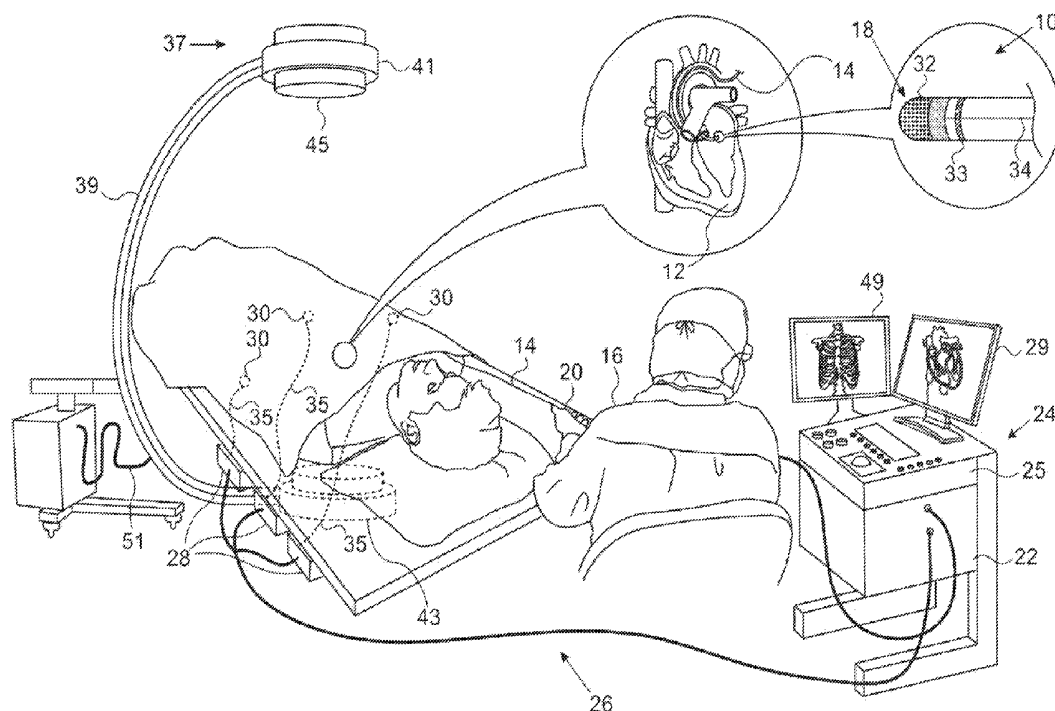
(52) **U.S. Cl.**

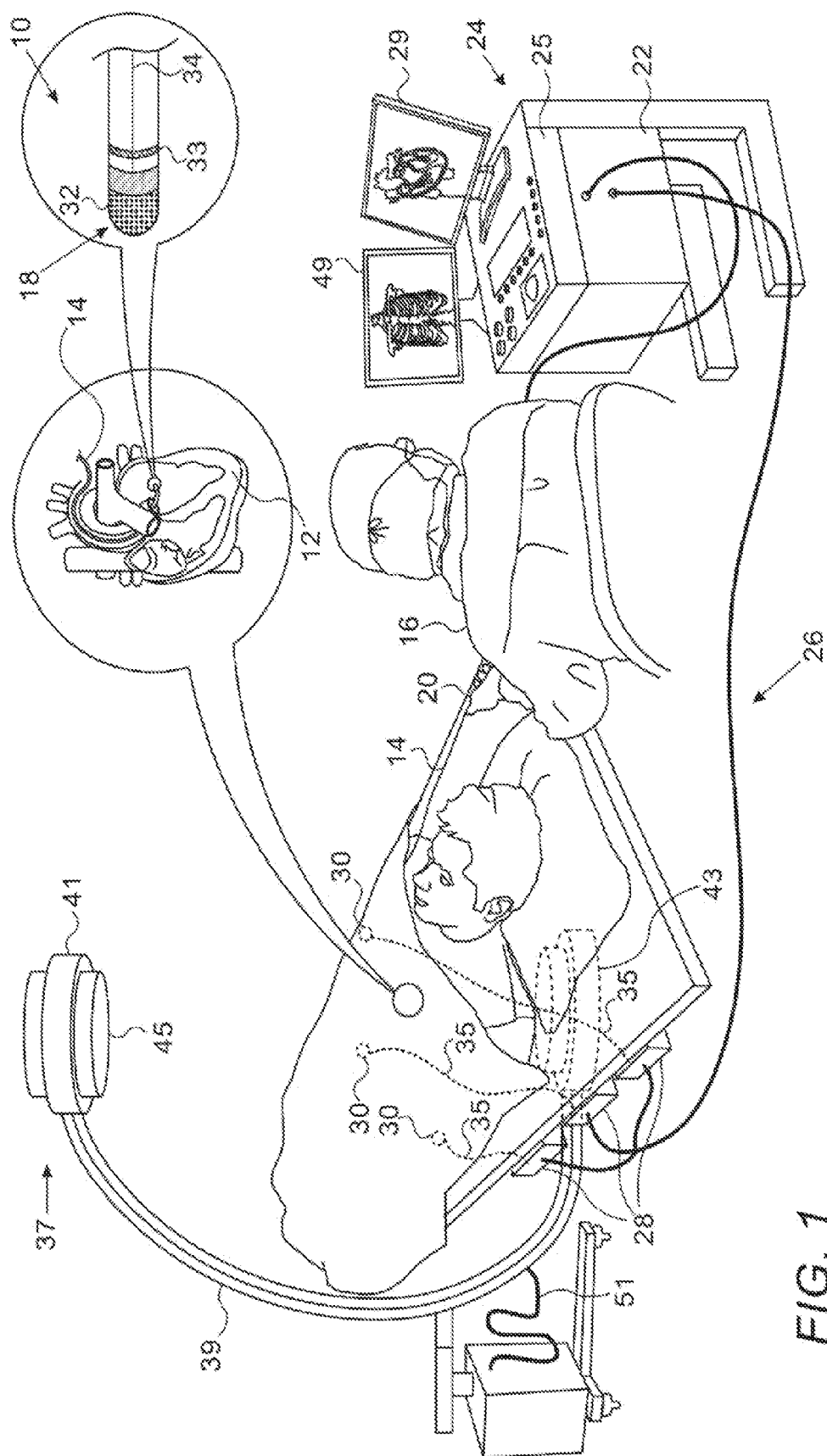
CPC *A61B 6/5235* (2013.01); *A61B 5/055*
(2013.01); *A61B 5/0044* (2013.01); *A61B*
5/066 (2013.01); *A61B 6/032* (2013.01); *A61B*
6/12 (2013.01); *A61B 6/466* (2013.01); *A61B*
6/503 (2013.01); *A61B 6/5247* (2013.01);
G06T 11/005 (2013.01); *G06T 7/0012*
(2013.01); *G06T 15/08* (2013.01); *G06T*
2207/10081 (2013.01); *G06T 2207/10088*
(2013.01); *G06T 2207/30048* (2013.01); *G06T*
2207/10064 (2013.01)

(57)

ABSTRACT

Cardiac catheterization is carried out by importing image data of a heart of a living subject into an image-processing computer system, representing the image data as a first model of the heart and the coronary sinus in a first coordinate space, and introducing a probe into the coronary sinus. Thereafter fluoroscopic image data of the probe are used to prepare a second model of the coronary sinus in a second coordinate space, and the first model is transformed into the second coordinate space by placing the coronary sinus of the second model in registration with the coronary sinus of the first model.





