

Anatomy of the Heart and Circulation

A Refresher



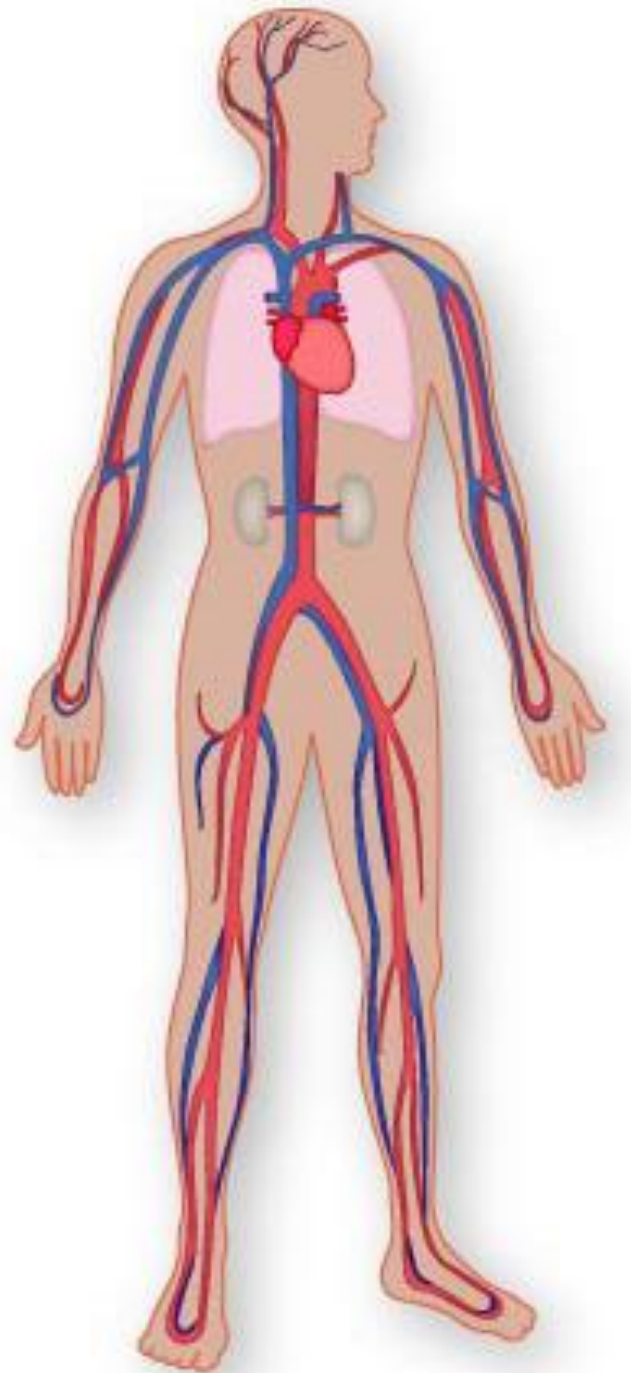
Dr. Alexander Lyon

MA BM BCh MRCP PhD

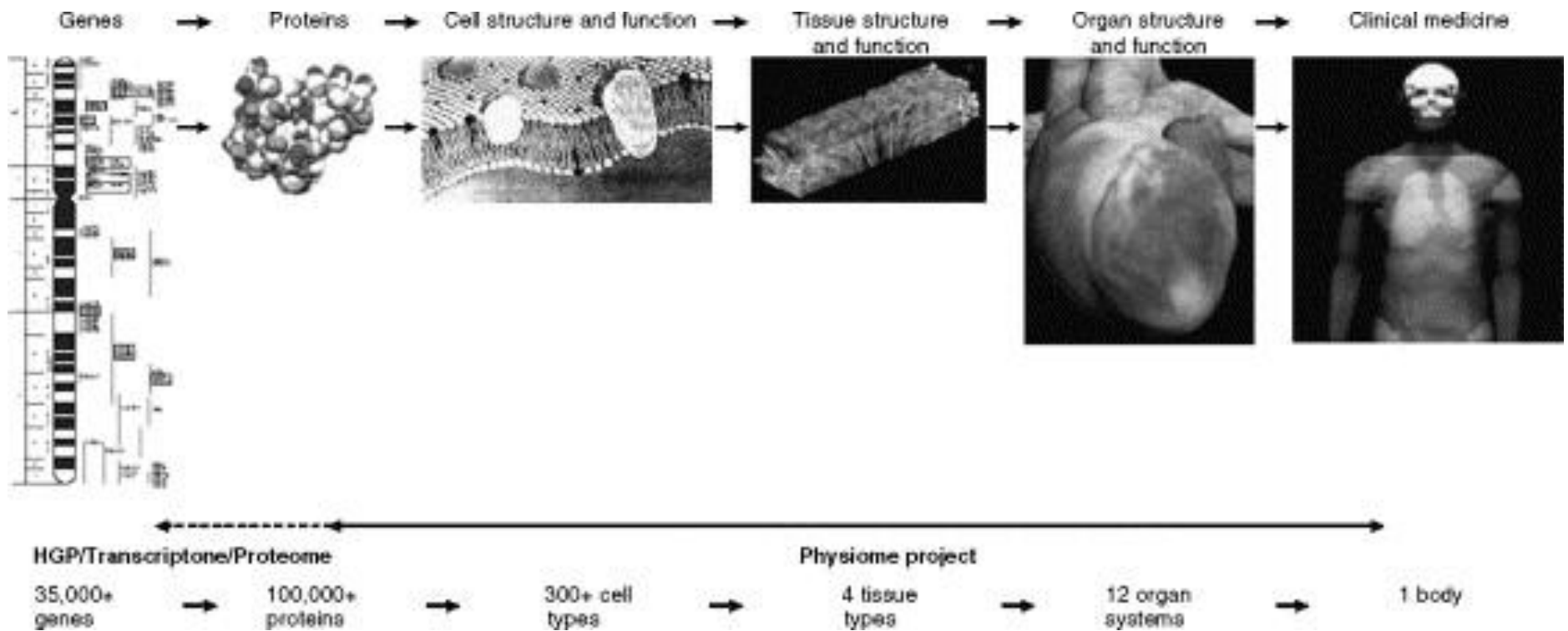
Walport Clinical Lecturer in Cardiology

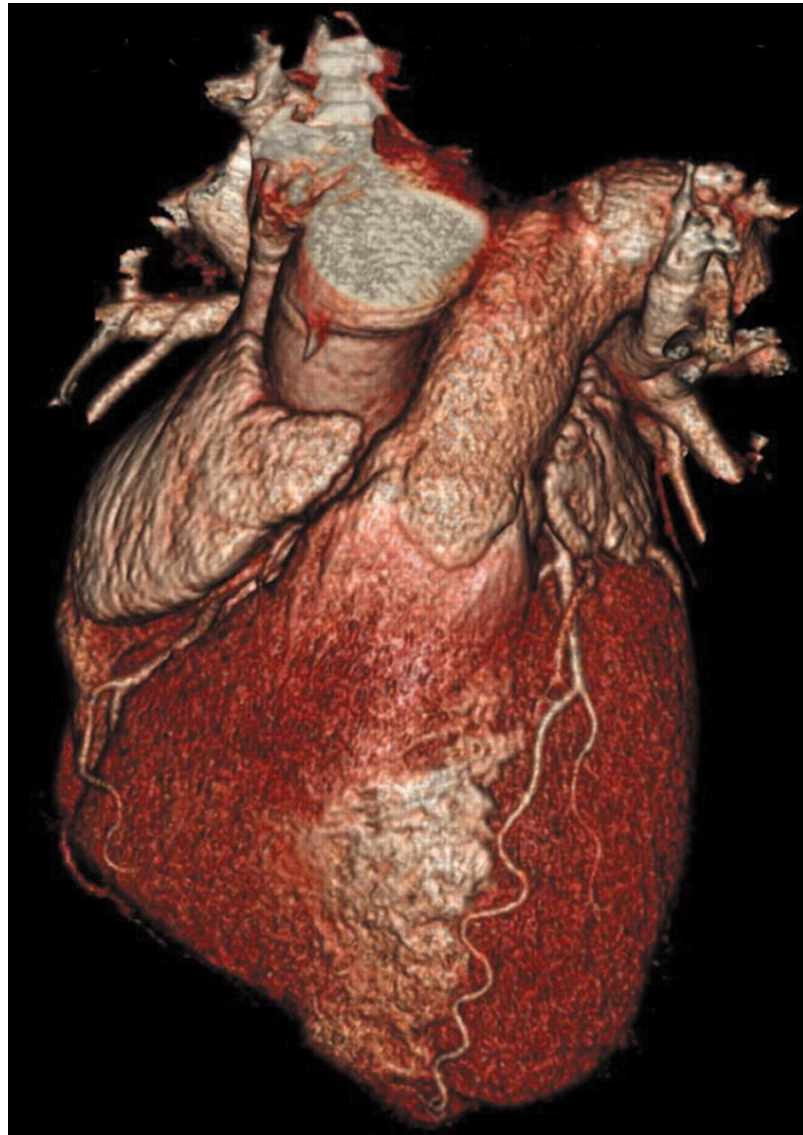
Overview

- General CVS Anatomy
- Macroscopic Cardiac Anatomy
 - Chambers
 - Valves
 - Conduction System
- Microscopic Myocardial Anatomy



