

# L'anatomia cardiaca esplorata con tecniche di immagine non invasive

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# *The Mitral annulus*

*The mitral annulus is a concept rather than a well-distinguished anatomic entity and it is defined differently by anatomists, surgeons or imagers....*

# Mitral annulus



# The posterior mitral annulus



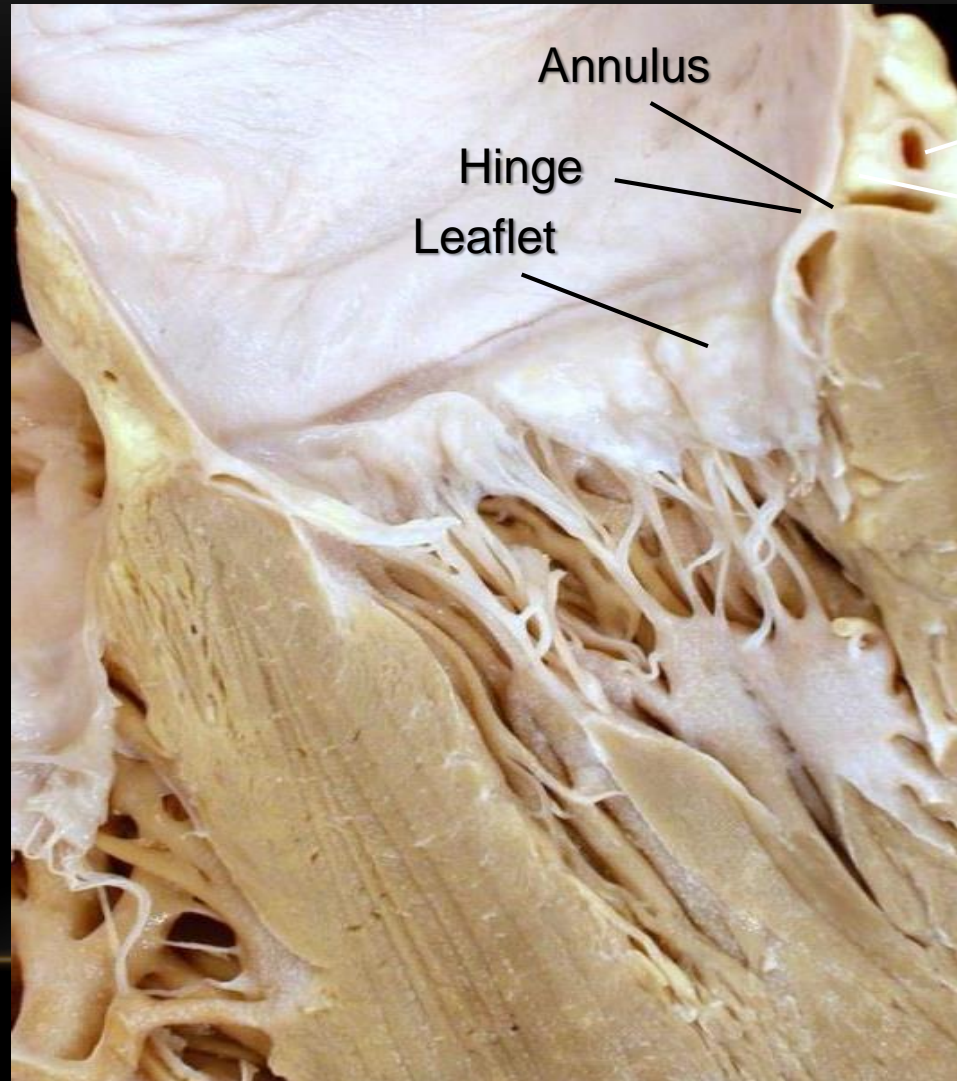
The posterior annulus from an *anatomical* point of view.....

“ The posterior annulus is a junction between three anatomical structures: The *atrial wall*, the *leaflet hinge* and the *crest of the ventricle*. This junction may be filled irregularly by a cord of more or less dense connective tissue “



# The posterior annulus

*From an anatomical point of view*



Annulus

Hinge

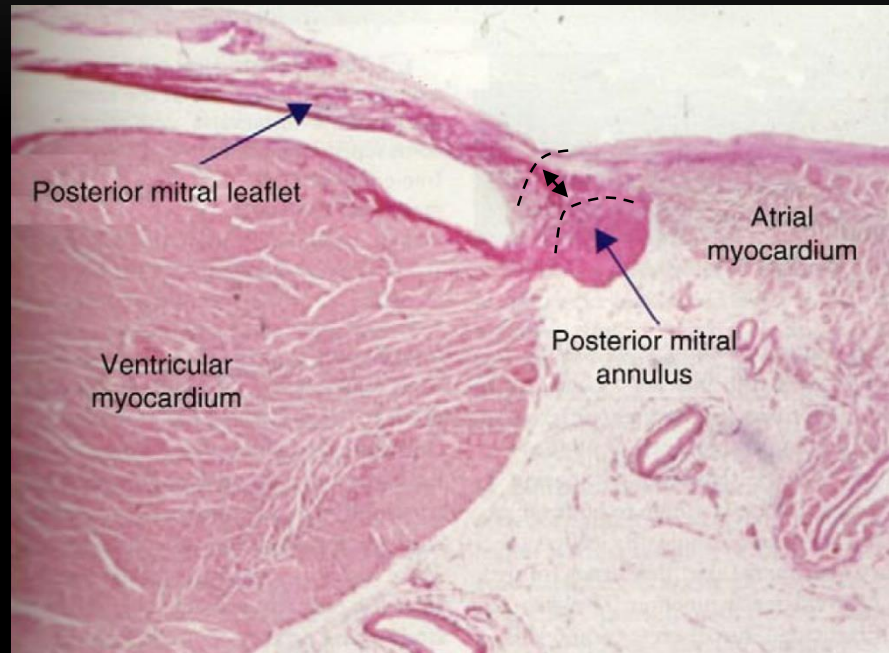
Leaflet

Coronary sinus

Adipose tissue

# The posterior annulus

*From an anatomical point of view*



Wilcox BR, Cook AC, Anderson RH,  
Surgical anatomy of the valves of the heart. In: Surgical  
anatomy of the heart. New York: Cambridge University  
Press; 2004. p. 55).

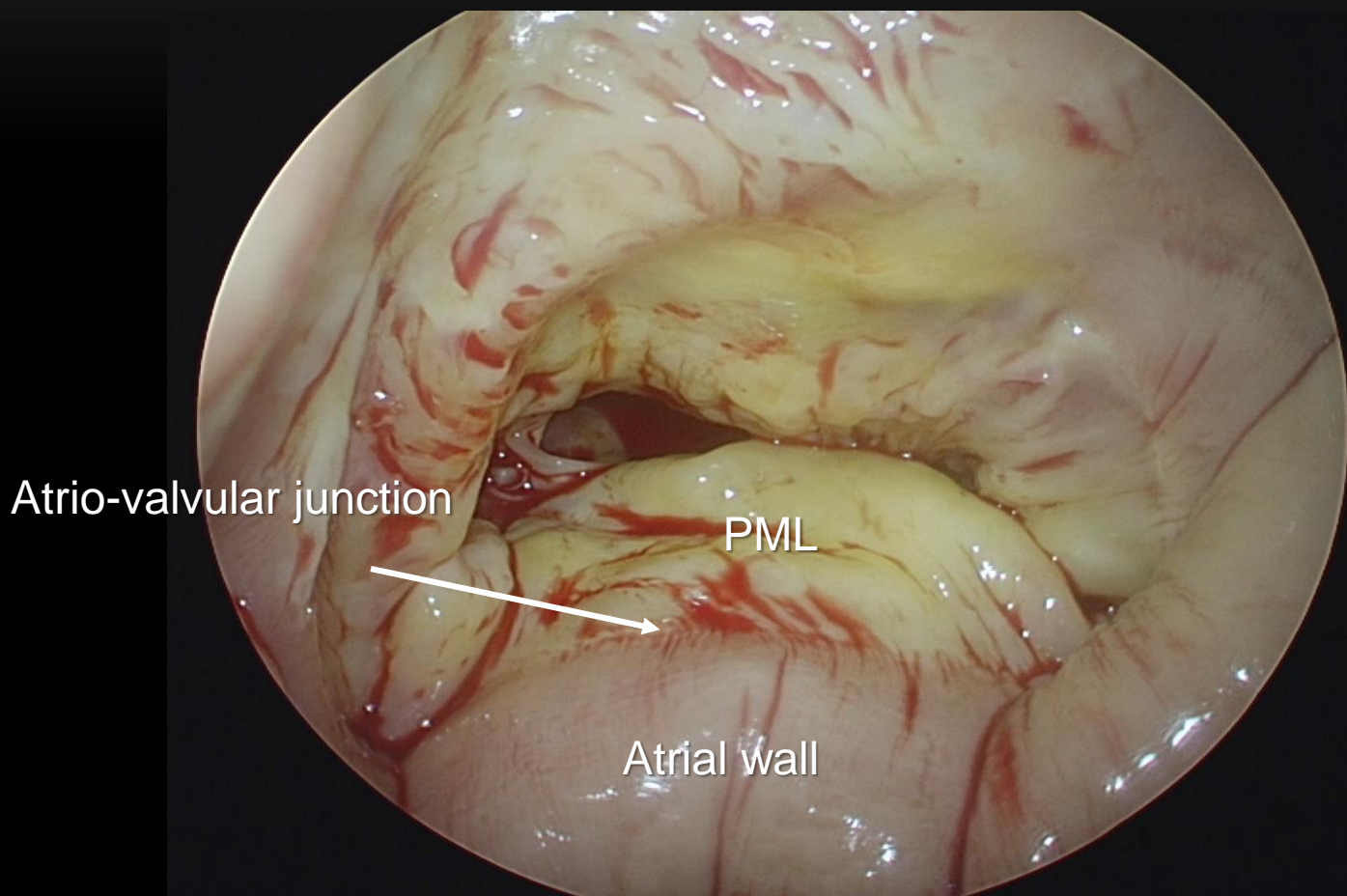
Posterior annulus from a *surgical* point of view.....

“ The posterior annulus is the “*transition zone*” between the brownish atrial wall and whitish posterior leaflet: the *atrio-valvular junction* ”



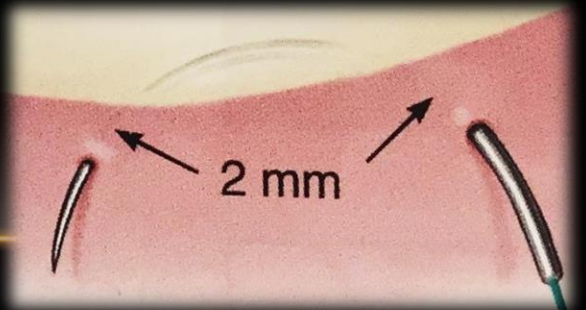
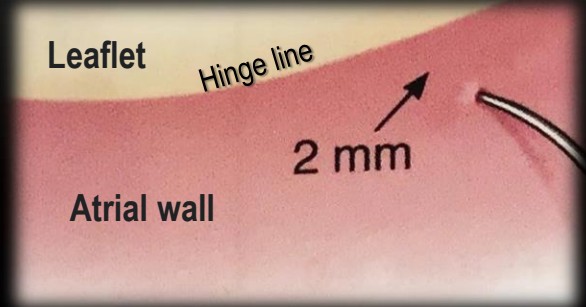
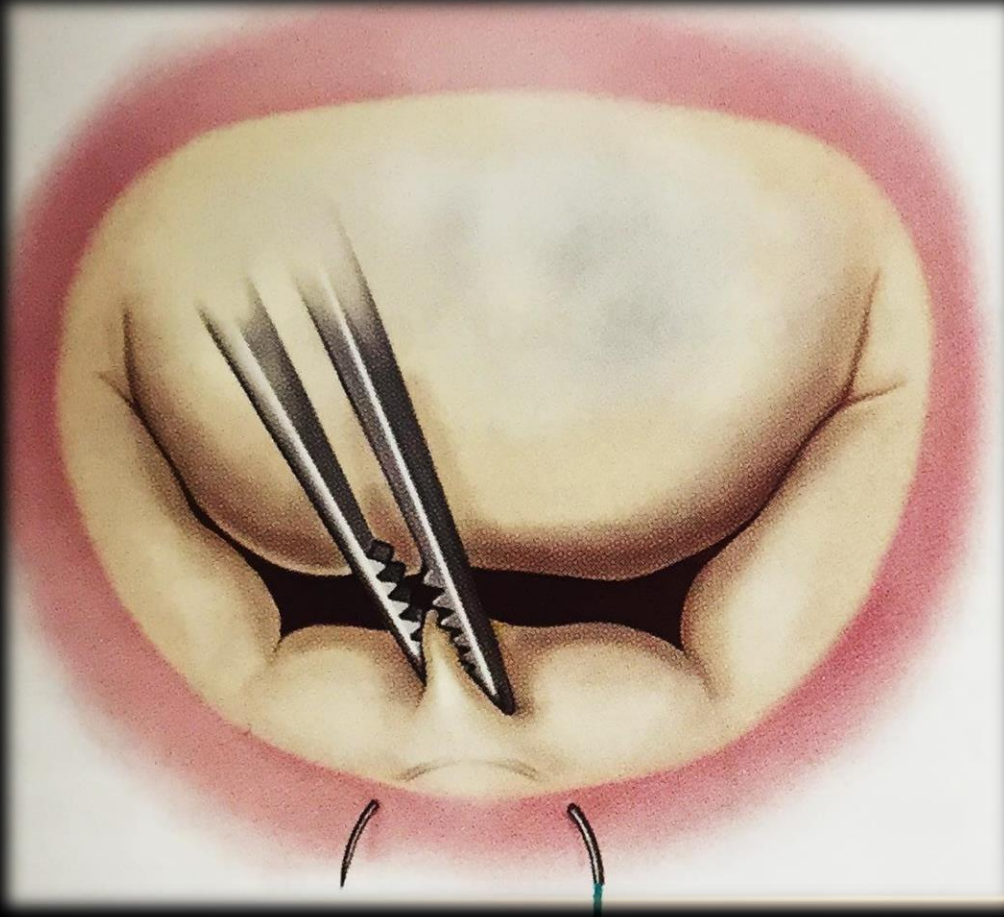
# The posterior annulus

*From a surgical point of view*



# The posterior annulus

*From a surgical point of view*

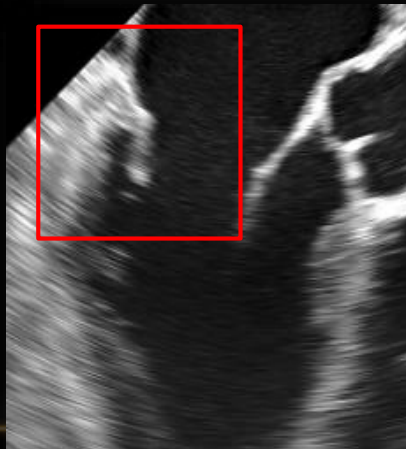
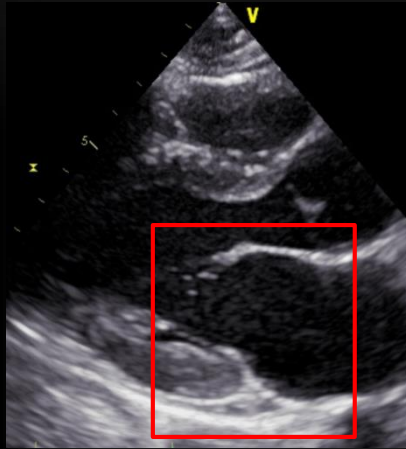


Posterior annulus from an *imager's* point of view.....

