

# Anatomy of the Heart and Circulation

## A Refresher



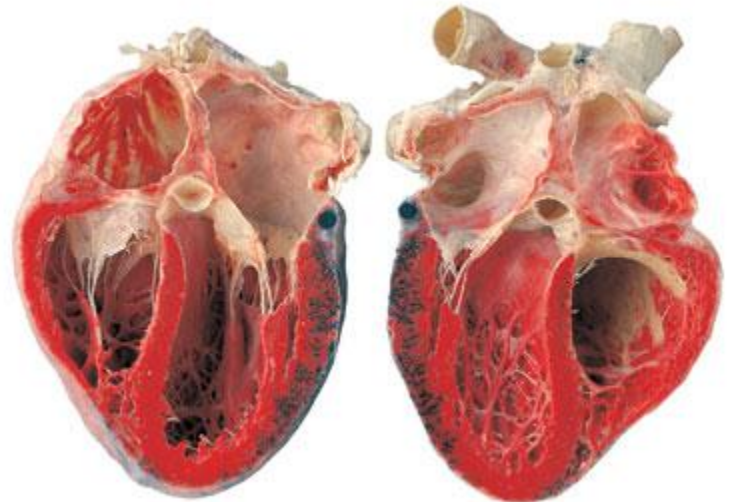
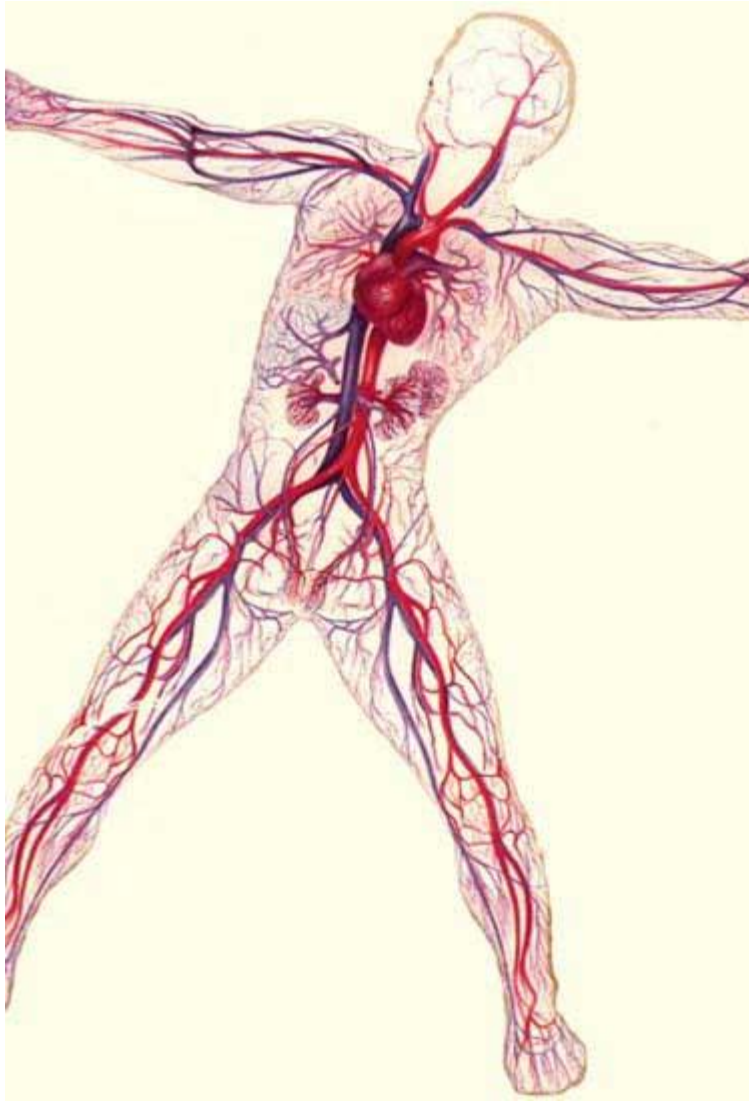
Dr. Alexander Lyon

Senior Lecturer and Consultant Cardiologist  
Imperial College and Royal Brompton Hospital

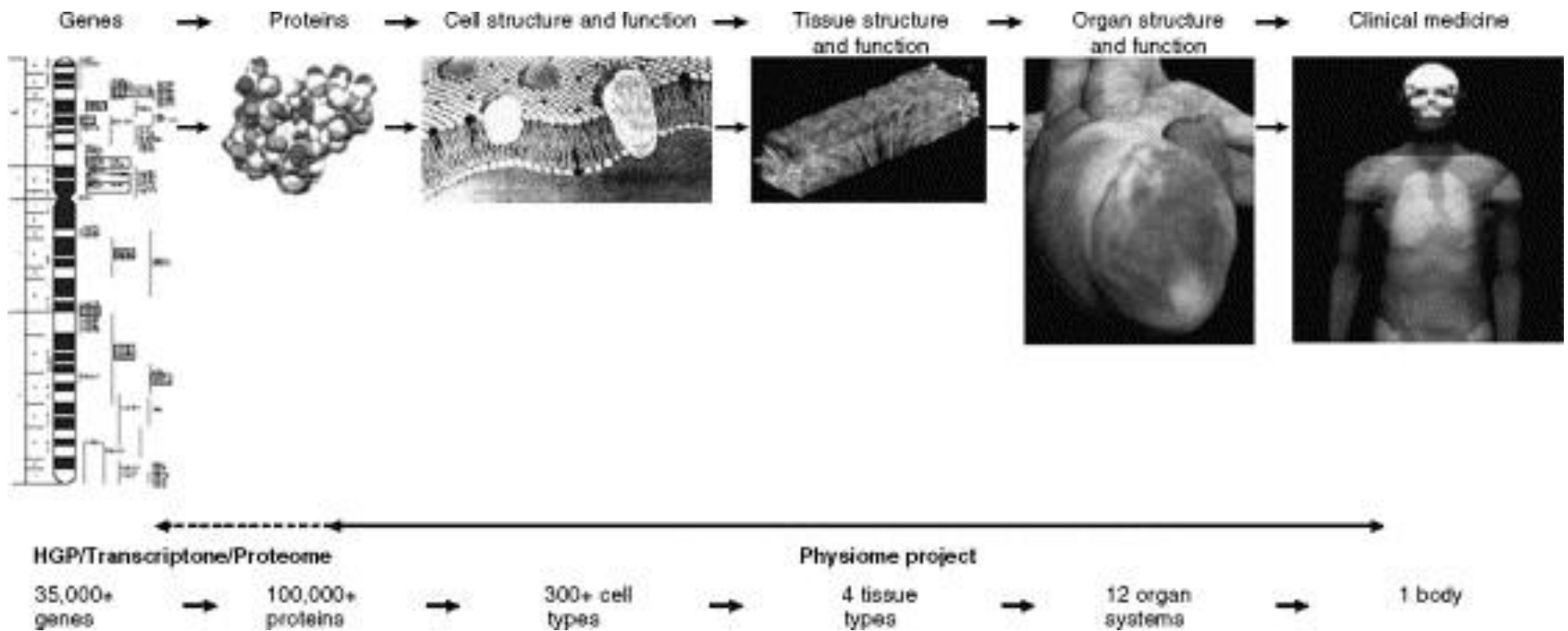
# Overview

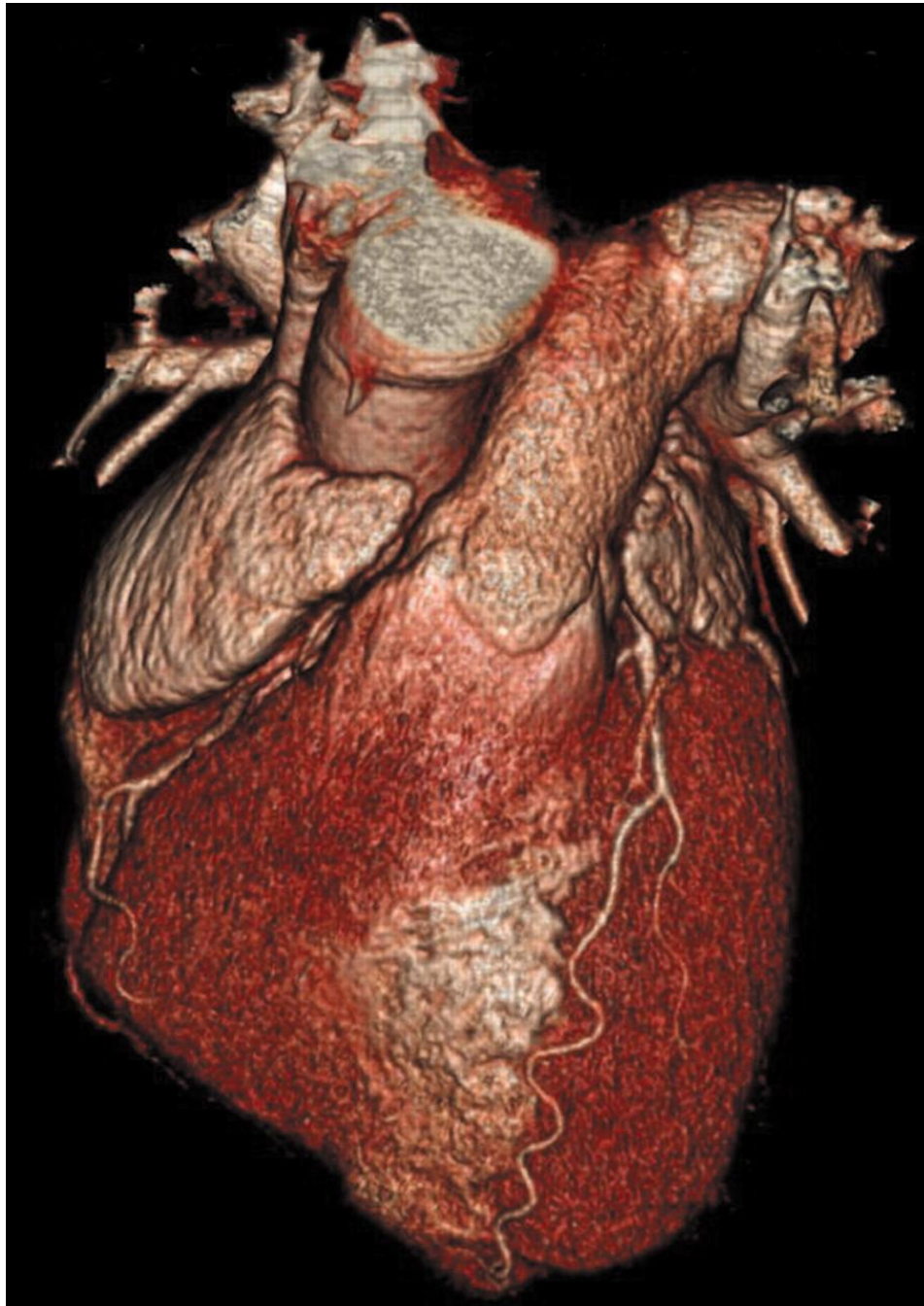
- General CVS Anatomy
- Macroscopic Cardiac Anatomy
  - Chambers
  - Valves
  - Conduction System
- Microscopic Myocardial Anatomy