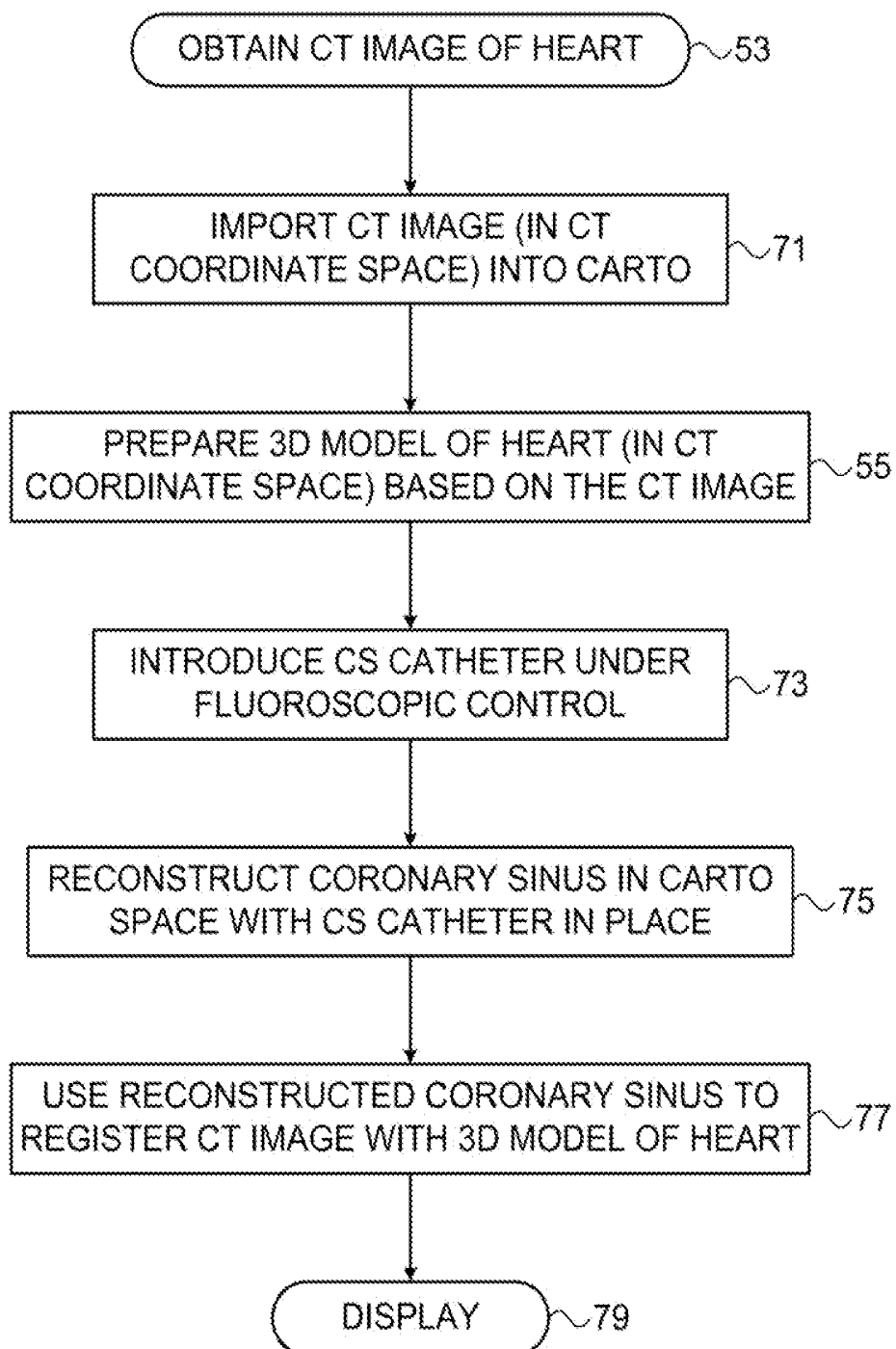


FIG. 2

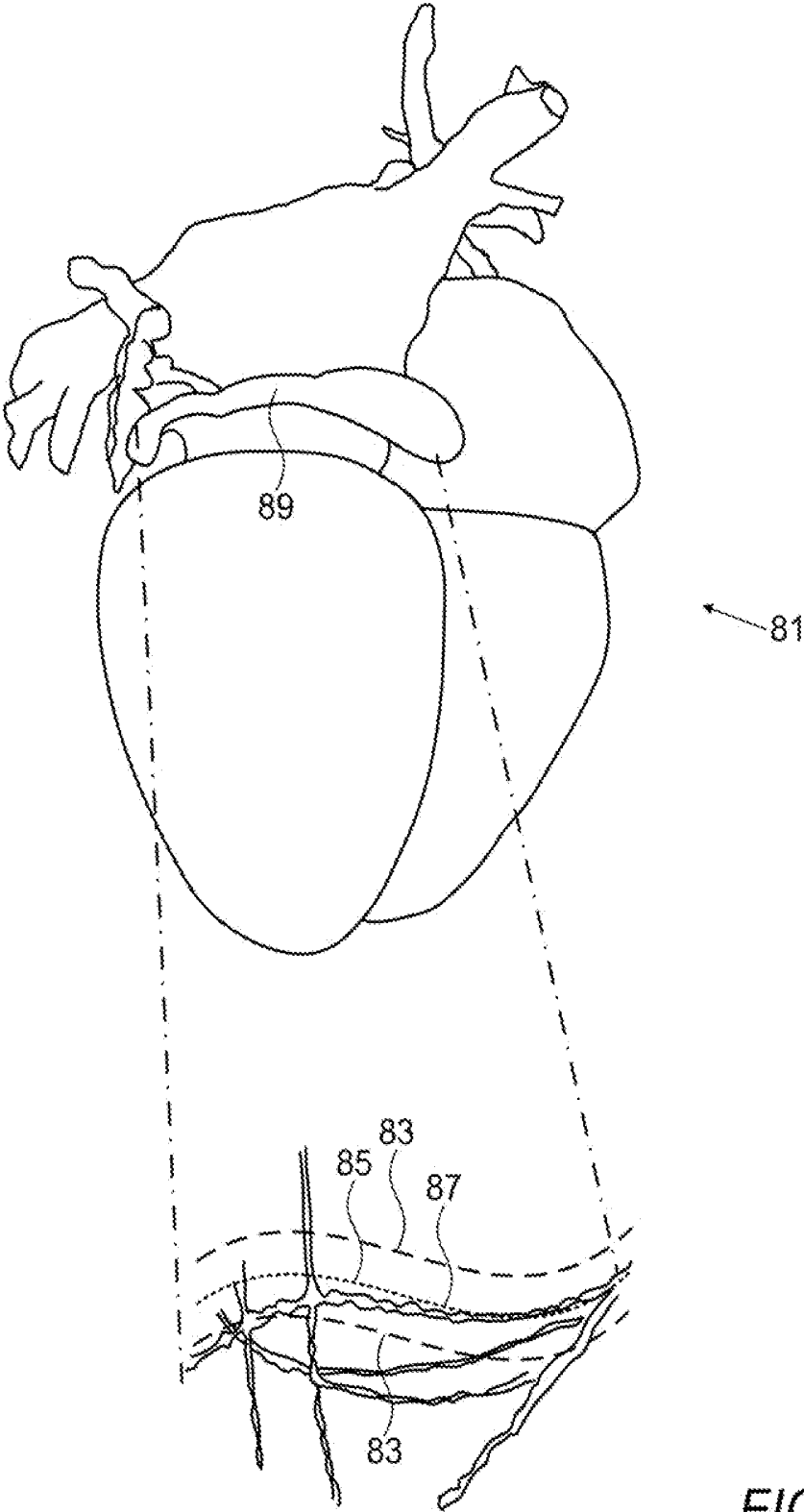


FIG. 3

REGISTRATION OF CORONARY SINUS CATHETER IMAGE

BACKGROUND OF THE INVENTION

[0001] 1. Field of the Invention

[0002] This invention relates to cardiac physiology. More particularly, this invention relates to the evaluation of electrical propagation in the heart.

[0003] 2. Description of the Related Art

[0004] The meanings of certain acronyms and abbreviations used herein are given in Table 1.

TABLE 1

Acronyms and Abbreviations	
CS	Coronary Sinus
LAO	Left Anterior Oblique
RAO	Right Anterior Oblique
CT	Computed Tomography
MRI	Magnetic Resonance Image

[0005] Cardiac arrhythmias such as atrial fibrillation are an important cause of morbidity and death. Commonly assigned U.S. Pat. No. 5,546,951, and U.S. Pat. No. 6,690,963, both issued to Ben Haim and PCT application WO 96/05768, all of which are incorporated herein by reference, disclose methods for sensing an electrical property of heart tissue, for example, local activation time, as a function of the precise location within the heart. Data are acquired with one or more catheters having electrical and location sensors in their distal tips, which are advanced into the heart. Methods of creating a map of the electrical activity of the heart based on these data are disclosed in commonly assigned U.S. Pat. No. 6,226,542, and U.S. Pat. No. 6,301,496, both issued to Reisfeld, which are incorporated herein by reference. As indicated in these patents, location and electrical activity is typically initially measured on about 10 to about 20 points on the interior surface of the heart. These data points are then generally sufficient to generate a preliminary reconstruction or map of the cardiac surface. The preliminary map is often combined with data taken at additional points in order to generate a more comprehensive map of the heart's electrical activity. Indeed, in clinical settings, it is not uncommon to accumulate data at 100 or more sites to generate a detailed, comprehensive map of heart chamber electrical activity. The generated detailed map may then serve as the basis for deciding on a therapeutic course of action, for example, tissue ablation, to alter the propagation of the heart's electrical activity and to restore normal heart rhythm.