“ The posterior annulus is the *hinge line* between posterior leaflet and left atrial wall ”

# The posterior annulus

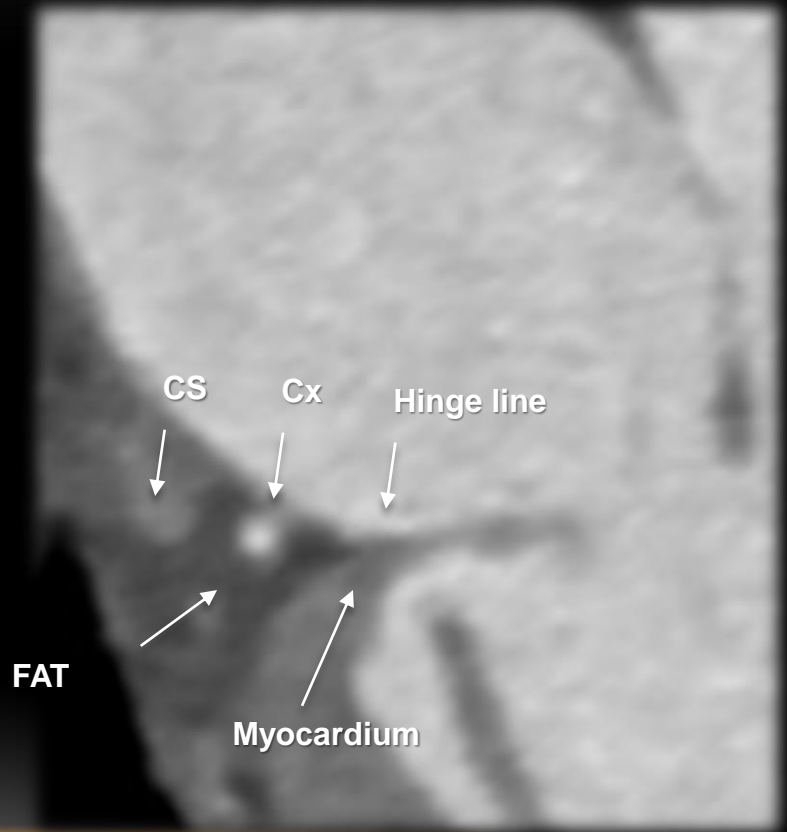
*From an imager's point of view*





# The posterior annulus

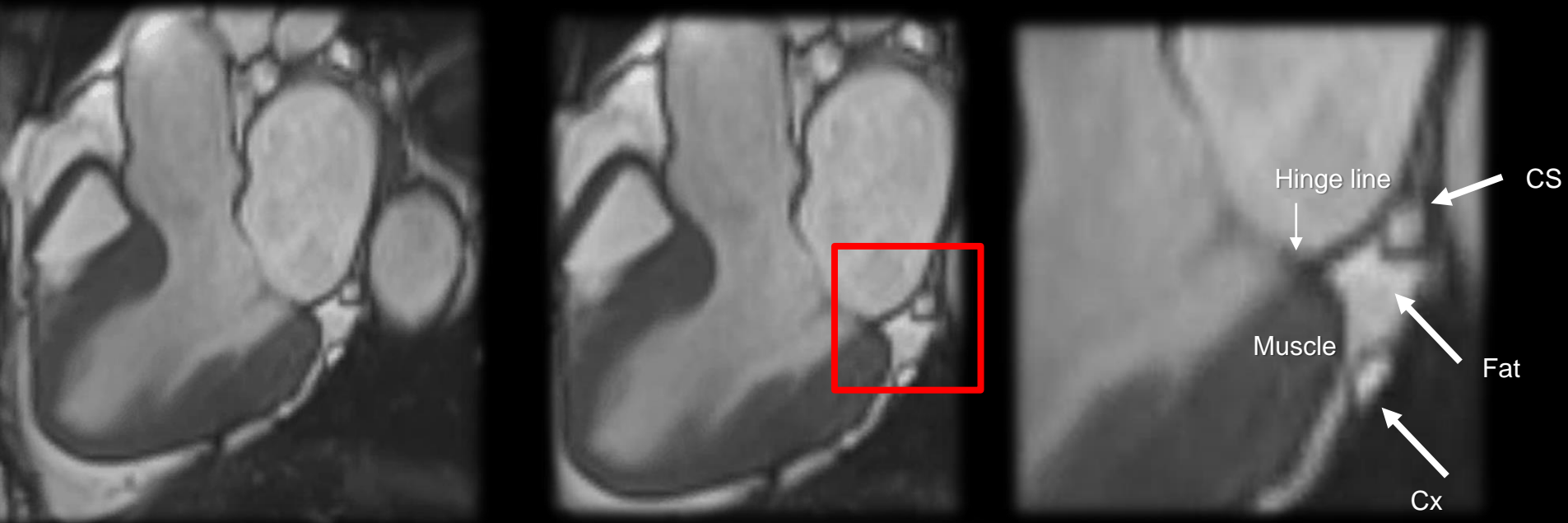
*From an imager's point of view*





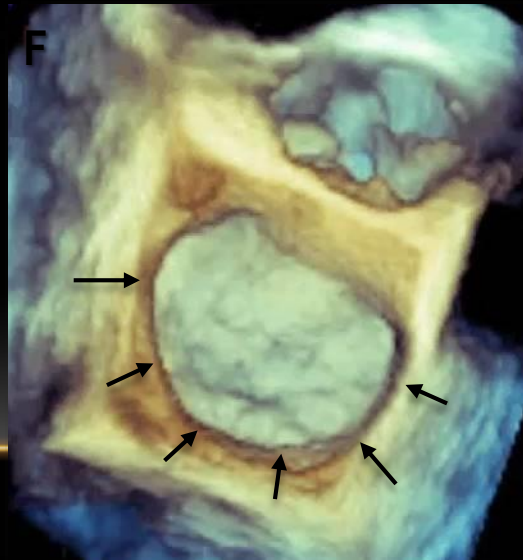
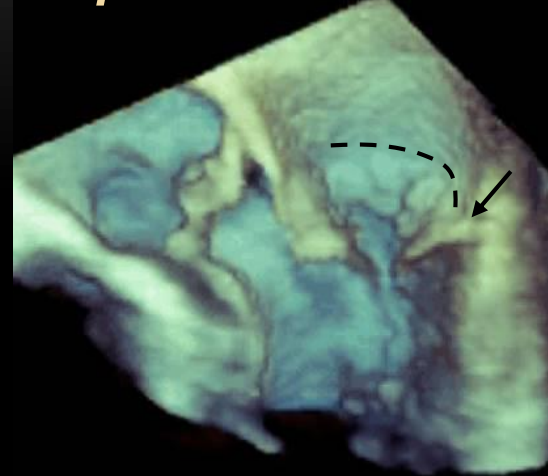
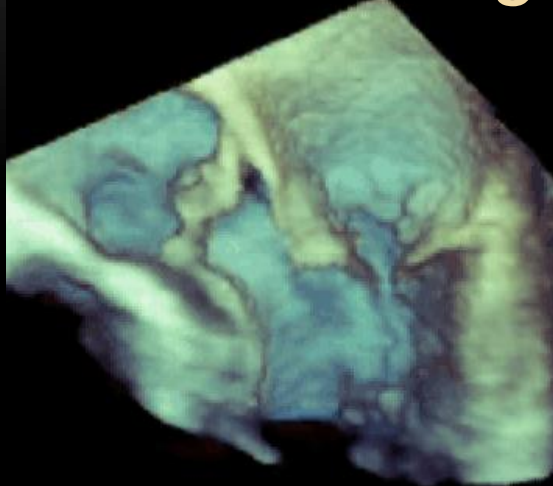
# The posterior annulus

*From an imager's point of view*

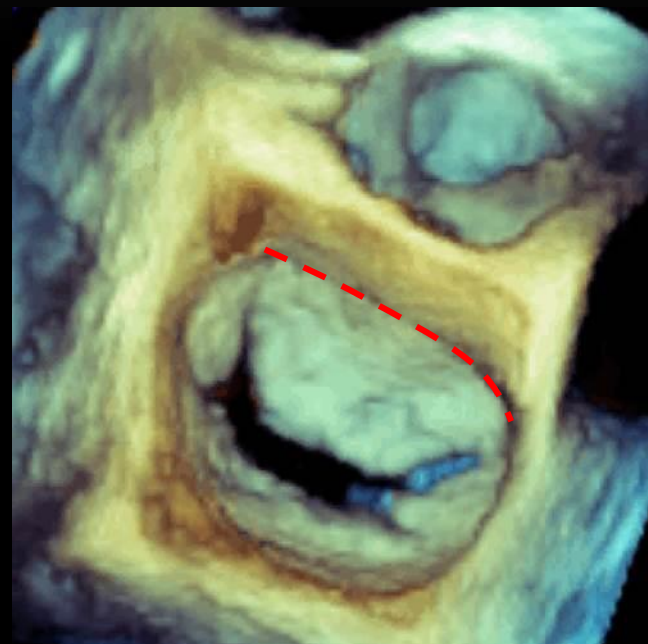


# The posterior annulus

*From an imager's point of view*



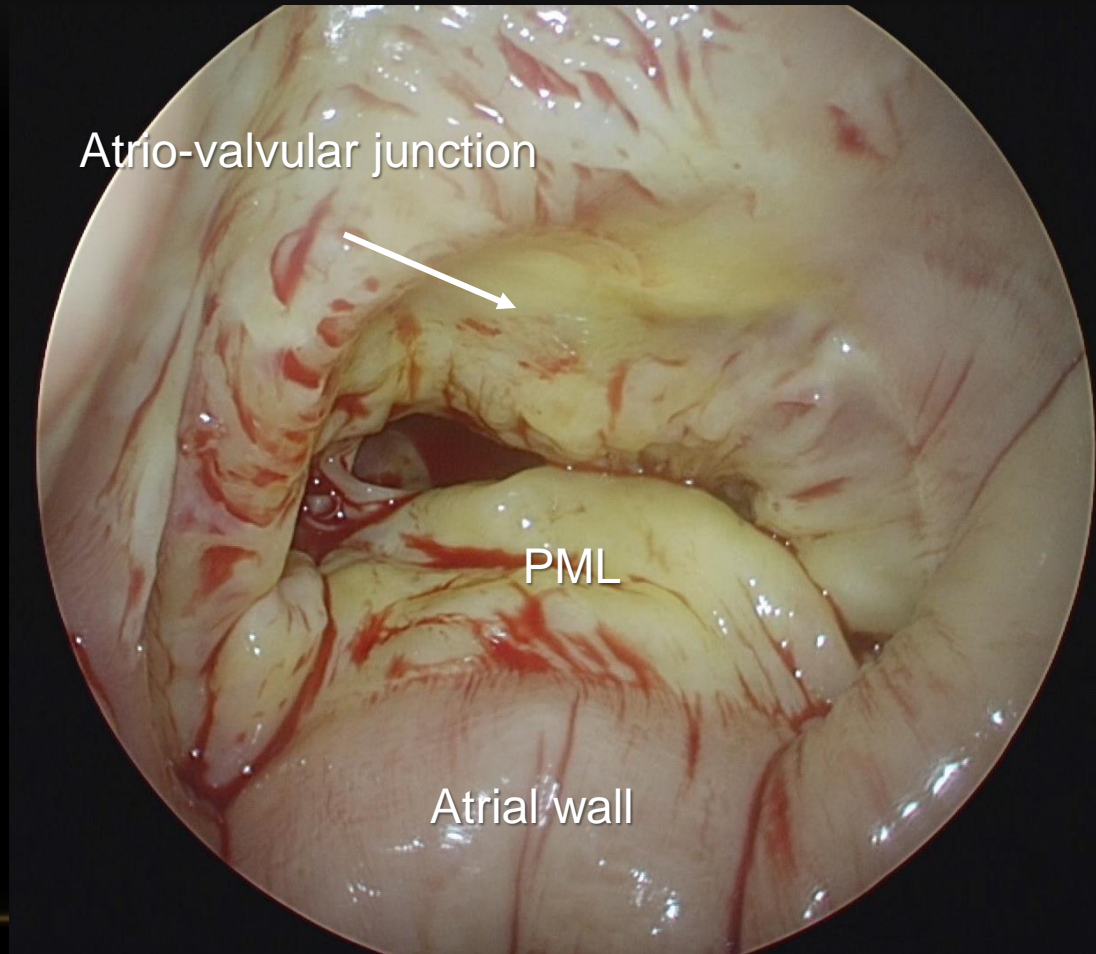
# The anterior mitral annulus



The anterior mitral annulus  
considered as a chord of connective  
tissue that anchors the anterior  
leaflets *simply does not exist*

# The anterior annulus

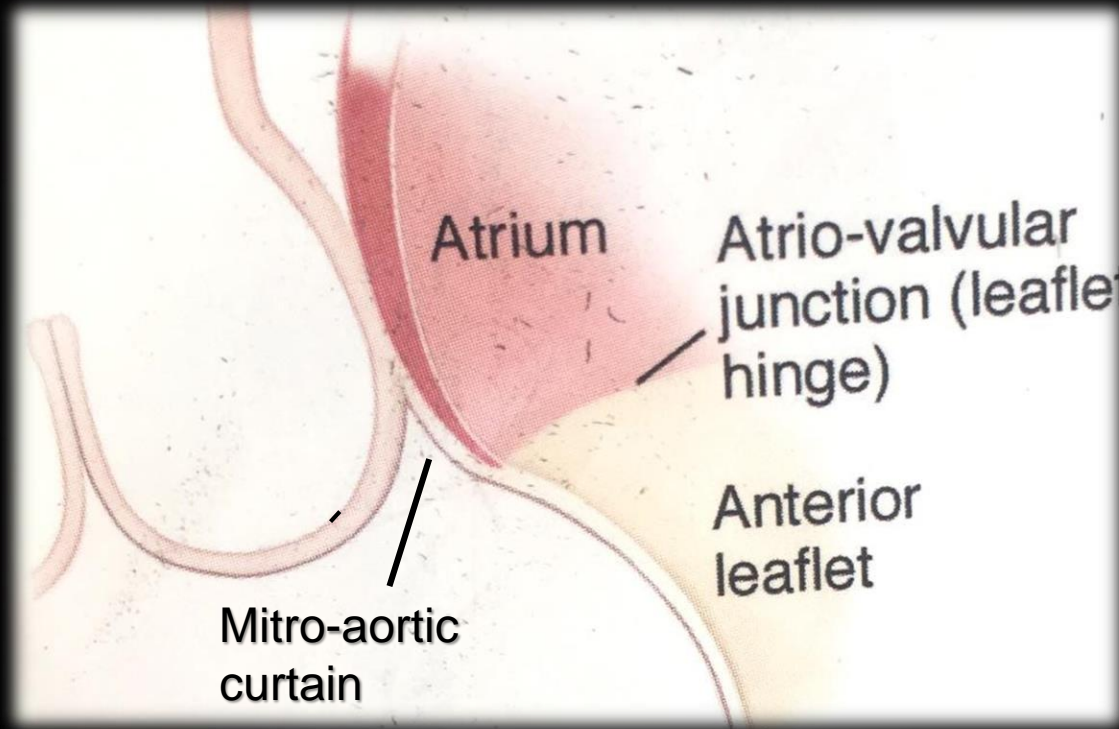
*From a surgical point of view*





# The anterior annulus

*From an anatomical point of view*



Carpentier's Reconstructive Valve Surgery Saunders Elsevier 2010

# The anterior annulus

## *From an anatomical point of view*

*Thorax (1960), 15, 70.*

SOME

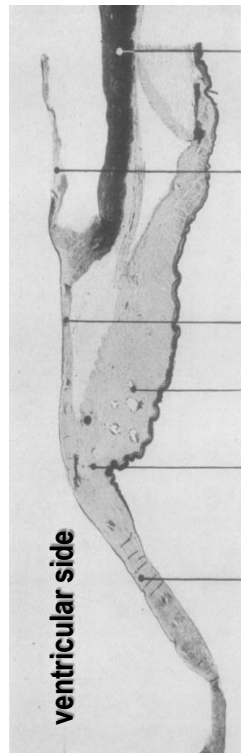
*From the Dep*

Examination of a series of sections has revealed certain features of the mitral valve that are not mentioned in the textbooks of anatomy.

Briefly, the fibrous rings of the mitral valve are attached to the left atrial wall in a plane as shown in standard anatomical diagrams. Consequently the relationship between the anterior and posterior cusps of the valve and the inflow and outflow of the left ventricle, is not that which is usually assumed if the ring were in one plane.

The fibrous ring, part of the framework of the heart, which separates atrium from ventricle, and

*Anatomic specimen*



Aortic wall

Aortic leaflet

Mitral-aortic continuity

Left atrial wall

Hinge

AML

ventricular side

MITRAL VALVE

*Medical School, London*

*28, 1959)*

The cusps of the mitral valve are attached to the left atrial wall, its superomedial part, of the borders of the anterior and left fibrous trigones, and the lateral part of the subaortic part of the left ventricle with which they are continuous. The anterior and inferolateral part of the ring is hinged to the trigones (Fig. 3). The ring does not lie in one plane but is hinged to the axis which joins the two commissures of the cusps (Figs. 1 and 3).