# Circulatory System

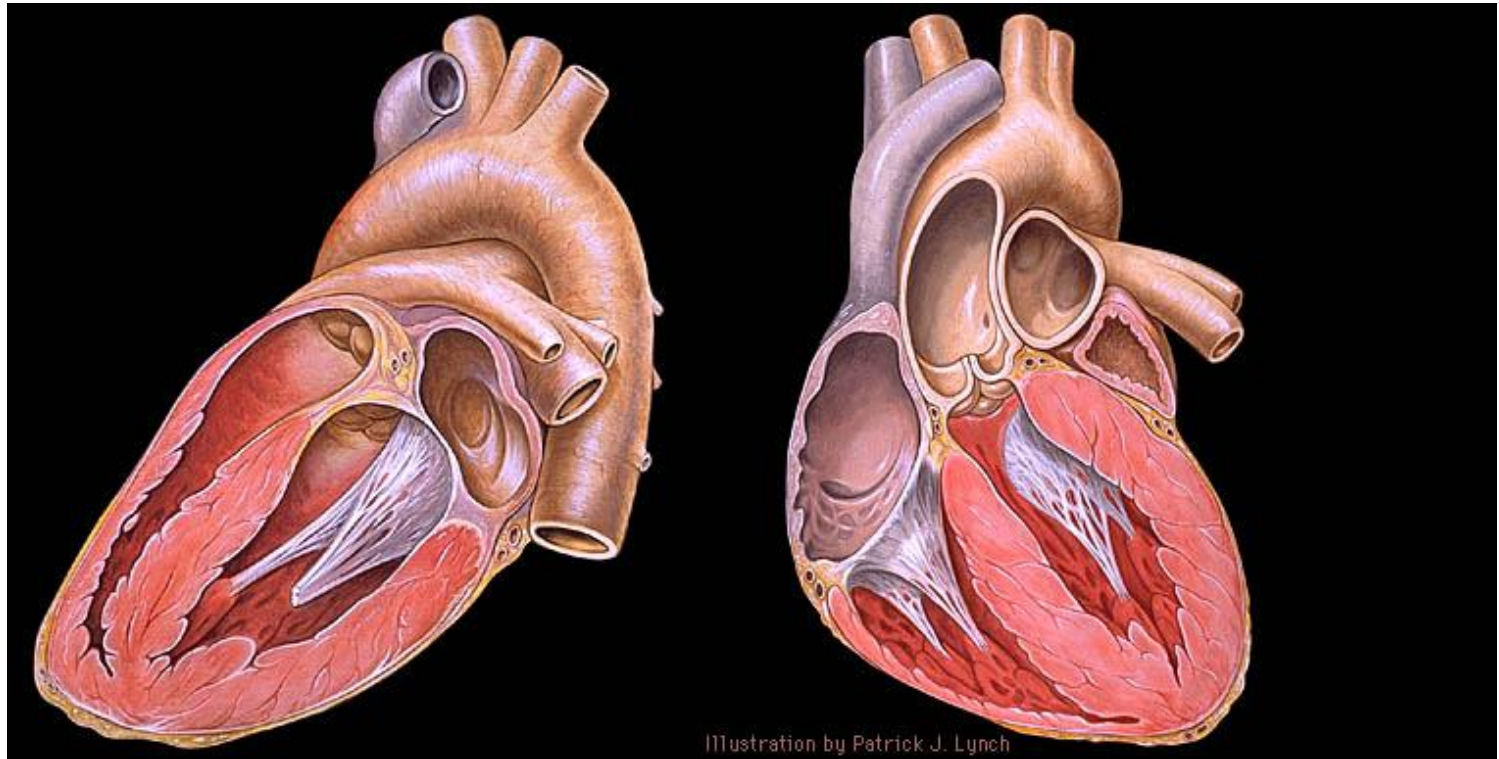


# Physiome

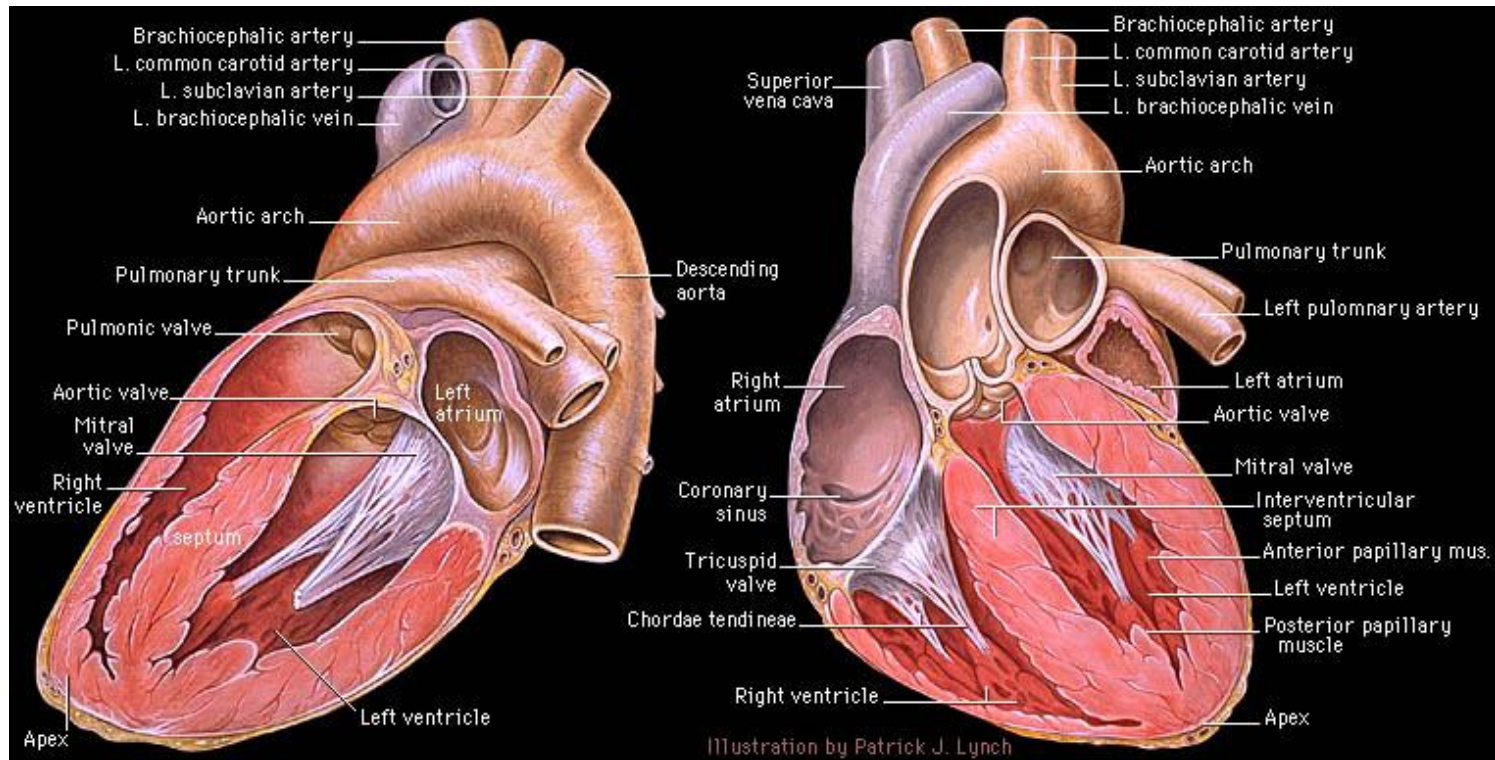




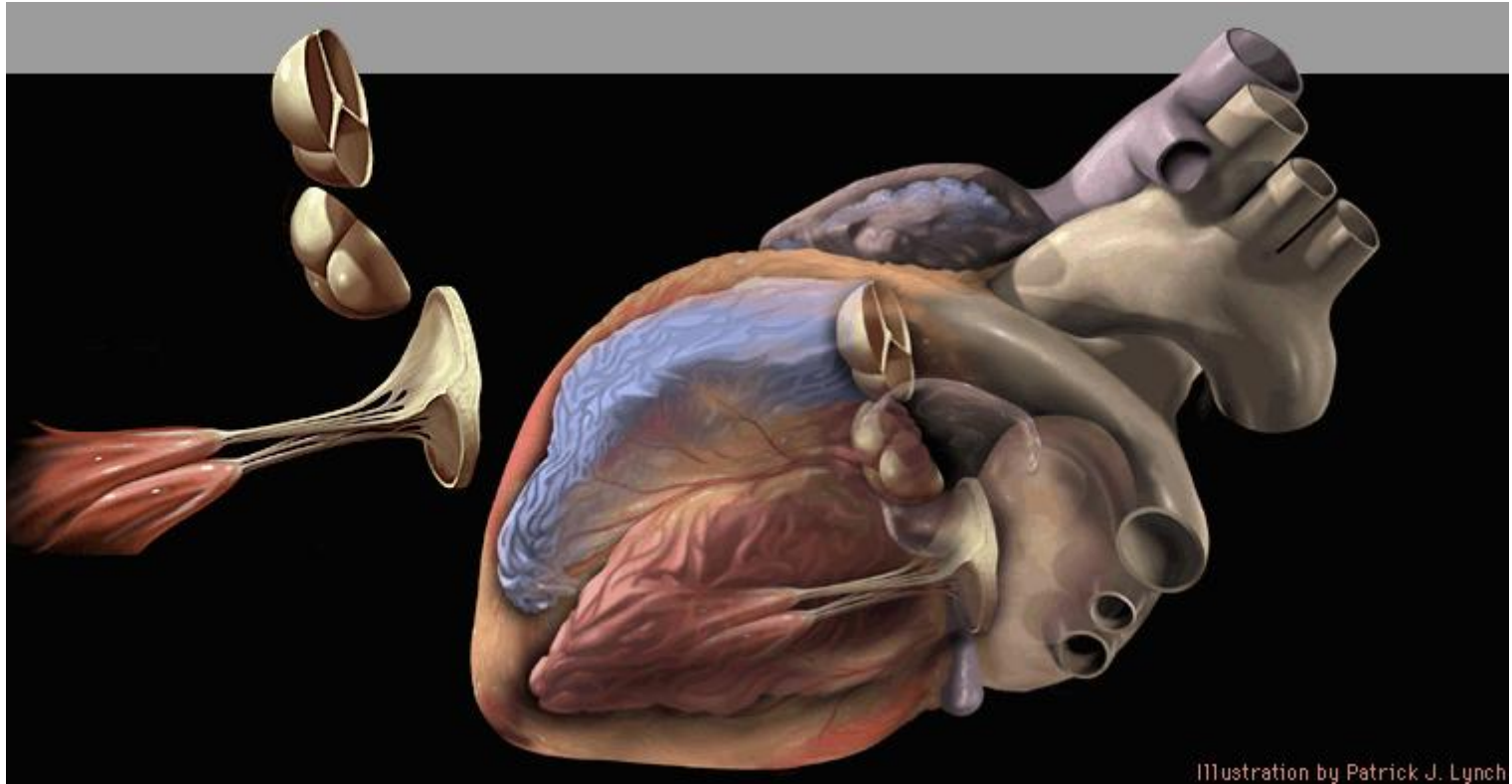
# Macroscopic Cardiac Anatomy



# Macroscopic Cardiac Anatomy

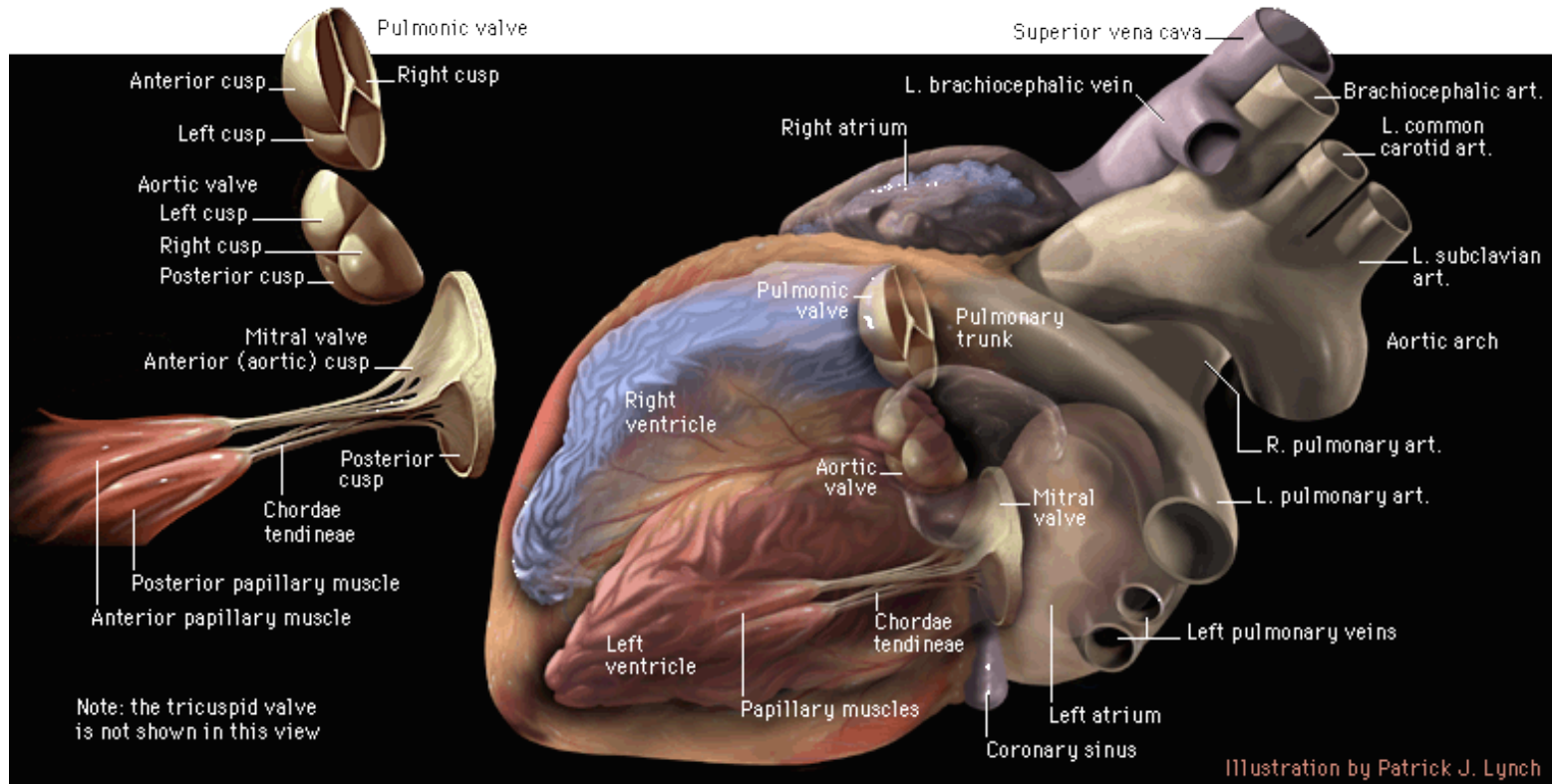


# Macroscopic Cardiac Valve Anatomy

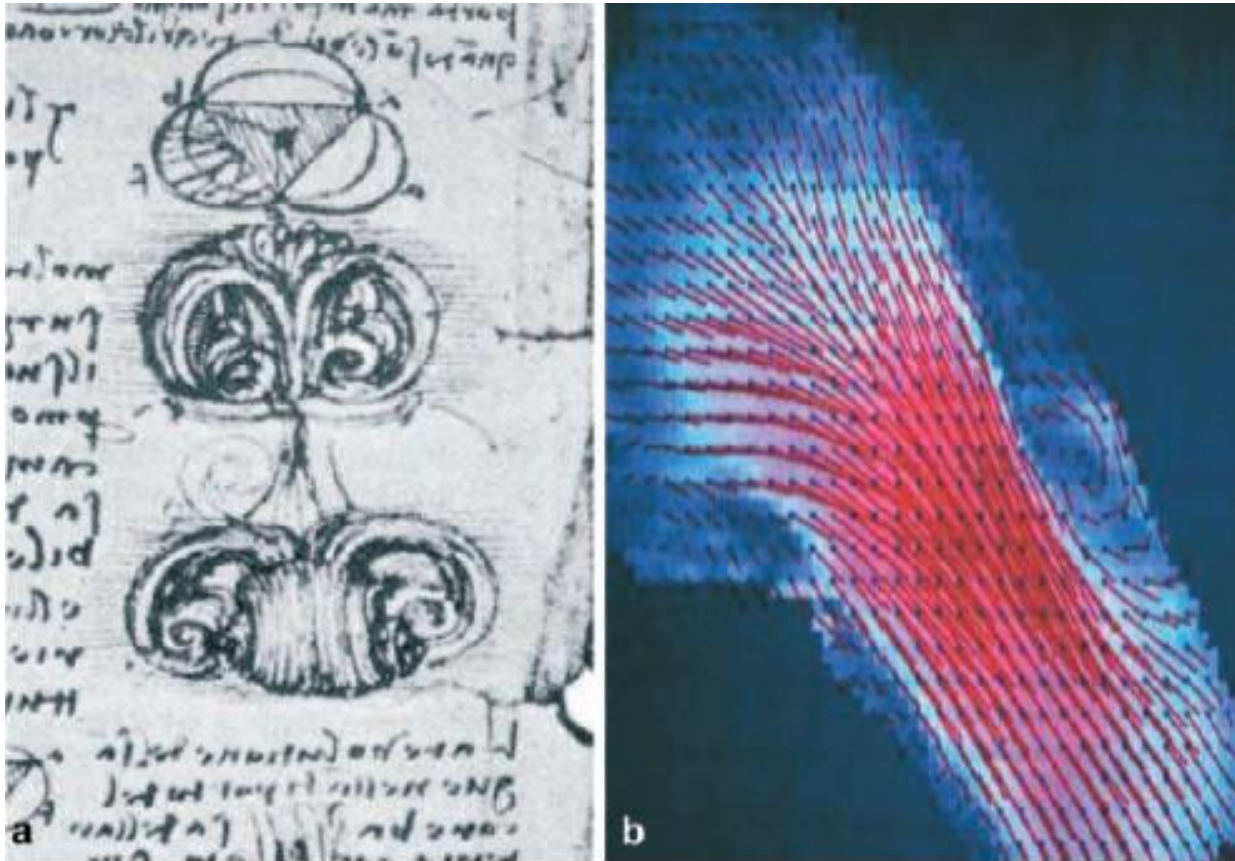




# Macroscopic Cardiac Valve Anatomy



# Aortic Valve

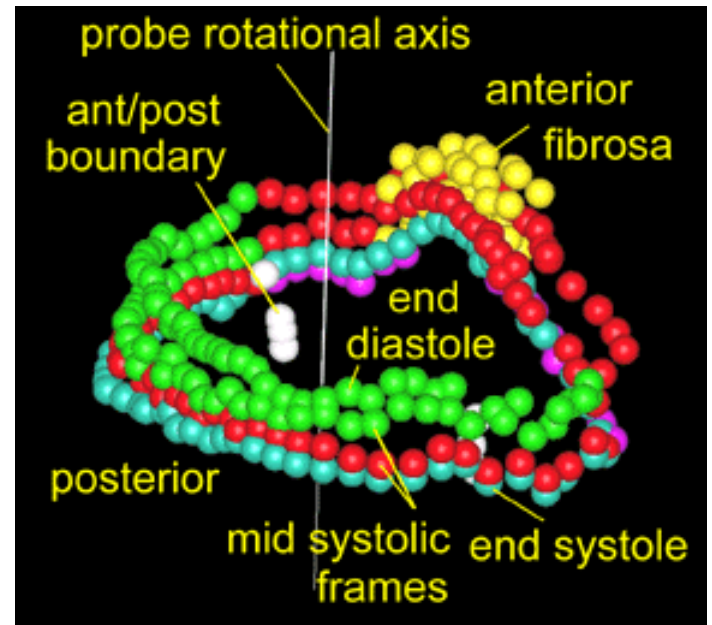
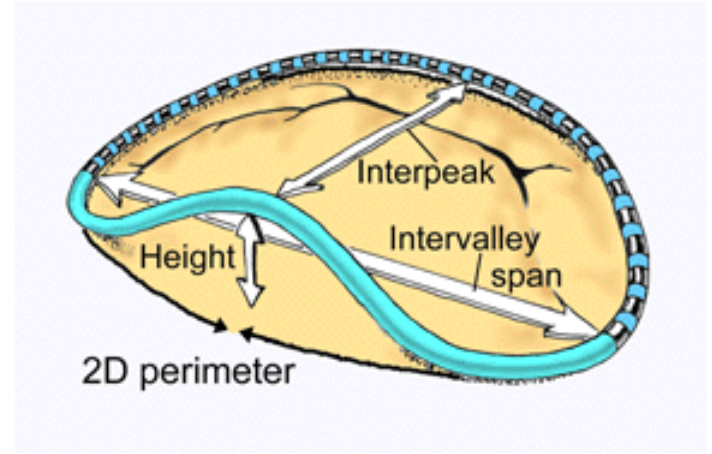
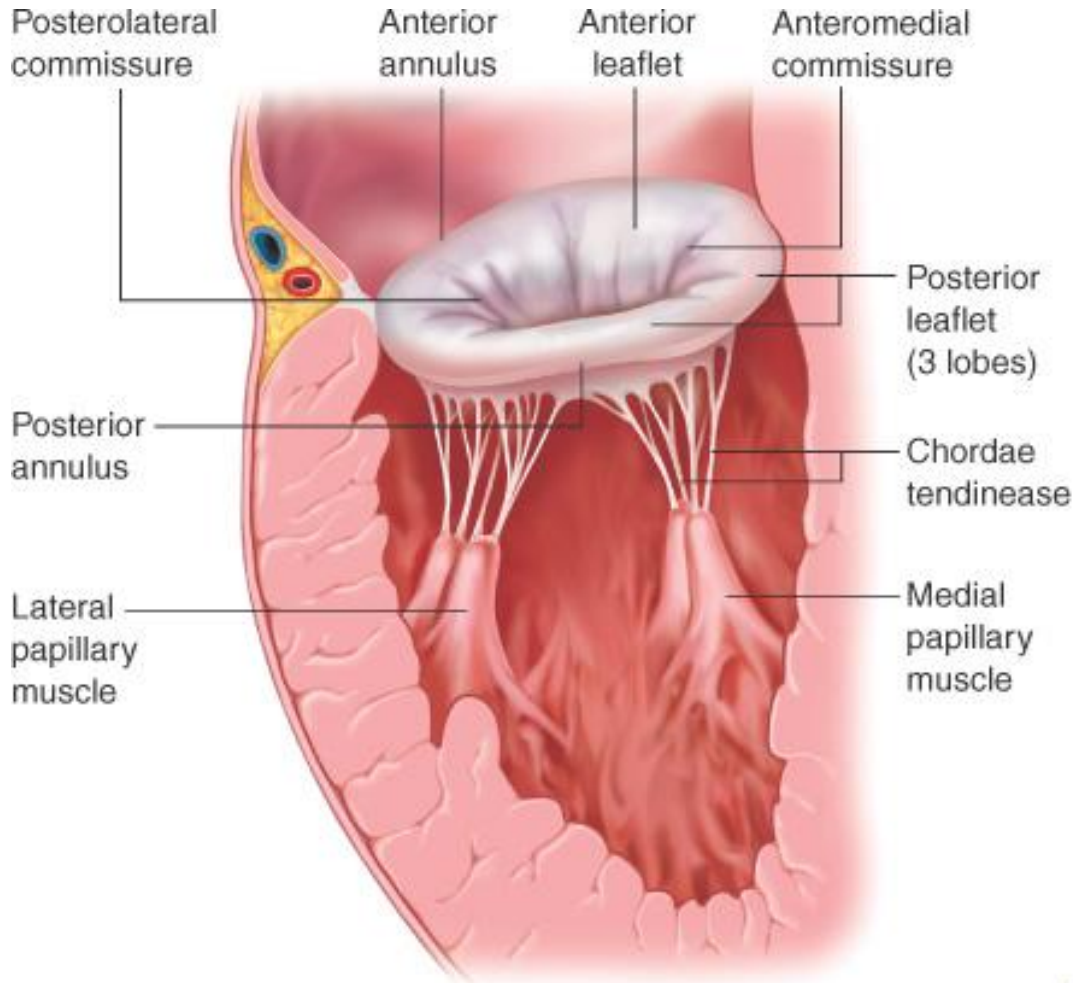


**Fig. 1.** **a** Leonardo da Vinci's depiction of aortic valve vortices in the left heart. (Detail of RL19116 recto - Courtesy of The Royal Collection © 2002, Her Majesty Queen Elizabeth II). **b** Velocity vectors from MRI in the left ventricular outflow tract, again showing vortices in the Sinus of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