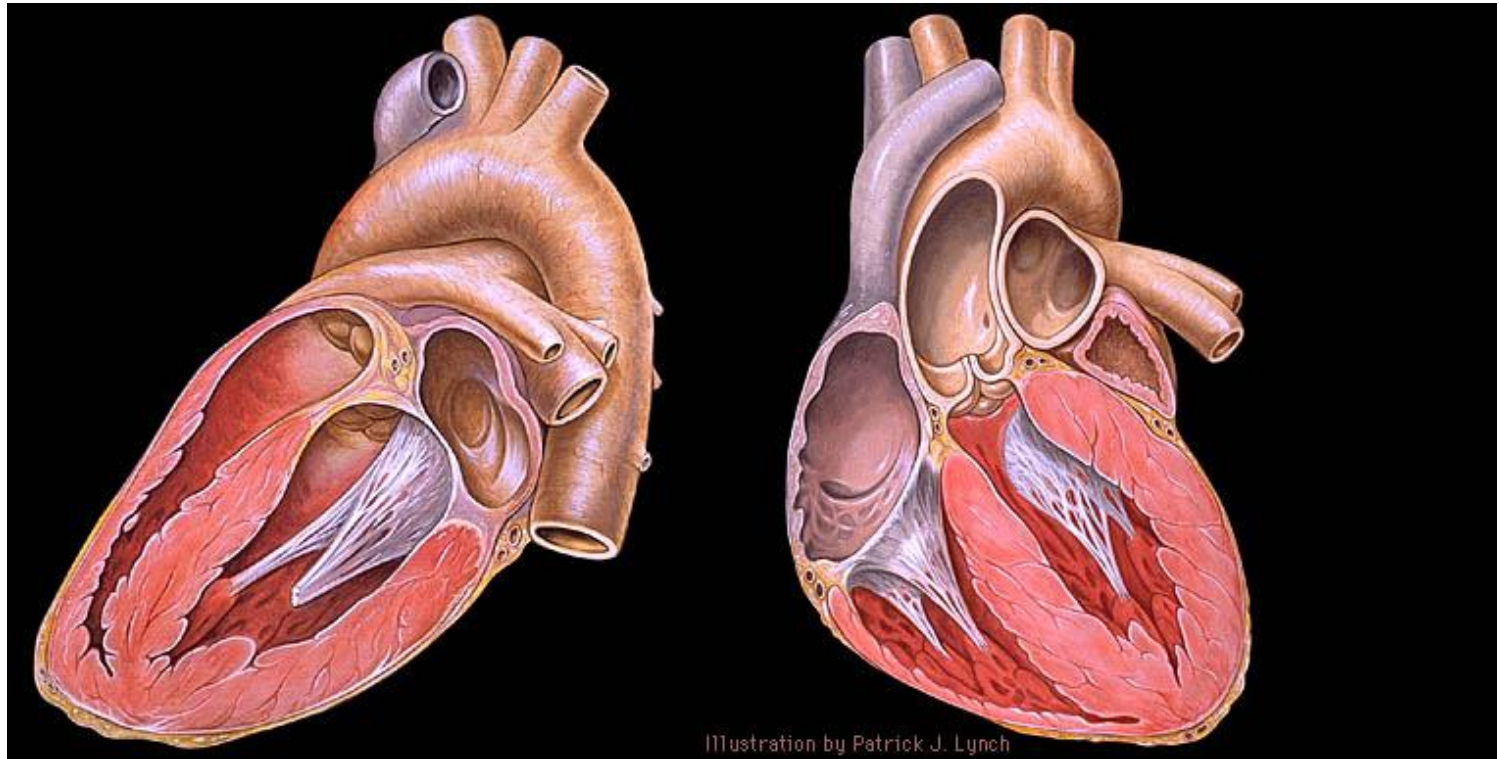
Physiome



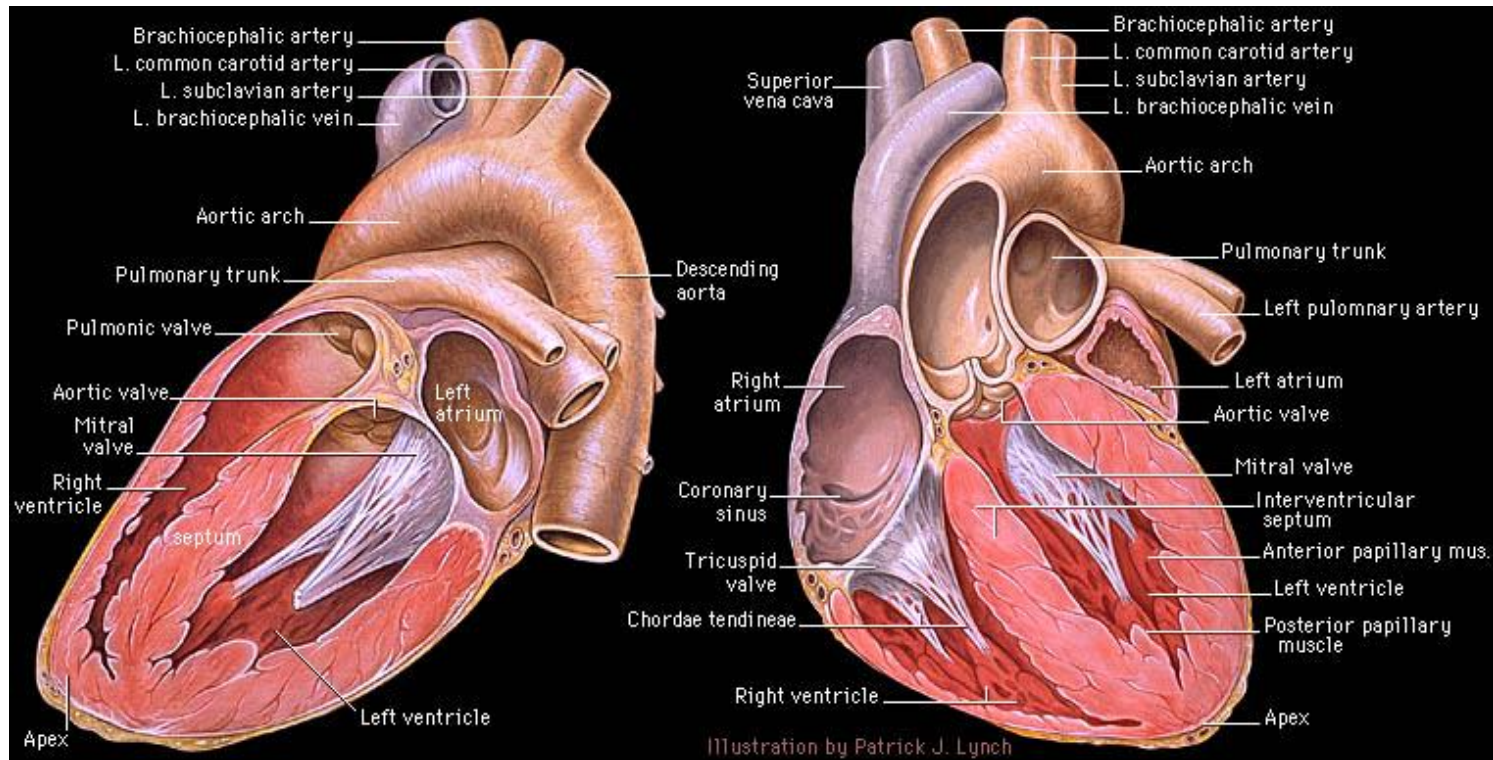


Donnelly, P M et al. Heart 2005;91:1385-1388

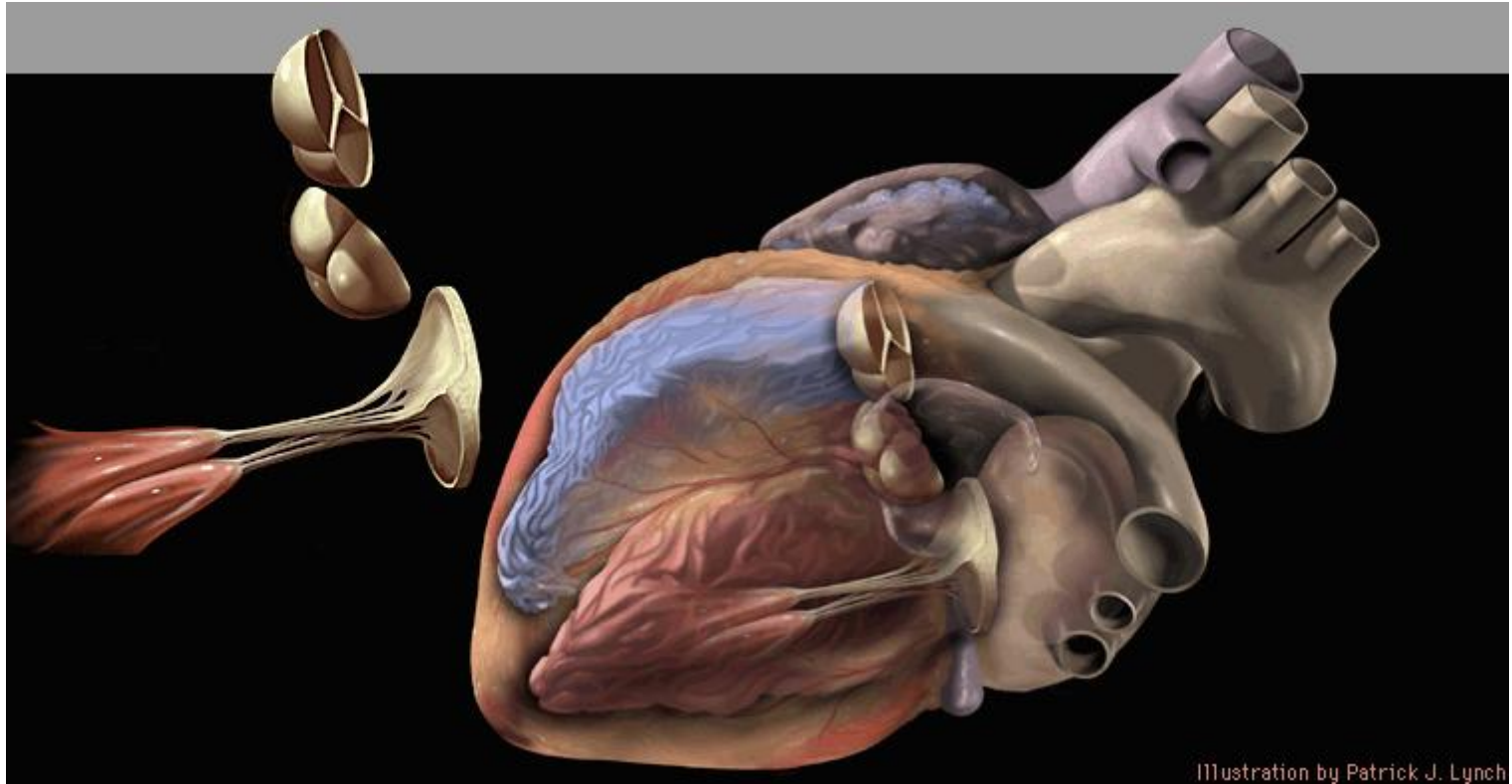
Macroscopic Cardiac Anatomy



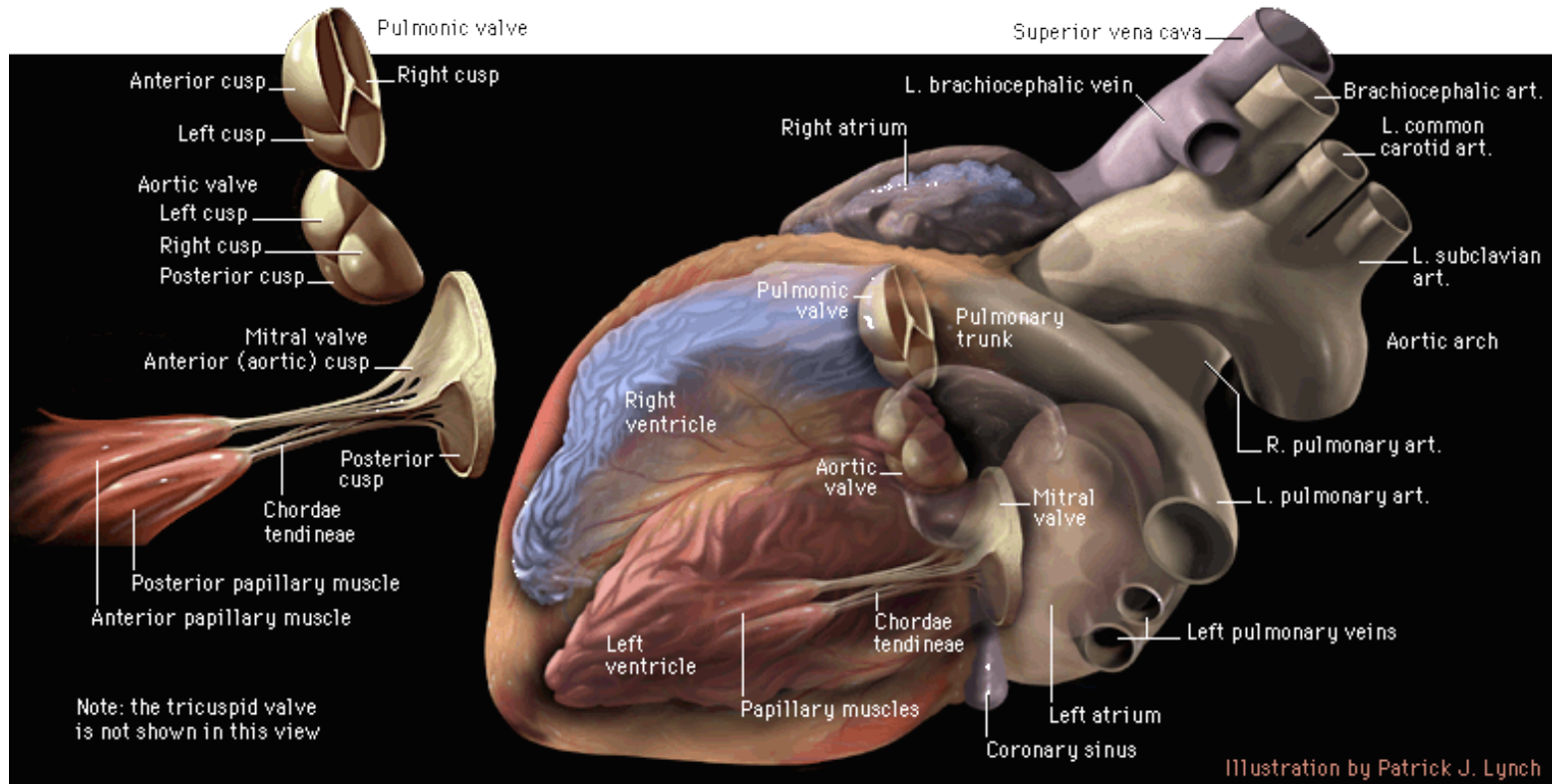
Macroscopic Cardiac Anatomy



Macroscopic Cardiac Valve Anatomy



Macroscopic Cardiac Valve Anatomy



Aortic Valve

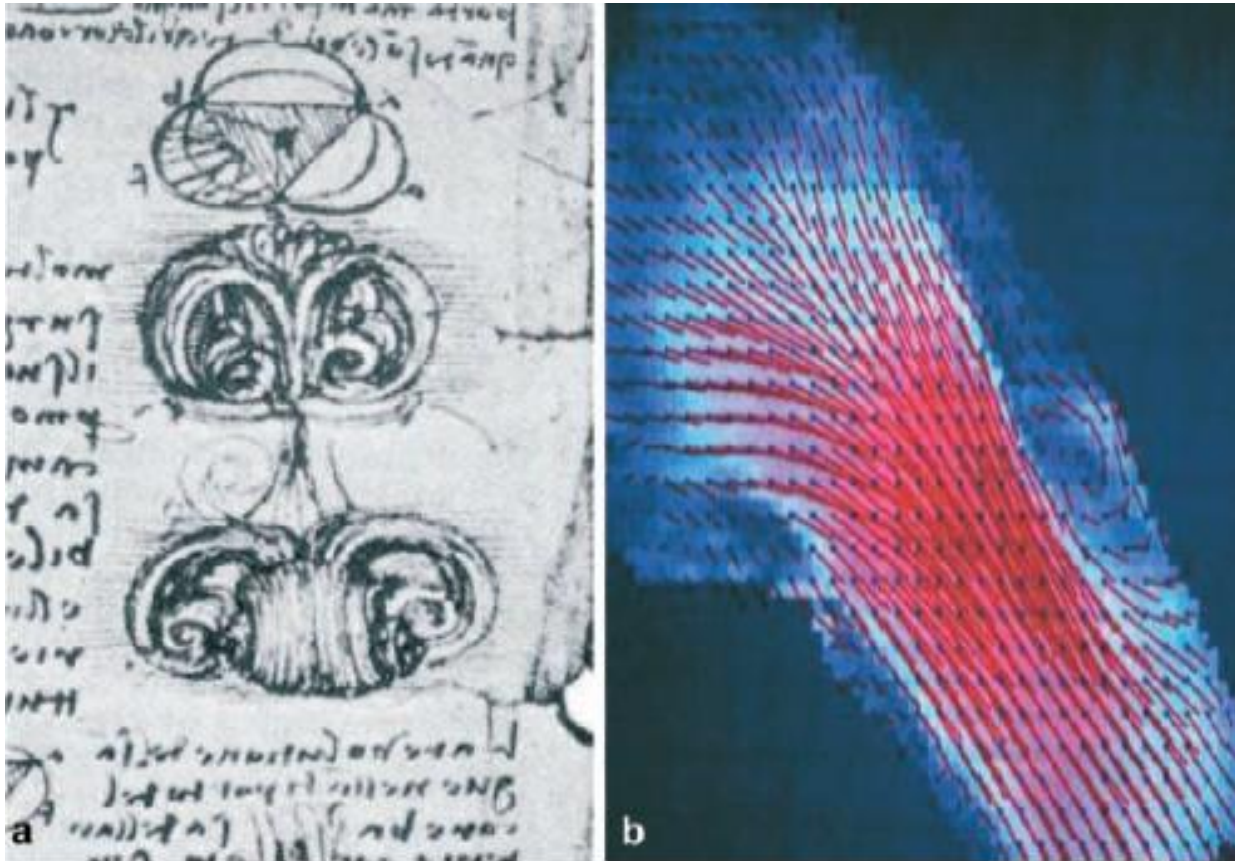
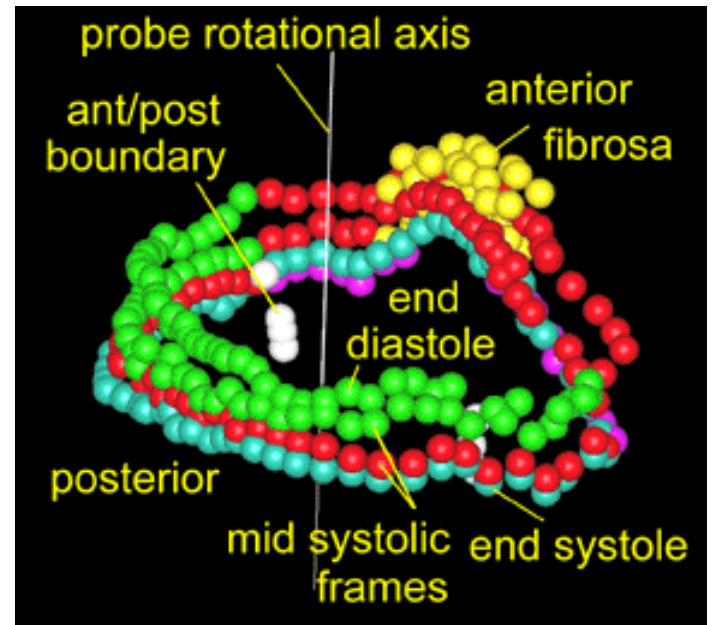
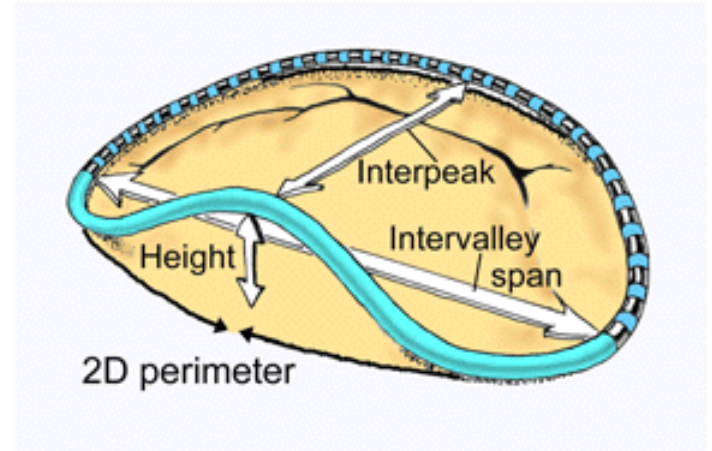
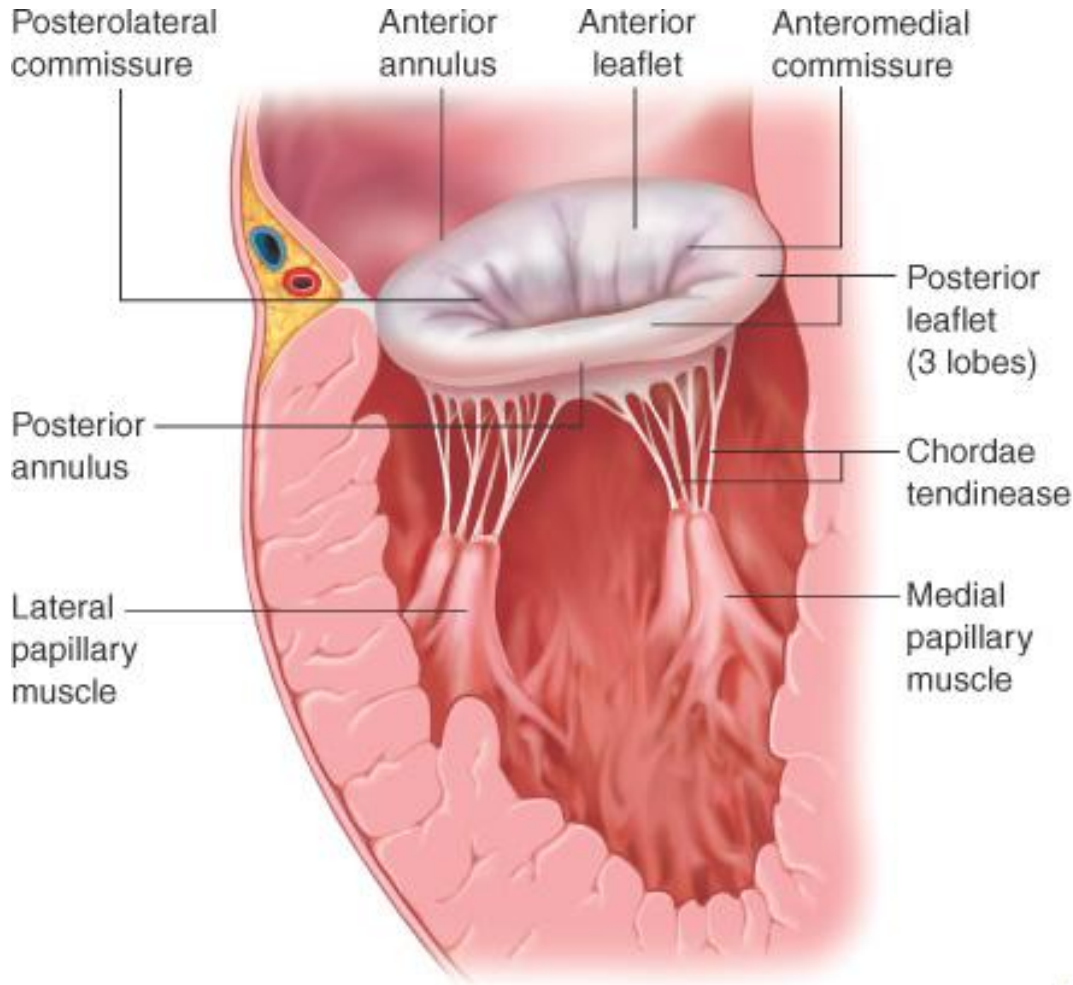