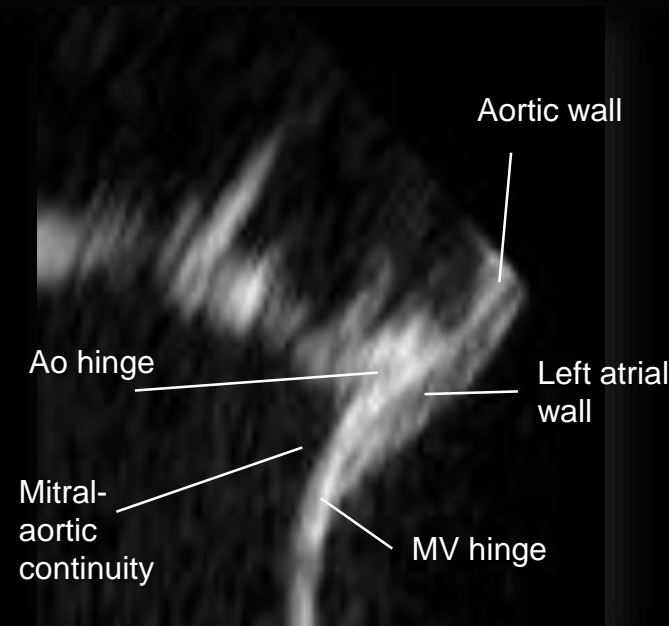
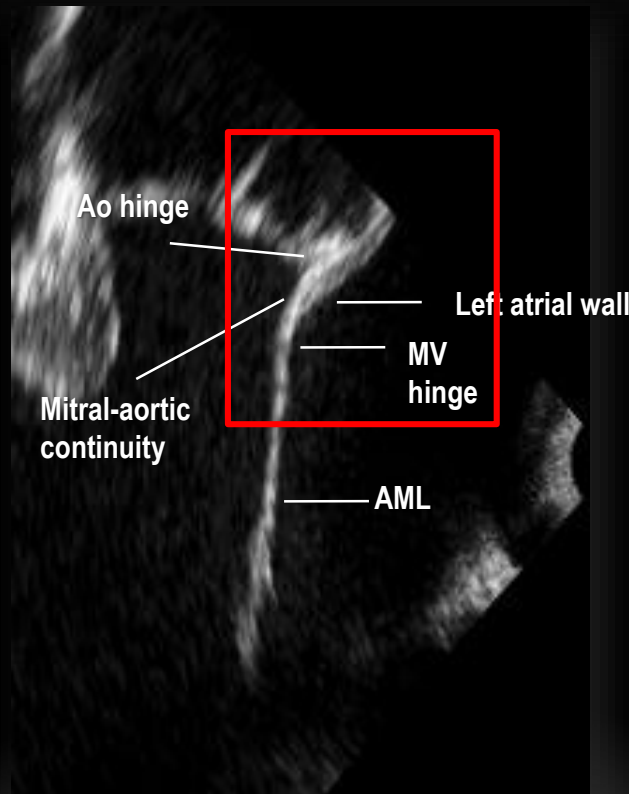
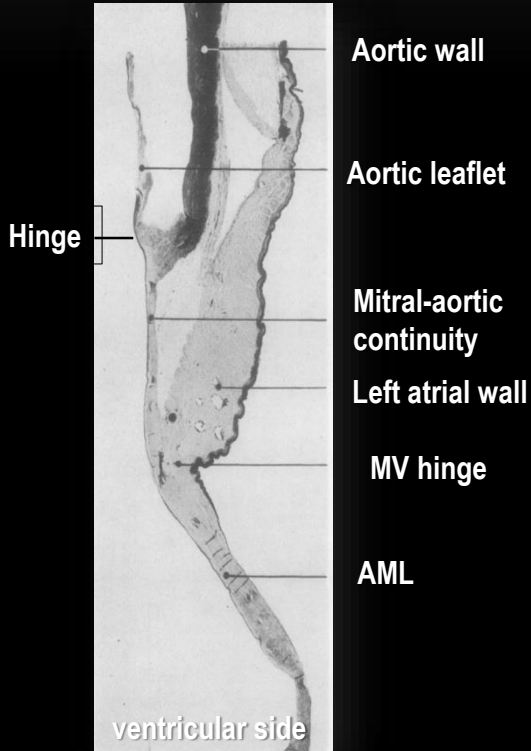
The free border of the anterior cusp can be seen in the diagram. Its attached border forms an arc, and its free border is subdivided into three regions: a middle one the centre of which is free from

# The anterior mitral annulus

*From an imager's point of view*

Anatomic specimen

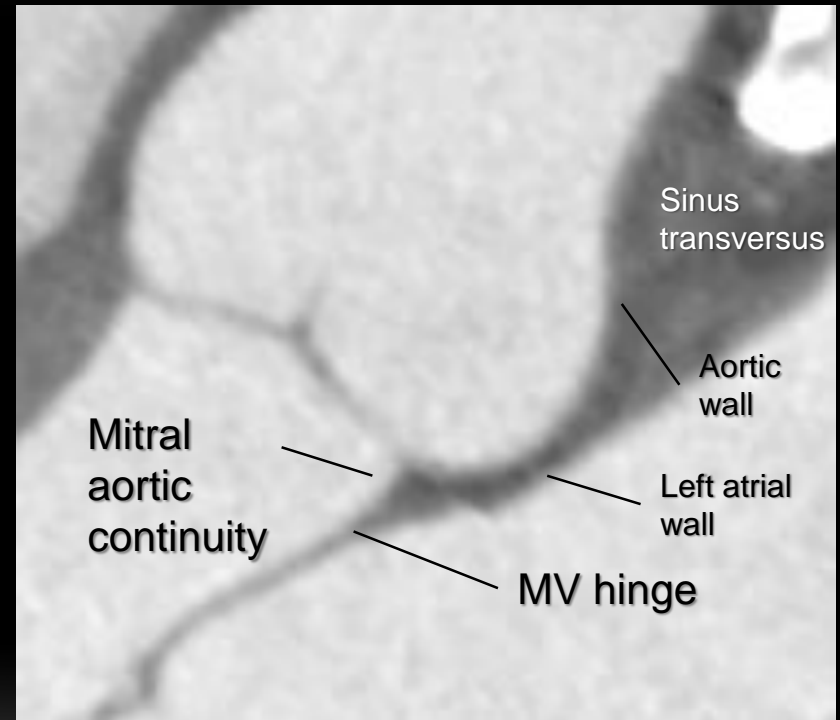
ECHO



*E.W.T. Morris. Thorax 1960,*

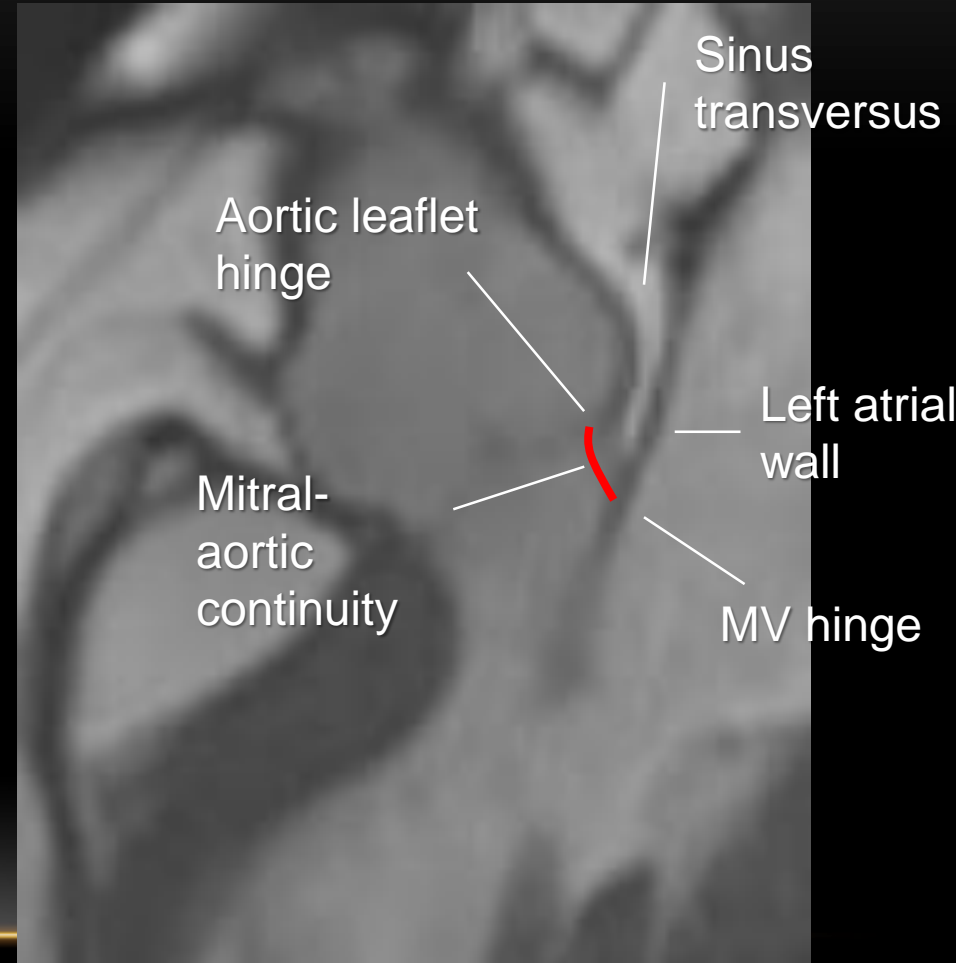
# The anterior mitral annulus

*From an imager's point of view*



# The anterior mitral annulus

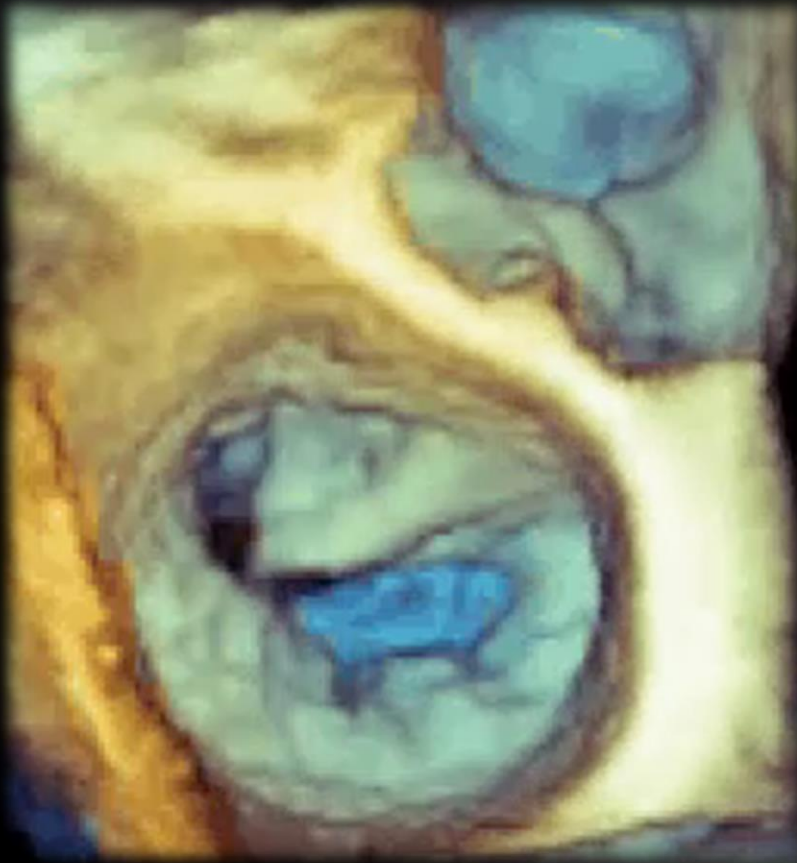
*From an imager's point of view*





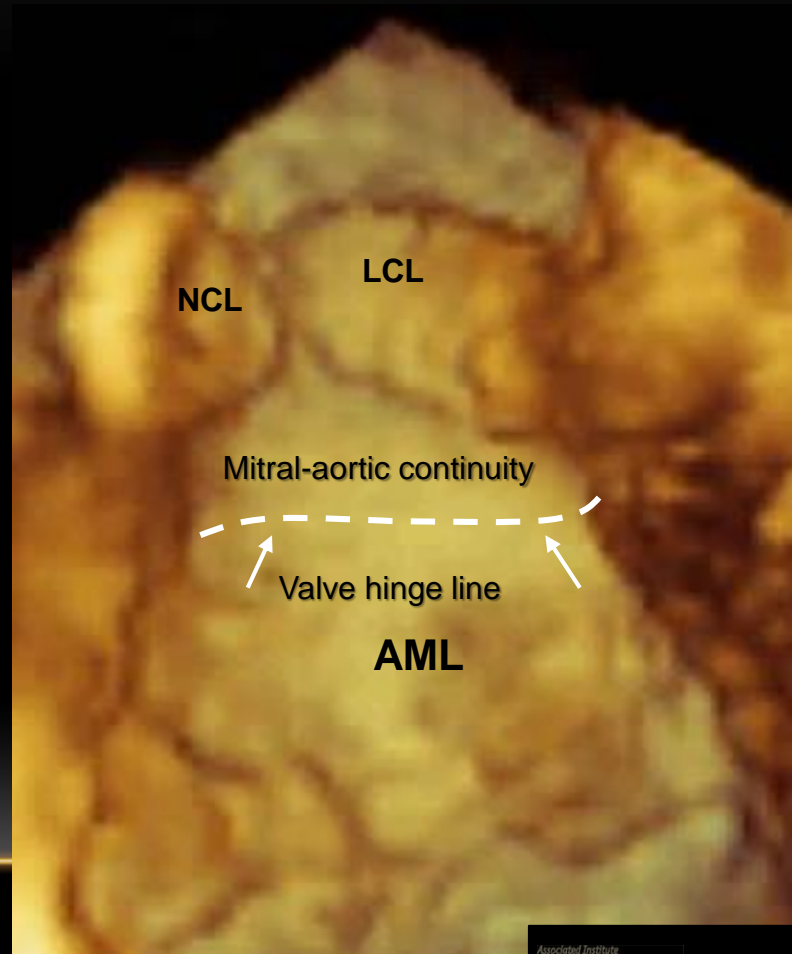
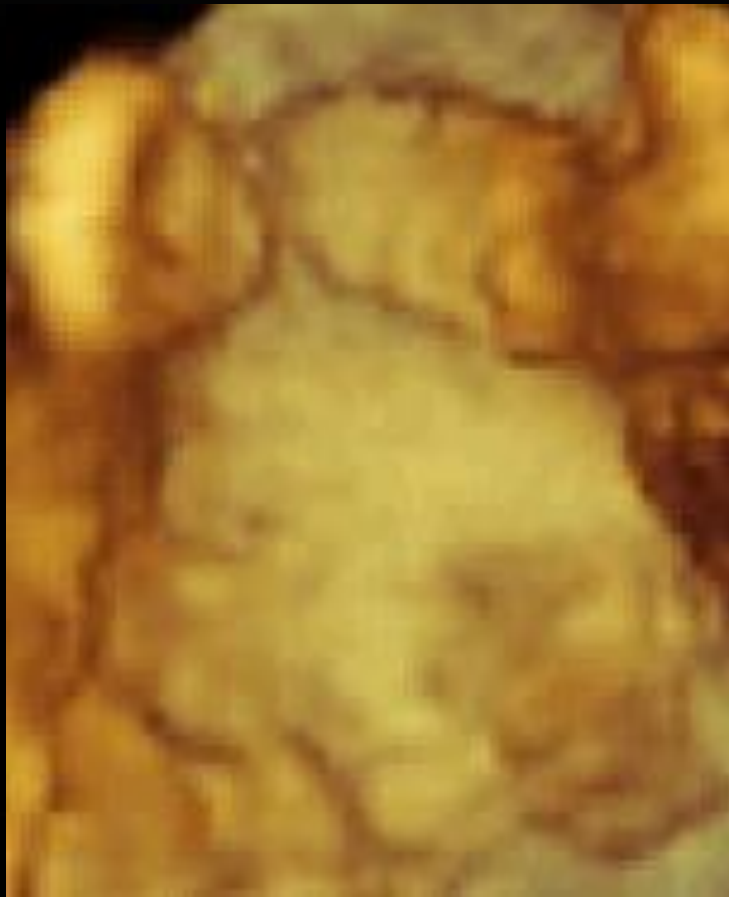
# The anterior mitral annulus