# Aortic Valve



# Mitral Valve

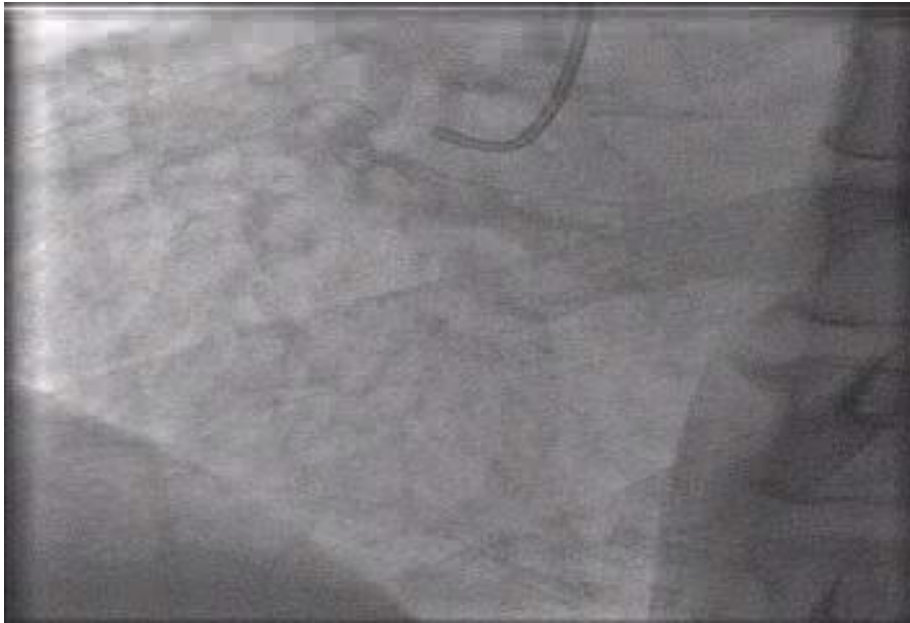


# Mitral Valve

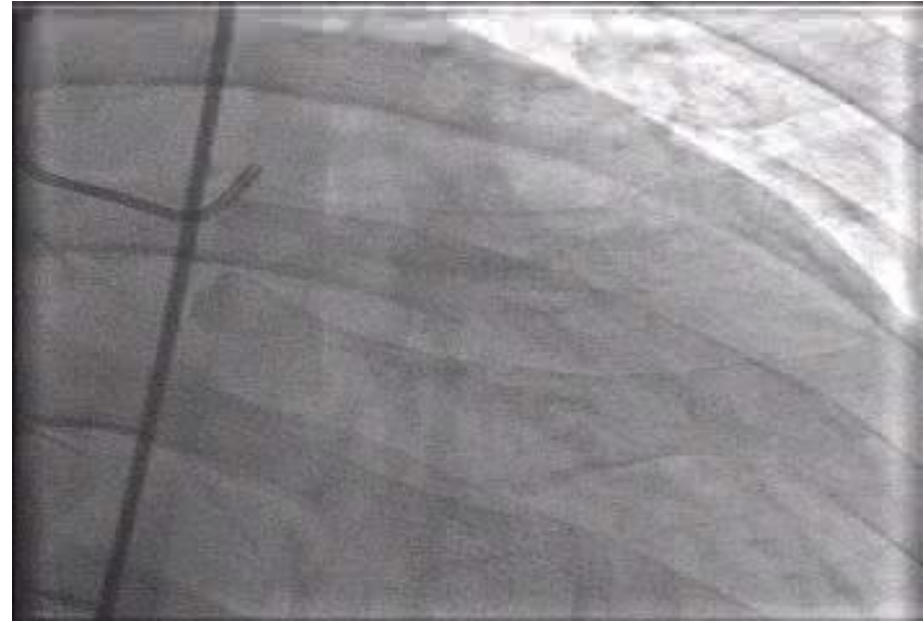


# Coronary Anatomy

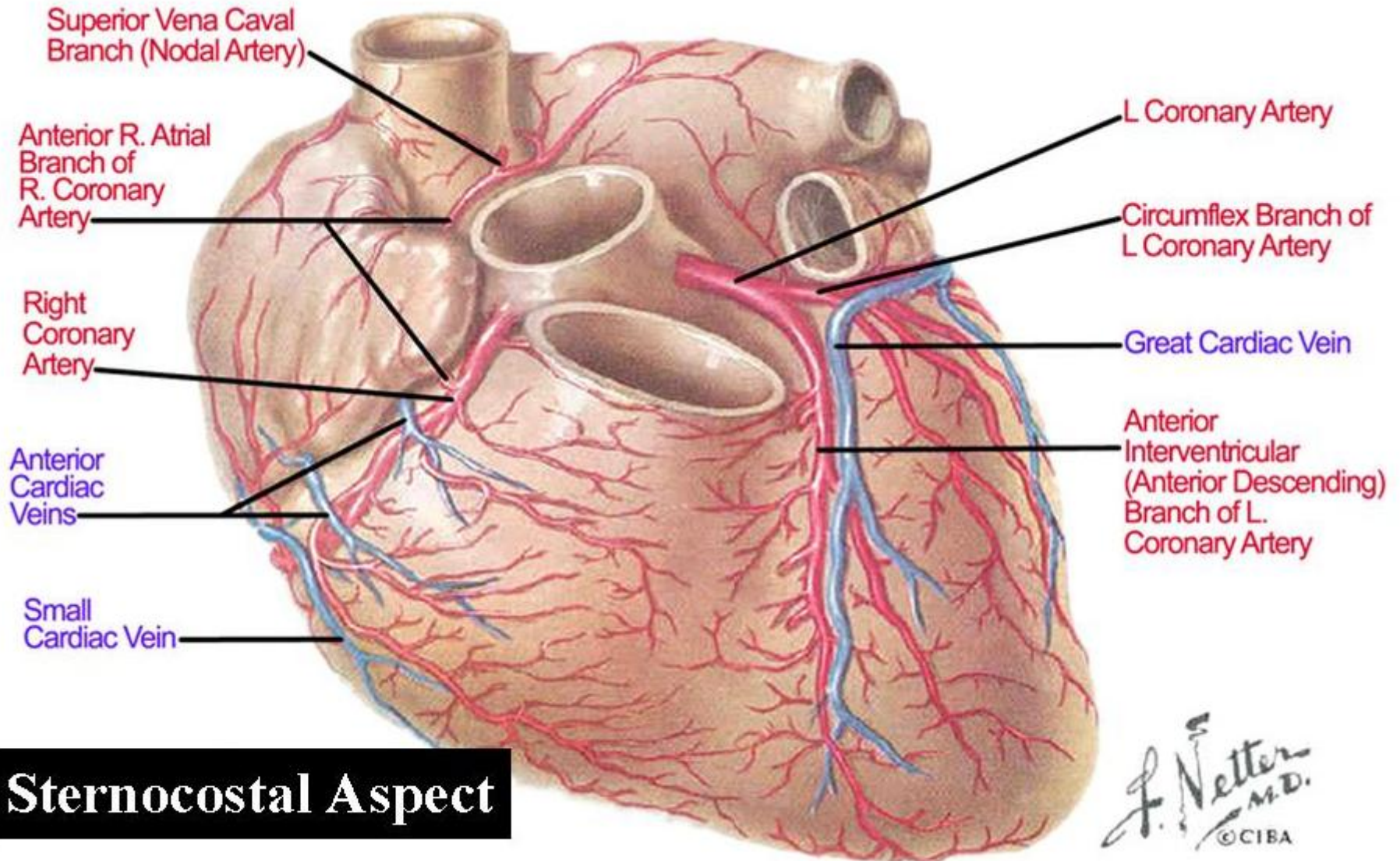
Right Coronary Angiogram



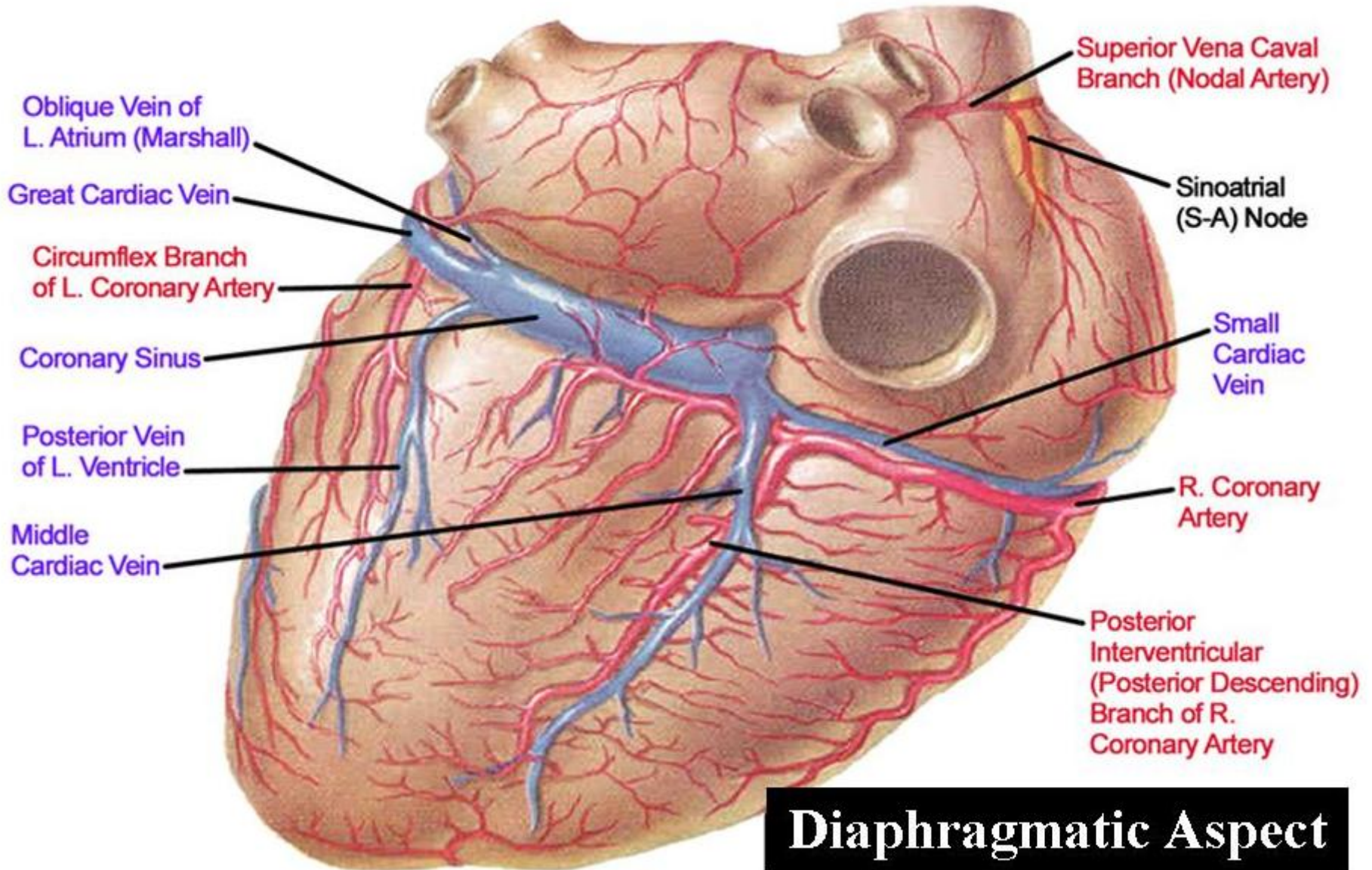
Left Coronary Angiogram



# Coronary Anatomy



# Coronary Anatomy

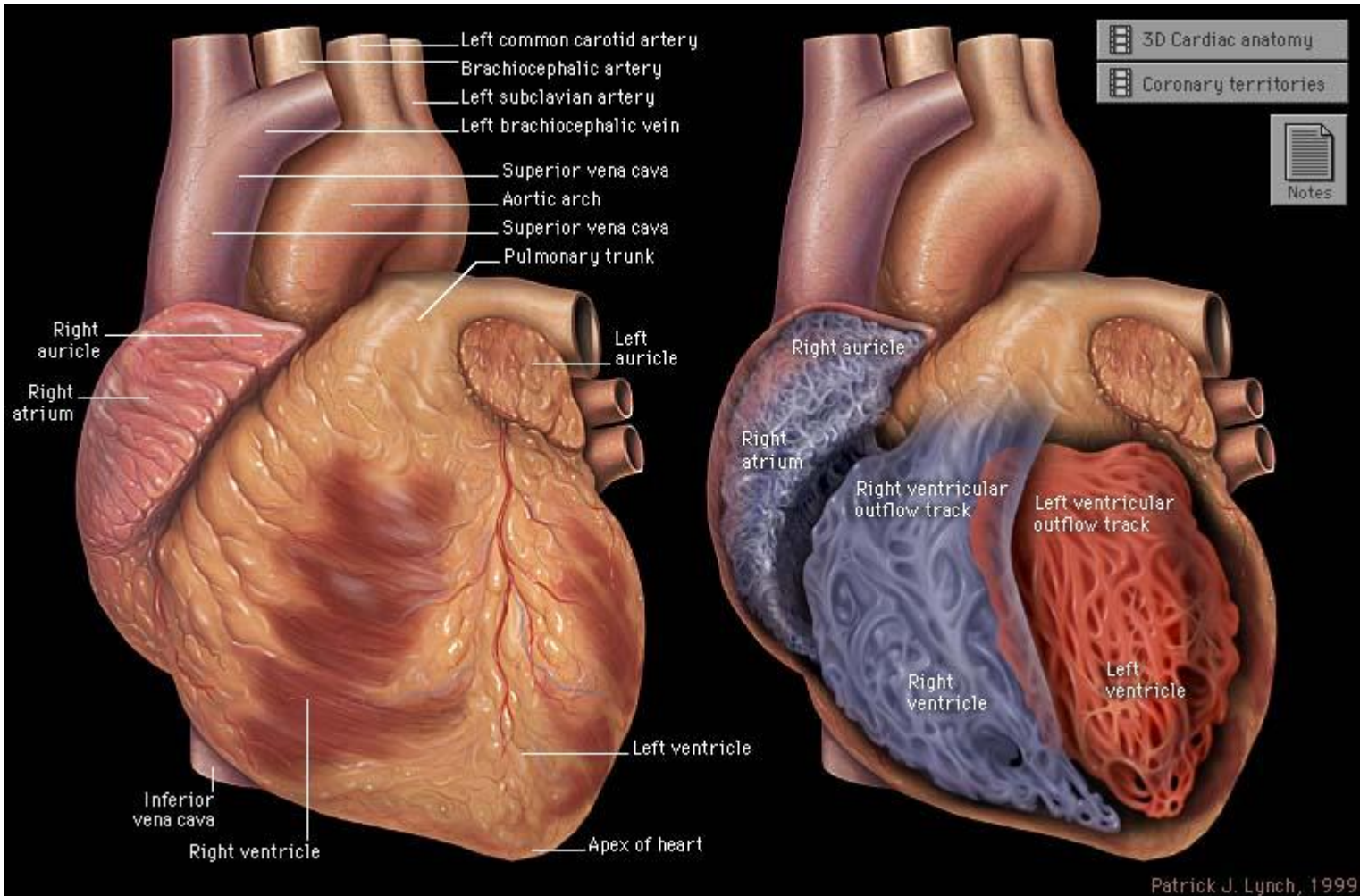




