



# Models and Measurements of the Anisotropic Cardiac Bidomain

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*Instrumenting and Controlling the Single Cell (ICSC) Project*

Vanderbilt University



## Department of Physics and Astronomy

<http://www.vanderbilt.edu/lsp>

<http://www.physics.vanderbilt.edu>

## Department of Biomedical Engineering

<http://www.bme.vanderbilt.edu/>

## Department of Molecular Physiology and Biophysics

<http://medschool.mc.vanderbilt.edu/mpb/>

## Vanderbilt Institute for Integrative Biosystems Research and Education (VIIBRE)

<http://www.vanderbilt.edu/viibre> (coming soon)





# Vanderbilt Institute for Integrative Biosystems Research and Education





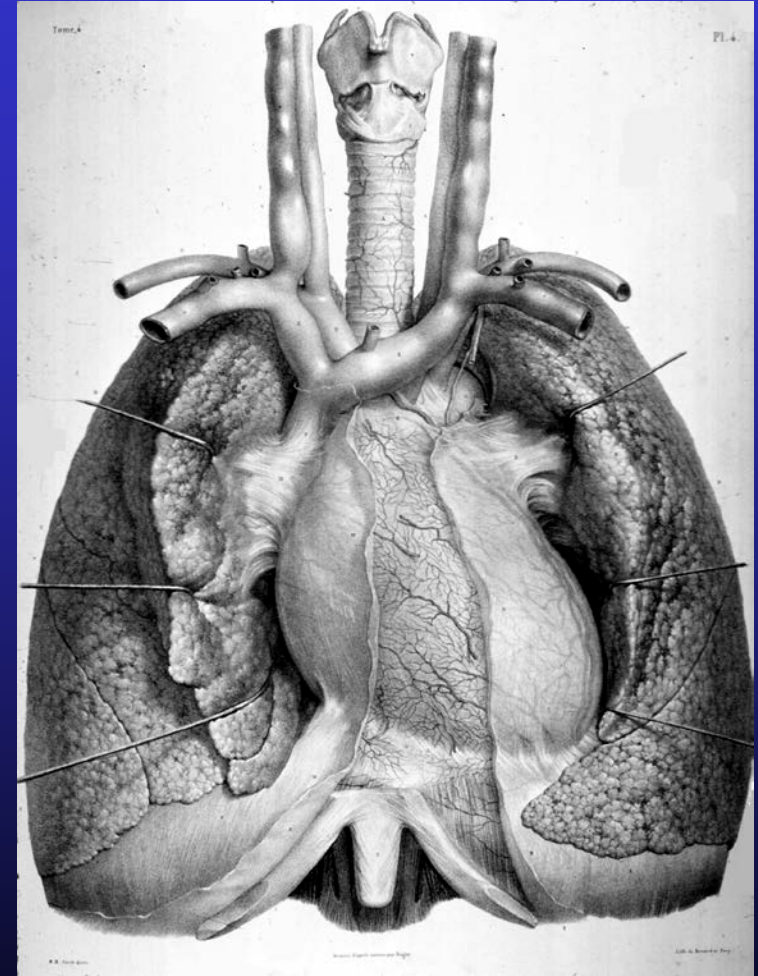
# Abstract

The electrical anisotropy of the heart, most obviously manifested by the two-fold difference in conduction velocity between directions parallel and perpendicular to the cardiac fiber axis, is the result of larger but more difficult-to-detect anisotropies of the electrical conductivities of the intracellular and extracellular spaces. While it is straightforward to approximate the conduction-velocity anisotropy with a monodomain model of the heart, the more complicated bidomain model is required to account for differences in the anisotropies between the two spaces. During point stimulation of cardiac tissue, the differences in the anisotropy ratios result in a number of important effects which were predicted numerically and confirmed experimentally with measurements of extracellular and transmembrane potentials and the magnetic field resulting. Of these, one of the most intriguing is quatrefoil reentry, a pattern of reentry that produces four synchronized phase singularities. New analytical techniques are proving useful to understand the dynamics of these singularities. Based upon numerical and experimental studies, it is clear that bidomain anisotropy differences can play an important role in both the stimulation of the heart and in certain reentrant arrhythmias.