*From an imager's point of view*



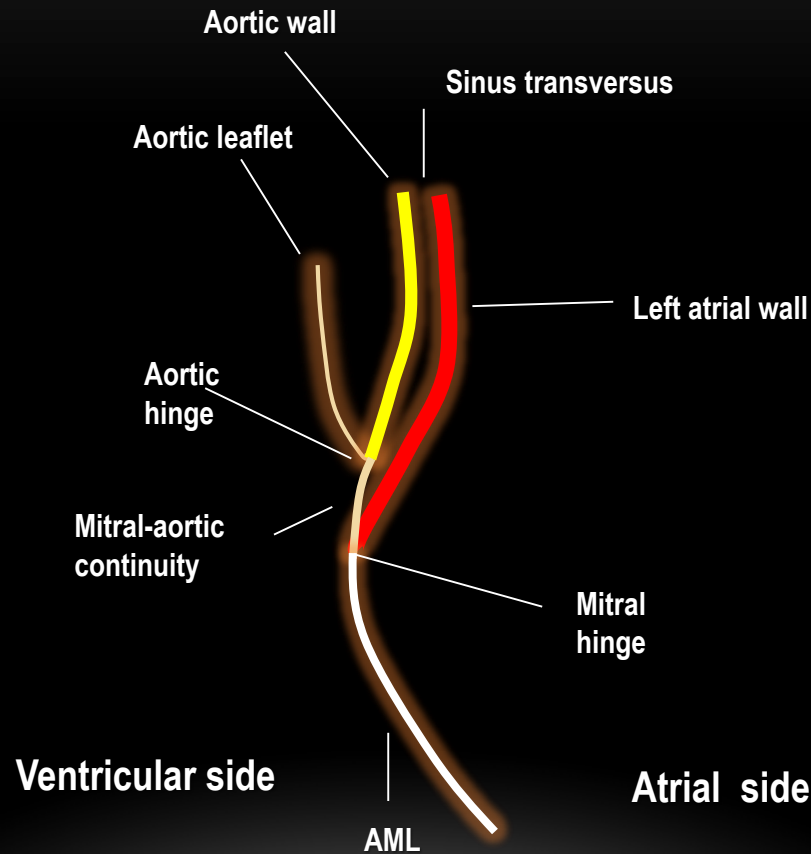
# The anterior mitral annulus

*From an imager's point of view*



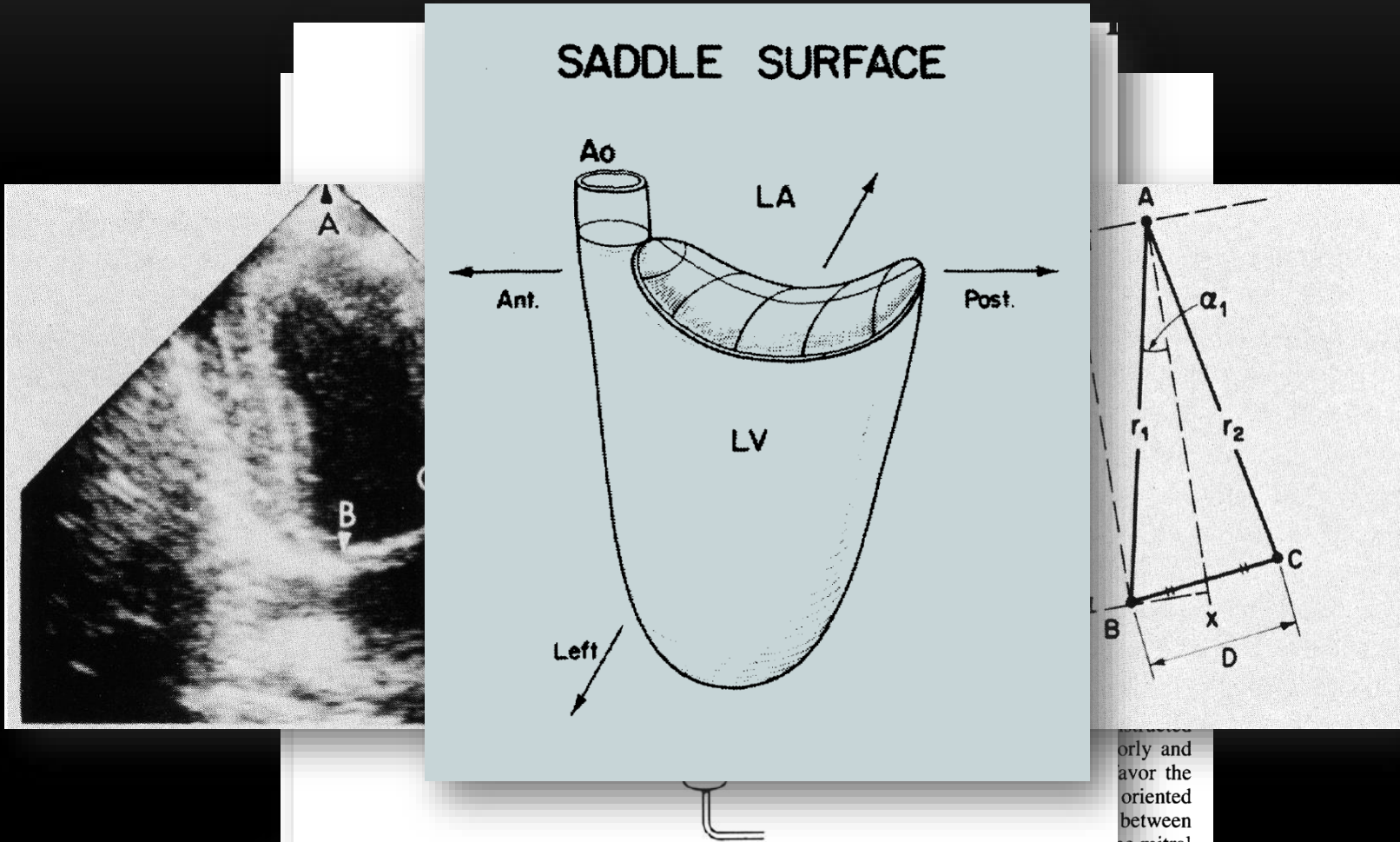
# The anterior mitral annulus

## *Take home message*



Is the saddle-shaped  
configuration of the  
annulus a *misnomer* ?

# The saddle-shaped configuration of the annulus



...orly and  
avor the  
oriented  
between  
the mitral  
annulus is planar as well as the diagnosis of prolapse in many otherwise normal individuals based on that  
assumption.



# The saddle-shaped configuration of mitral hinge line



The saddle-shaped  
configuration refers to the *hinge*  
*line* not to the annulus !!!

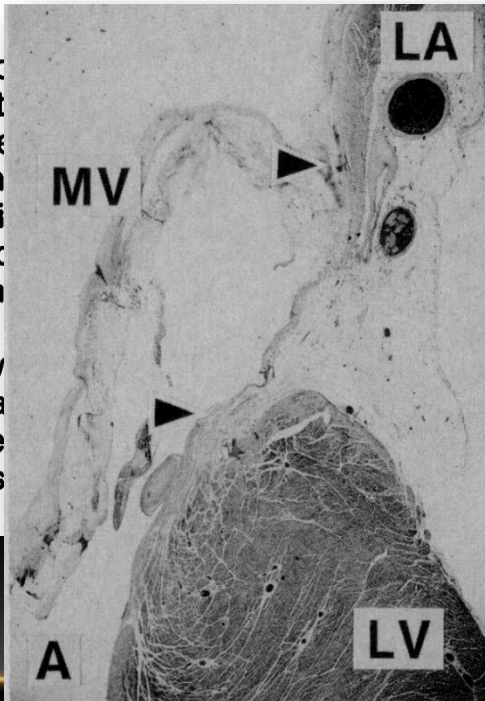
# The *disjunction* of mitral annulus

# Disjunction of mitral annulus

## THE ASSOCIATION OF FLOPPY MITRAL VALVE WITH DISJUNCTION OF THE MITRAL ANNULUS FIBROSUS

GROVER M. HUTCHINS, M.D., G. WILLIAM MOORE, M.D., PH.D., AND DAGNA K. SKOOG, M.D.

**Abstract** Floppy mitral valve is usually attributed to connective-tissue degeneration. However, we have observed floppy mitral valve in 42 of 900 hearts in distinct morphologic forms. In 23 of these hearts, the mitral valve was associated with disjunction of the mitral annulus fibrosus. In 42



(mean age  $[\pm SE]$ ,  $60 \pm 2$  years) was mitral annulus disjunction. Two hearts had a floppy mitral valve. Both of these hearts had disjunction of the annulus; both of the papillary muscles. Our results show that floppy mitral valve is significantly associated with disjunction of the mitral annulus fibrosus. The morphology of the annulus fibrosus is usually normal. The morphology of the annulus fibrosus is usually normal. (Am J Pathol 1978; 113:535-40.)

# Mitral annulus disjunction

## Morphofunctional Abnormalities of Mitral Annulus and Arrhythmic Mitral Valve Prolapse

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K

**Background**  
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**Methods and**  
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patients v

**Conclusion**  
mobility  
wall and

abnormalities, together with auscultatory midsystolic click, may identify MVP patients who would need arrhythmic risk stratification. (*Circ Cardiovasc Imaging*. 2016;9:e005030. DOI: 10.1161/CIRCIMAGING.116.005030.)

**Controls**

**MVP**

**B**

**C**

Atrio-valvar junction

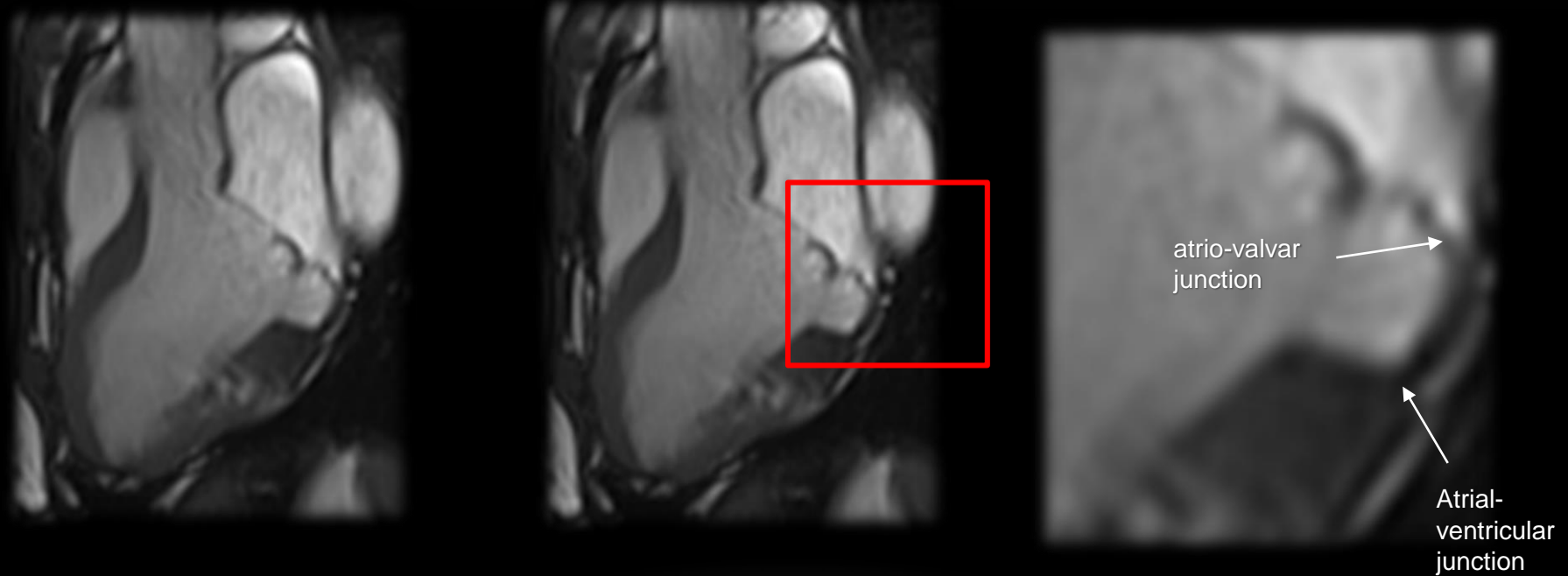
Atrio-ventricular junction (LV)

LV late patients; functional mitral versus LV wall cement higher mitral in 20 excessive basal annulus



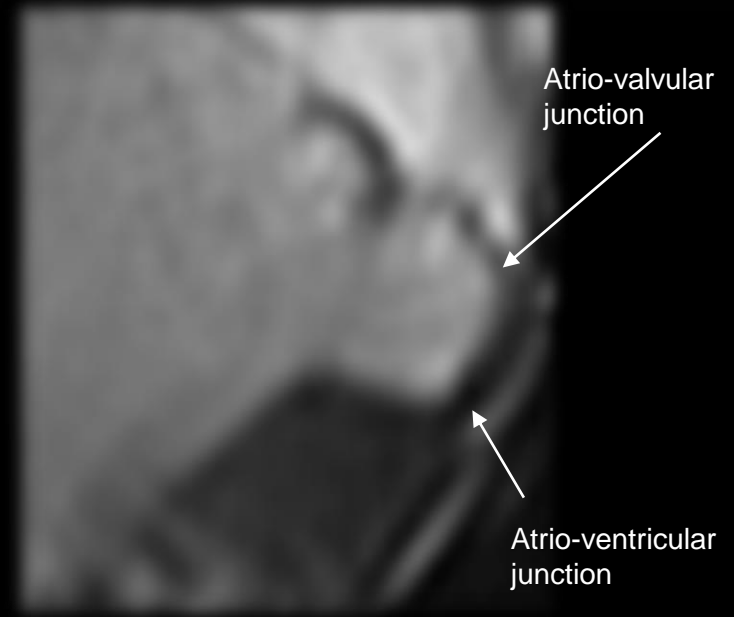
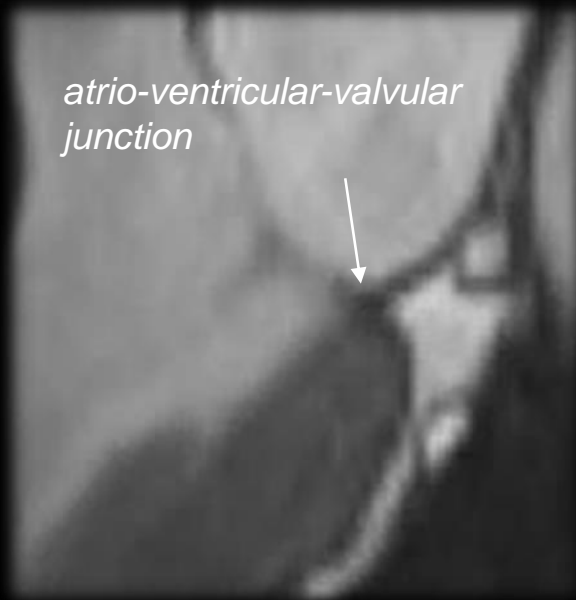
# Mitral Annulus Disjunction