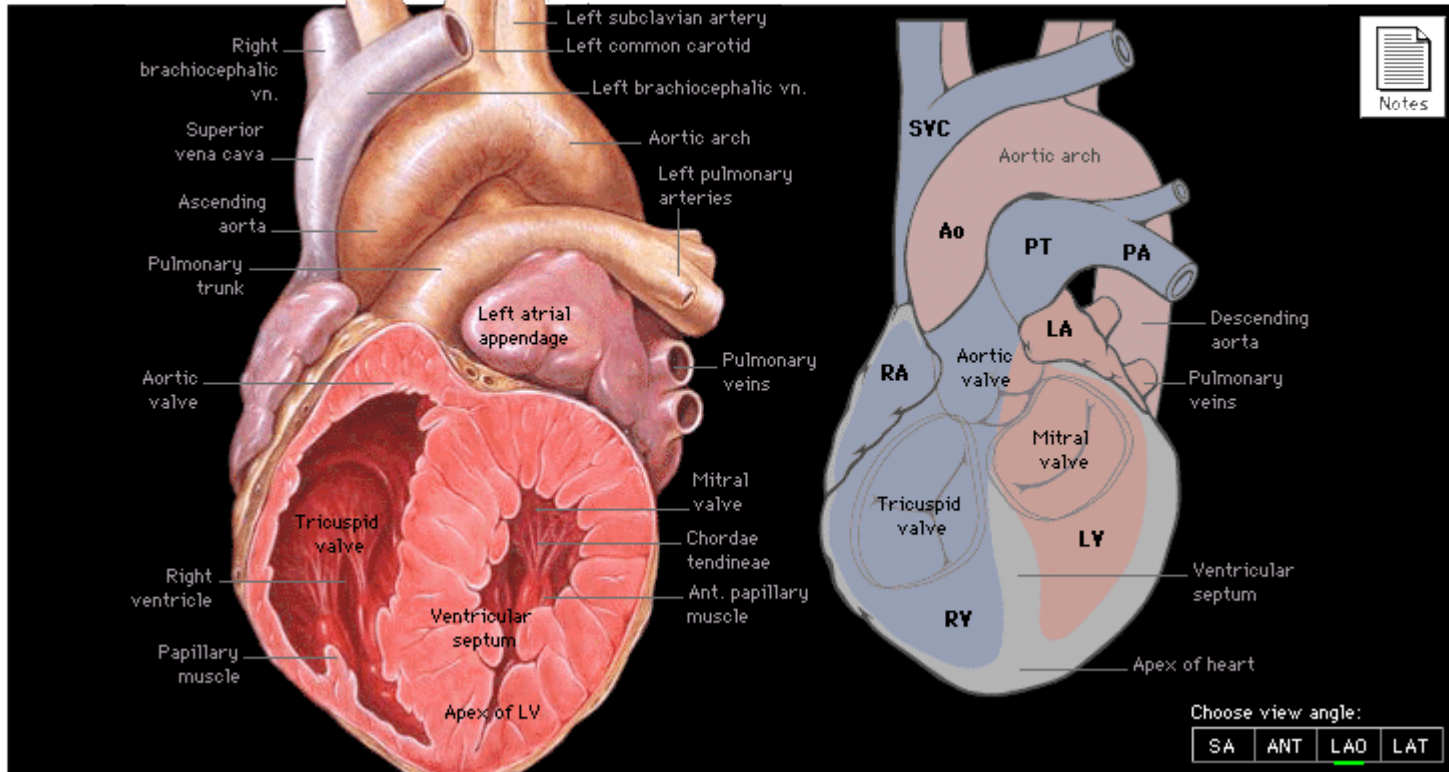
# Coronary Anatomy



# Ventricular Anatomy



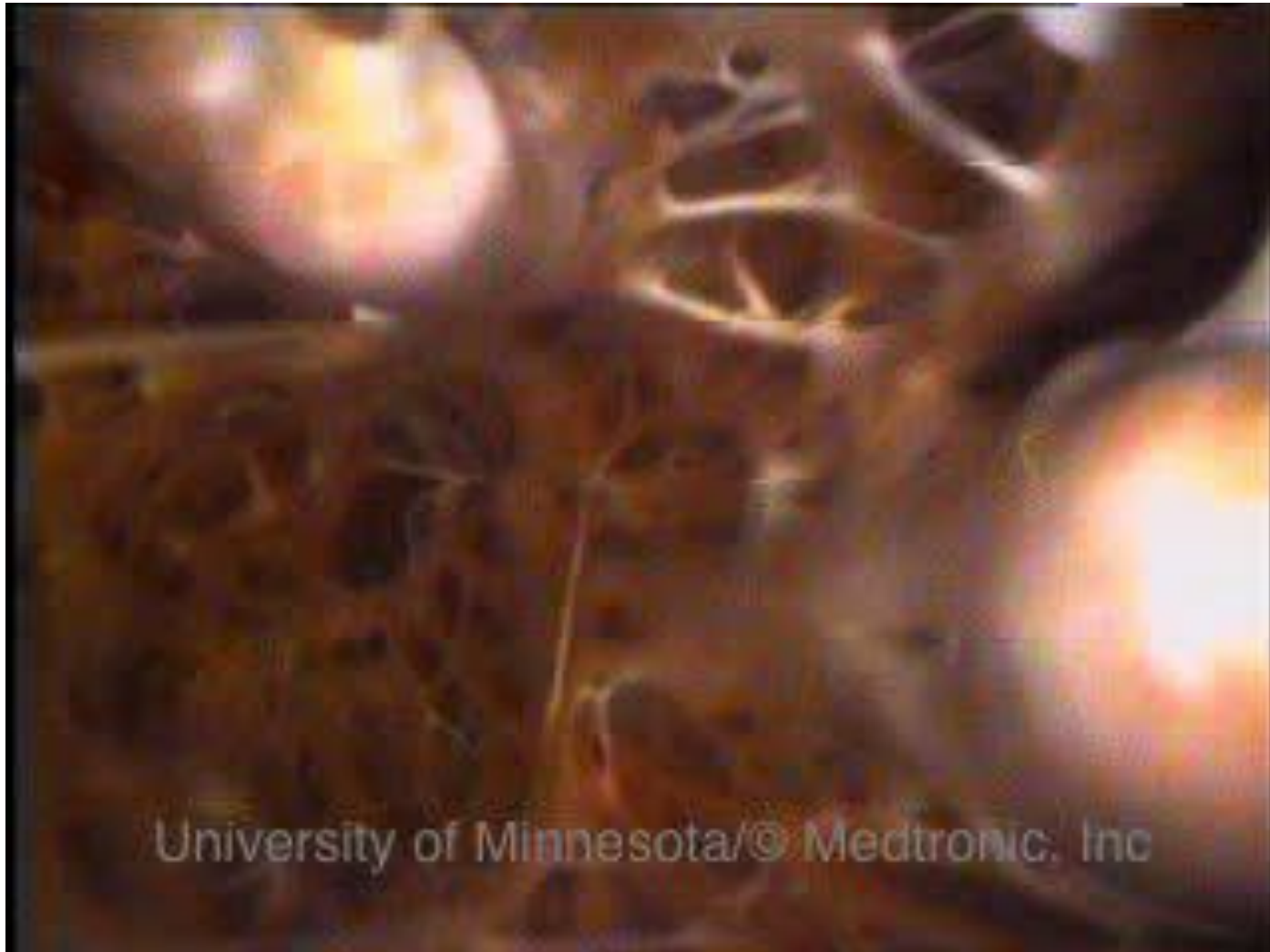
# LAO



# Left Ventricle Papillary Muscles



# Left Ventricle Trabeculated Endocardial Surface



# Right Ventricle

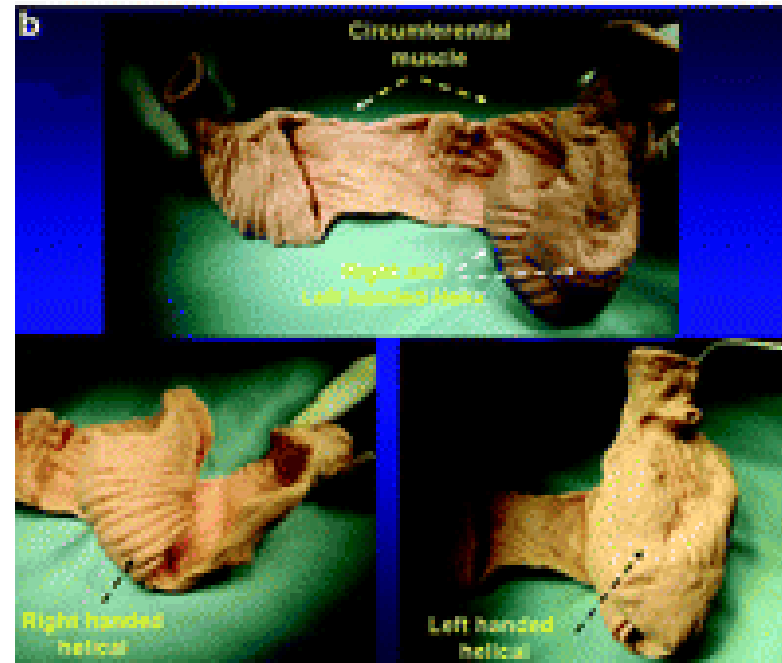
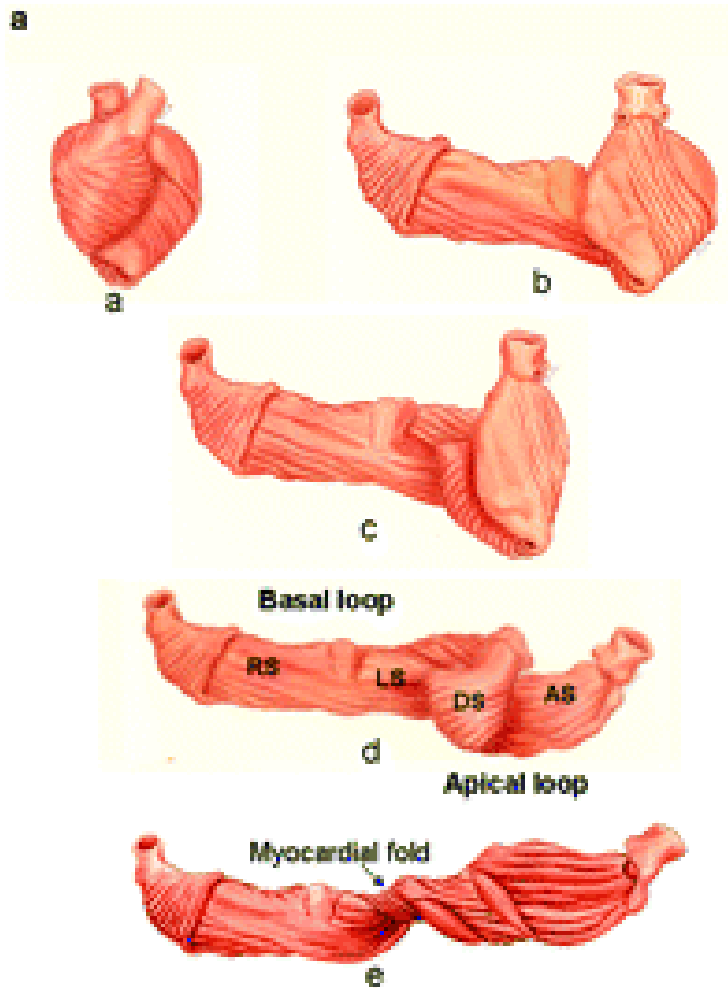