[0006] Catheters containing position sensors may be used to determine the trajectory of points on the cardiac surface. These trajectories may be used to infer motion characteristics such as the contractility of the tissue. As disclosed in U.S. Pat. No. 5,738,096, issued to Ben Haim, which is incorporated herein in its entirety by reference, maps depicting such motion characteristics may be constructed when the trajectory information is sampled at a sufficient number of points in the heart.

[0007] Electrical activity at a point in the heart is typically measured by advancing a multiple-electrode catheter to measure electrical activity at multiple points in the heart chamber simultaneously. A record derived from time varying electrical potentials as measured by one or more electrodes is known as an electrogram. Electrograms may be

measured by unipolar or bipolar leads, and are used, e.g., to determine onset of electrical propagation at a point, known as local activation time.

[0008] Currently, large amounts of anatomical and functional data are gathered during catheter-based cardiac procedures. Maintaining alignment of this data with the actual position of the patient's heart and understanding the relationship of the catheter to anatomic structures are both important to the success of the procedure. In one approach the catheter is registered to images taken by another modality.

[0009] An example of this approach is proposed in U.S. Pat. No. 7,720,520 to Willis. A reference catheter or reference element is placed in contact with the anatomical body. A physical structure within a navigational coordinate system is located using the reference elements or reference catheter. An image reference within an image coordinate corresponding to the physical structure is located. Location of the image reference can be accomplished, e.g., by displaying the medical image and electronically marking the displayed image reference, or by automatically locating image data corresponding to the image reference. The navigational and image coordinate systems are then registered based on the location of the physical structure within the navigational coordinate system and the location of the image reference within the image coordinate system, which allows graphical information to be merged with the medical image data.