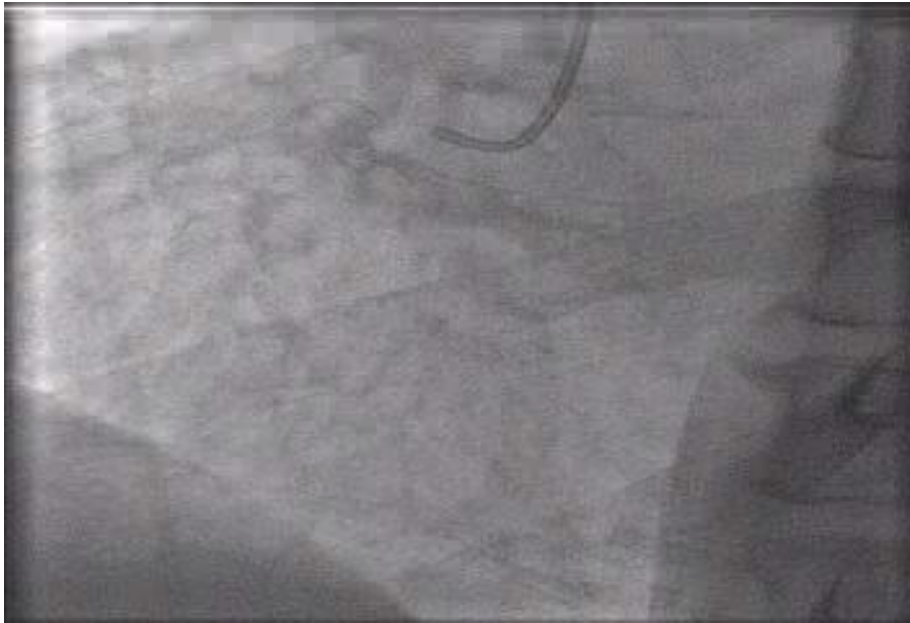
Fig. 1. **a** Leonardo da Vinci's depiction of aortic valve vortices in the left heart. (Detail of RL19116 recto - Courtesy of The Royal Collection © 2002, Her Majesty Queen Elizabeth II). **b** Velocity vectors from MRI in the left ventricular outflow tract, again showing vortices in the Sinus of Valsalva. (Courtesy of Dr. Tal Geva of Children's Hospital Boston)