# Right Ventricle Endocardial Surface

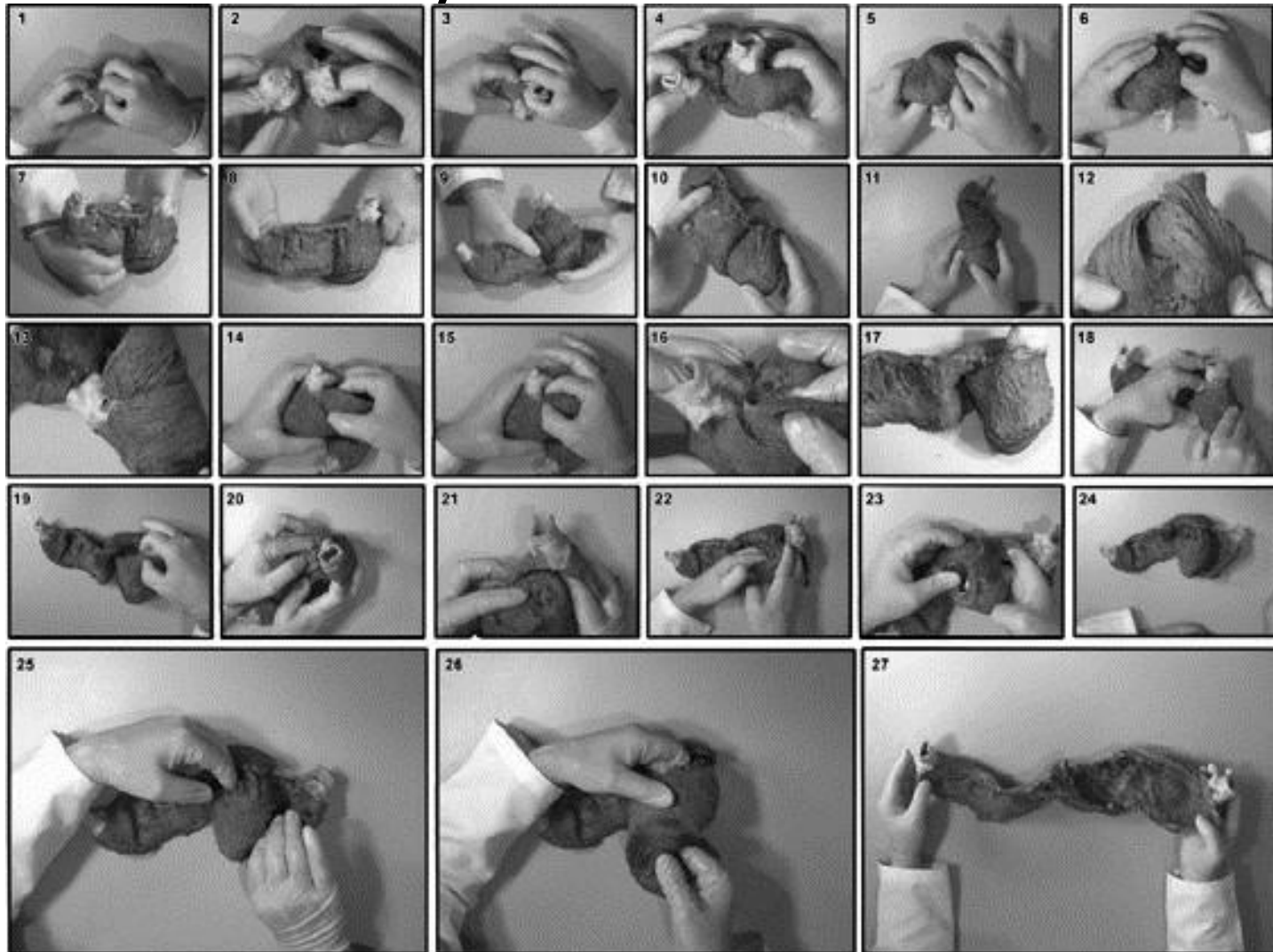




# The Helical Ventricular Myocardial Band (of Torrent-Guasp)

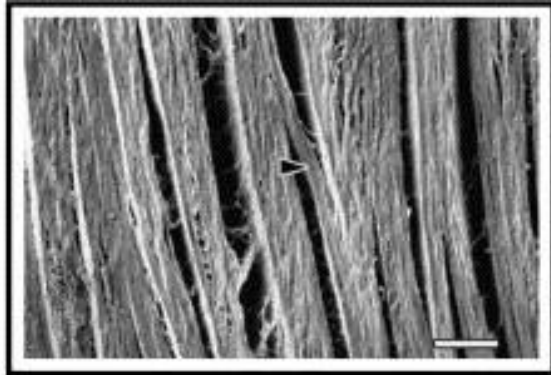


# Unravelling the Helical Ventricular Myocardial band

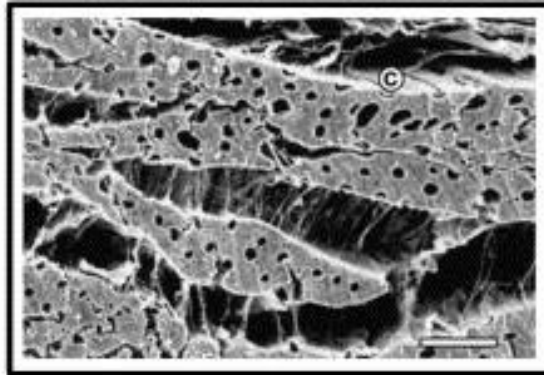


*Francisco Torrent-Guasp, Denia 2004*

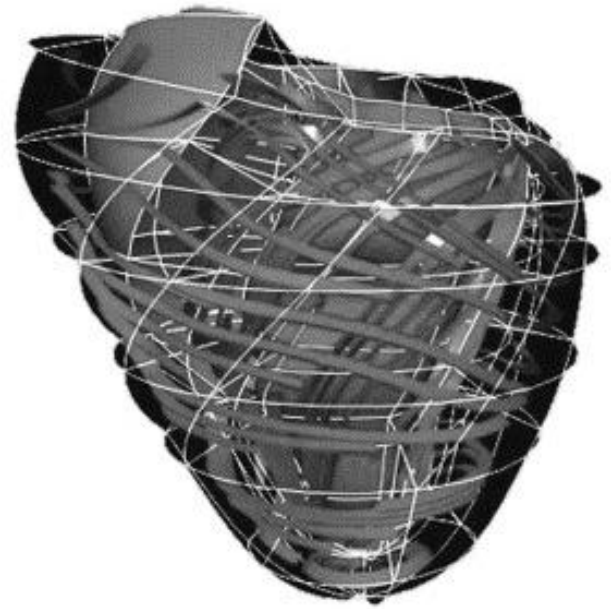
# Complex Multicellular Structure



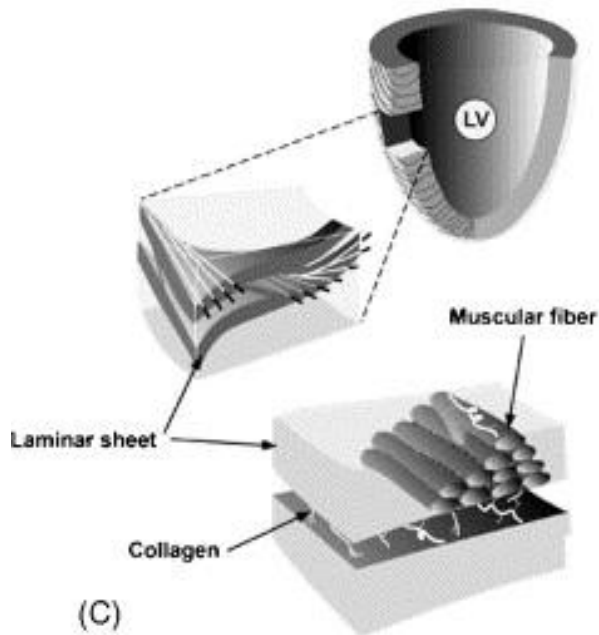
(A)



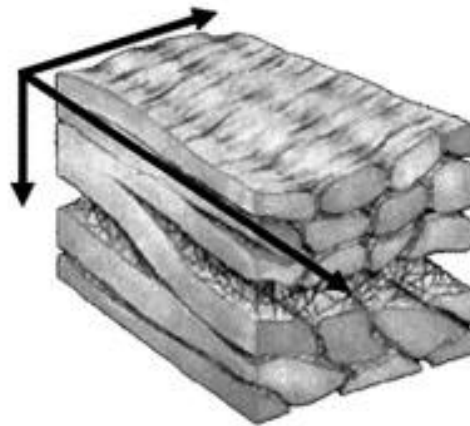
(B)



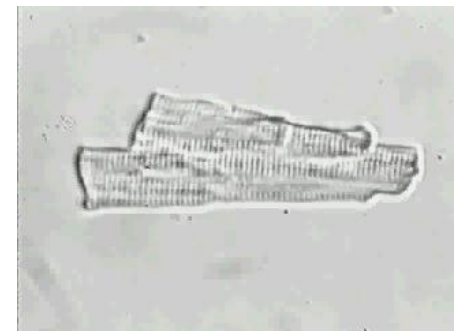
(E)



(C)



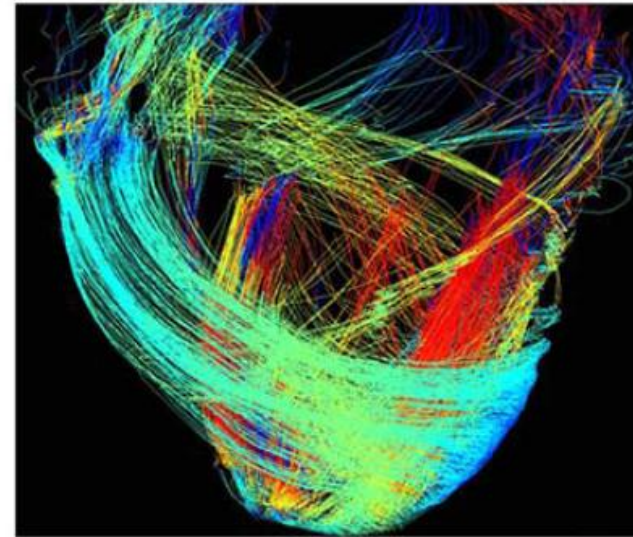
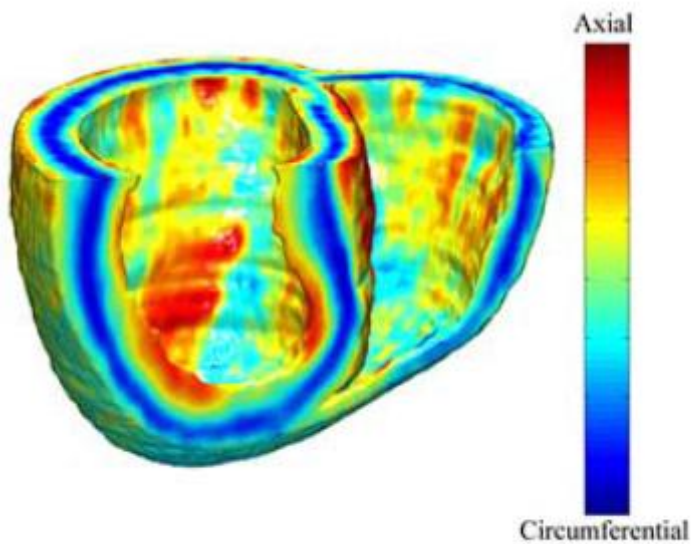
(D)



# Cardiac Fibre Orientation DT-MRI

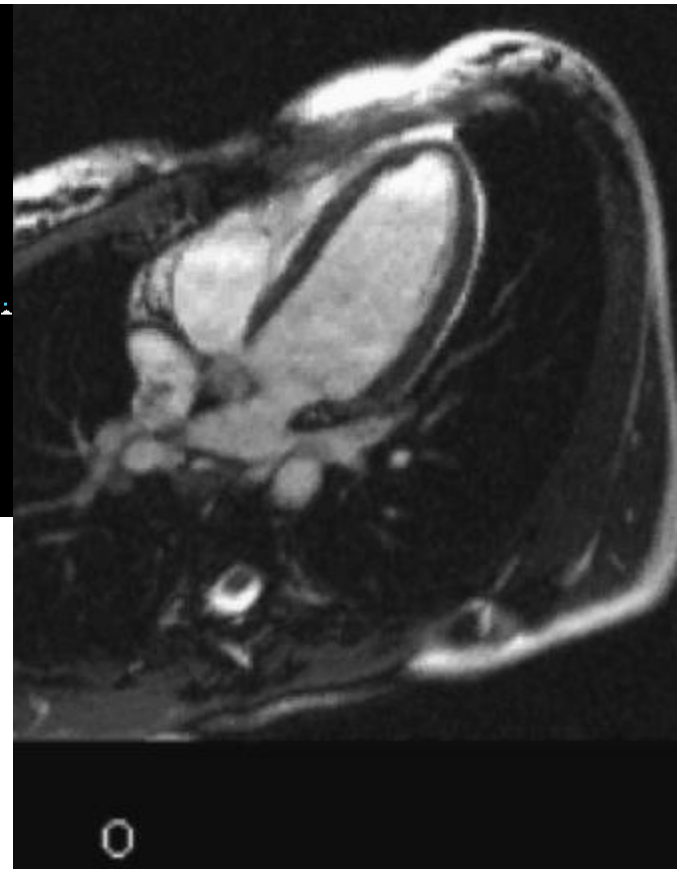
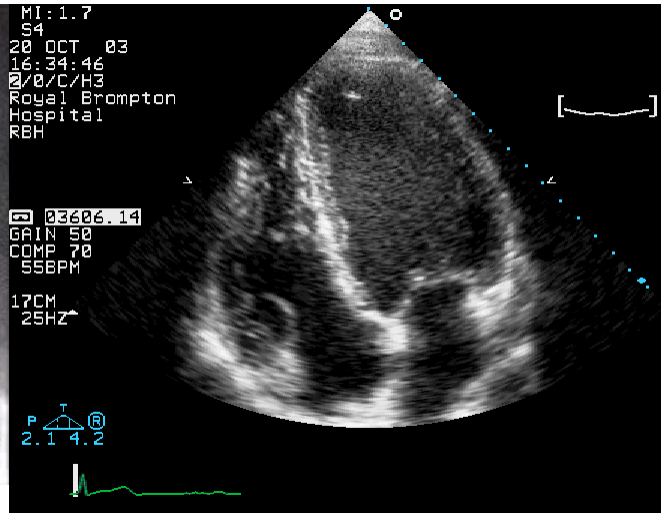
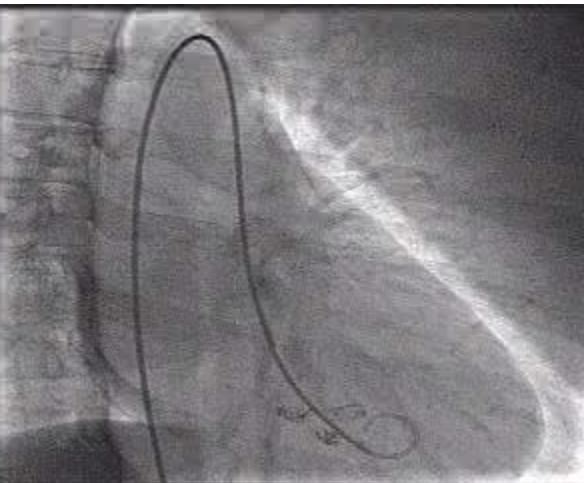