*Separation between atrio-valvar junction and LV attachment*



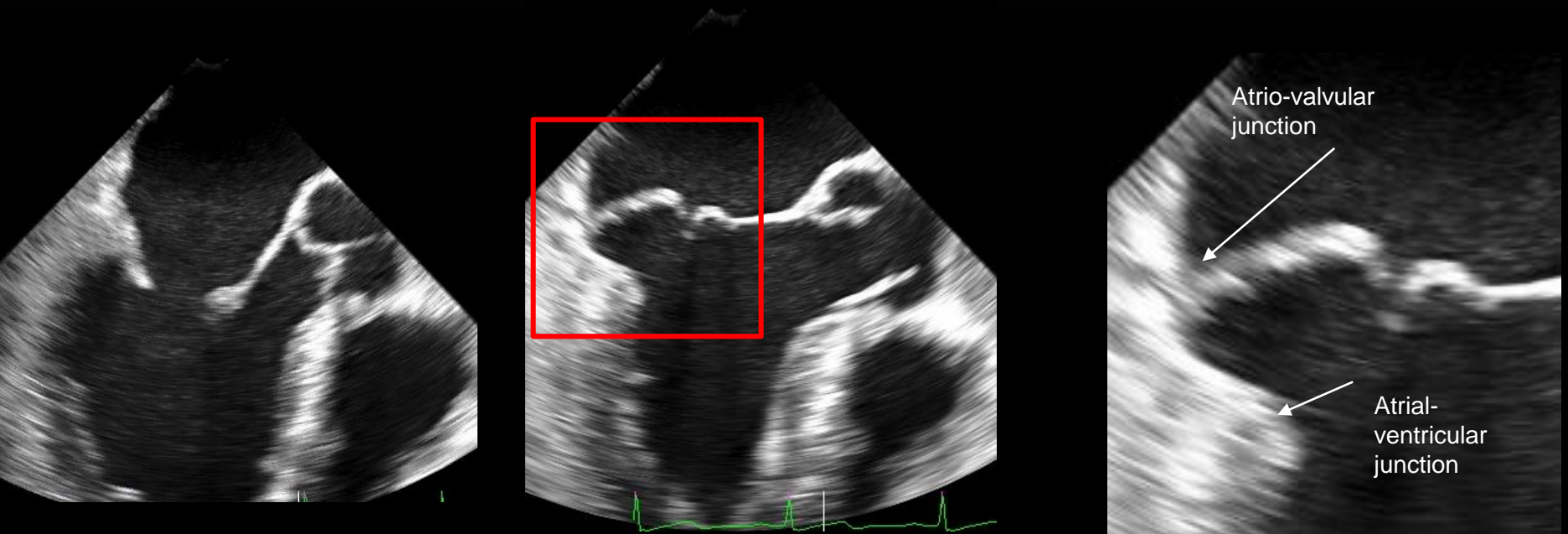
# Mitral Annulus Disjunction

*Separation between atrio-valvar junction and LV attachment*



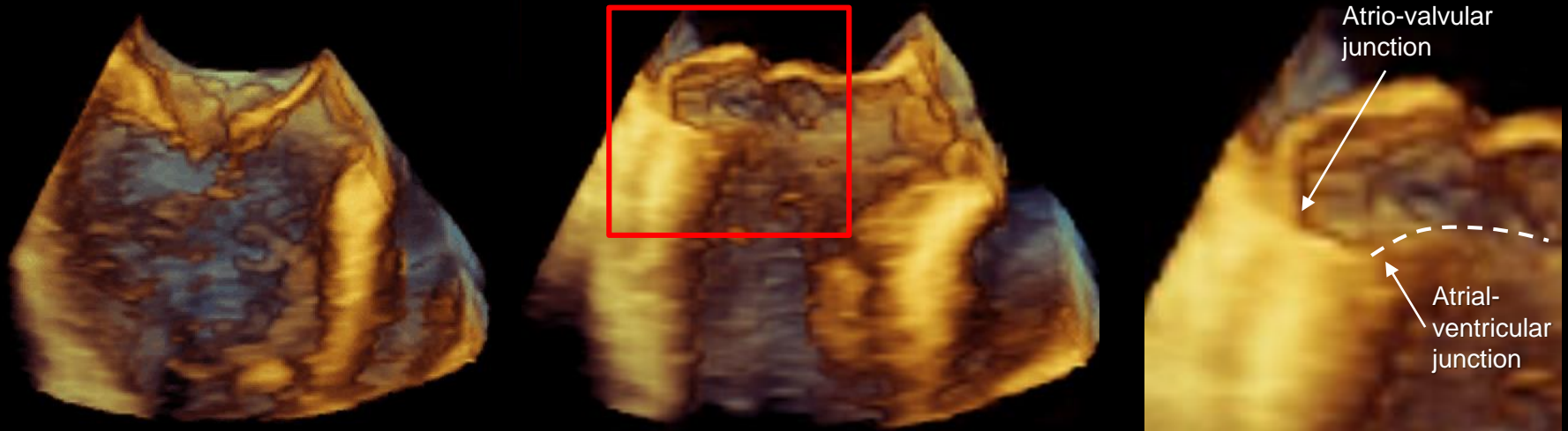
# Mitral Annulus Disjunction

*Separation between atrio-valvar junction and LV attachment*



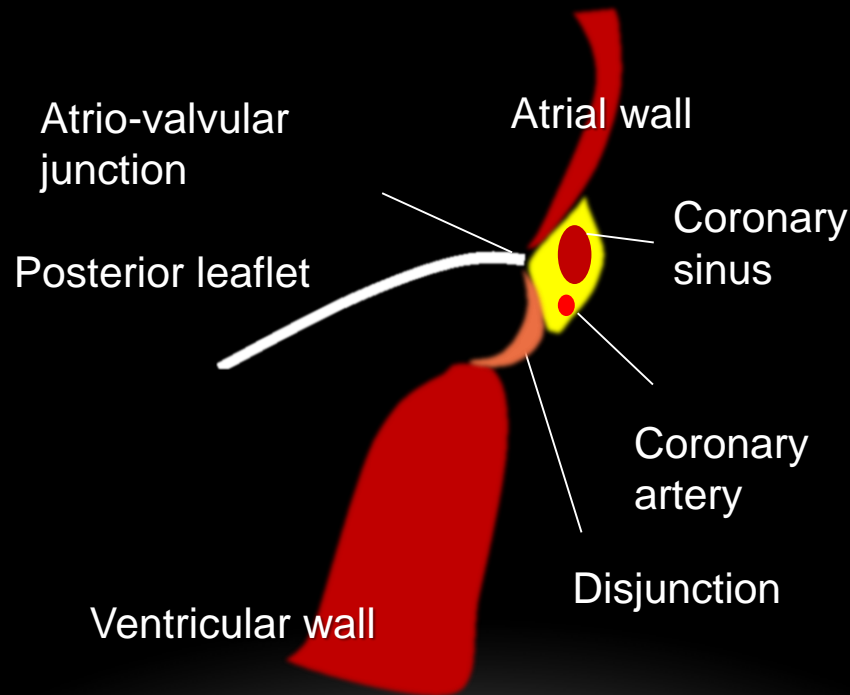
# Mitral Annulus Disjunction

*Separation between atrio-valvar junction and LV attachment*



# Mitral Annulus Disjunction

*Separation between atrio-valvular junction and LV attachment*





FRANCESCO F FALETRA  
JAGAT NARULA

# EXPLORING CARDIAC ANATOMY BY

NONINVASIVE IMAGING

## ***Preface.....***

...We are convinced that in the third millennium medical students and, in particular, cardiologists will be able to learn cardiac anatomy through non invasive imaging. This method must become the preferred mode of teaching anatomy in medical schools to supplement cadaveric dissection and anatomic specimens.

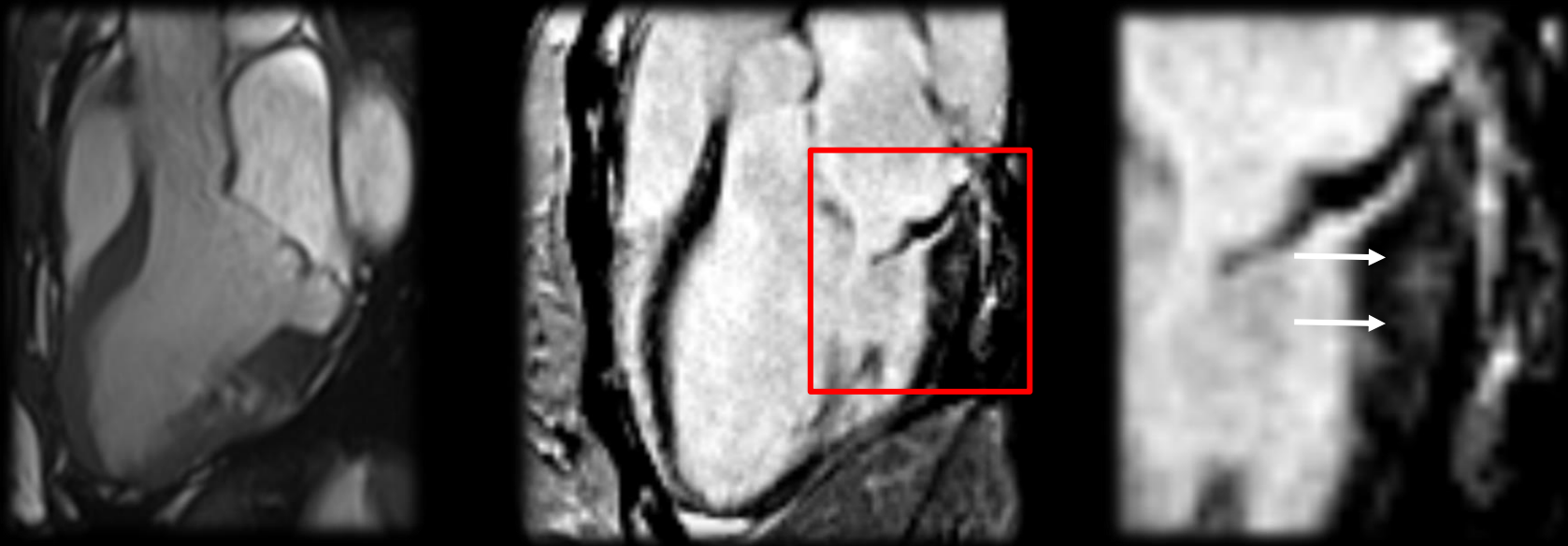
 Springer

Thank you for your kind attention



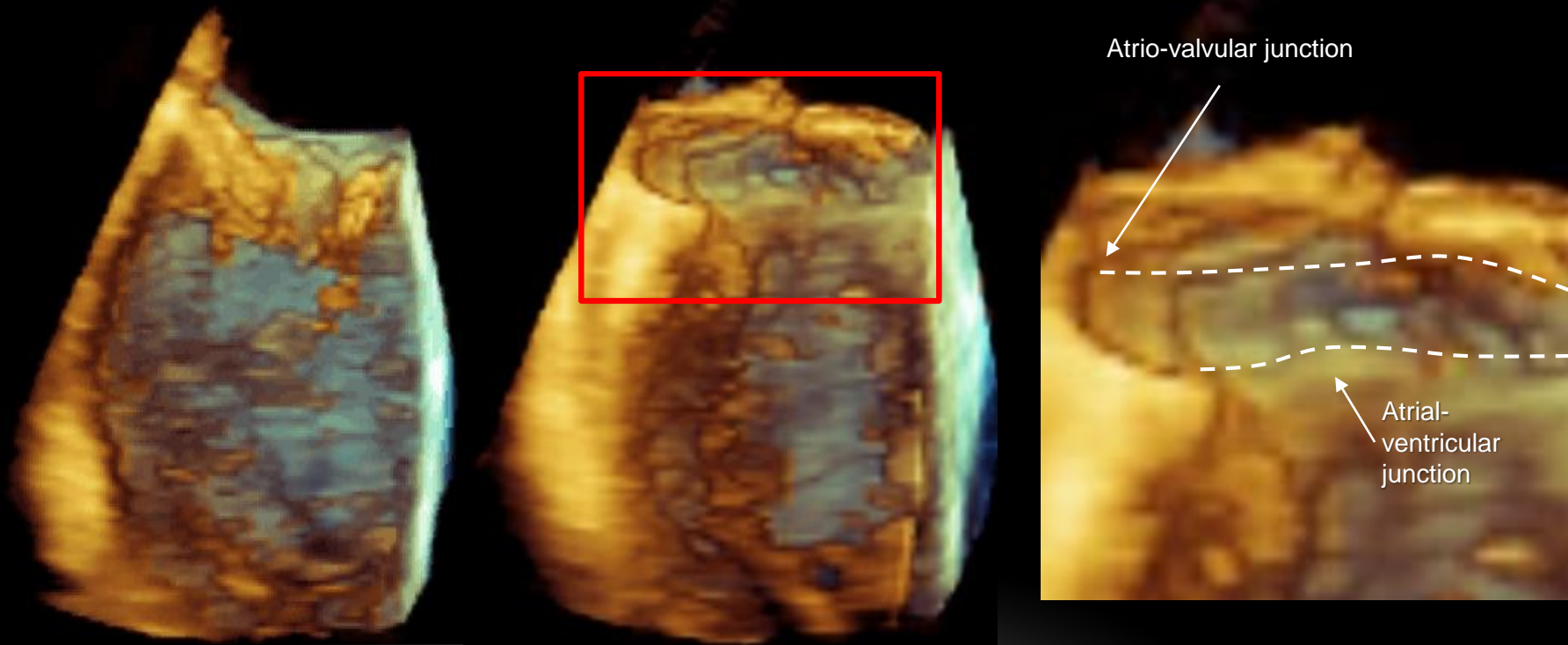
# Mitral Annulus Disjunction

*Separation between atrio-valvar junction and LV attachment*



# Mitral Annulus Disjunction

*Separation between atrio-valvar junction and LV attachment*



# The *mysterious* left ventriculo-arterial junction

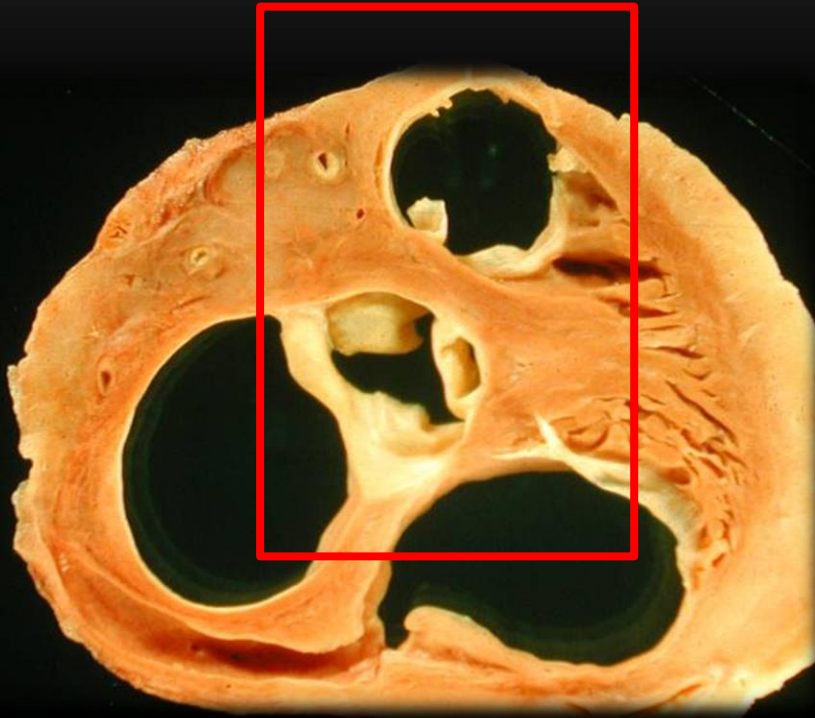
## Definition

Site where the muscular tissue of ventricular myocardium meets the fibro-elastic wall of the aortic wall. The left ventricular-arterial junction is *not completely muscular*.

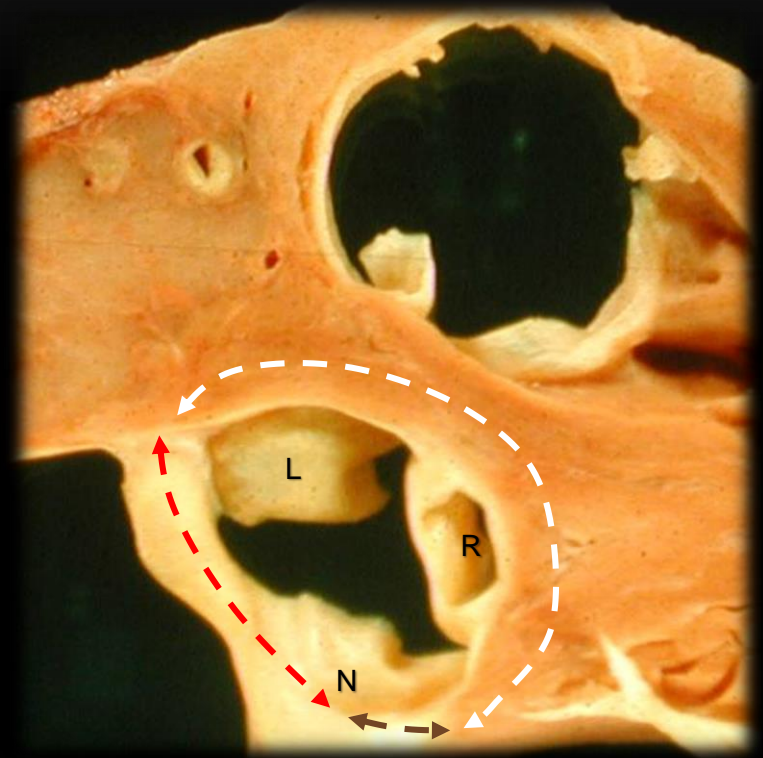
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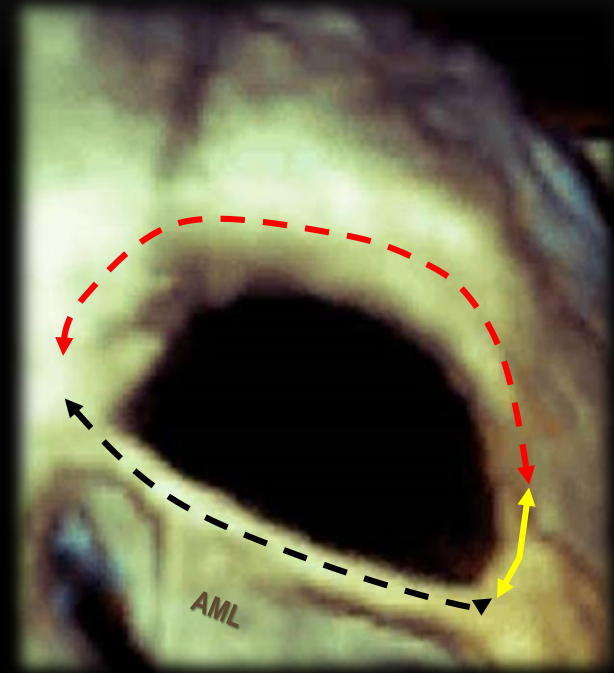
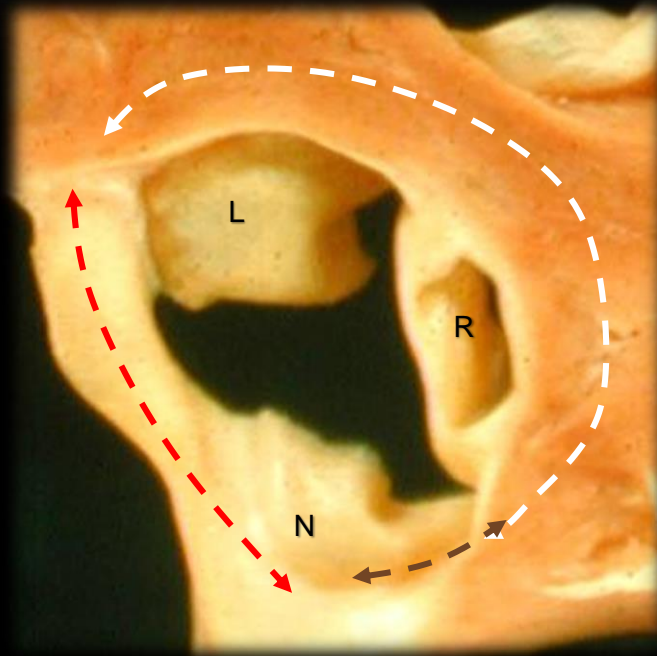
# The ventriculo-arterial junction



