Local Activation Time Estimation in Atrial Regular-Rhythms with ECGI

C. Fambuena-Santos¹, Clara Herrero-Martín¹, I. Hernández-Romero¹, A.M. Climent¹, M.S. Guillem¹

¹ITACA Institute, Universitat Politècnica de València, Valencia, Spain.

Local activation times (LAT) are widely used during invasive mapping of the atria for regular arrhythmia characterization or conduction velocity estimation. However, there has yet to be a consensus on how to compute LATs in atrial signals estimated with electrocardiographic imaging (ECGI). This study aims to compare three different LAT estimation methods using in-silico data.

Cellular-Automata simulations over 3D volumetric atrial models were used. The simulations included 30 ectopic beats and 1 sinus rhythm simulation with different cycle lengths. Forward and inverse electrocardiographic problems were solved with four different signal-to-noise ratio levels. LATs were estimated on the inverse computed electrograms (iEGM) as the maximum negative deflection (-dv/dt), the maximum negative deflection after applying a Gaussian convolution on the temporal derivative of iEGMs (Gaussian method), and using Hilbert's phase-transformed signals to localize the activation time (Phase-based method). These methods were also tested in combination with a spatial anisotropic filter. LAT maps obtained before and after spatial filtering were compared to activation maps computed on the simulated EGMs using Pearson correlation.

Max-deflection showed the lowest correlations $(0,36\pm0,20)$. Spatial filtering increased the correlation of LAT maps in all the methods. Phase-based and Gaussian methods perform similarly under low-noise conditions (for 20 dBs: $0,90\pm0,08$ vs. $0,90\pm0,09$ in filtered maps). However, Phase-based provided significantly higher correlations in noisier scenarios (for 0 dBs: $0,81\pm0,12$ vs. $0,68\pm0,11$ in raw maps and $0,83\pm0,13$ vs. $0,77\pm0,12$ in filtered maps). Therefore, using phase signals combined with anisotropic spatial filtering has been proven as a robust methodology for noninvasive LAT estimation in the atria.