SUMMARY OF THE INVENTION

[0010] According to disclosed embodiments of the invention, a reconstruction of the heart is prepared prior to catheterization from cardiac image data, such as CT or MRI data. The reconstruction takes into consideration motion of the cardiac structures such as the coronary sinus due to cardiac and patient motion. Using the reconstruction, the coronary sinus is catheterized and reconstructed using fluoroscopic image data. The reconstruction of the coronary sinus is placed in registration with the reconstruction of the heart, so that the resulting image has a coordinate space consistent with that of a functional electroanatomic images of the heart that may be displayed or generated, for example a CARTO map. Cardiac structures of interest may then be identified on the functional electroanatomic image by an operator.

[0011] There is provided according to embodiments of the invention a method, which is carried out by importing image data of a heart of a living subject into an image-processing computer system, representing the image data as a first model of the heart and the coronary sinus in a first coordinate space, and introducing a probe into the coronary sinus. Thereafter, the method is further carried out acquiring fluoroscopic image data of the probe, using the fluoroscopic image data to prepare a second model of the coronary sinus in a second coordinate space, and transforming the first model into the second coordinate space by placing the coronary sinus of the second model in registration with the coronary sinus of the first model.

[0012] The image data is obtained by computed tomography or magnetic resonance imaging of the heart.

[0013] According to an aspect of the method, the first model is a 3-dimensional model.

[0014] According to still another aspect of the method, preparing a second model includes reconstructing a 2-dimensional path of the probe.

[0015] According to an additional aspect of the method, preparing a second model includes estimating a 3-dimensional path of the probe from the 2-dimensional path.

[0016] Another aspect of the method includes locating a cardiac structure in the transformed first model in the second coordinate space.

[0017] There is further provided according to embodiments of the invention an apparatus, including a cardiac catheter adapted for introduction into a coronary sinus of a heart of a living subject, a display, and a processor. The processor is cooperative with a fluoroscopic imaging device for performing a method, which is carried out by importing image data of the heart into an image-processing computer system, representing the image data as a first model of the heart and the coronary sinus in a first coordinate space, and introducing a probe into the coronary sinus. Thereafter, the method is further carried out acquiring fluoroscopic image data of the probe, using the fluoroscopic image data to prepare a second model of the coronary sinus in a second coordinate space, and transforming the first model into the second coordinate space by placing the coronary sinus of the second model in registration with the coronary sinus of the first model.

BRIEF DESCRIPTION OF THE SEVERAL VIEWS OF THE DRAWINGS

[0018] For a better understanding of the present invention, reference is made to the detailed description of the invention, by way of example, which is to be read in conjunction with the following drawings, wherein like elements are given like reference numerals, and wherein:

[0019] FIG. 1 is a pictorial illustration of a system for performing cardiac catheterization procedures, which is constructed and operative in accordance with an embodiment of the invention;

[0020] FIG. 2 is a flow-chart of a method of registration of cardiac images using a coronary sinus catheter in accordance with an embodiment of the invention; and

[0021] FIG. 3 is a composite image illustrating a stage in the process of coronary sinus reconstruction as applied to a 3-dimensional model of the heart, in accordance with an embodiment of the invention.

DETAILED DESCRIPTION OF THE INVENTION

[0022] In the following description, numerous specific details are set forth in order to provide a thorough understanding of the various principles of the present invention. It will be apparent to one skilled in the art, however, that not all these details are necessarily needed for practicing the present invention. In this instance, well-known circuits, control logic, and the details of computer program instructions for conventional algorithms and processes have not been shown in detail in order not to obscure the general concepts unnecessarily.

[0023] Aspects of the present invention may be embodied in software programming code, which is typically maintained in permanent storage, such as a computer readable medium. In a client/server environment, such software programming code may be stored on a client or a server. The software programming code may be embodied on any of a variety of known non-transitory media for use with a data processing system, such as USB memory, hard drive, elec-

tronic media or CD-ROM. The code may be distributed on such media, or may be distributed to users from the memory or storage of one computer system over a network of some type to storage devices on other computer systems for use by users of such other systems.

[0024] Embodiments of the invention enable identifying cardiac structures during the medical procedure. When the position of the coronary sinus is accurately known based on fluoroscopy of a coronary sinus catheter, its position can be related to the position of other portions of the heart provided there is a common coordinate system to locate the other portions, the embodiments of the invention place the coronary sinus, as determined from fluoroscopy, in registration with a 3-dimensional model of the heart prepared using another imaging modality.