# Cardiac Fibre Orientation DT-MRI

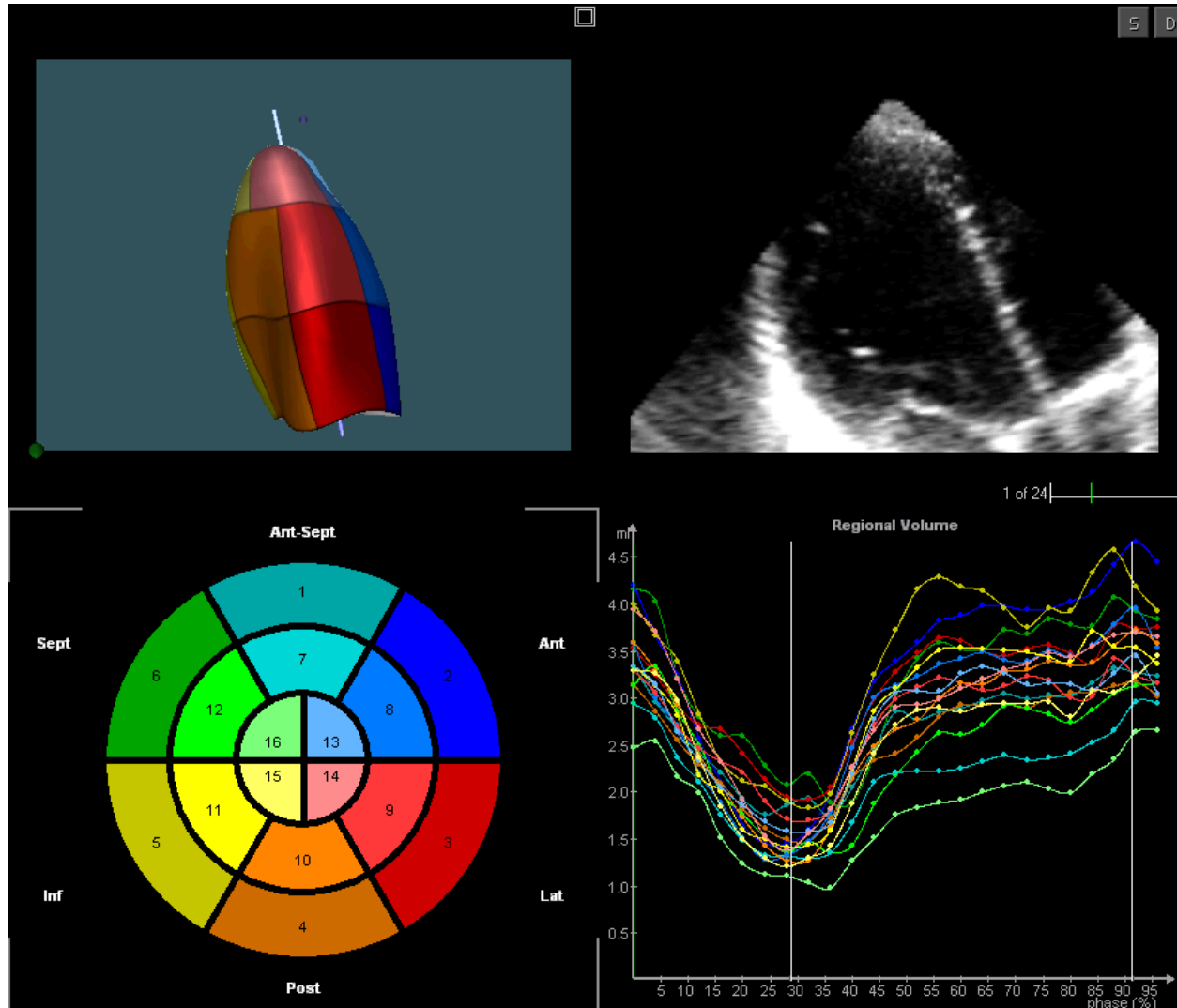


Helm et al Annals N.Y. Acad. Sci. 1047: 296–307 (2005).