Mitral Valve

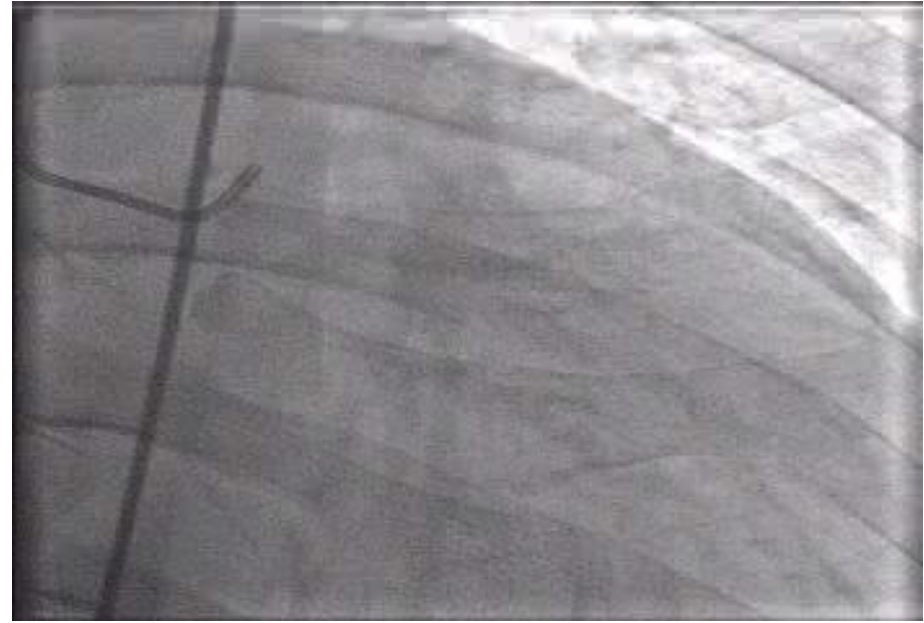


Coronary Anatomy

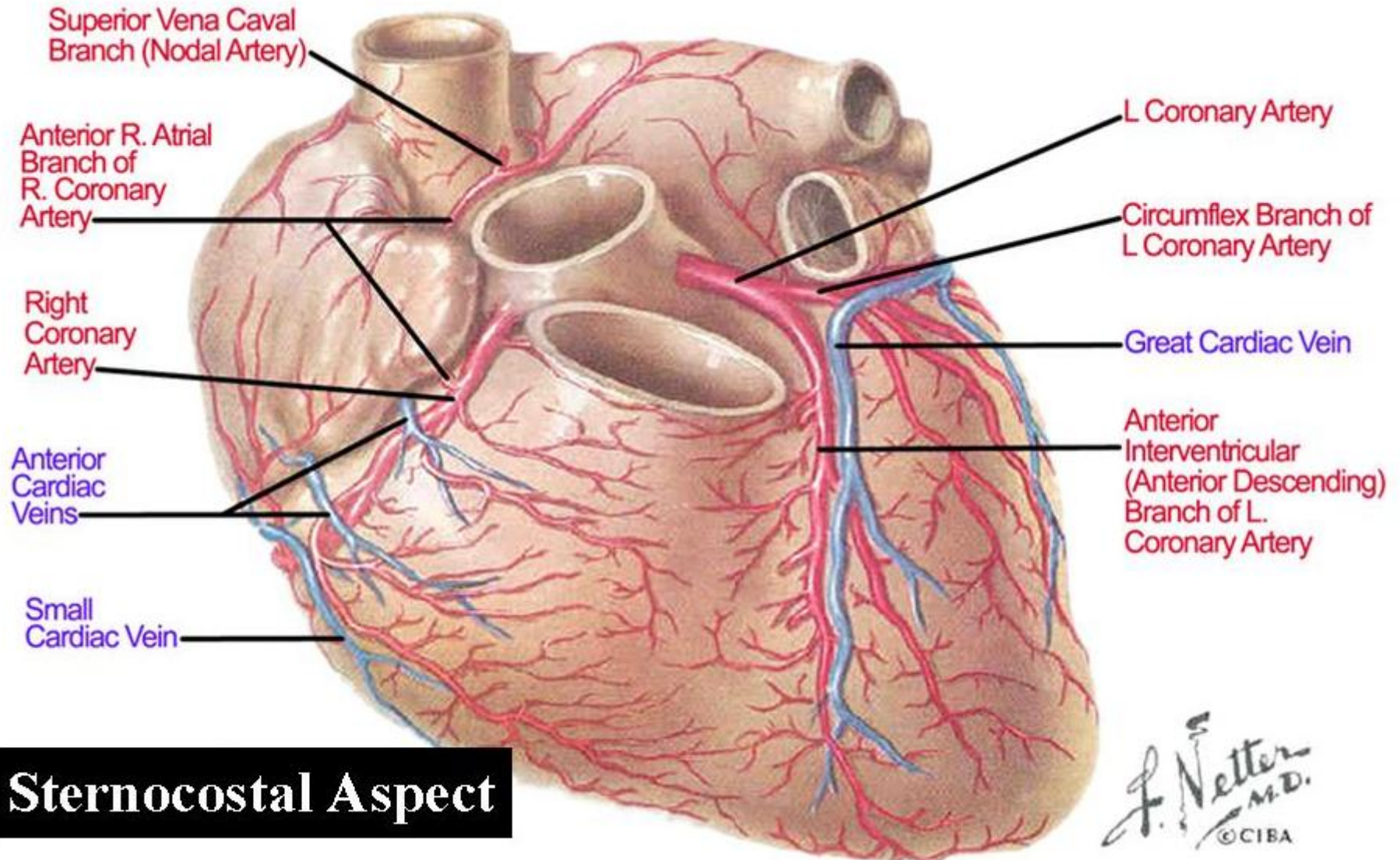
Right Coronary Angiogram



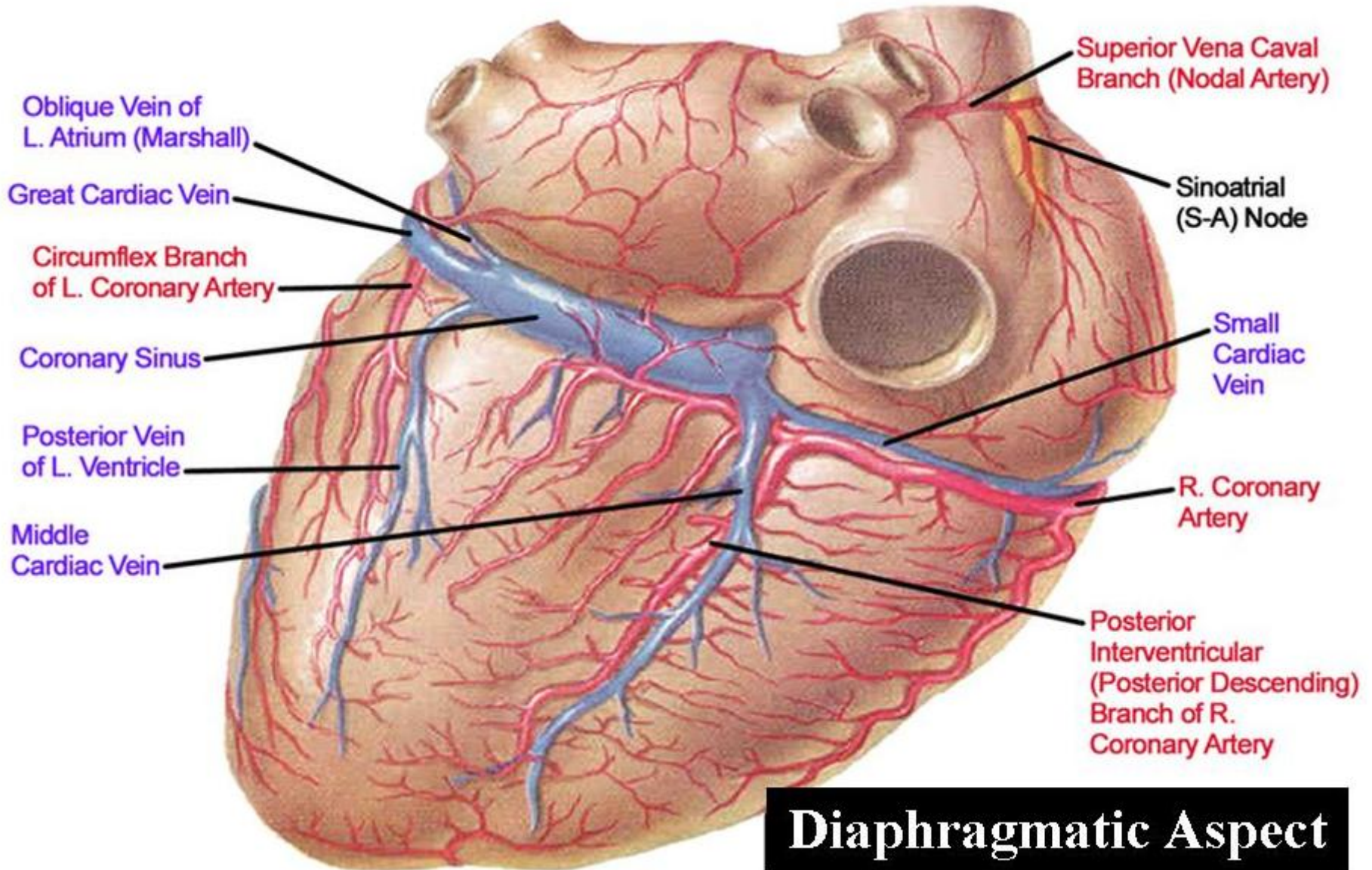
Left Coronary Angiogram



Coronary Anatomy



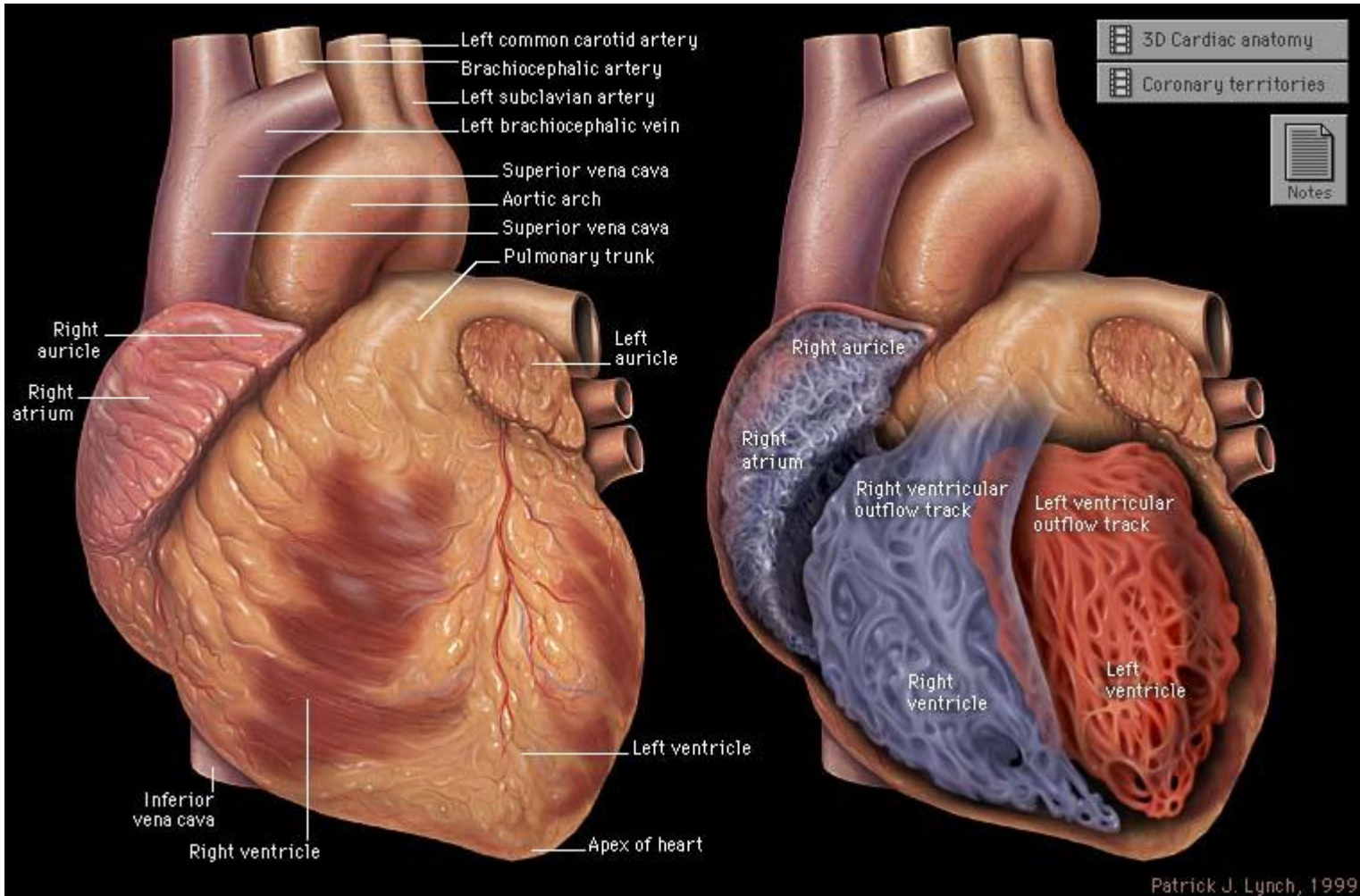
Coronary Anatomy



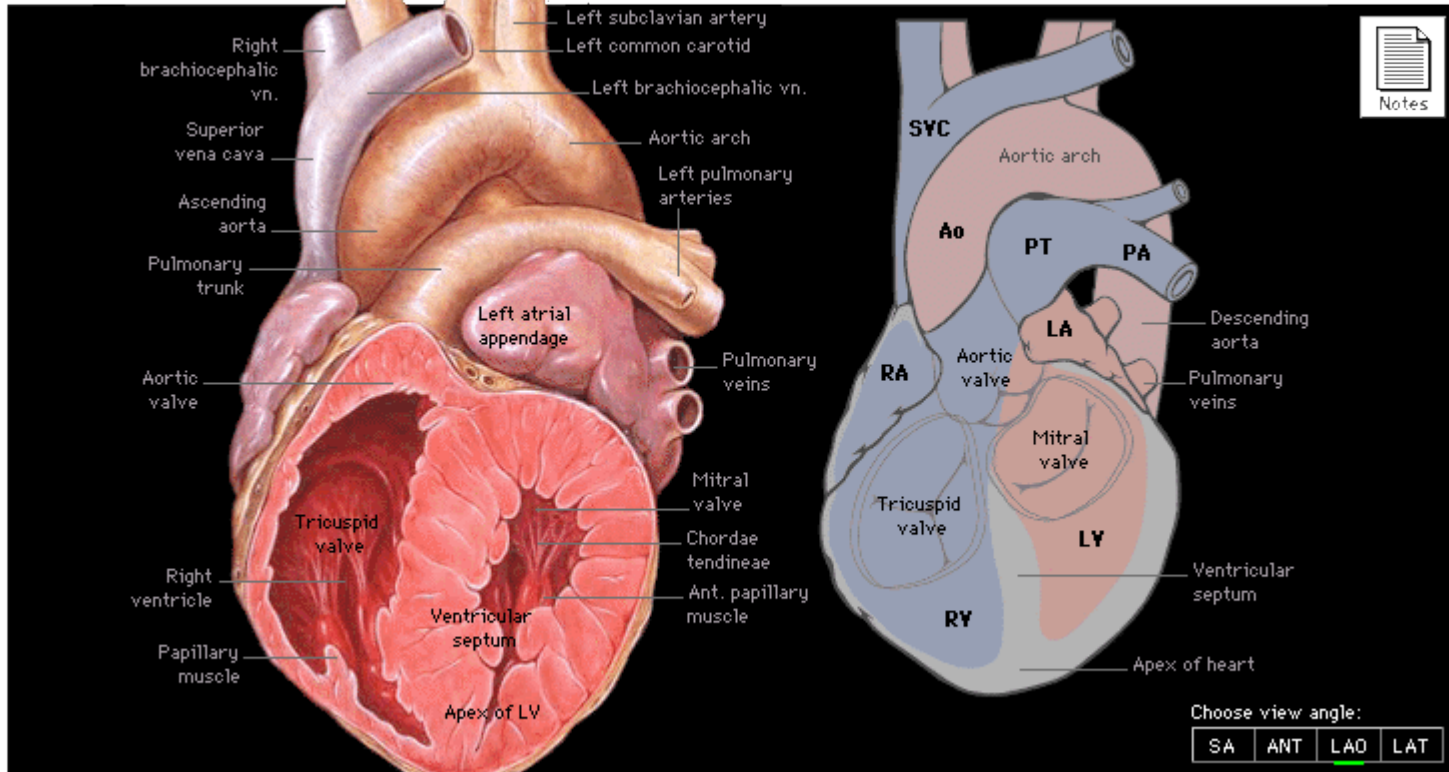
Coronary Anatomy



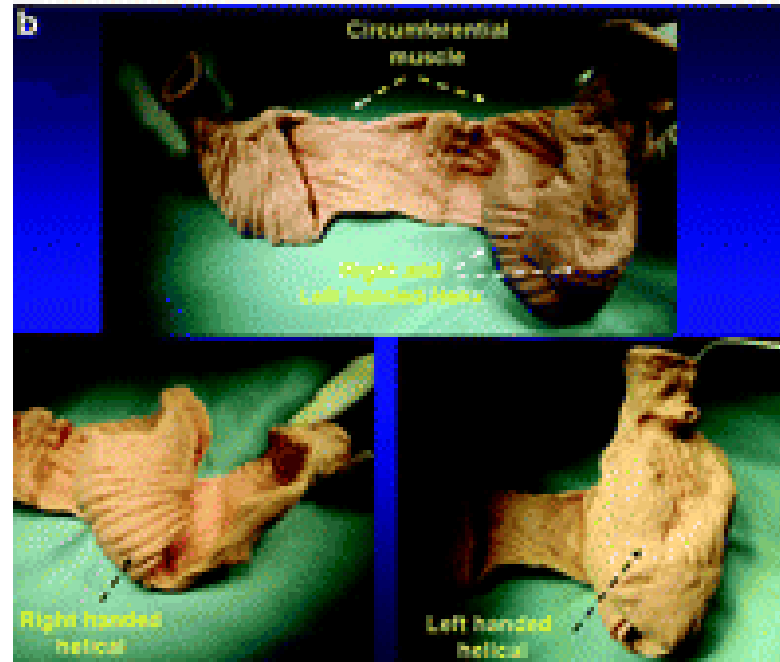
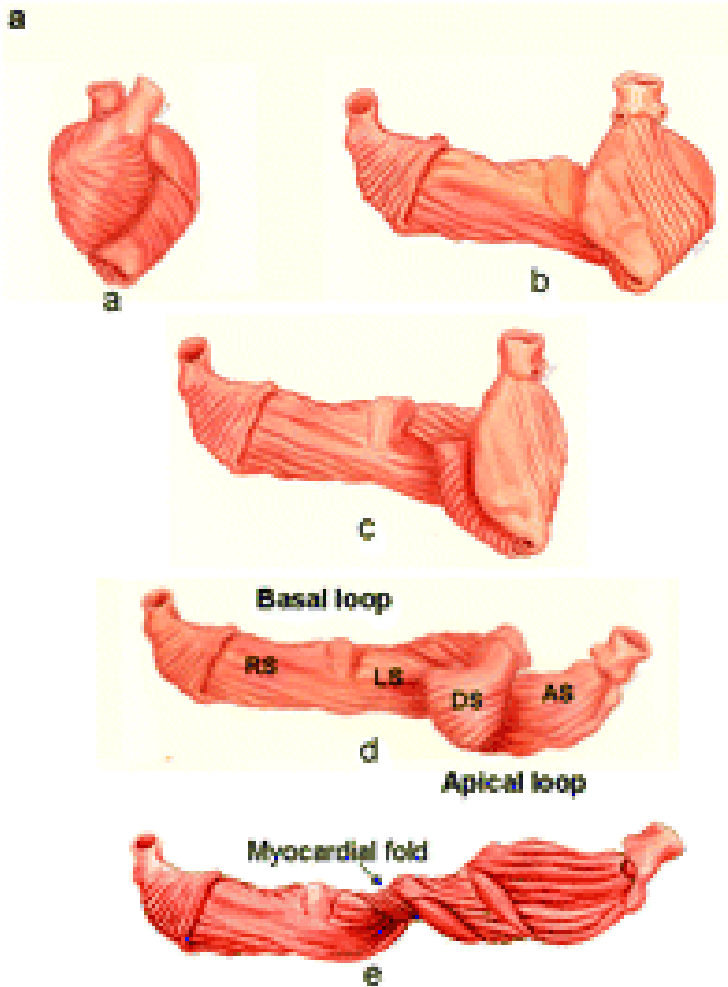
Ventricular Anatomy



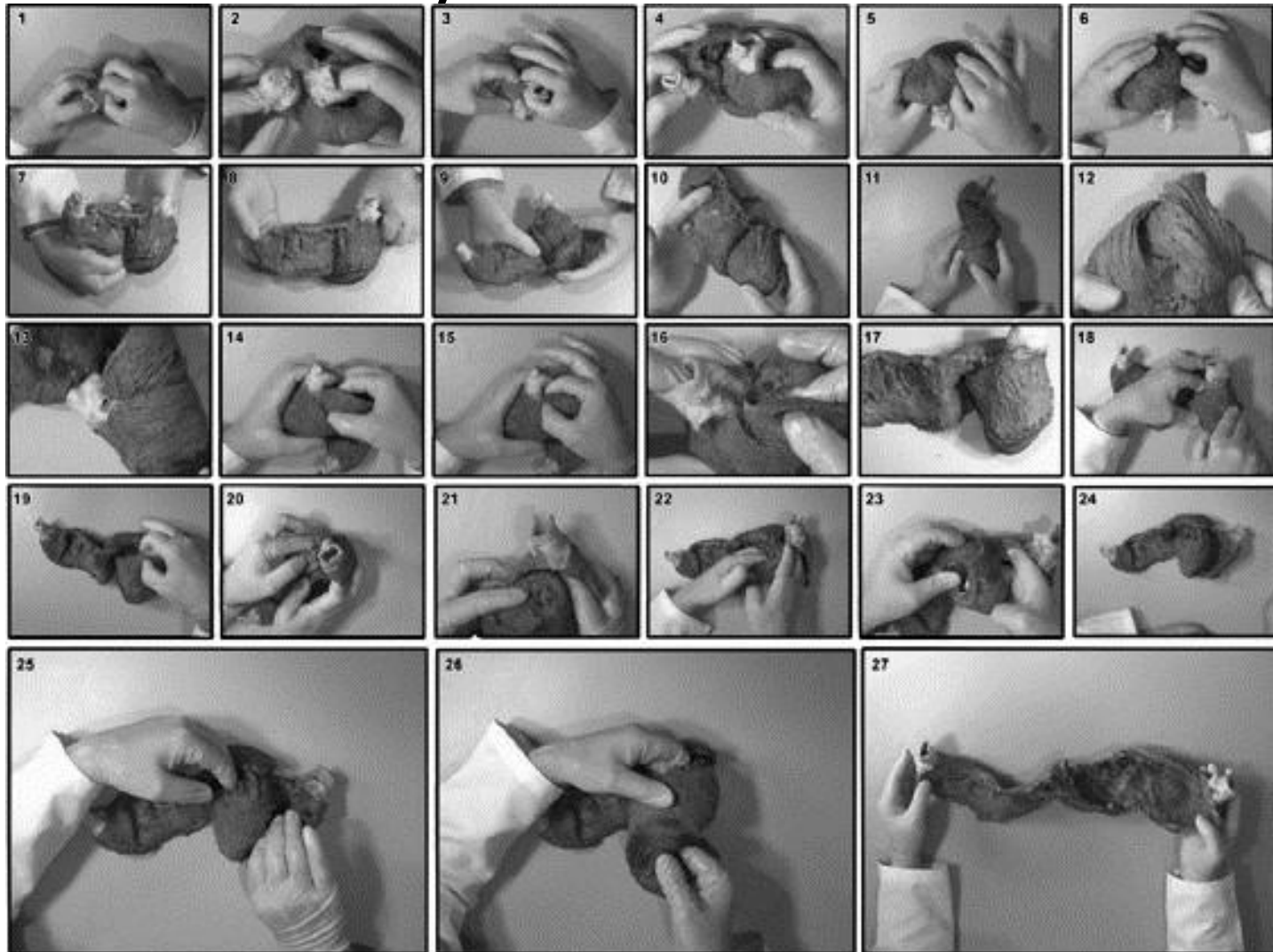
LAO



The Helical Ventricular Myocardial Band (of Torrent-Guasp)