System Overview

[0025] Turning now to the drawings, reference is initially made to FIG. 1, which is a pictorial illustration of a system 10 for performing catheterization procedures on a heart 12 of a living subject, which is constructed and operative in accordance with a disclosed embodiment of the invention. The system comprises a catheter 14, which is percutaneously inserted by an operator 16 through the patient's vascular system into a chamber or vascular structure of the heart 12. The operator 16, who is typically a physician, brings the catheter's distal tip 18 into contact with the heart wall at an ablation target site. Electrical activation maps, anatomic positional information, i.e., of the distal portion of the catheter, and other functional images may then be prepared using a processor 23 located in a console 24, according to the methods disclosed in U.S. Pat. Nos. 6,226,542, and 6,301,496, and in commonly assigned U.S. Pat. No. 6,892,091, whose disclosures are herein incorporated by reference. One commercial product embodying elements of the system 10 is available as the CARTO® 3 System, available from Biosense Webster, Inc., 3333 Diamond Canyon Road, Diamond Bar, Calif. 91765, which is capable of producing electroanatomic maps of the heart as required for the ablation. This system may be modified by those skilled in the art to embody the principles of the invention described herein.

[0026] Areas determined to be abnormal, for example by evaluation of the electrical activation maps, can be ablated by application of thermal energy, e.g., by passage of radiofrequency electrical current through wires in the catheter to one or more electrodes at the distal tip 18, which apply the radiofrequency energy to the myocardium. The energy is absorbed in the tissue, heating (or cooling) it to a point (typically about 60° C.) at which it permanently loses its electrical excitability. When successful, this procedure creates non-conducting lesions in the cardiac tissue, which disrupt the abnormal electrical pathway causing the arrhythmia. The principles of the invention can be applied to different heart chambers to treat many different cardiac arrhythmias.

[0027] The catheter 14 typically comprises a handle 20, having suitable controls on the handle to enable the operator 16 to steer, position and orient the distal end of the catheter as desired for the ablation. To aid the operator 16, the distal portion of the catheter 14 contains position sensors (not shown) that provide signals to a positioning processor 22, located in the console 24.

[0028] Ablation energy and electrical signals can be conveyed to and from the heart 12 through the catheter tip and/or one or more ablation electrodes 32 located at or near the distal tip 18 via cable 34 to the console 24. Pacing signals and other control signals may be conveyed from the console 24 through the cable 34 and the electrodes 32 to the heart 12. Sensing electrodes 33, also connected to the console 24 are disposed between the ablation electrodes 32 and have connections to the cable 34.

[0029] Wire connections 35 link the console 24 with body surface electrodes 30 and other components of a positioning sub-system. The electrodes 32 and the body surface electrodes 30 may be used to measure tissue impedance at the ablation site as taught in U.S. Pat. No. 7,536,218, issued to Govari et al., which is herein incorporated by reference. A temperature sensor (not shown), typically a thermocouple or thermistor, may be mounted on or near each of the electrodes 32.

[0030] The console 24 typically contains one or more ablation power generators 25. The catheter 14 may be adapted to conduct ablative energy to the heart using any known ablation technique, e.g., radiofrequency energy, ultrasound energy, freezing technique and laser-produced light energy. Such methods are disclosed in commonly assigned U.S. Pat. Nos. 6,814,733, 6,997,924, and 7,156,816, which are herein incorporated by reference.

[0031] The positioning processor 22 is an element of a positioning subsystem in the system 10 that measures location and orientation coordinates of the catheter 14.

[0032] In one embodiment, the positioning subsystem comprises a magnetic position tracking arrangement that determines the position and orientation of the catheter 14 by generating magnetic fields in a predefined working volume and sensing these fields at the catheter, using field generating coils 28. The positioning subsystem may employ impedance measurement, as taught, for example in U.S. Pat. No. 7,756,576, which is hereby incorporated by reference, and in the above-noted U.S. Pat. No. 7,536,218.

[0033] A fluoroscopic imaging device 37 has a C-arm 39, an x-ray source 41, an image intensifier module 43 and an adjustable collimator 45. A control processor (not shown), which may be located in the console 24, allows an operator to control the operation of the fluoroscopic imaging device 37, for example by setting imaging parameters, and controlling the collimator 45 to adjust the size and position of the field of view. The control processor may communicate with the fluoroscopic imaging device 37 via a cable 51 to enable and disable the x-ray source 41 or restrict its emissions to a desired region of interest by controlling the collimator 45, and to acquire image data from the image intensifier module 43. An optional display monitor 49, linked to the control processor, allows the operator to view images produced by the fluoroscopic imaging device 37. When the display monitor 49 is not included, the fluoroscopic images may be viewed on a monitor 29, either via a split screen or in alternation with other non-fluoroscopic images.