# Left Ventricular Ejection



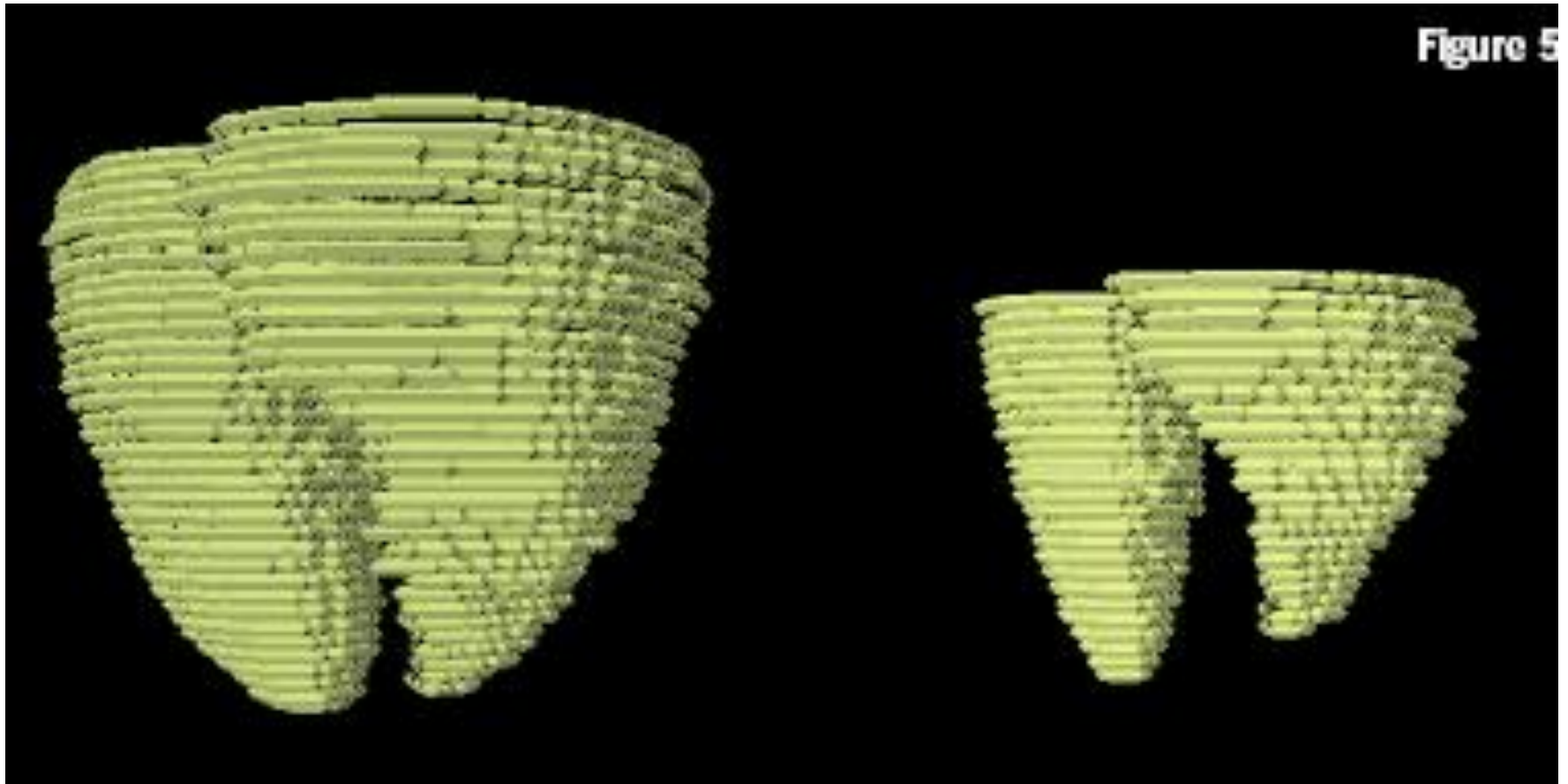
# Left Ventricular Wall Motion



# Ventricular Cavity / Blood Pool

End Diastole

End Systole

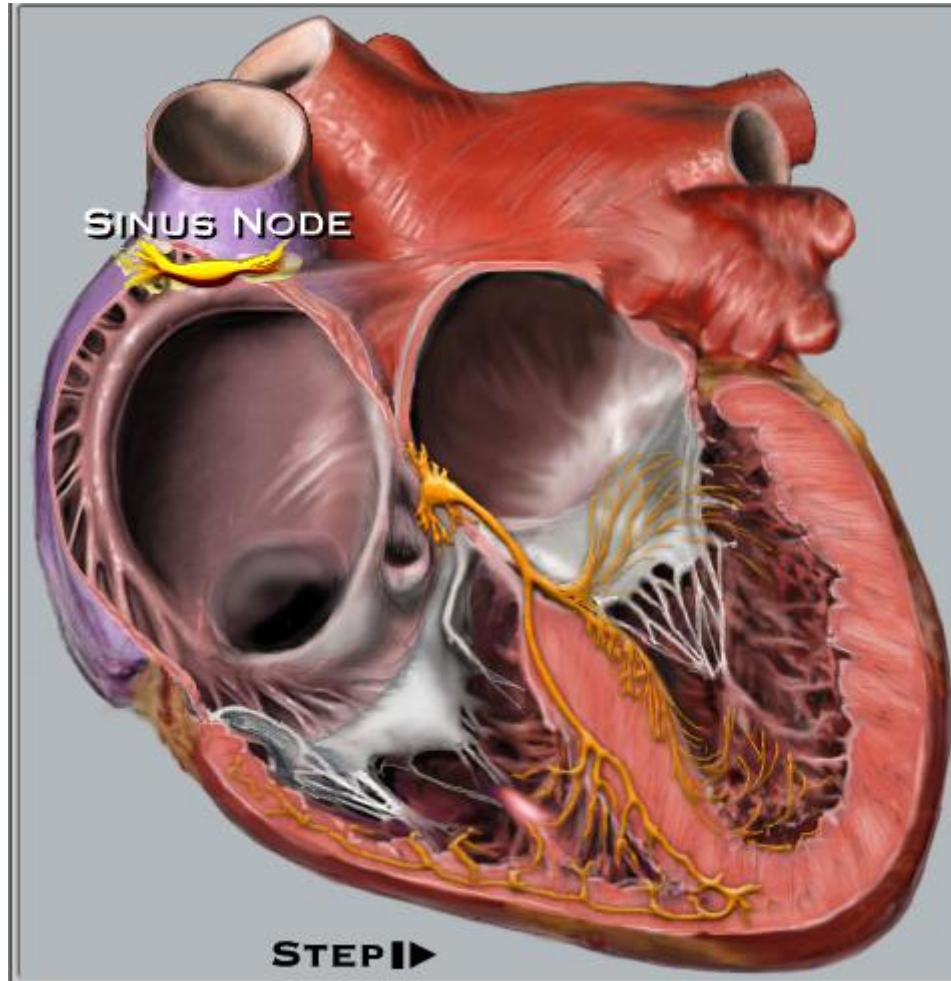




# Electrical Anatomy

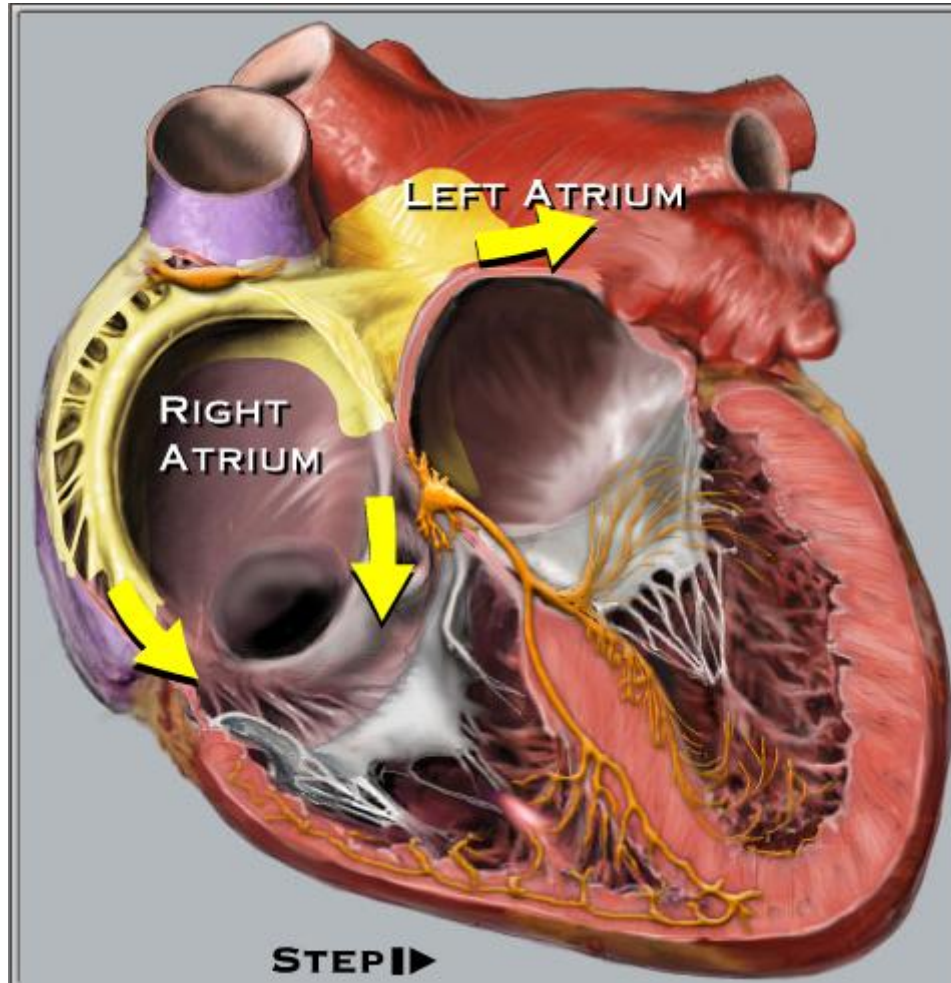
# Cardiac Conduction System

## Sinoatrial Node



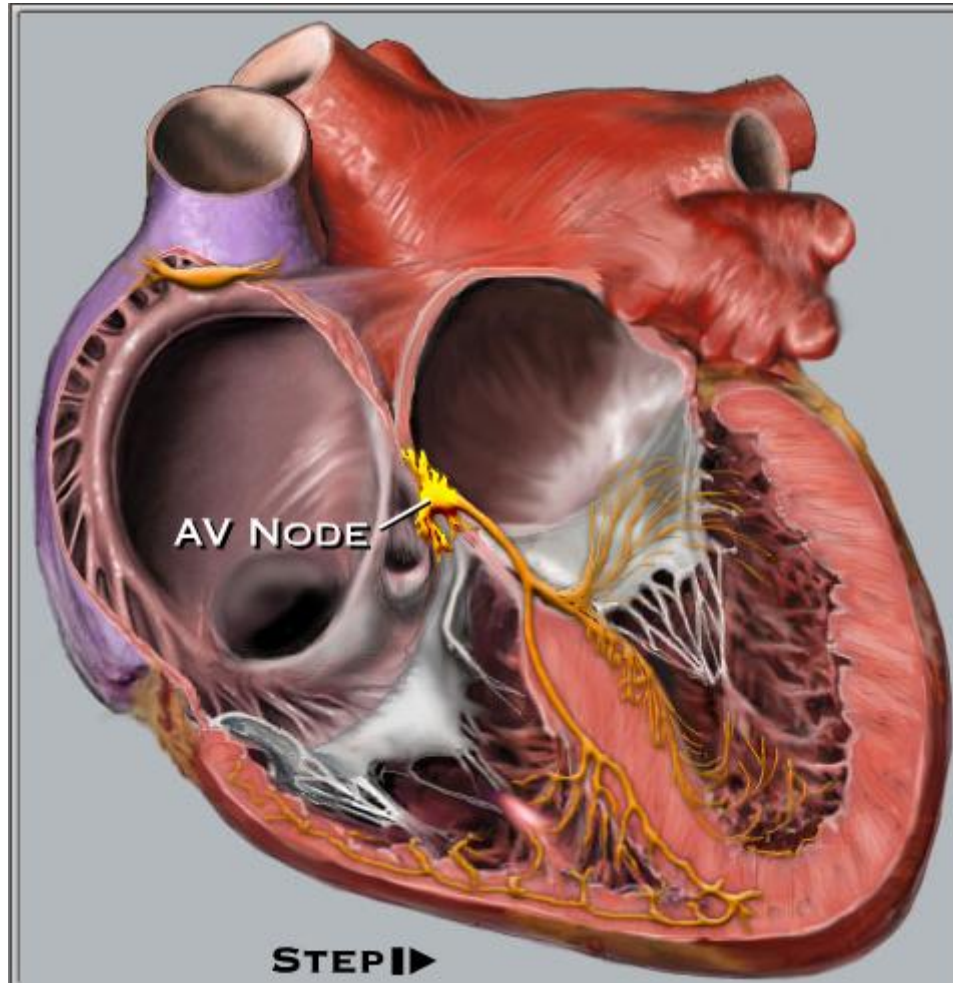
# Cardiac Conduction System

## Atrial Activation



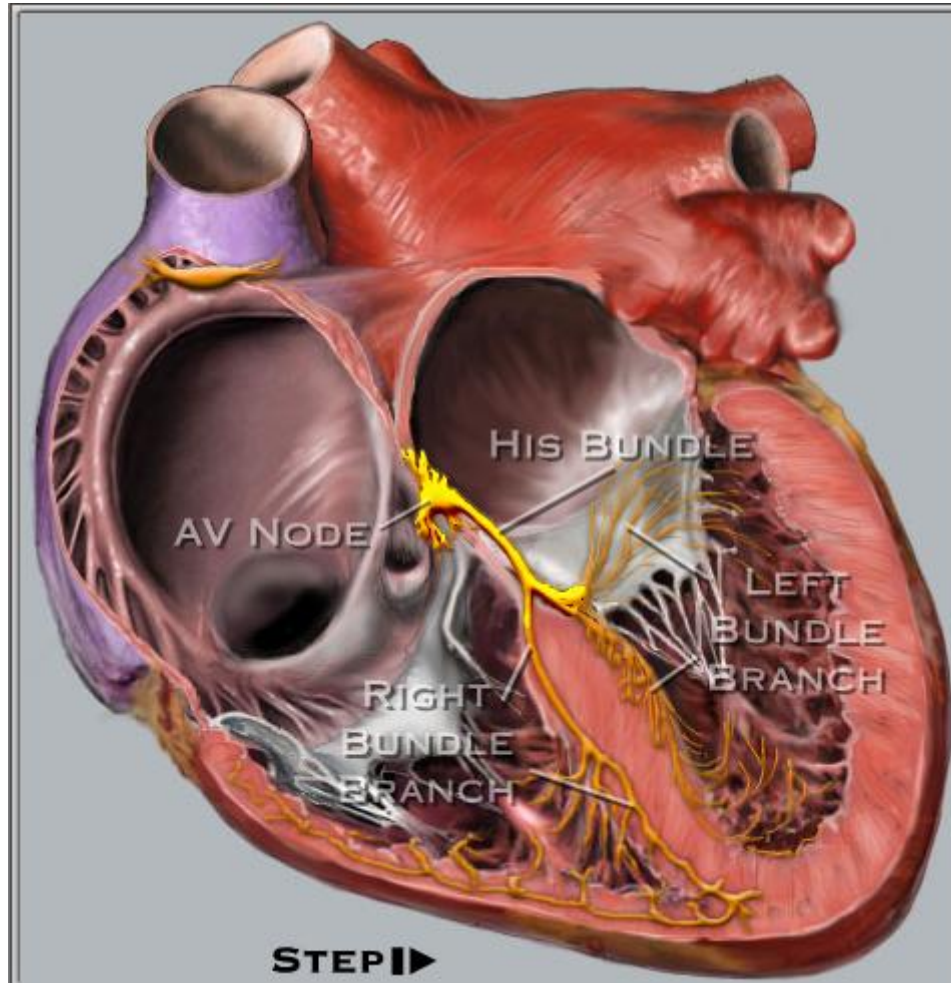
# Cardiac Conduction System

## Atrioventricular Nodal Conduction



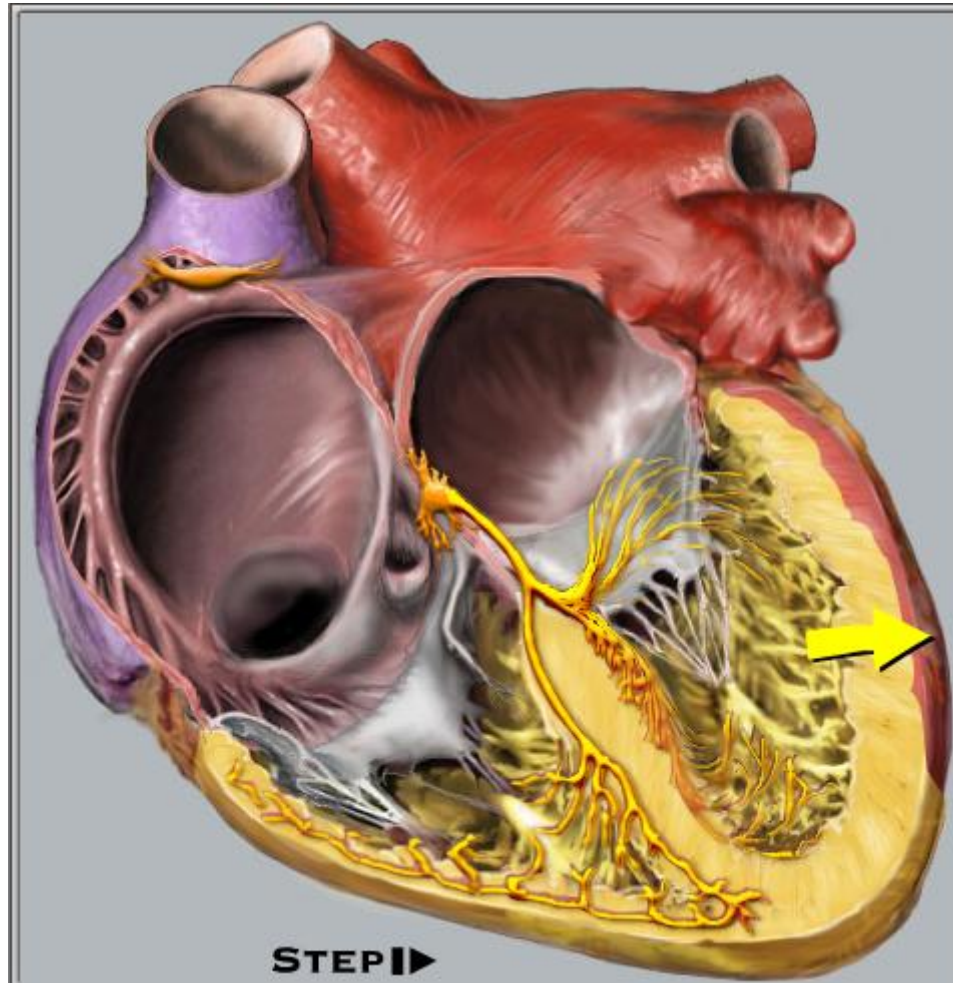
# Cardiac Conduction System

## Activation of His-Purkinje System

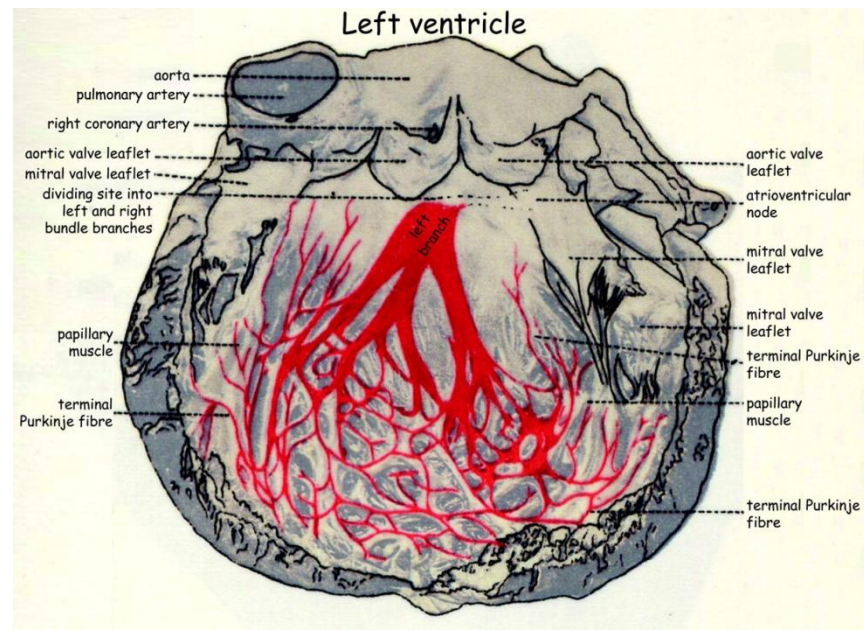


# Cardiac Conduction System

## Ventricular Activation

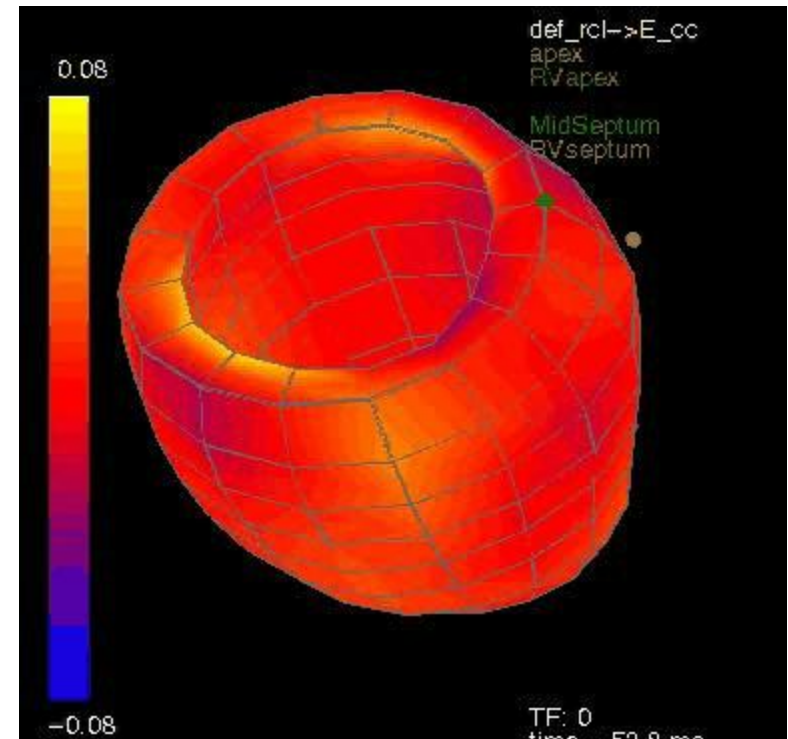
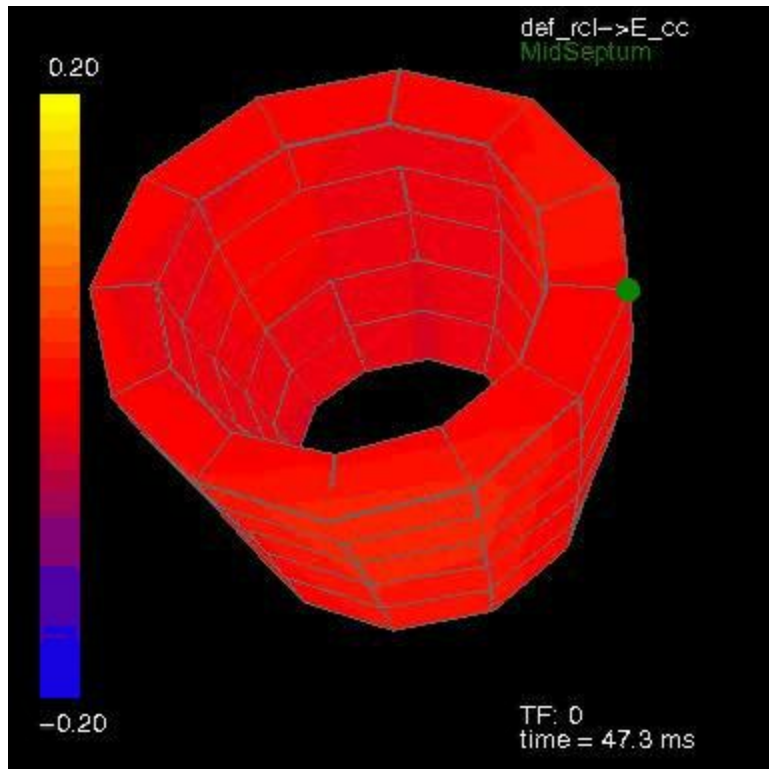