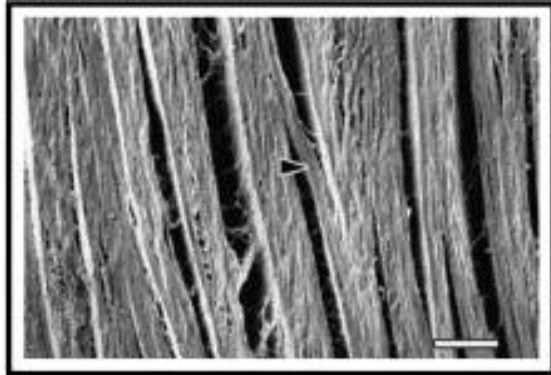


Unravelling the Helical Ventricular Myocardial band

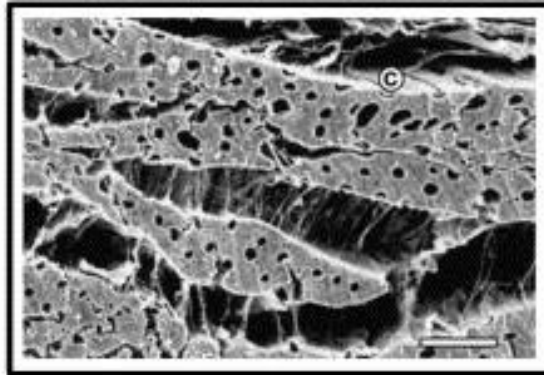


Francisco Torrent-Guasp, Denia 2004

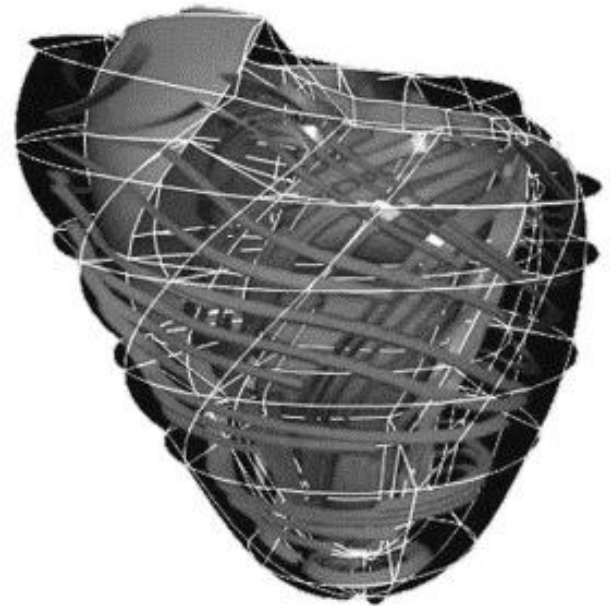
Complex Multicellular Structure



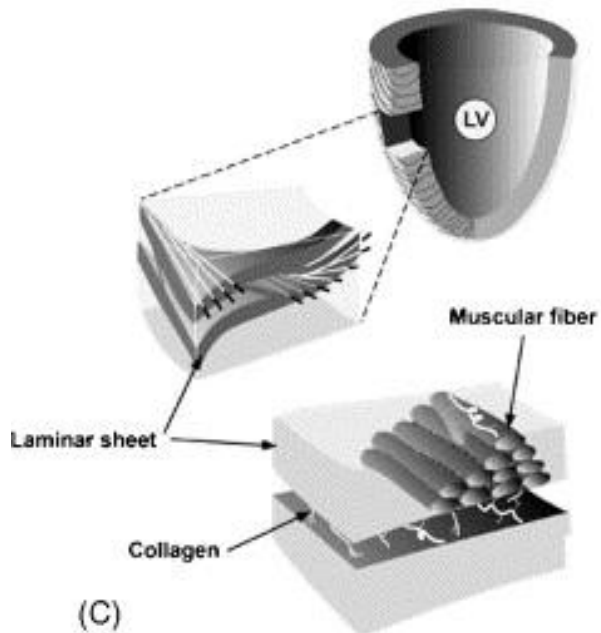
(A)



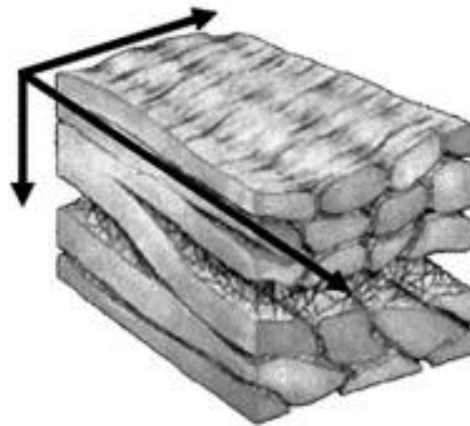
(B)



(E)



(C)

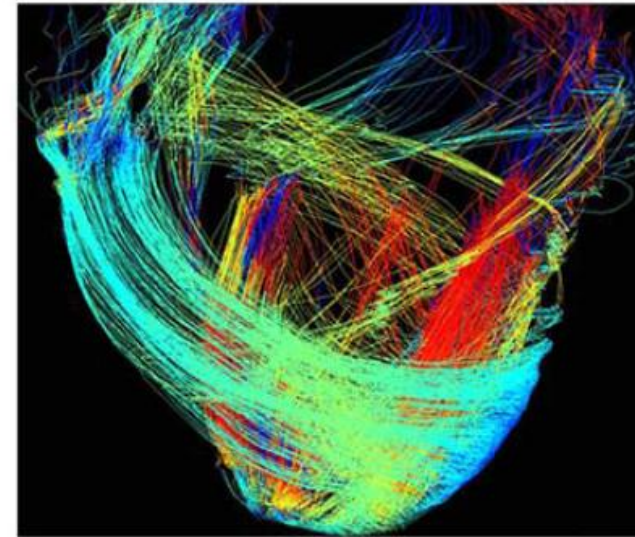
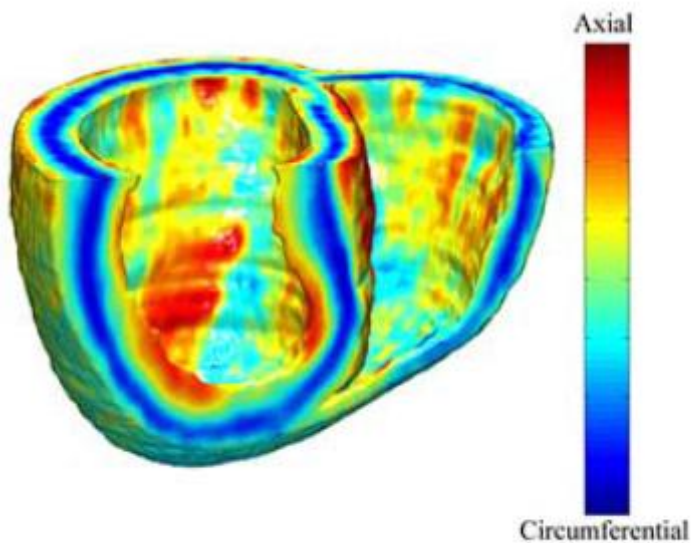


(D)

Cardiac Fibre Orientation DT-MRI

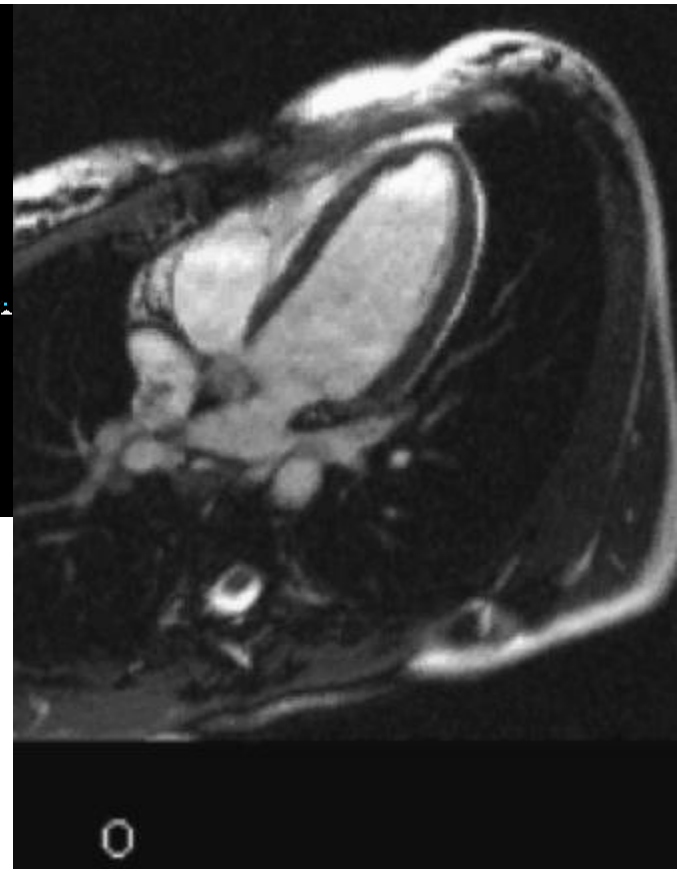
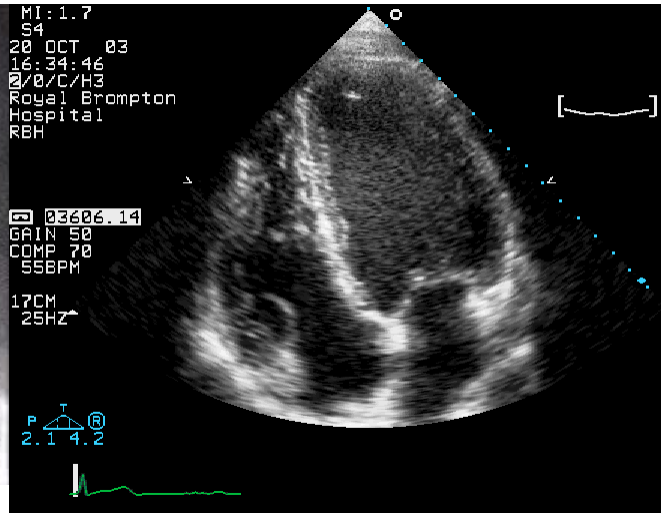
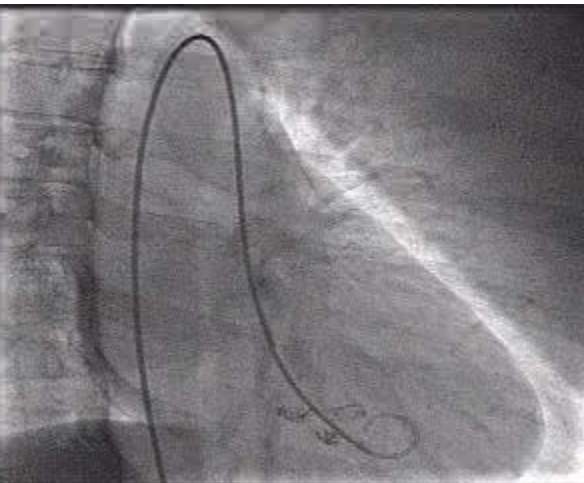


Cardiac Fibre Orientation DT-MRI

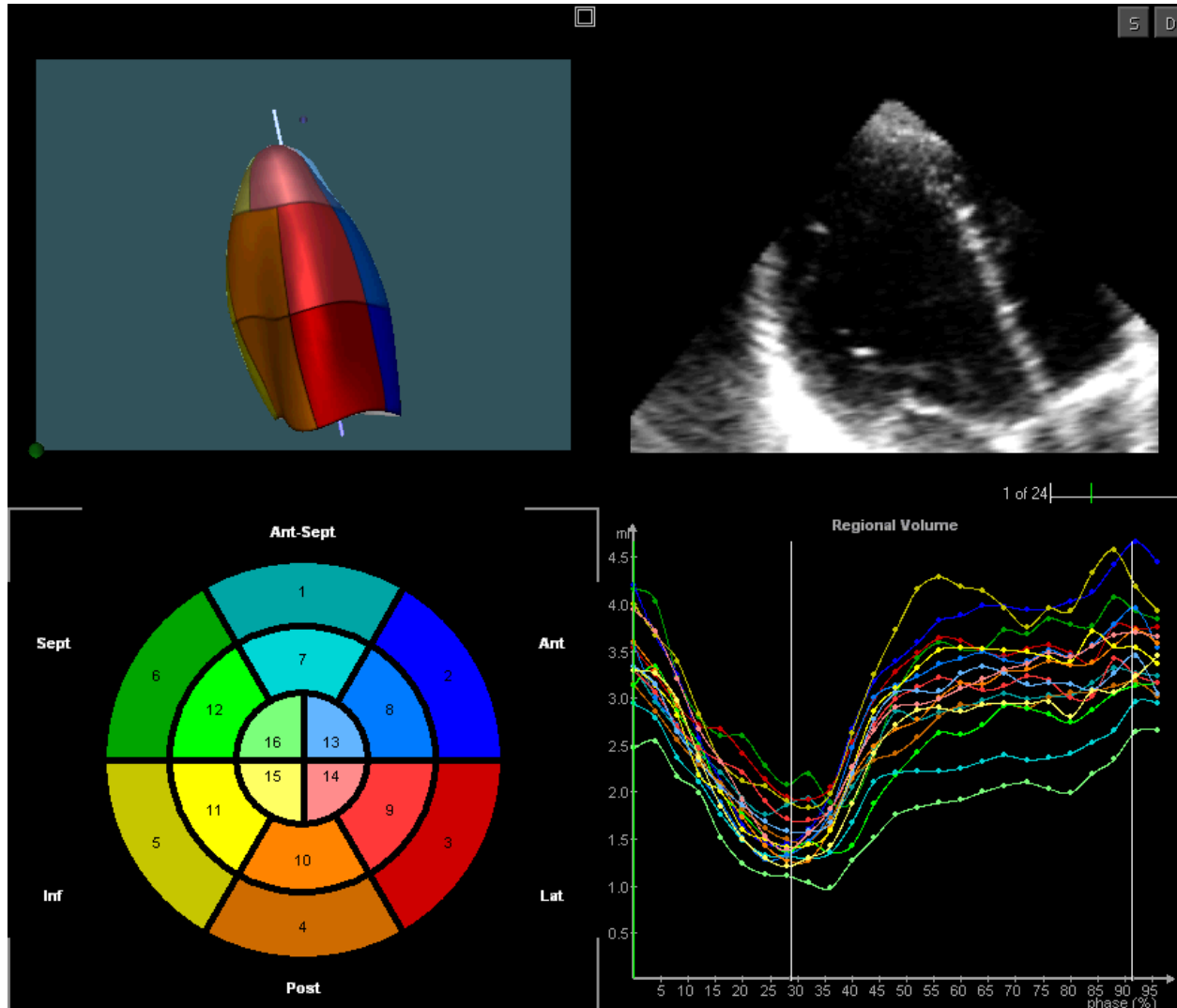


Helm et al Annals N.Y. Acad. Sci. 1047: 296–307 (2005).

