

# Inter-individual differences in cell composition across the ventricular wall may explain variability in ECG response to serum potassium and calcium variations

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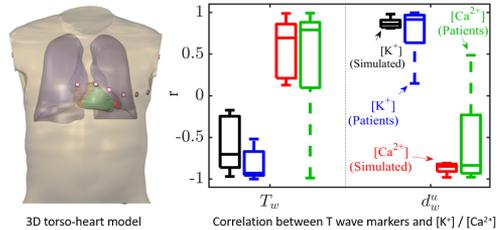
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**Background and Aim:** Non-invasive monitoring of serum potassium and calcium concentration ( $[K^+]$  and  $[Ca^{2+}]$ ) can help to prevent arrhythmia in kidney patients. Current electrocardiogram (ECG) markers, including the width  $T_w$  and the time-warped temporal morphological variability  $d_w^U$  of the T wave, correlate significantly with  $[K^+]$  and  $[Ca^{2+}]$  but these relations are highly variable between patients. We hypothesized that inter-individual differences in cell type distribution across the ventricular wall can explain this variability.

**Methods:** We computed  $T_w$  and  $d_w^U$  in ECGs simulated with human torso models with different proportions of endocardial, midmyocardial, and epicardial cells, while varying  $[K^+]$  (3–6.2mM) and  $[Ca^{2+}]$  (1.4–3.2mM). Electrical activity was simulated with a reaction-diffusion model with modified Ten Tusscher-Panfilov dynamics. Results were compared to measurements from 29 end-stage renal disease patients undergoing hemodialysis.

**Results:**  $T_w$  and  $d_w^U$  correlated strongly with  $[K^+]$  (absolute median Pearson correlation coefficient  $r$  ranging from 0.70 to 0.93) and  $[Ca^{2+}]$  ( $r$  ranging from 0.69 to 0.86) in the simulated cases and patients. Different cell type distributions reproduced inter-patient variability, with the same sign and magnitude of  $r$  in simulations as in patients.



3D torso-heart model and median, 25-th/75-th percentiles and min/max values of  $r$  between  $T_w$  and  $[K^+]$  (black for simulations, blue for patients) and  $[Ca^{2+}]$  (red for simulations, green for patients) and analogously for  $d_w^U$ .

**Conclusion:** Variations in the morphology and duration of the T wave were related to  $[K^+]$  and  $[Ca^{2+}]$  variations in our models and in the patients, with the observed high inter-individual variability in patients well reproduced by variations in cell type distribution across the ventricular wall.