# Left Bundle Branch



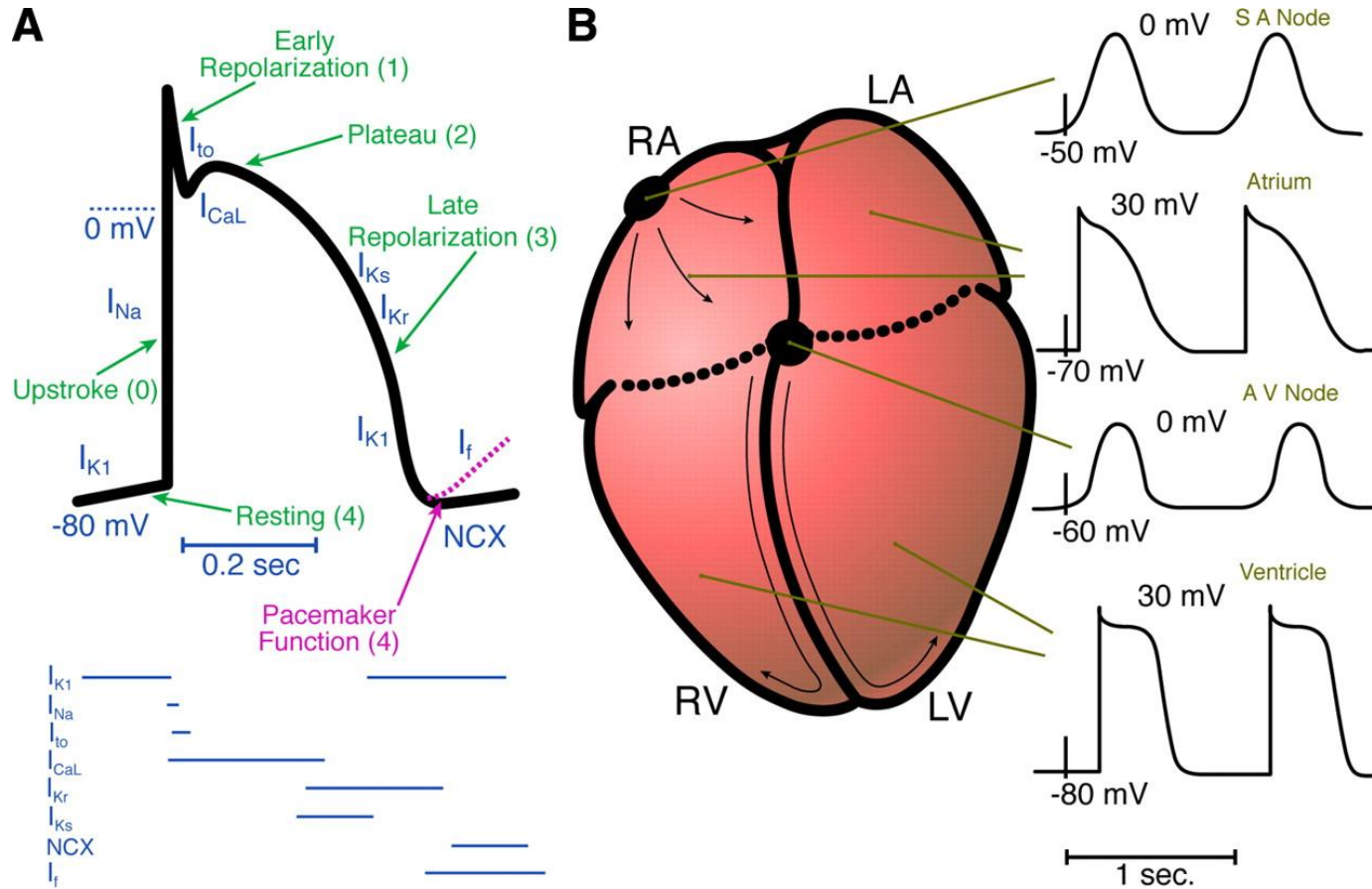
# 3D Left Ventricular Activation

## Normal (left) and Dyssynchrony (right)

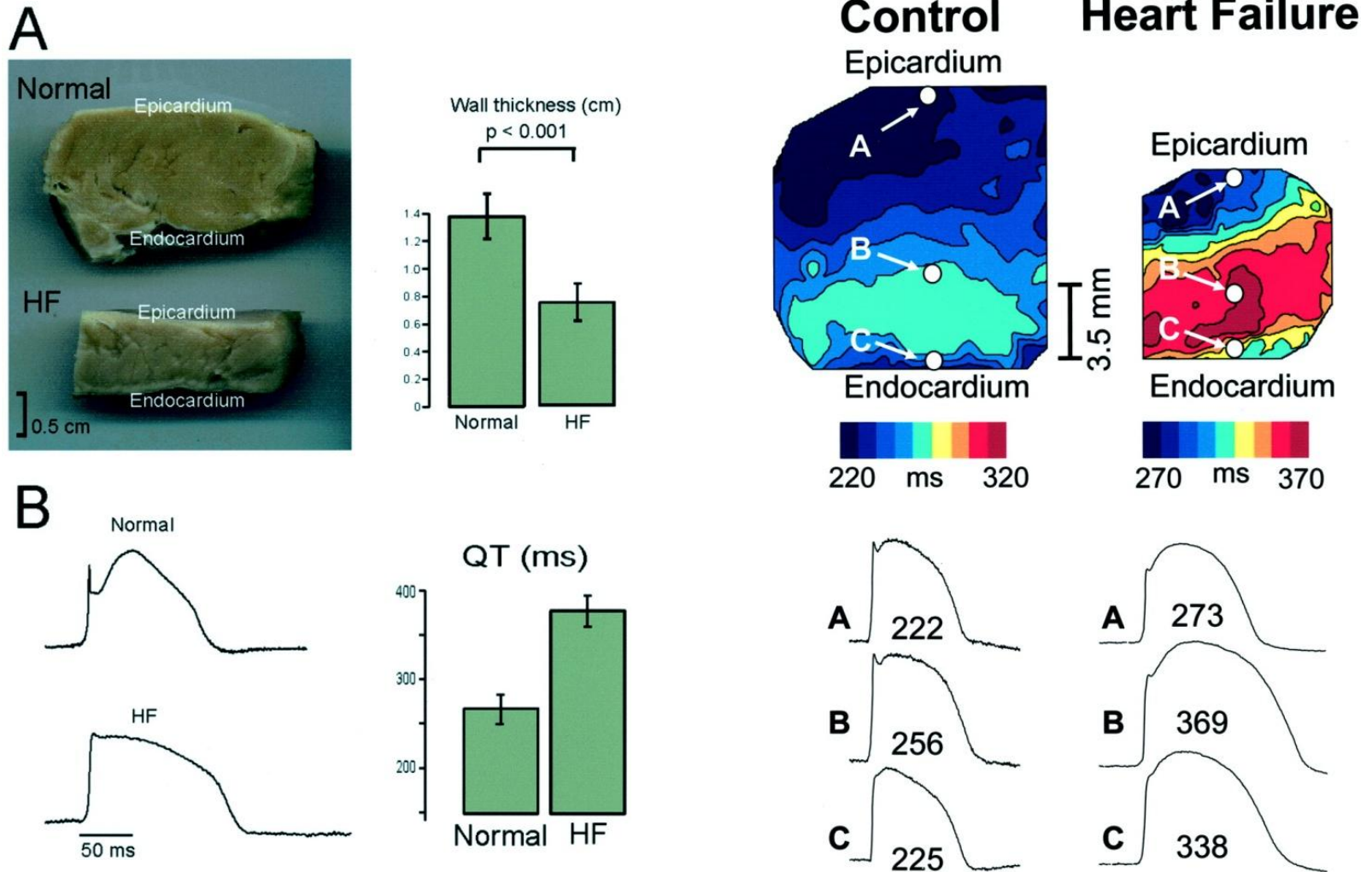




# Functional Electrical Anatomy



# Transmural Gradients APD Dispersion



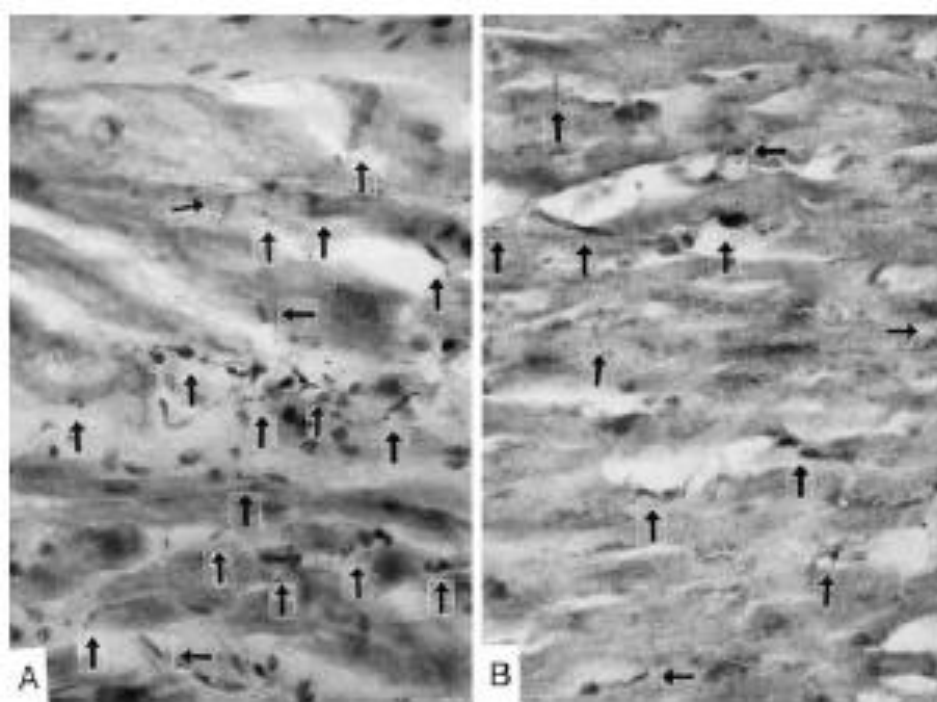
# Apical-Basal Gradients

## 1. Sympathetic Innervation

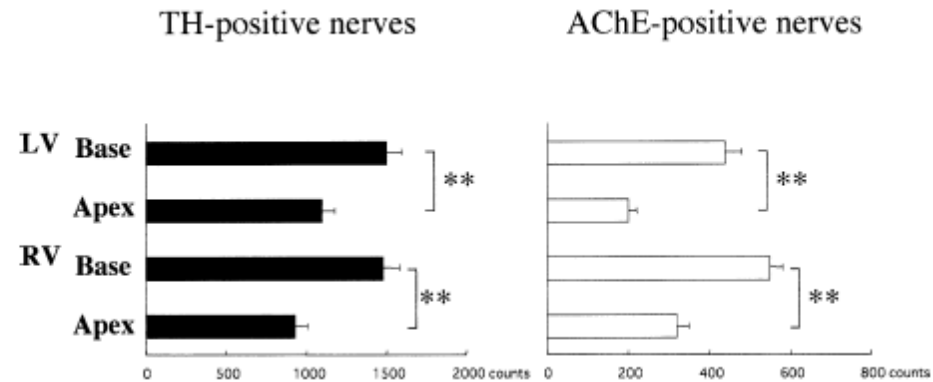
Heart Vessels (2003) 18:32-39

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. \*\* $P < 0.01$

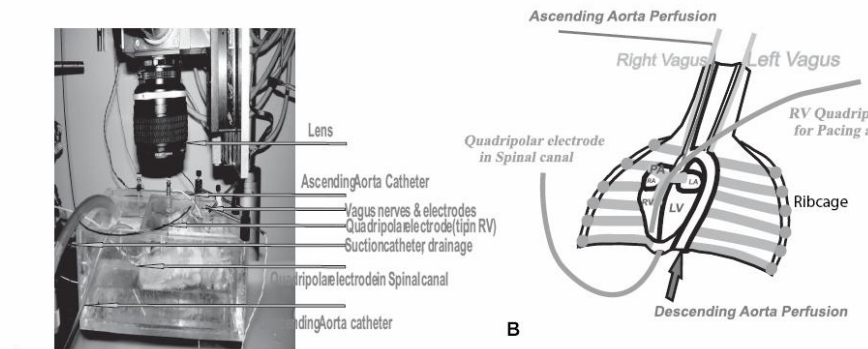
# Apical-Basal Gradients

## 1. Sympathetic Innervation and APD Ventricular Repolarisation

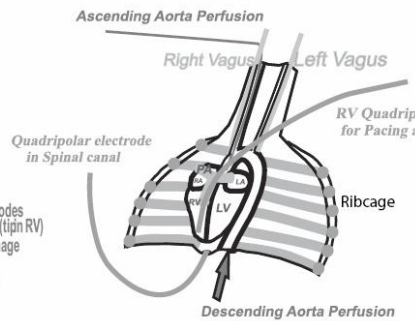
### Autonomic Nerve Stimulation Reverses Ventricular Repolarization Sequence in Rabbit Hearts

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

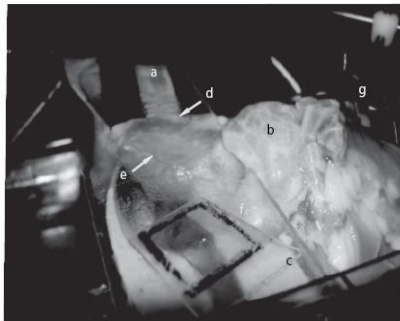
(*Circ Res.* 2007;100:e72–e80.)



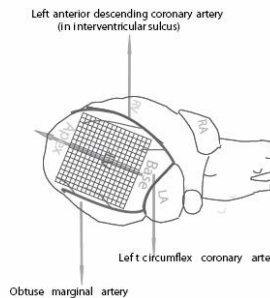
A



B



C

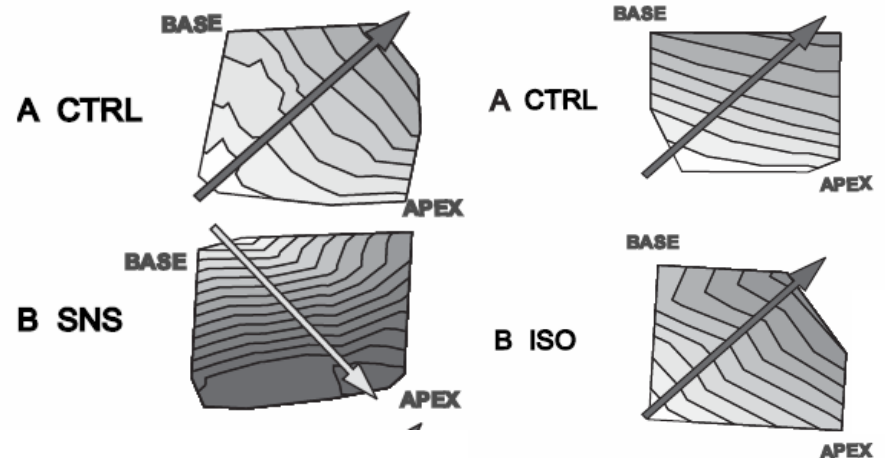


D

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. $\beta$ 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  $\beta$  adrenergic receptor density ( $n=5$ ). Values are means (SEM).

	Basal segment	Mid segment	Apical segment
$B_{max}$ (fmol·mg <sup>-1</sup> 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 $\beta$ -adrenoceptors in the cat

Claire M. Lathers<sup>1\*</sup>, Robert M. Levin<sup>2</sup> and William H. Spivey<sup>3</sup>

<sup>1</sup> Department of Pharmacology and <sup>3</sup> Emergency Medicine, The Medical College of Pennsylvania, Philadelphia, PA, and <sup>2</sup> Department of Urology<sup>2</sup>, School of Medicine, University of Pennsylvania, Philadelphia, PA, U.S.A.

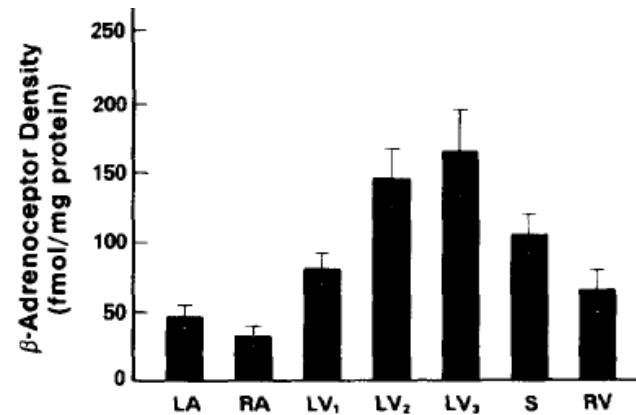


Fig. 2. Distribution of cardiac  $\beta$ -adrenoceptors. The density of  $\beta$  receptors (fmol/mg protein) is shown for the following areas of the heart: LA = left atria; RA = right atria; LV<sub>1</sub> = proximal area of distribution of the left anterior descending artery (LAD); LV<sub>2</sub> = distal area of distribution of the LAD; LV<sub>3</sub> = posterior aspect of the left ventricle; S = septum and RV = right ventricle.

# Apical-Basal Gradients

## 3. $\beta$ Adrenoceptor Density

European Journal of Pharmacology 485 (2004) 227–234

Blockade of  $\beta_1$ - and desensitization of  $\beta_2$ -adrenoceptors reduce isoprenaline-induced cardiac fibrosis

Fazia Brouri<sup>a</sup>, Naima Hanoun<sup>b</sup>, Odile Mediani<sup>a</sup>, Françoise Saurini<sup>b</sup>, Michel Hamon<sup>b</sup>, Paul M. Vanhoutte<sup>c</sup>, Philippe Lechat<sup>a,\*</sup>

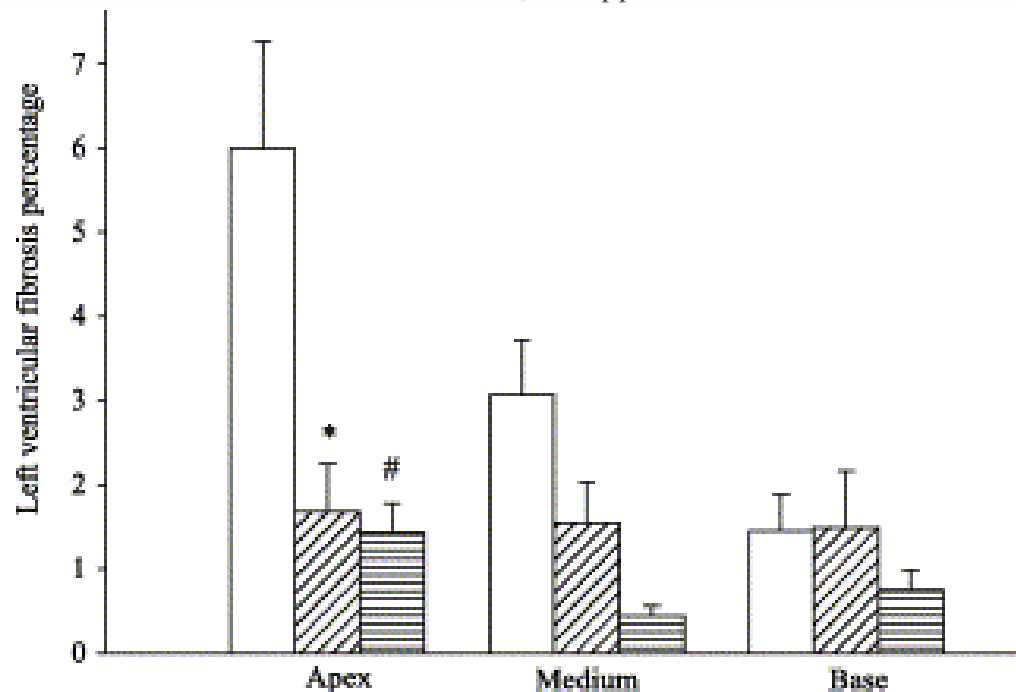


Fig. 4. Morphometric analysis performed at three levels of the heart in rats treated chronically with isoprenaline alone (30  $\mu\text{g}/\text{kg}/\text{h}$ ,  $n=9$ ,  $\square$ ), in combination with bisoprolol (50  $\text{mg}/\text{kg}/\text{day}$ ,  $n=9$ ,  $\text{▨}$ ), or after a 1-week pretreatment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