Left Ventricular Ejection



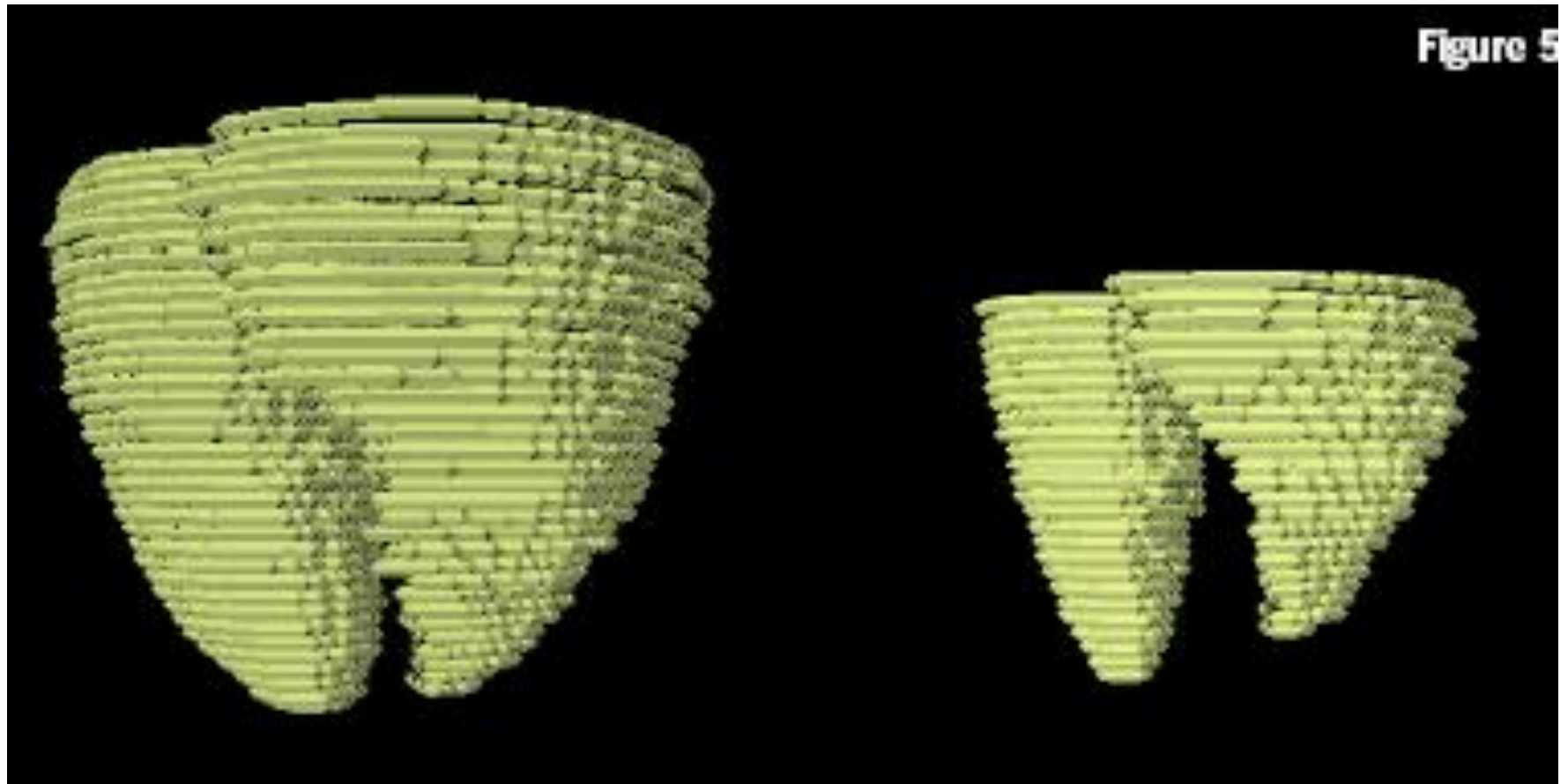
Left Ventricular Wall Motion



Ventricular Cavity / Blood Pool

End Diastole

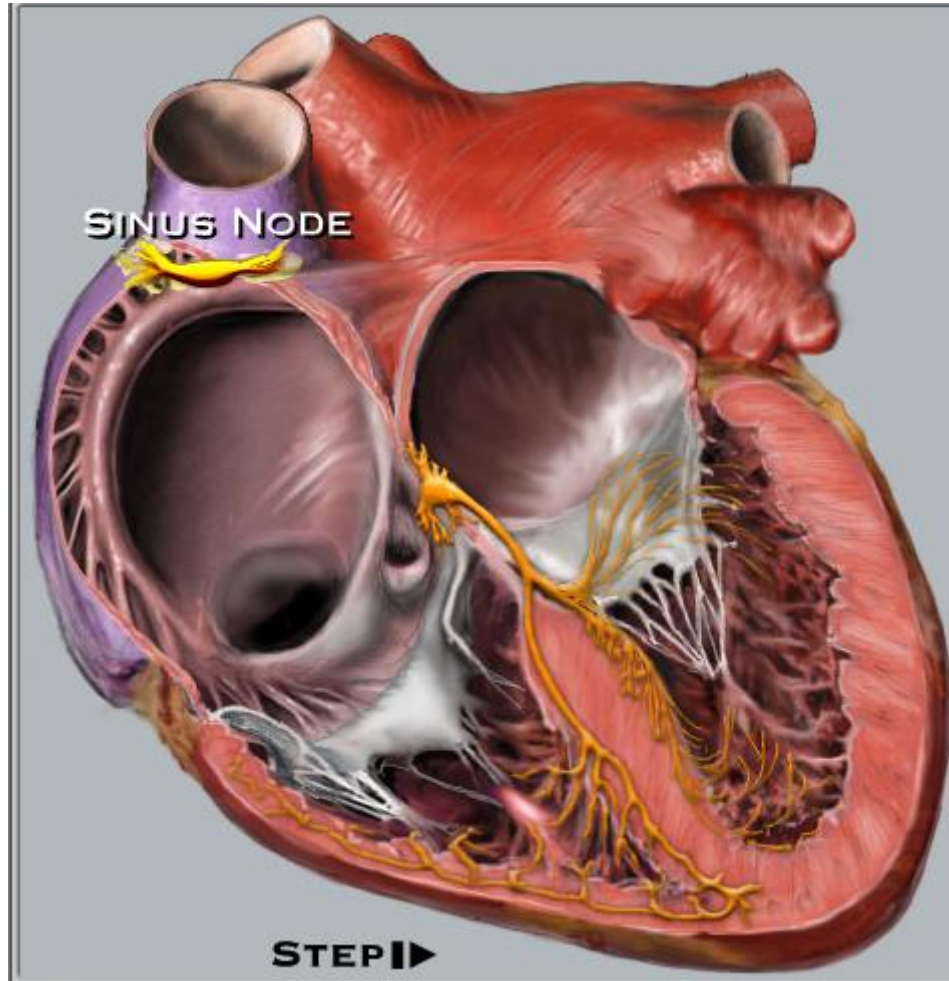
End Systole



Electrical Anatomy

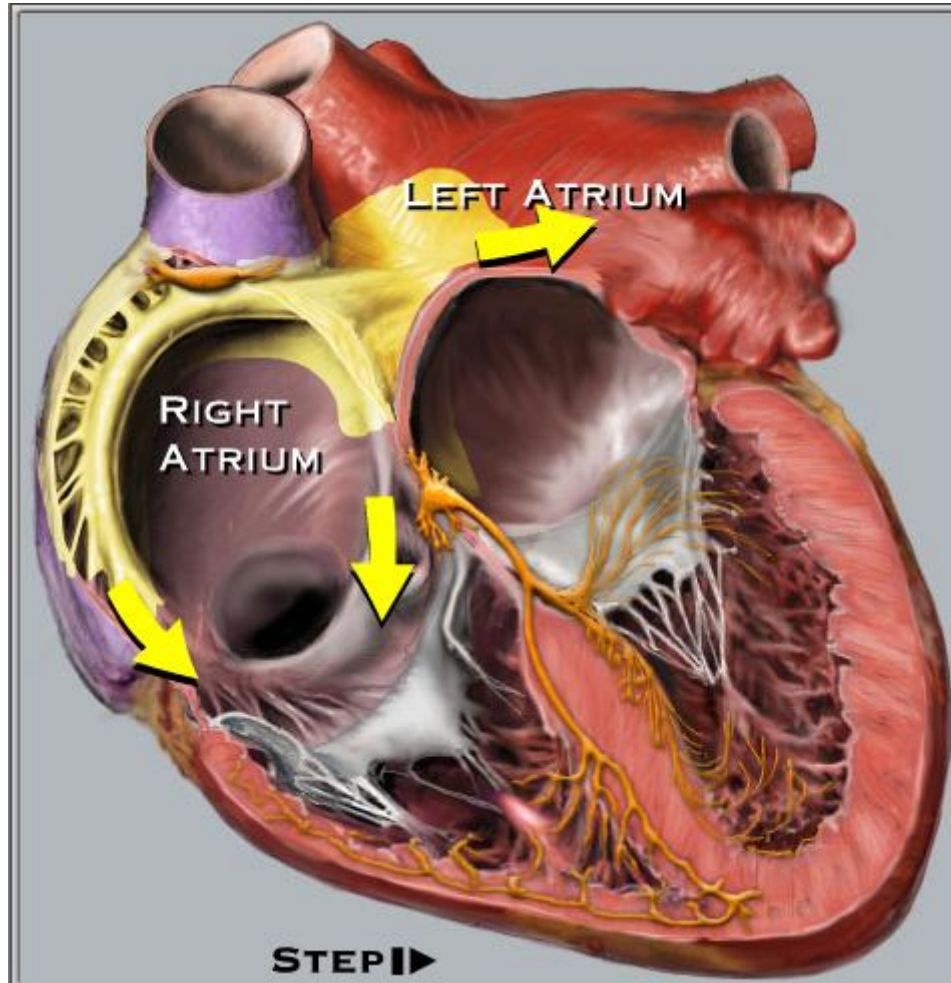
Cardiac Conduction System

Sinoatrial Node



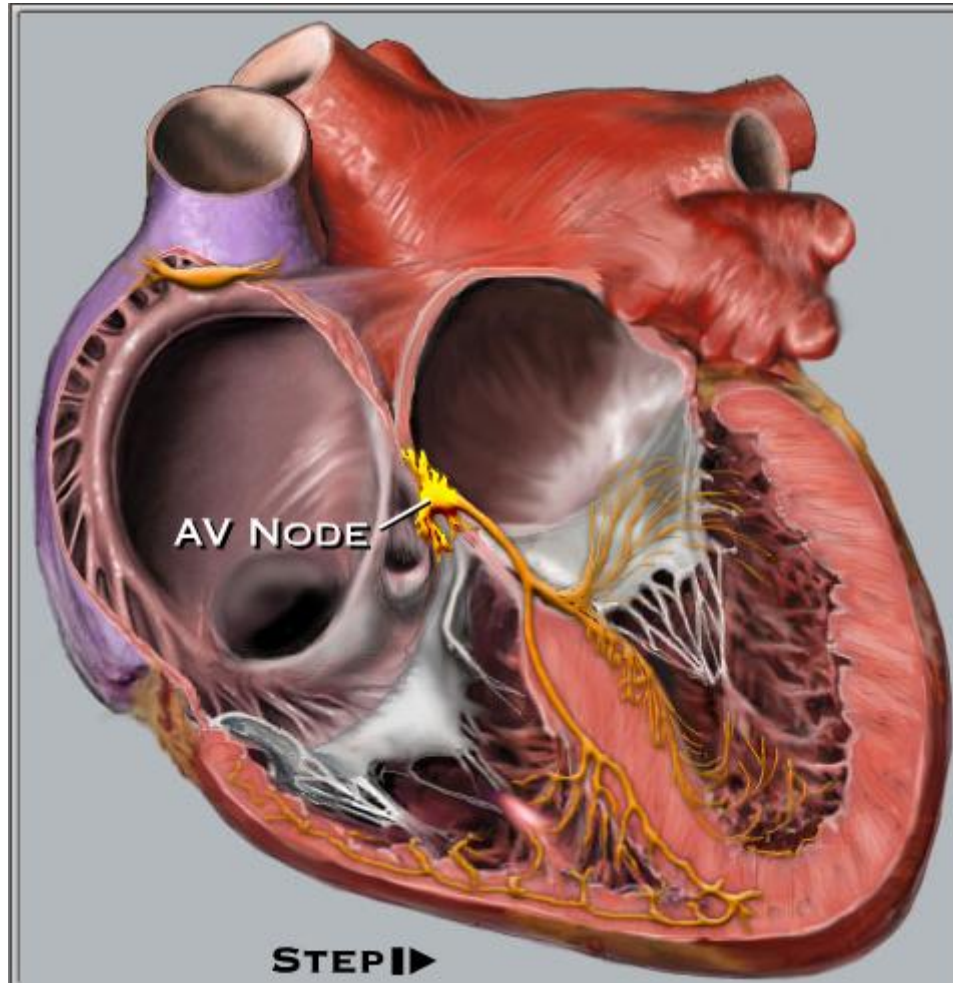
Cardiac Conduction System

Atrial Activation



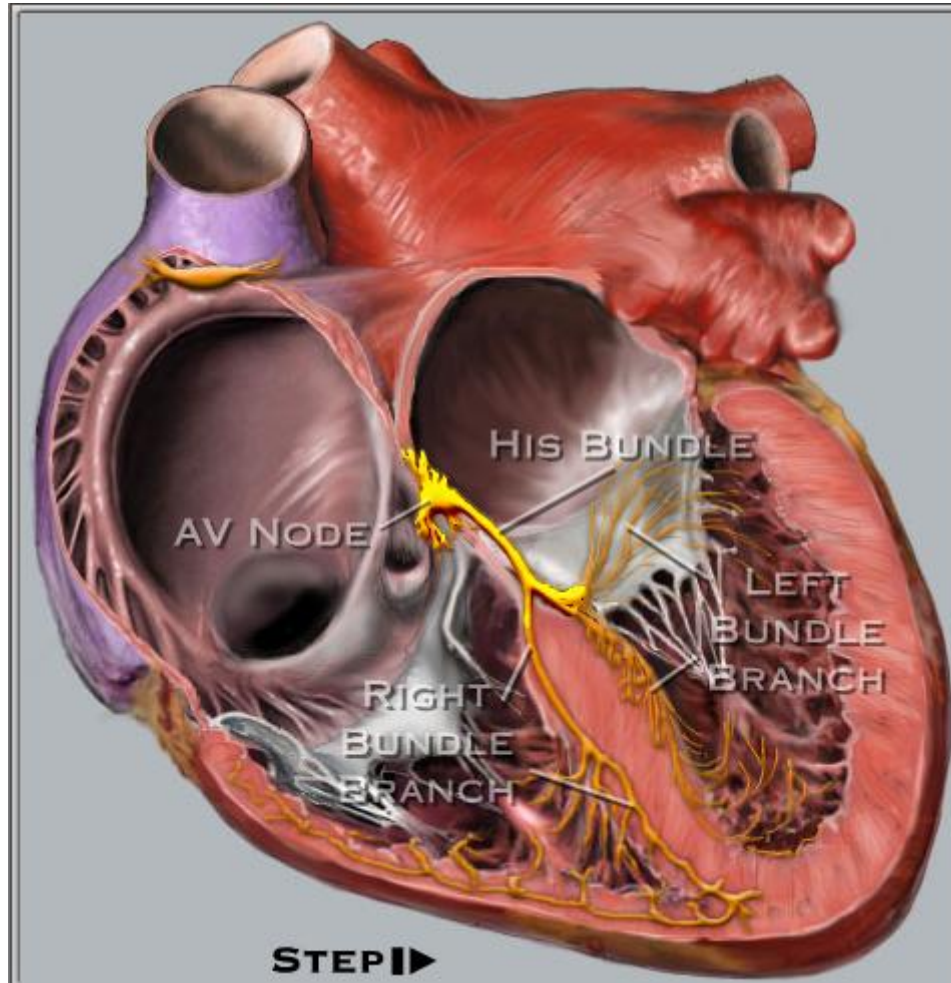
Cardiac Conduction System

Atrioventricular Nodal Conduction