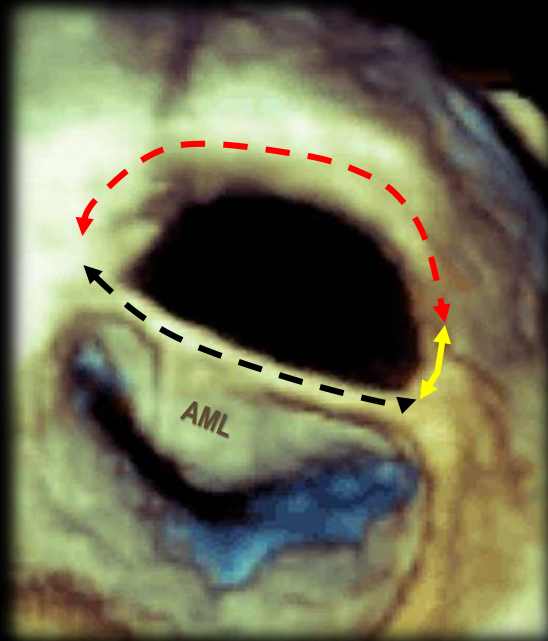
Bonacina E  
Niguarda hospital Milan



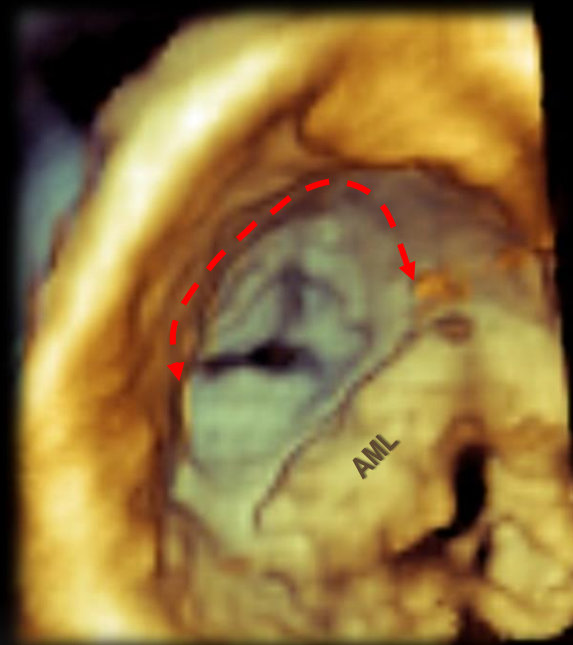
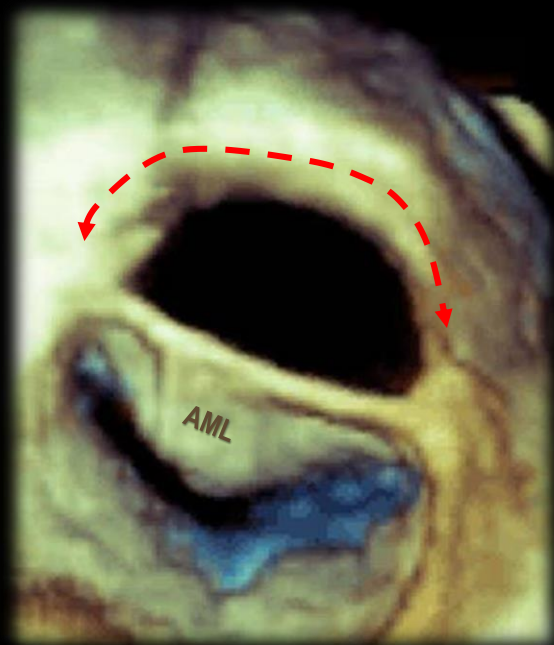
# The ventriculo-arterial junction



# The *mysterious* left ventriculo-arterial junction

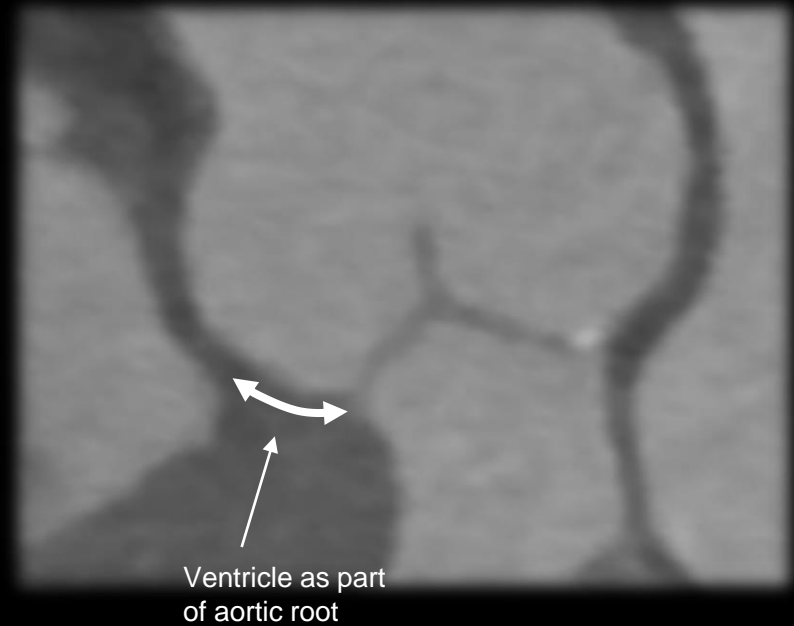
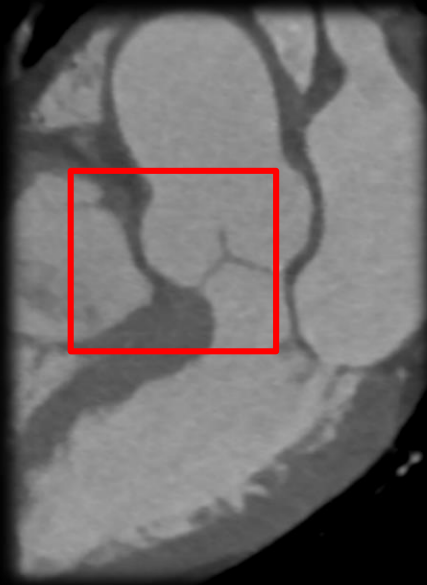
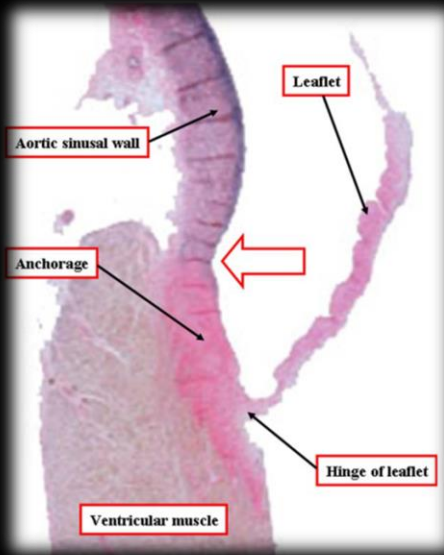


# The *mysterious* left ventriculo-arterial junction



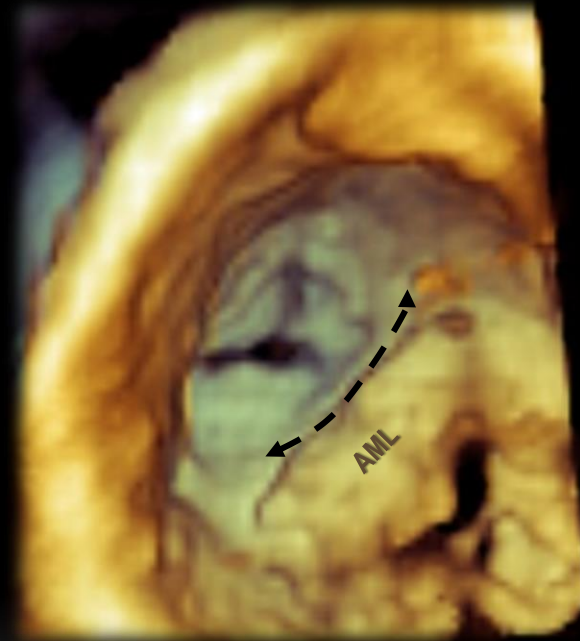
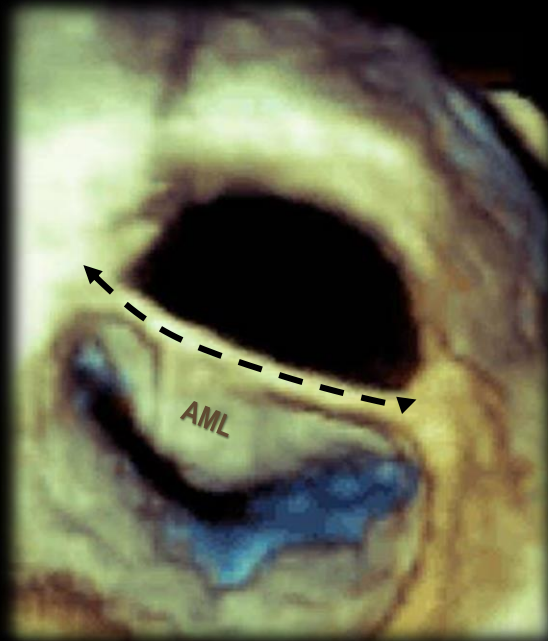


# The *mysterious* left ventriculo-arterial junction

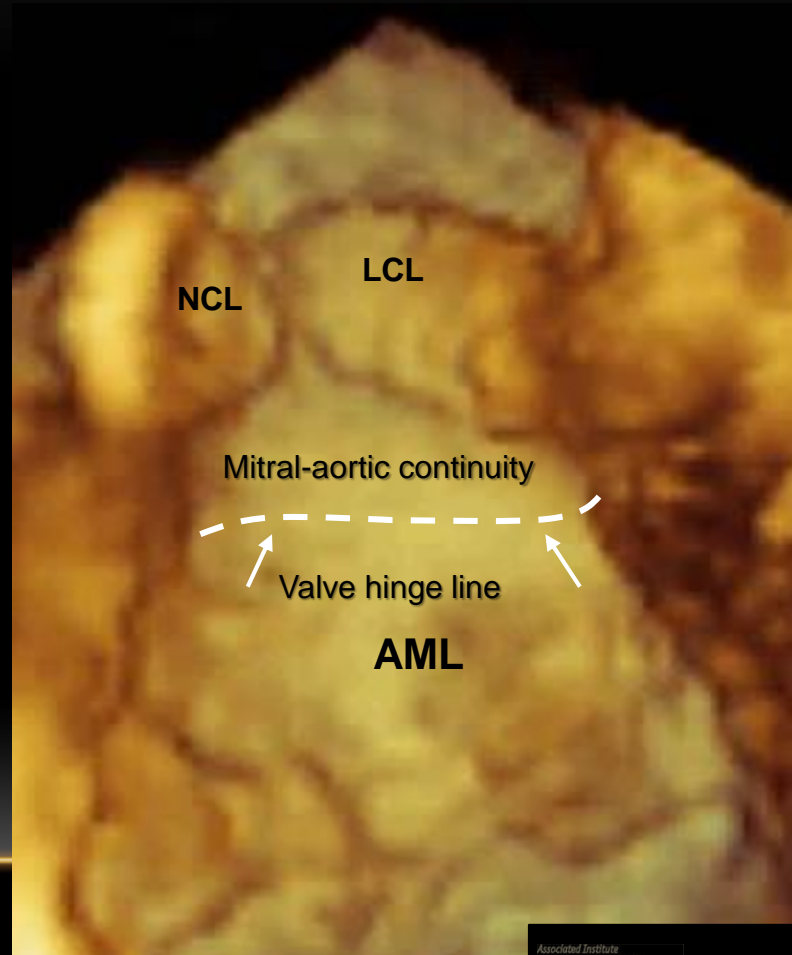
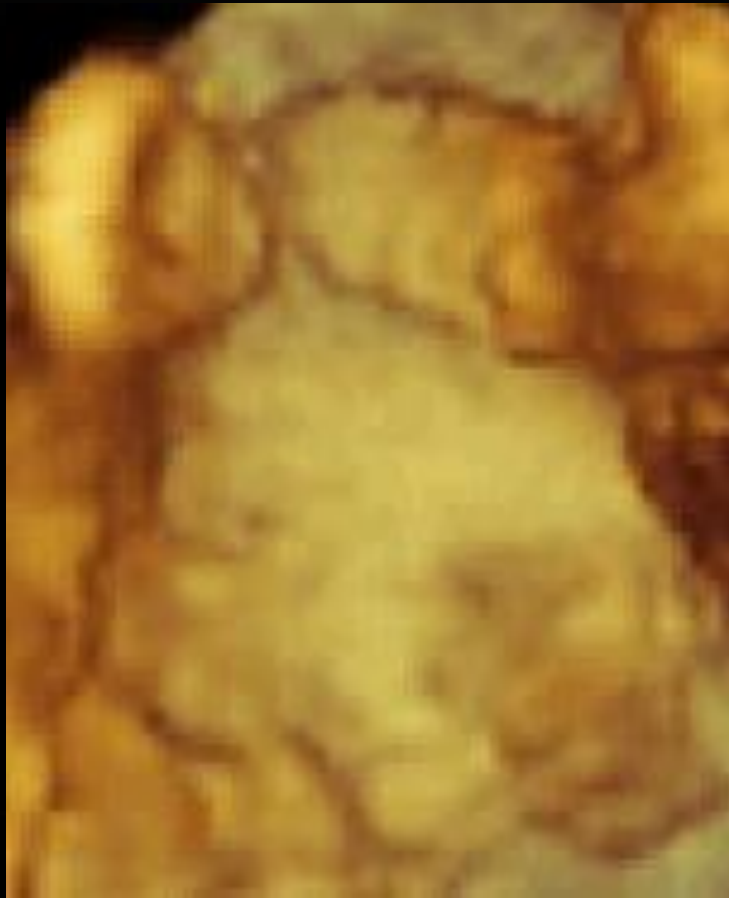




# The *mysterious* left ventriculo-arterial junction



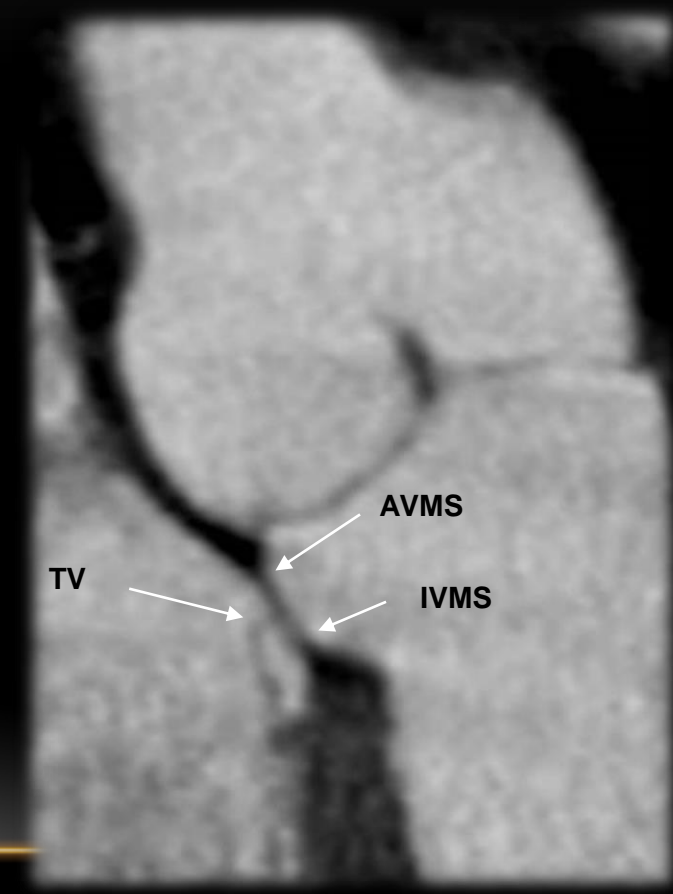
# The *mysterious* left ventriculo-arterial junction



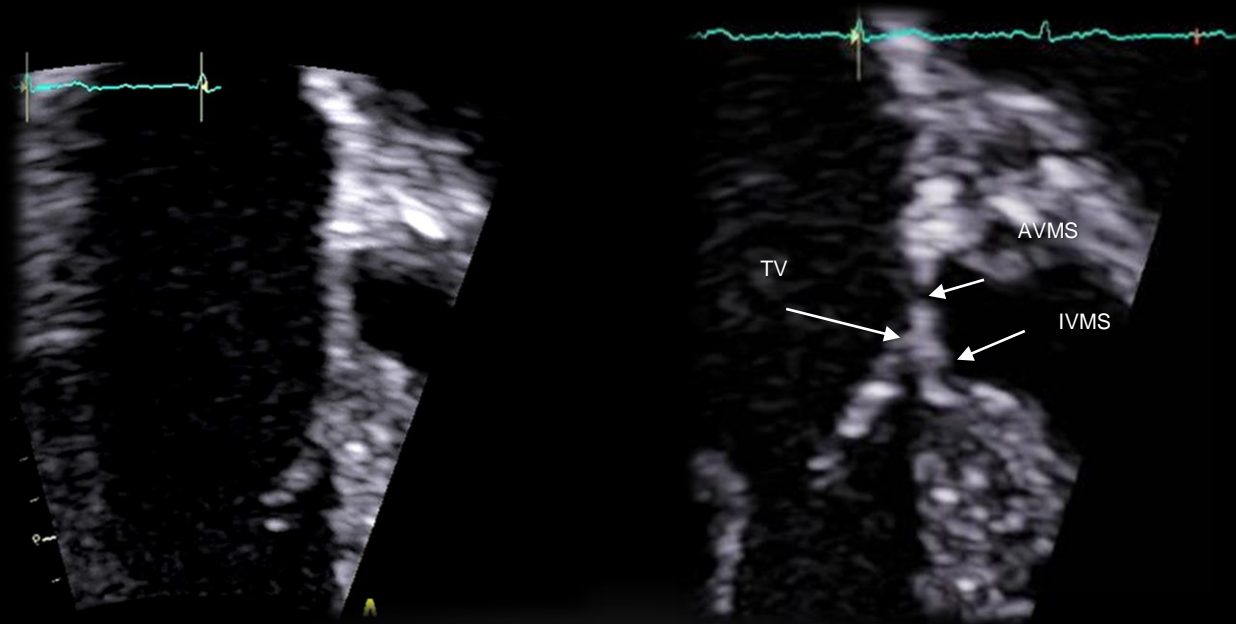
# The *mysterious* left ventriculo-arterial junction