[0034] As noted above, the catheter 14 is coupled to the console 24, which enables the operator 16 to observe and regulate the functions of the catheter 14. The processor 23 is typically a computer with appropriate signal processing circuits. The processor 23 is coupled to drive the monitor 29. The signal processing circuits typically receive, amplify, filter and digitize signals from the catheter 14, including signals generated by the above-noted sensors and a plurality

of location sensing electrodes (not shown) located distally in the catheter 14. The digitized signals are received and used by the console 24 and the positioning system to compute the position and orientation of the catheter 14 and analyze the electrical signals from the electrodes, and generate desired electroanatomic maps.

[0035] Typically, the system 10 includes other elements, which are not shown in the figures for the sake of simplicity. For example, the system 10 may include an electrocardiogram (ECG) monitor, coupled to receive signals from one or more body surface electrodes, to provide an ECG synchronization signal to the console 24. As mentioned above, the system 10 typically also includes a reference position sensor, either on an externally-applied reference patch attached to the exterior of the subject's body, or on an internally-placed catheter, which is inserted into the heart 12 maintained in a fixed position relative to the heart 12. Conventional pumps and lines for circulating liquids through the catheter 14 for cooling the ablation site are provided.

Operation

[0036] Reference is now made to FIG. 2, which is a flow-chart of a method of registration of cardiac images using a coronary sinus catheter in accordance with an embodiment of the invention. The process steps are shown in a particular linear sequence for clarity of presentation. However, it will be evident that many of them can be performed in parallel, asynchronously, or in different orders. Those skilled in the art will also appreciate that a process could alternatively be represented as a number of interrelated states or events, e.g., in a state diagram. Moreover, not all illustrated process steps may be required to implement the method.

[0037] At initial step 53 a CT (or MRI) image of the heart is obtained. This may be accomplished prior to the current session, but in any case prior to introduction of a cardiac catheter. The image created in this step has a scale and coordinate system that is specific to the image acquisition device employed, which is referred to for convenience as "CT coordinates". The term "CT coordinate space" describes a 3-dimensional space having points described in CT coordinates. The coronary sinus is defined in CT coordinates on the image.

[0038] Next, at step 71 the CT image is imported into an image processing computer, e.g., the above-described CARTO 3 system. At this stage, the imported image occupies CT coordinate space. However, images normally produced using the image processing computer have another coordinate system and occupy a different coordinate space. This coordinate system and space are referred to herein for convenience as "CARTO coordinates" and "CARTO coordinate space", respectively. It will be understood that the use of this terminology does not limit the application of the method to the CARTO 3 system. Rather the steps may be performed by many other types of image processing computers.

[0039] Next at step 55, using the image processing computer of step 71, a 3-dimensional model of the heart in CT coordinate space is prepared from the CT image. This can be done using the CARTOMERGE™ module, available from Biosense Webster.

[0040] Next, at step 73 a coronary sinus catheter is introduced into the coronary sinus under fluoroscopic control.

[0041] Next, at step 75, with the coronary sinus catheter in place, the coronary sinus is reconstructed by the image processing computer using the techniques taught in commonly assigned copending application Ser. Nos. 14/621,570 and 14/621,581, which are herein incorporated by reference. Briefly, a 3-dimensional path of the coronary sinus catheter may be estimated using epi-polar geometry or iterative reconstruction of linear segments. In one method of reconstructing the coronary sinus, the patient's heart position is tracked over time. In order to compensate for heart movement, an algorithm reconstructs a path or track of the coronary sinus catheter in three dimensions, based on two 2-dimensional fluoroscopic images acquired before and after a movement, and synchronized in the cardiorespiratory cycle. A transformation between the two reconstructed catheters is computed and used to align the data. The reconstructed coronary sinus is motion-compensated, and exists in CARTO coordinate space.

[0042] Reference is now made to FIG. 3, which is a composite image illustrating a stage in the process of coronary sinus reconstruction as applied to a 3-dimensional model 81 of the heart as described in step 55, in accordance with an embodiment of the invention. In the lower portion of the figure, taken from a fluoroscopic frame, a corridor 83 is outlined and sampled around a CS catheter path 85 (represented by a broken line). The catheter path 85 was defined from previous frame and may have been annotated by a human operator. The divergence of CS catheter 87 from the catheter path 85 is compensated by suitable transformations, as explained in further detail in the above-noted application Ser. Nos. 14/621,570 and 14/621,581,

[0043] Referring again to FIG. 2 together with FIG. 3, at step 77 the reconstructed coronary sinus is placed in registration with the 3-dimensional model that was prepared in step 55 by aligning coronary sinus 89 in the model 81 with the transformed catheter path 85 obtained from analysis of the fluoroscopic image. It will be recalled that the 3-dimensional model 81 exists in CT coordinate space. The model 81 is now transformed into CARTO coordinate space. The CARTOMERGE™ image integration module, available from Biosense Webster, is suitable for performing the image registration and coordinate transformation. Since the position of the coronary sinus is closely related to the position of other portions of the heart, the remainder of the heart on the model 81 will be in registration with other cardiac images generated and displayed by the image processing computer.