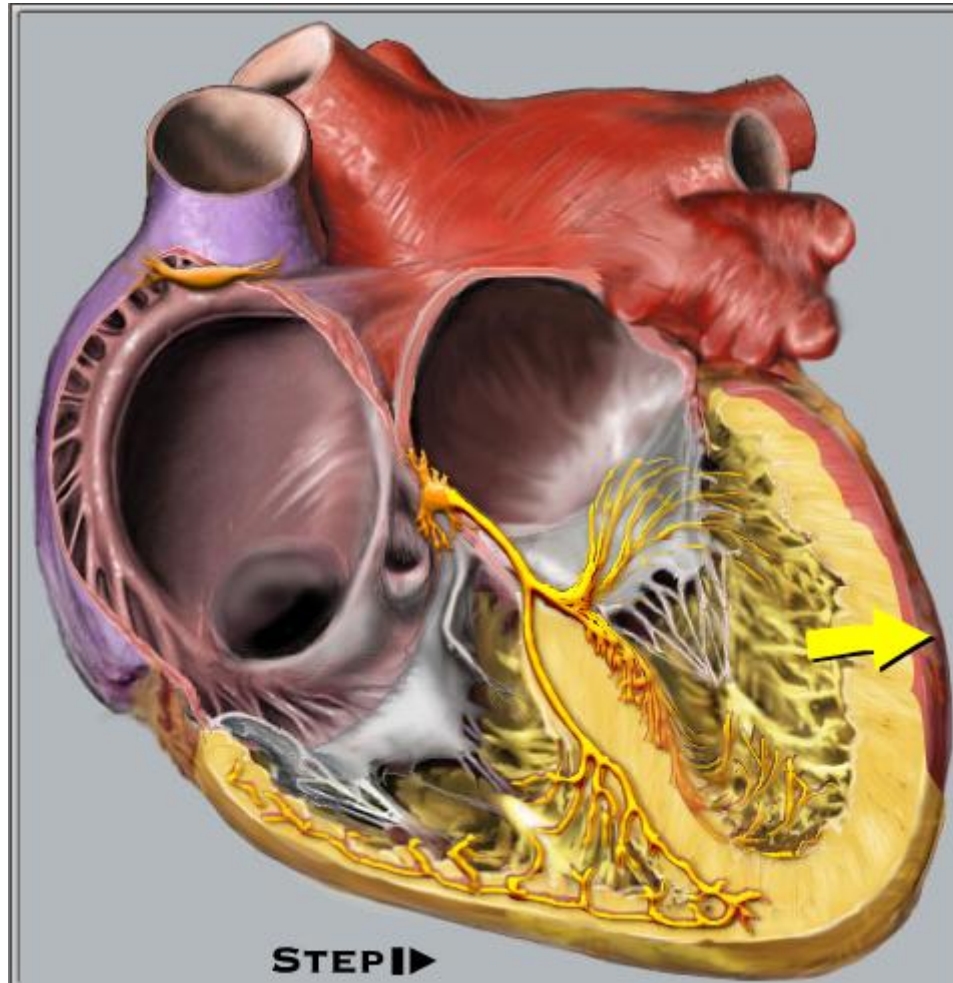
Cardiac Conduction System

Activation of His-Purkinje System

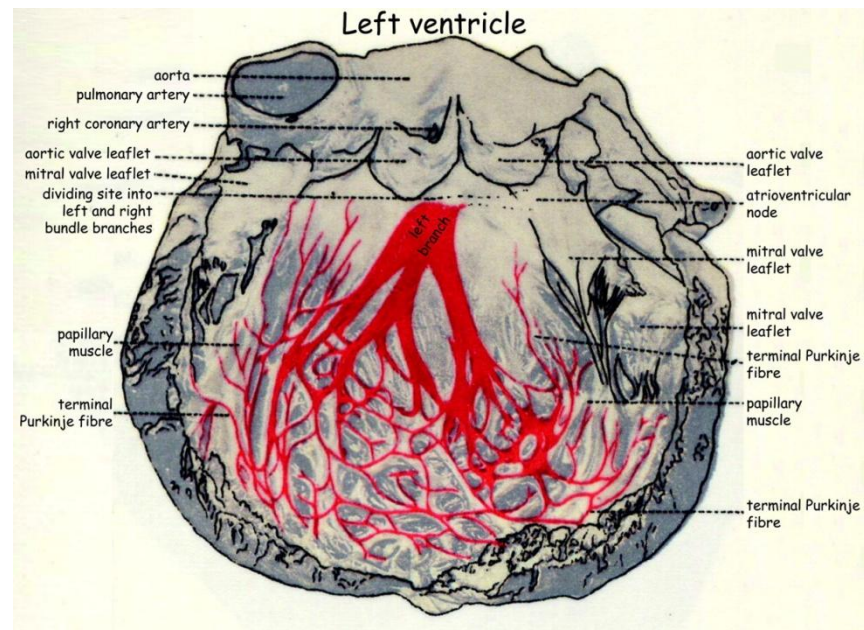


Cardiac Conduction System

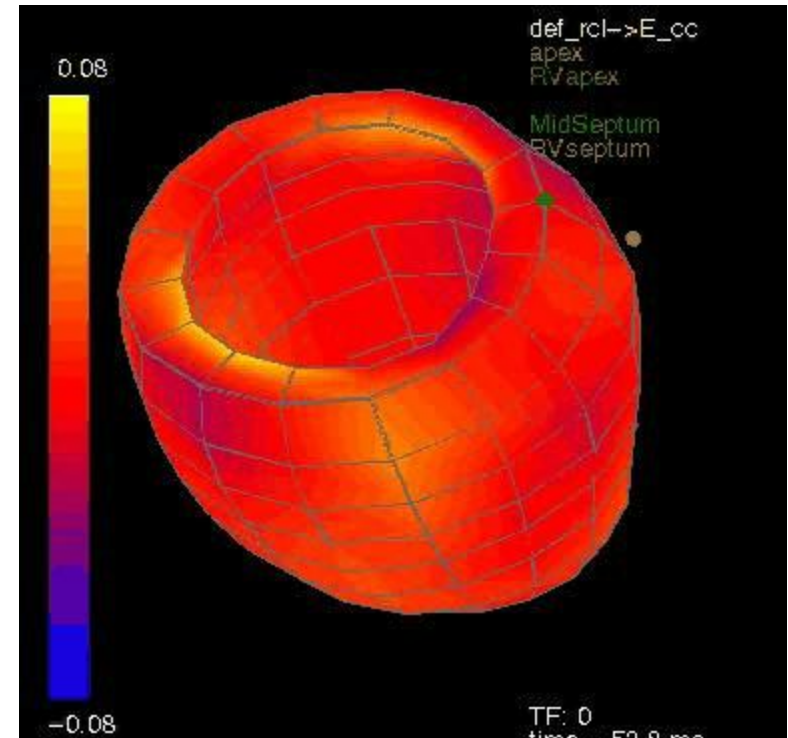
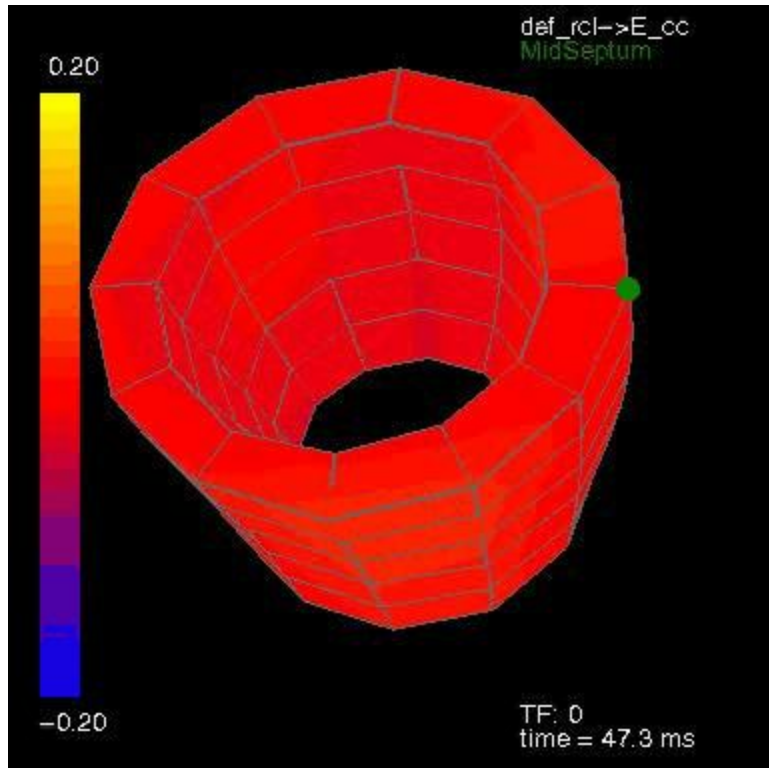
Ventricular Activation

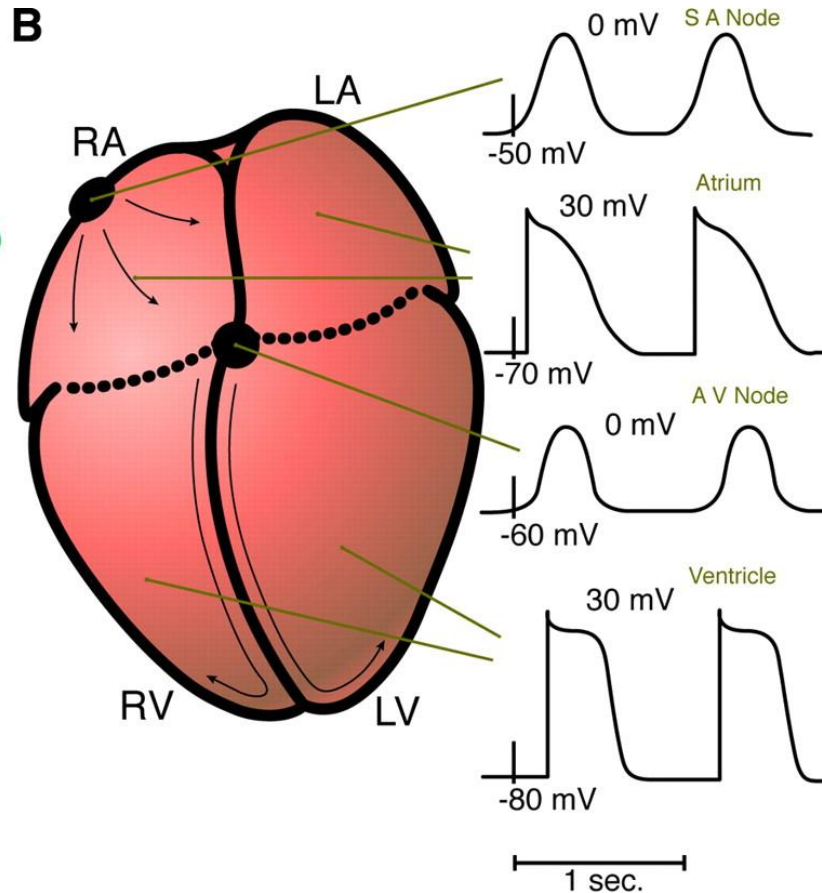
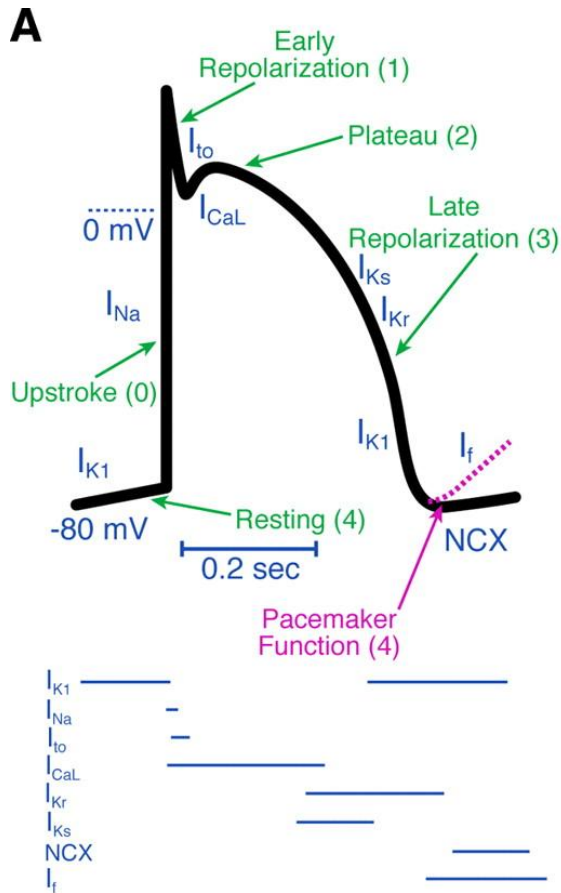


Left Bundle Branch



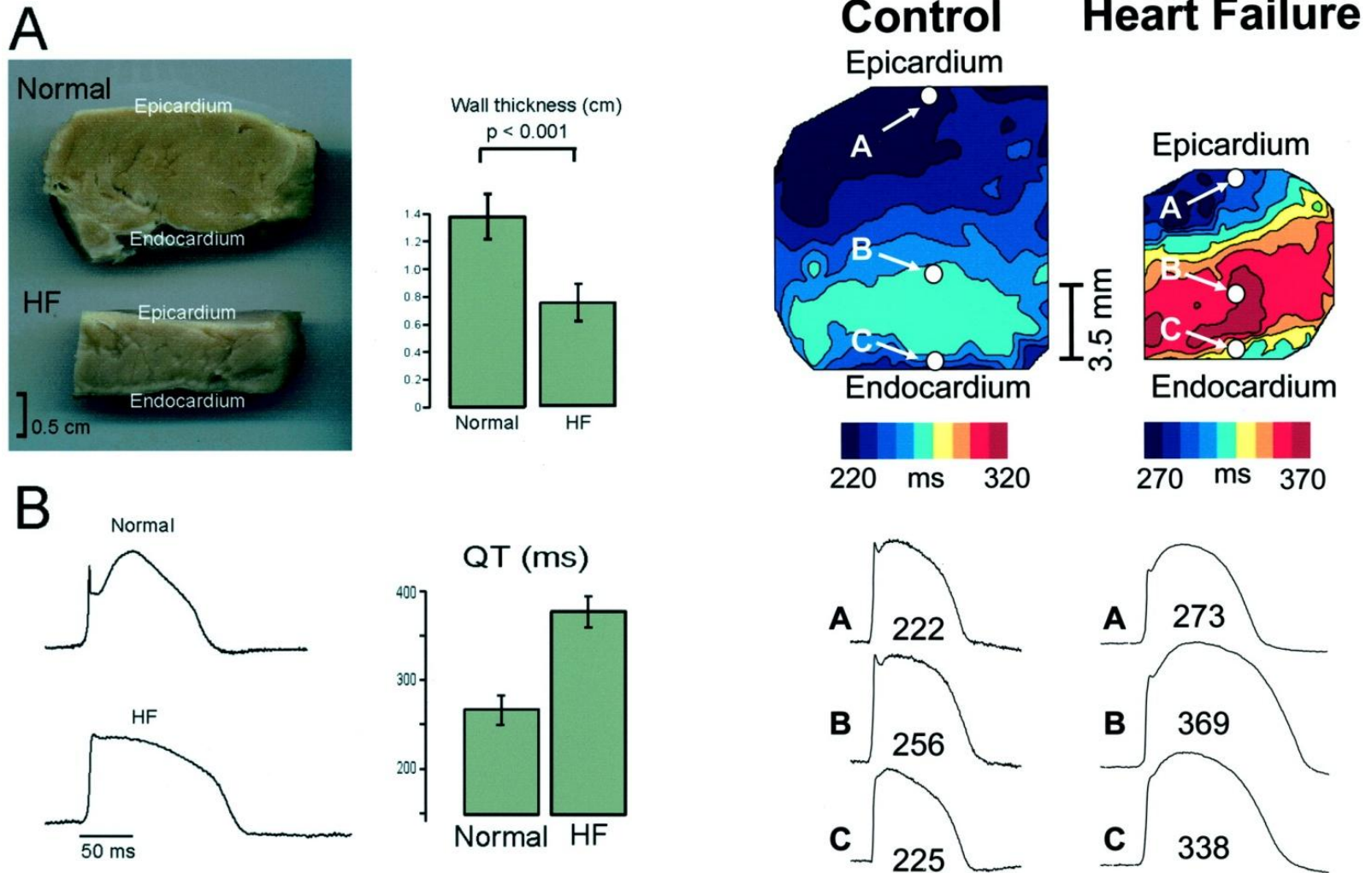
3D Left Ventricular Activation Normal (left) and Dyssynchrony (right)