# The *mysterious* left ventriculo-arterial junction



# The *mysterious* left ventriculo-arterial junction



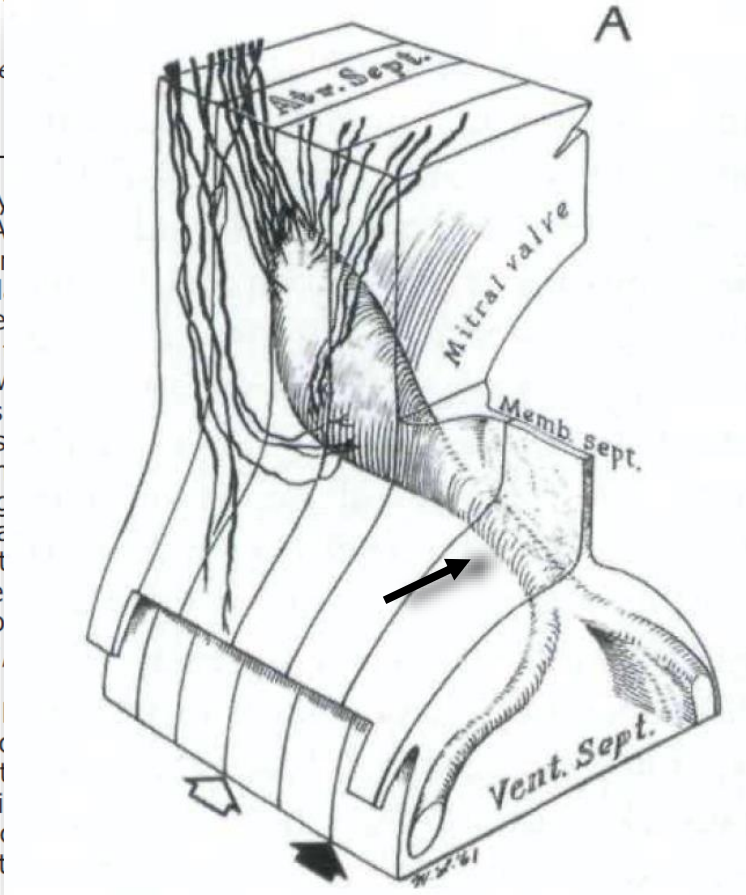


# The Anatomy of the Cardiac Conduction System

ROBERT H. ANDERSON, JOSEPH YANNI, MARK R. BOYETT,

Cardiovascular Re

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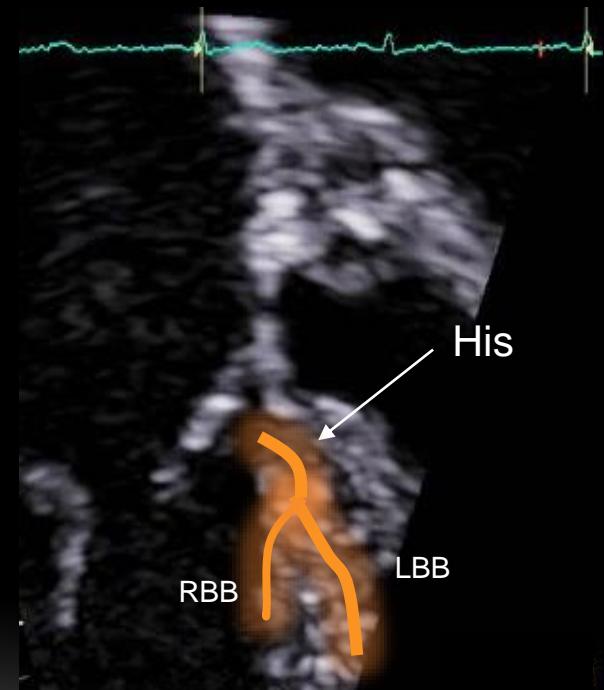
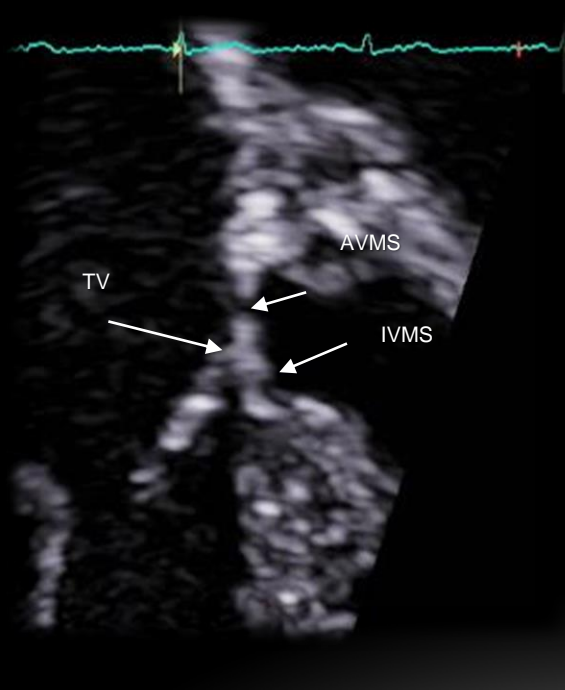
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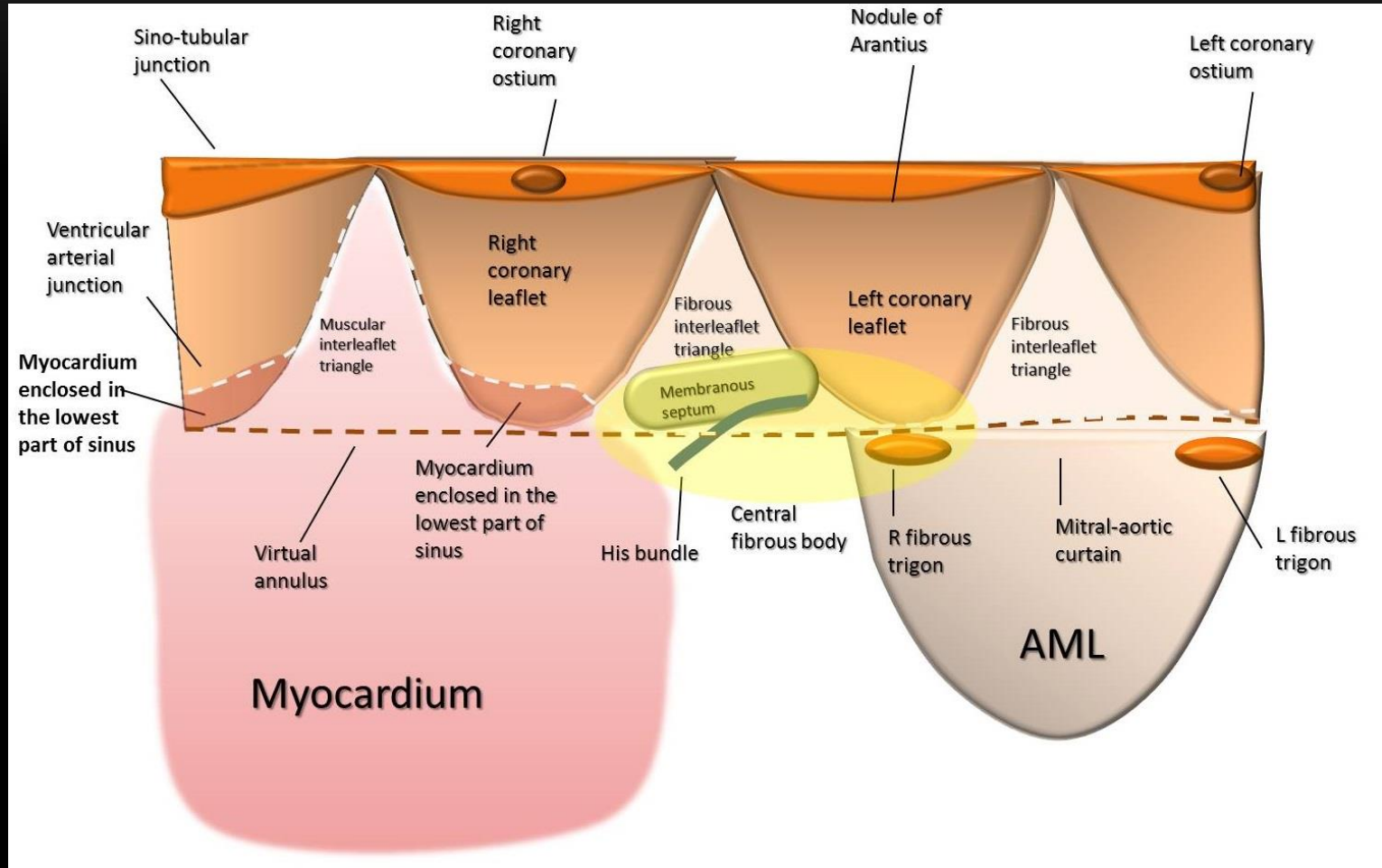
© 2008 Wiley-Liss, Inc.

**Key words:** sinus node; atrioventricular node; bundle of His; Purkinje fibers

# The *mysterious* left ventriculo-arterial junction



# The ventriculo-arterial junction



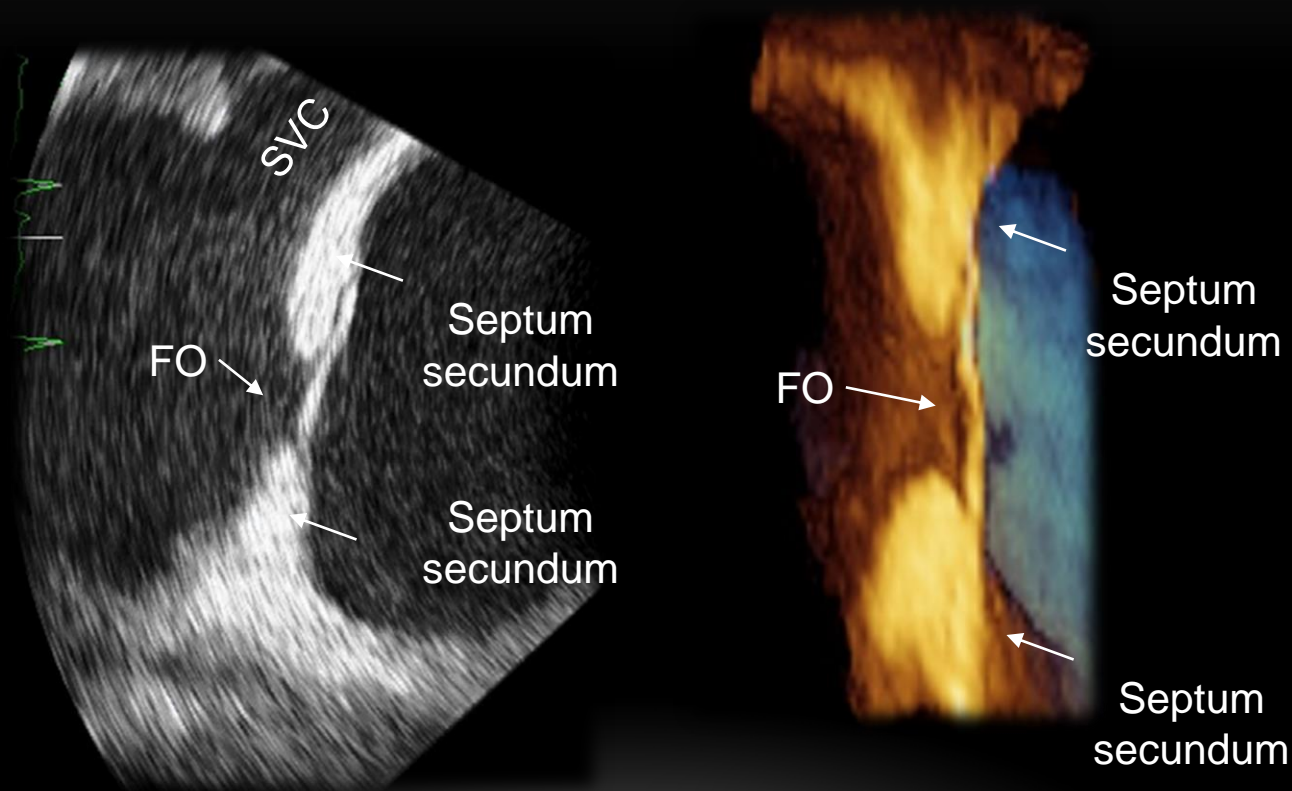
# Agenda

The *elusive* mitral annulus

The *mysterious* ventriculo-arterial  
junction

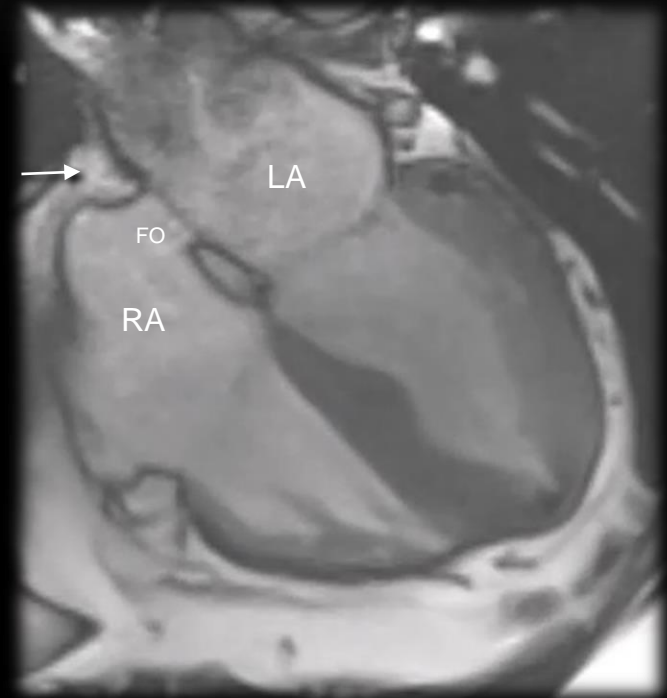
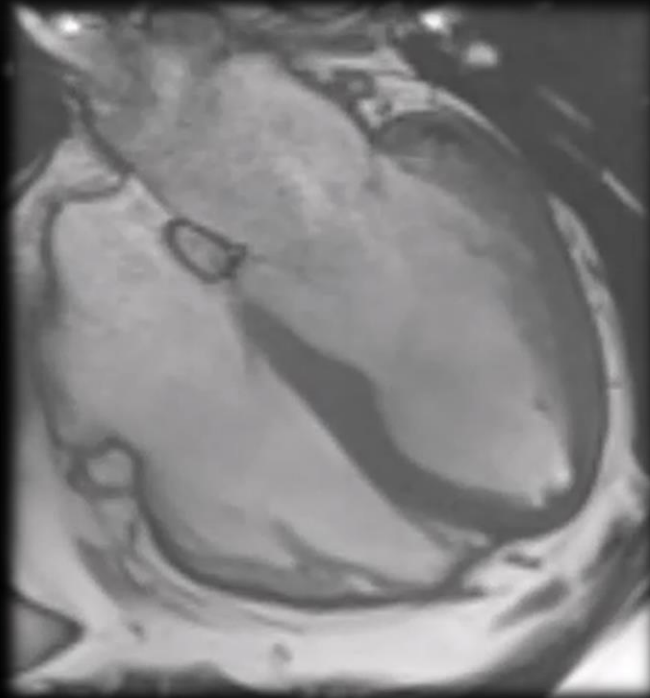
The *misnomer* “septum secundum”

# The misnomer “septum secundum”

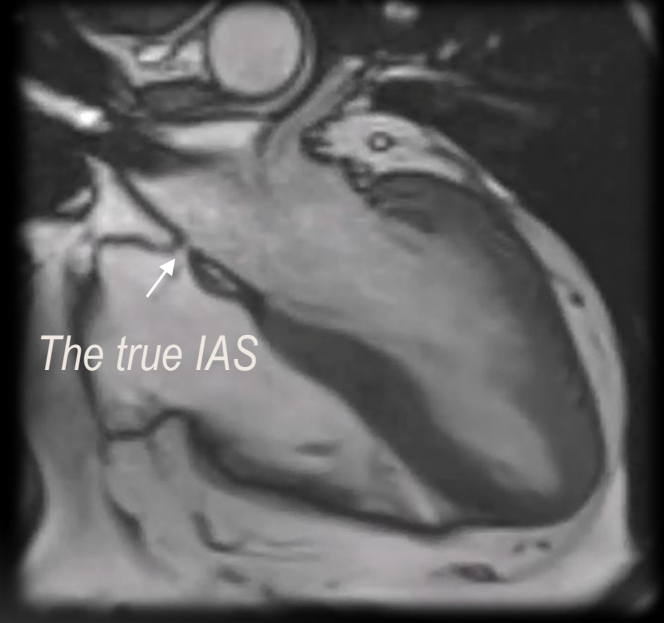
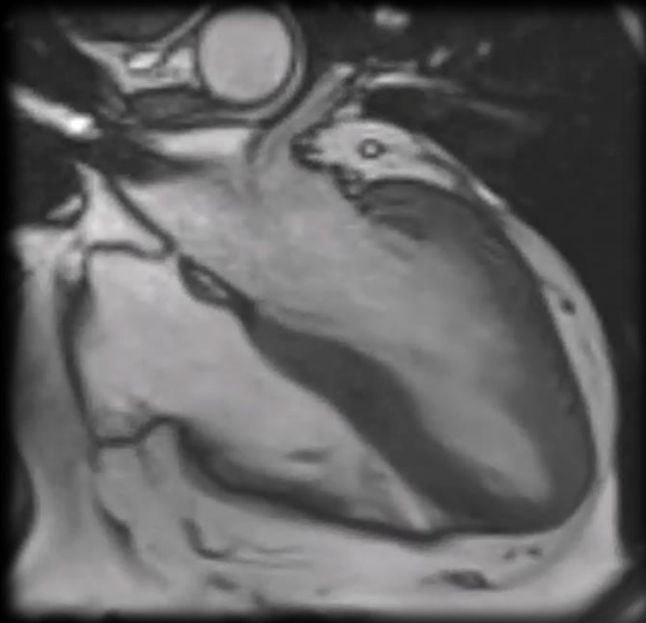