[0044] Then in final step 79, the coronary sinus and the other cardiac structures can now be accurately located on the image processing computer display in CARTO coordinate space.

[0045] It will be appreciated by persons skilled in the art that the present invention is not limited to what has been particularly shown and described hereinabove. Rather, the scope of the present invention includes both combinations and sub-combinations of the various features described hereinabove, as well as variations and modifications thereof that are not in the prior art, which would occur to persons skilled in the art upon reading the foregoing description.

1. A method, comprising the steps of:

importing image data of a heart of a living subject into an image-processing computer system, the heart having a coronary sinus;

representing the image data as a first model of the heart in a first coordinate space, the first model comprising the coronary sinus;

introducing a probe into the coronary sinus;

thereafter acquiring fluoroscopic image data of the probe; using the fluoroscopic image data to prepare a second model of the coronary sinus in a second coordinate space; and

transforming the first model into the second coordinate space by placing the coronary sinus of the second model in registration with the coronary sinus of the first model.

2. The method according to claim 1, wherein the image data is obtained by computed tomography of the heart.

3. The method according to claim 1, wherein the image data is obtained from magnetic resonance imaging of the heart.

4. The method according to claim 1, wherein the first model is a 3-dimensional model.

5. The method according to claim 1, wherein preparing a second model comprises reconstructing a 2-dimensional path of the probe.

6. The method according to claim 5, wherein preparing a second model comprises estimating a 3-dimensional path of the probe from the 2-dimensional path.

7. The method according to claim 1, further comprising locating a cardiac structure in the transformed first model in the second coordinate space.

8. An apparatus, comprising:

a cardiac catheter adapted for introduction into a coronary sinus of a heart of a living subject;

a display; and

a processor, which is cooperative with a fluoroscopic imaging device for performing the steps of:

importing image data of the heart;

representing the image data as a first model of the heart in a first coordinate space, the first model comprising the coronary sinus;

introducing a probe into the coronary sinus;

thereafter acquiring fluoroscopic image data of the probe; using the fluoroscopic image data to prepare a second model of the coronary sinus in a second coordinate space; and

transforming the first model into the second coordinate space by placing the coronary sinus of the second model in registration with the coronary sinus of the first model.

9. The apparatus according to claim 8, wherein the image data is obtained by computed tomography of the heart.

10. The apparatus according to claim 8, wherein the image data is obtained from magnetic resonance imaging of the heart.

11. The apparatus according to claim 8, wherein the first model is a 3-dimensional model.

12. The apparatus according to claim 8, wherein preparing a second model comprises reconstructing a 2-dimensional path of the probe.

13. The apparatus according to claim 12, wherein preparing a second model comprises estimating a 3-dimensional path of the probe from the 2-dimensional path.

14. The apparatus according to claim 8, further comprising locating a cardiac structure in the transformed first model in the second coordinate space.

* * * * *

专利名称(译)	冠状窦导管图像的登记		
公开(公告)号	US20160354049A1	公开(公告)日	2016-12-08
申请号	US14/730386	申请日	2015-06-04
[标]申请(专利权)人(译)	韦伯斯特生物官能(以色列)有限公司		
申请(专利权)人(译)	生物传感韦伯斯特 (以色列) LTD.		
当前申请(专利权)人(译)	生物传感韦伯斯特 (以色列) LTD.		
[标]发明人	BAR TAL MEIR		
发明人	BAR-TAL, MEIR		
IPC分类号	A61B6/00 A61B5/00 A61B5/06 G06T15/08 A61B6/12 G06T11/00 G06T7/00 A61B5/055 A61B6/03		
CPC分类号	A61B6/5235 G06T2207/10064 A61B5/0044 A61B5/066 A61B6/032 A61B6/12 A61B6/466 A61B6/503 A61B6/5247 G06T11/005 G06T7/0012 G06T15/08 G06T2207/10081 G06T2207/10088 G06T2207/30048 A61B5/055 A61B5/0071 A61B5/0084 A61B2034/2051 A61B2090/364 A61B2090/376 A61B90/36 G06T7/33 G06T2207/10121		
外部链接	Espacenet USPTO		

摘要(译)

通过将活体受试者的心脏的图像数据导入图像处理计算机系统中来执行心脏导管插入，图像处理计算机系统在第一坐标空间中表示作为心脏和冠状窦的第一模型的图像数据，冠状窦。此后，探头的荧光透视图像数据用于在第二坐标空间中准备冠状窦的第二模型，并且通过将第二模型的冠状窦与冠状窦对准将第一模型变换到第二坐标空间的第一个模型。