Nattel, S. et al. *Physiol. Rev.* 87: 425-456 2007;

Transmural Gradients APD Dispersion



Apical-Basal Gradients

1. Sympathetic Innervation

Heart Vessels (2003) 18:32-39

Hiroaki Kawano · Ryozo Okada · Katsusuke Yano

Histological study on the distribution of autonomic nerves in the human heart

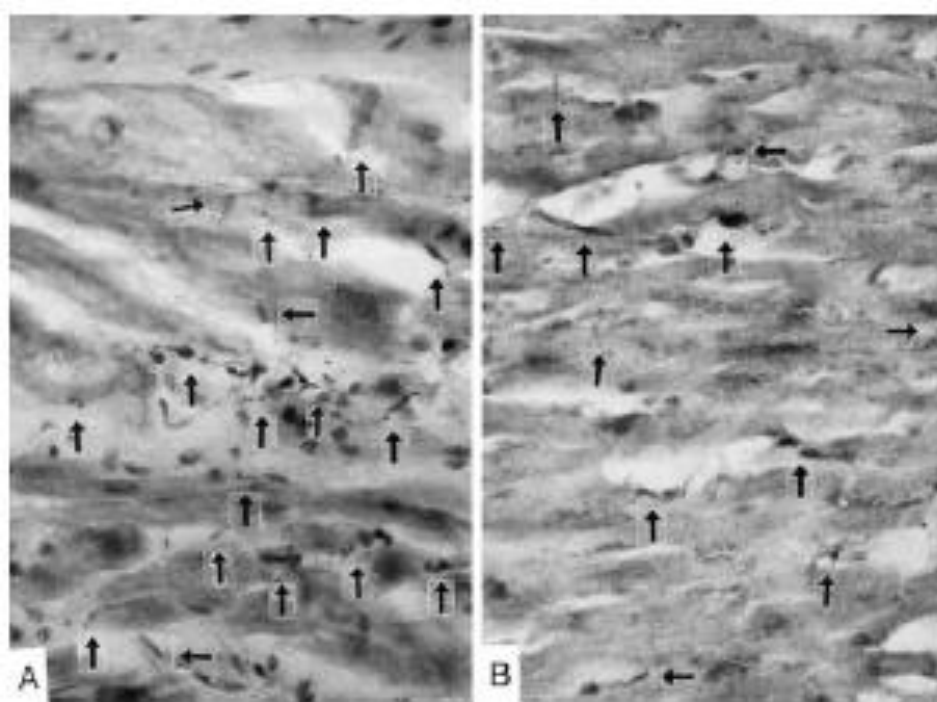


Fig. 7. TH-positive nerves at the base (A) and the apex (B) in the ventricle. TH-positive nerves (arrows) are distributed more at the base than at the apex

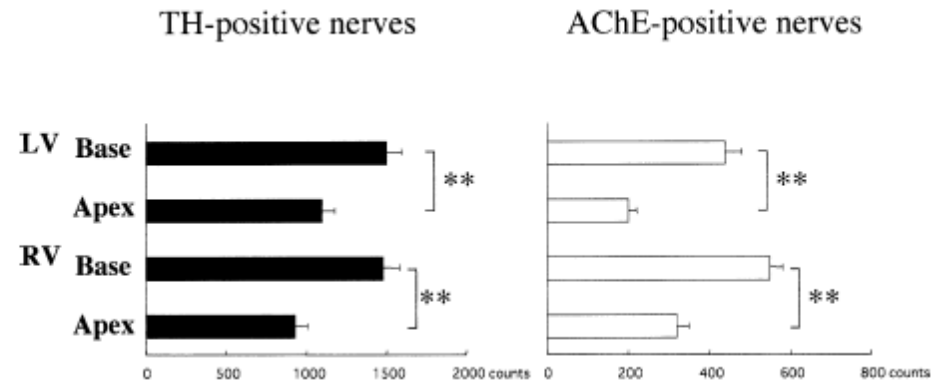


Fig. 11. Comparison of nerve distribution between the base and apex in the ventricle. Bar graph shows the total number of nerve-positive sections at the base and apex in the ventricle. LV, left ventricle; RV, right ventricle. ** $P < 0.01$

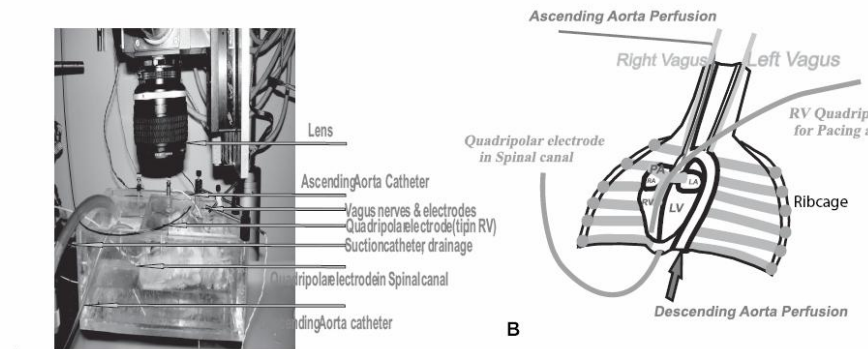
Apical-Basal Gradients

1. Sympathetic Innervation and APD Ventricular Repolarisation

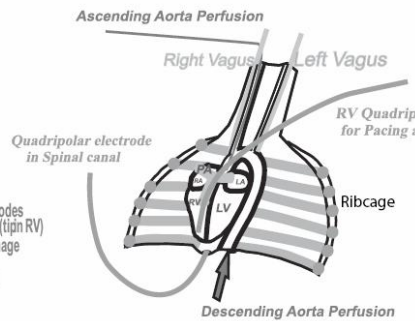
Autonomic Nerve Stimulation Reverses Ventricular Repolarization Sequence in Rabbit Hearts

Rajkumar Mantravadi, Bethann Gabris, Tong Liu, Bum-Rak Choi, William C. de Groat, G. André Ng, Guy Salama

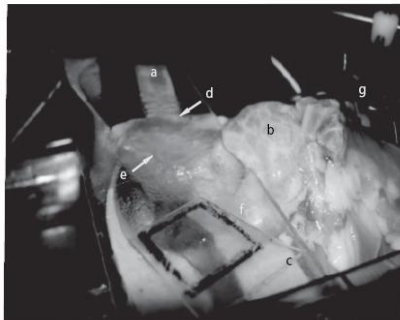
(*Circ Res.* 2007;100:e72–e80.)



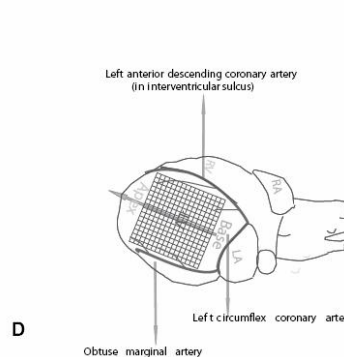
A



B



C

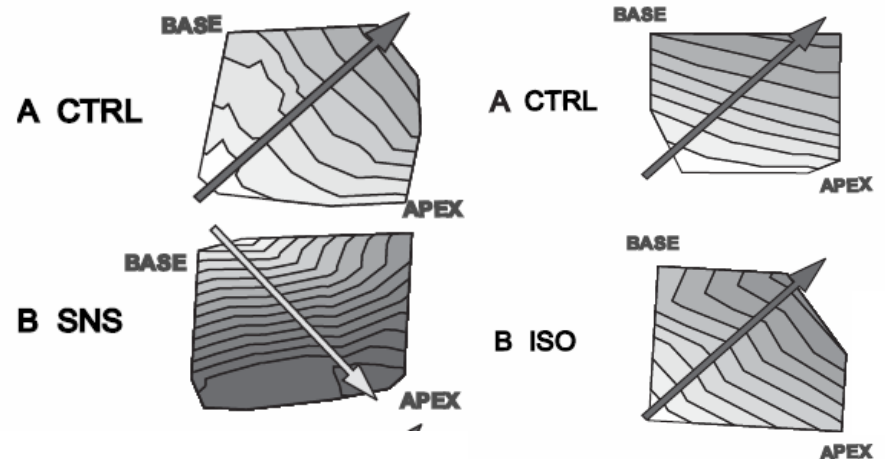


D

DOR = Direction of repolarisation

Changes in Heart Rate, APDs, and DOR During SNS and VNS

| | HR (beats/min) | APD Apex (ms) | APD Base (ms) | DOR (ms) |
|----------------|-------------------|------------------|------------------|-------------|
| Control (n=14) | 143±6.3 | 159±4.2 | 176±4.0 | 17±0.7 |
| SNS (n=7) | 229±13.2* | 155±12.0 | 134±9.3* | -22±1.6* |
| ISO (n=5) | 204±13.1* | 115±4.4* | 138±5.0* | 23±1.6* |



Apical-Basal Gradients

2. β Adrenoceptor Density

Dog

Increased responsiveness of left ventricular apical myocardium to adrenergic stimuli

Hidezo Mori, Shiro Ishikawa, Shoji Kojima, Junichi Hayashi, Yukihiko Watanabe, Julien I E Hoffman, and Haruka Okino

Cardiovascular Research 1993;27:192-198

Table IV Distribution of β adrenergic receptor density ($n=5$). Values are means (SEM).

| | Basal segment | Mid segment | Apical segment |
|---|---------------|-------------|----------------|
| B_{max} (fmol·mg ⁻¹ protein) | 341(35)* | 377(32)* | 455(45) |
| K_d (nM) | 2.0(0.6) | 2.3(0.4) | 2.3(0.6) |

B_{max} =density of receptors; K_d =dissociation constant.

* $p < 0.05$ v apical segment, two way ANOVA

Cat

European Journal of Pharmacology, 130 (1986) 111-117
Elsevier

Regional distribution of myocardial β -adrenoceptors in the cat

Claire M. Lathers^{1*}, Robert M. Levin² and William H. Spivey³

¹ Department of Pharmacology and ³ Emergency Medicine, The Medical College of Pennsylvania, Philadelphia, PA, and ² Department of Urology², School of Medicine, University of Pennsylvania, Philadelphia, PA, U.S.A.

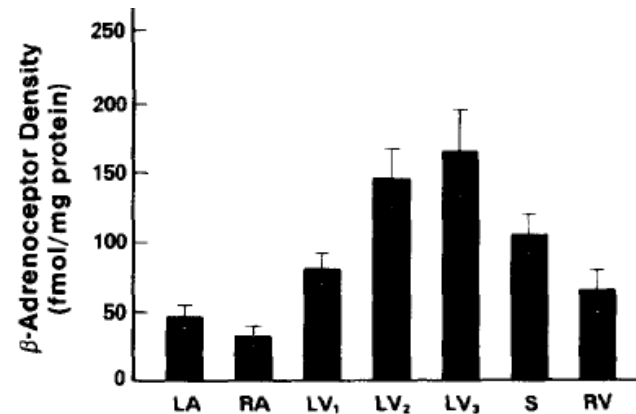


Fig. 2. Distribution of cardiac β -adrenoceptors. The density of β receptors (fmol/mg protein) is shown for the following areas of the heart: LA = left atria; RA = right atria; LV₁ = proximal area of distribution of the left anterior descending artery (LAD); LV₂ = distal area of distribution of the LAD; LV₃ = posterior aspect of the left ventricle; S = septum and RV = right ventricle.

Apical-Basal Gradients

2. β Adrenoceptor Density

European Journal of Pharmacology 485 (2004) 227–234

Blockade of β_1 - and desensitization of β_2 -adrenoceptors reduce isoprenaline-induced cardiac fibrosis

Fazia Brouri^a, Naima Hanoun^b, Odile Mediani^a, Françoise Saurini^b, Michel Hamon^b, Paul M. Vanhoutte^c, Philippe Lechat^{a,*}

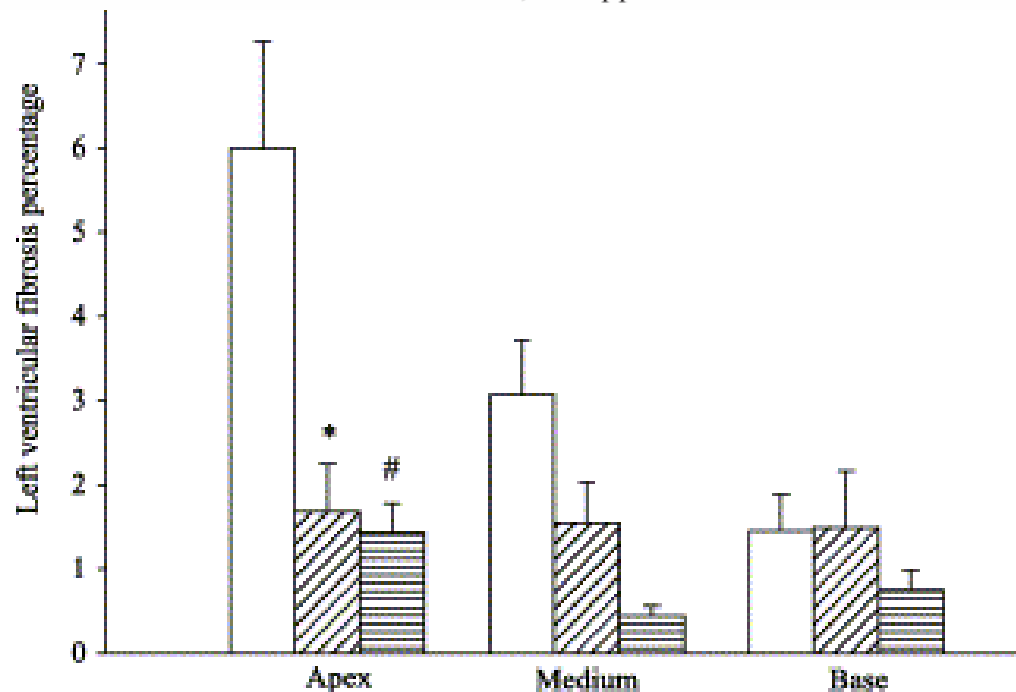


Fig. 4. Morphometric analysis performed at three levels of the heart in rats treated chronically with isoprenaline alone (30 $\mu\text{g/kg/h}$, $n=9$, \square), in combination with bisoprolol (50 mg/kg/day, $n=9$, hatched), or after a 1-week pretreatment with salbutamol (40 $\mu\text{g/kg/h}$, $n=9$, striped). (A) Left ventricular fibrosis expressed as percent of left ventricular area.