# The misnomer “septum secundum”



# The misnomer “septum secundum”



# Ana sept

Marc F  
Jean B  
Adel N

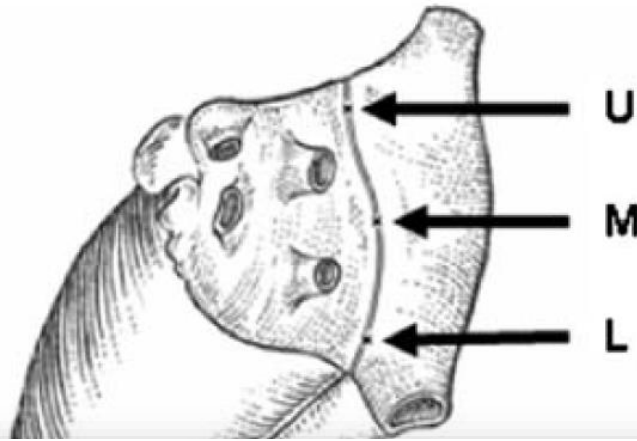
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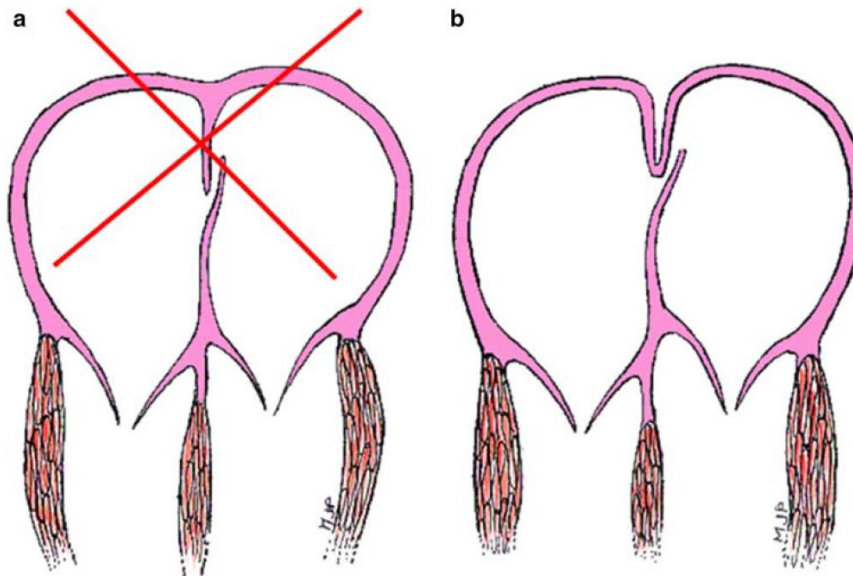
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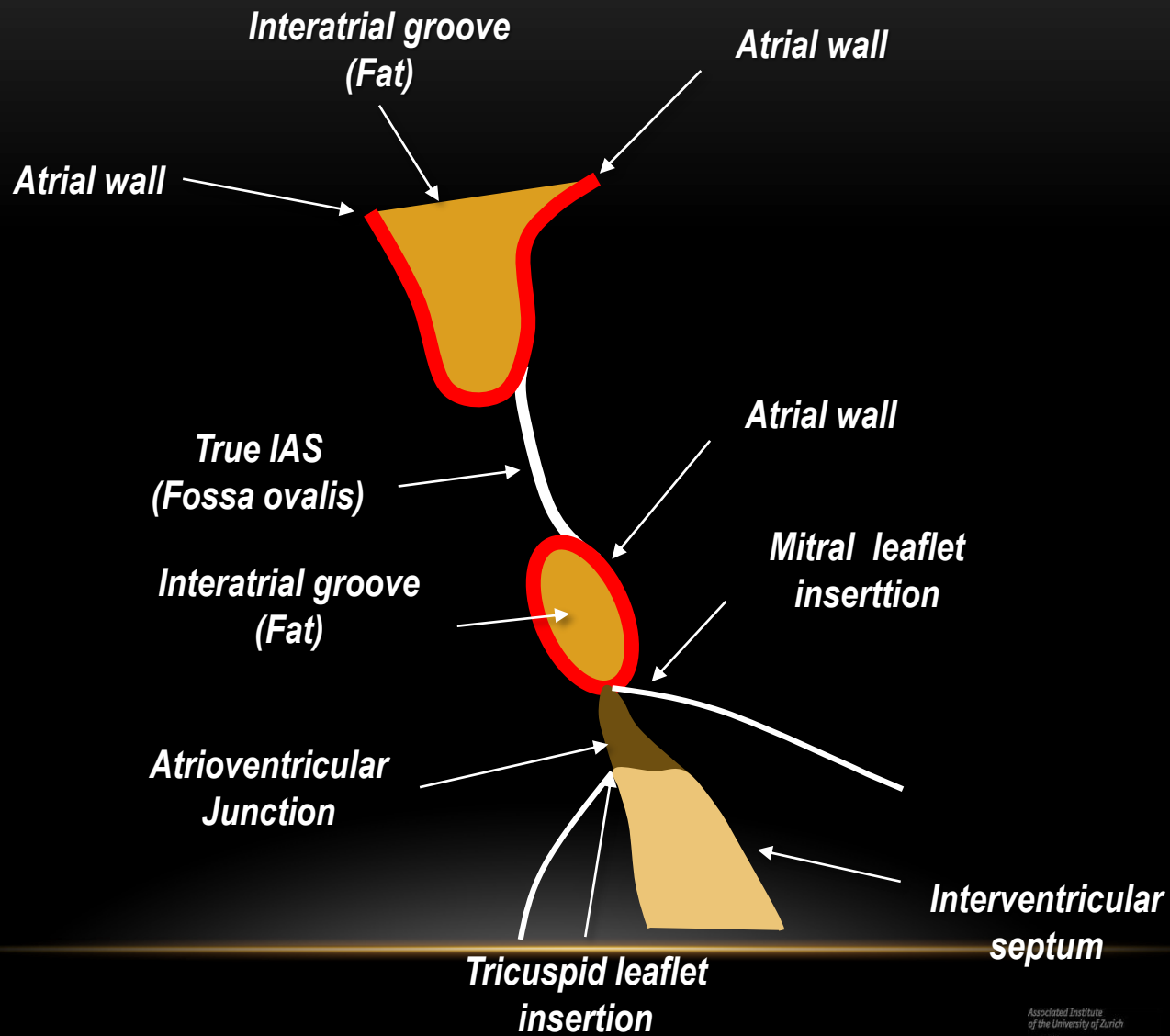
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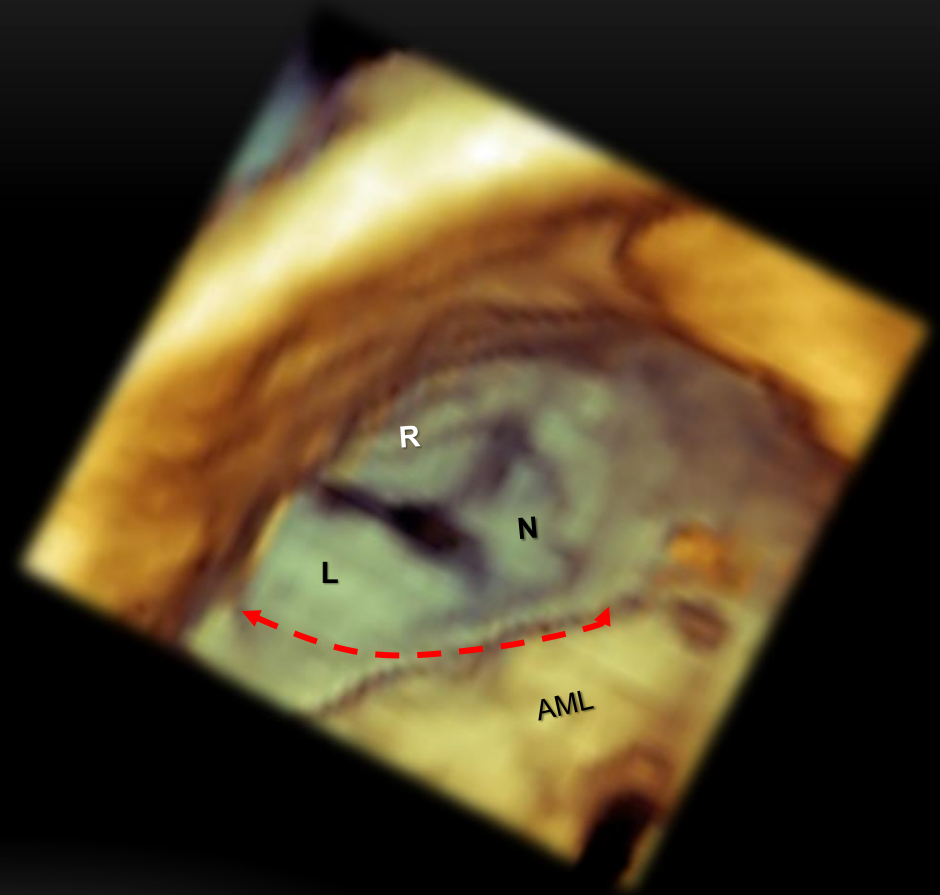
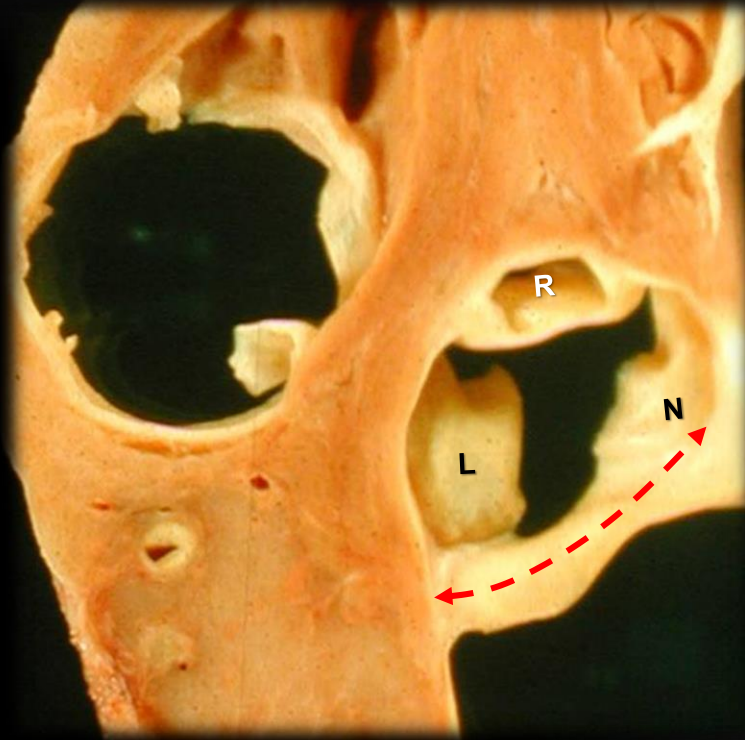
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this part of the atrial septum, supposed to be the septum secundum, remain controversial [2]. In this study, we aimed to describe the morphological and histological aspect of the dissected structure, and the limits as well as the dangers of such dissection.

# The *misnomer* “septum secundum”



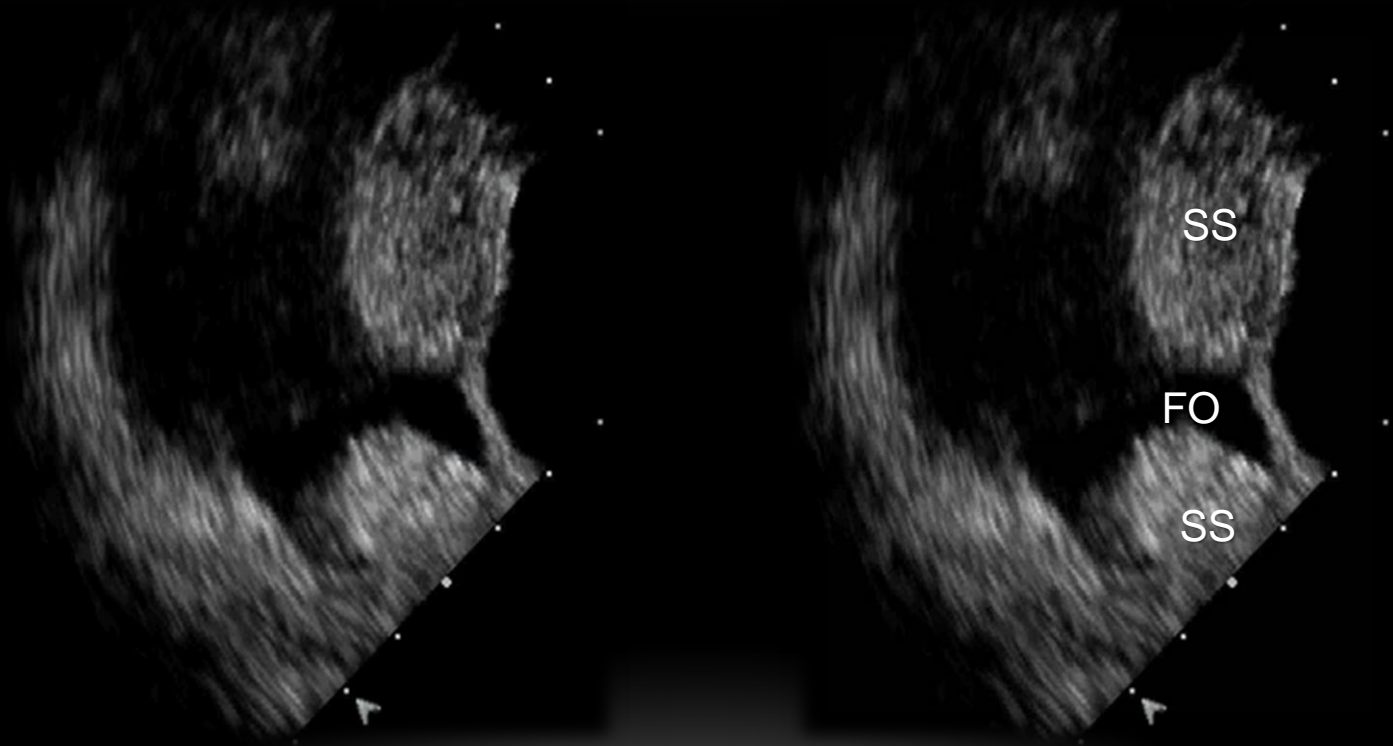
# The ventriculo-arterial junction





# The septum secundum

*The lipomatous hypertrophy of interatrial septum*



# The septum secundum

## *The lipomatous hypertrophy of interatrial septum*

STATE-OF-THE-ART REVIEW ARTICLE

Lipomatous Atrial Septal Hypertrophy: A Review of Its Anatomy, Pathophysiology, Multimodality Imaging, and Relevance to Percutaneous



Waterston's groove.<sup>9</sup> The fat accumulation of so-called LASH does not actually occur within the true septal tissue but rather in infoldings of the atrial wall adjacent to the true interatrial septum.

sive fat deposition in the region of the interatrial septum that spares the fossa ovalis. The etiology of LASH remains unclear, though it may be associated with advanced age and obesity. Because of the sparing of the fossa ovalis, LASH has a pathognomonic dumbbell shape. LASH may be mistaken for various tumors of the interatrial septum. Histologically, LASH is composed of both mature and brown (fetal) adipose tissue, but the role of brown adipose tissue remains unclear. In interventional procedures requiring access to the left atrium, LASH may interfere with transseptal puncture, as traversing the thickened area can reduce the maneuverability of catheters and devices. This may cause the needle to enter the epicardial space, causing dangerous pericardial effusions. LASH was once considered a contraindication to percutaneous device closure of atrial septal defects because of an associated increased risk for incorrect device deployment. However, careful attention to preprocedural imaging and procedural intracardiac echocardiography enable interventional cardiologists to perform procedures in patients with LASH without serious complications. In this review article, the authors describe anatomic and functional aspects of LASH, with emphasis on their roles in percutaneous interventions. (J Am Soc Echocardiogr 2016;29:717-23.)