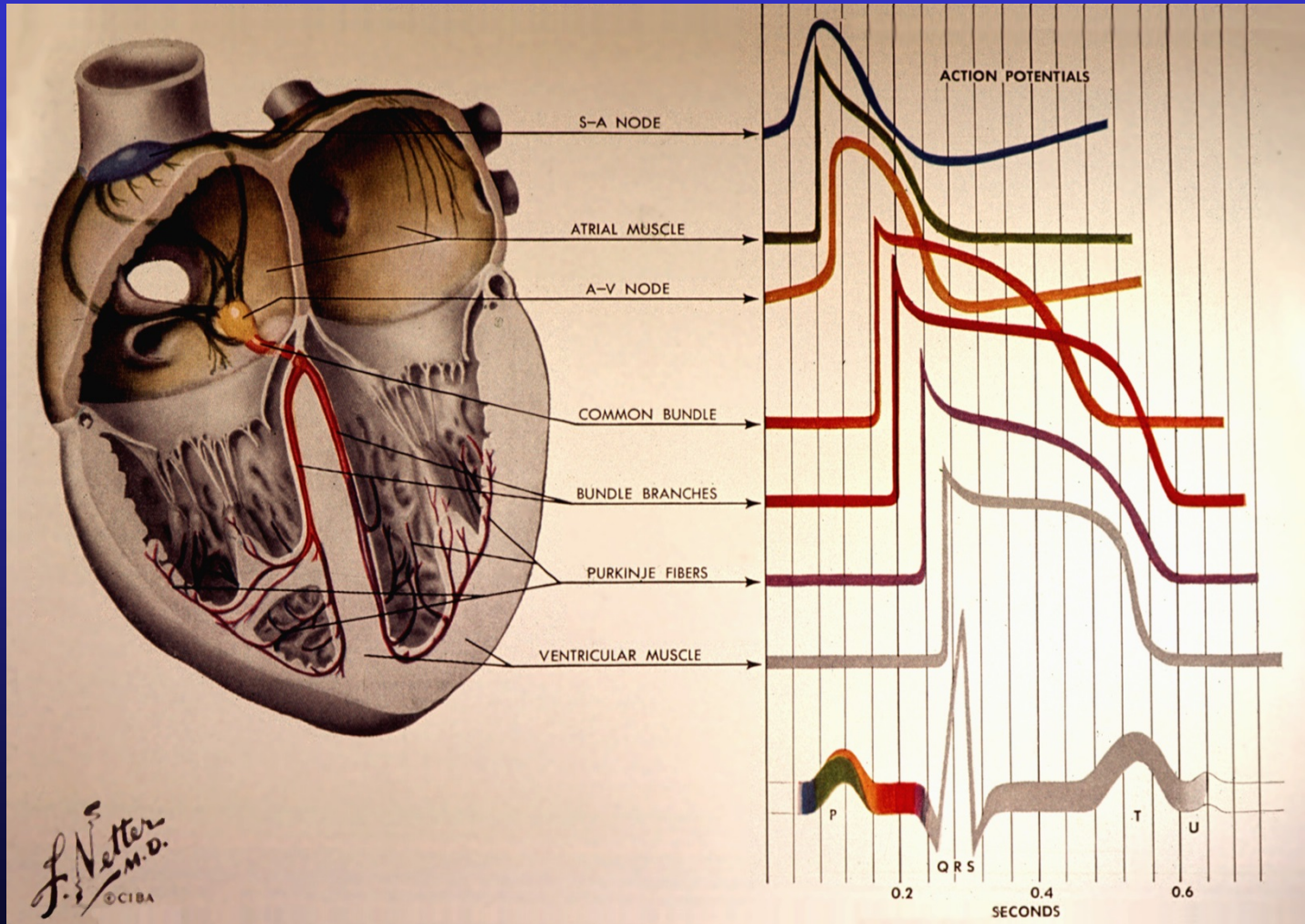


# The Heart is an ...

- Electrically activated,
- Biochemically powered,
- Electrically non-linear,
- Pressure- and volume-regulated,
- Tandem,
- Two-stage,
- Mechanical pump
- With a mean time-to-failure of approximately two billion cycles.



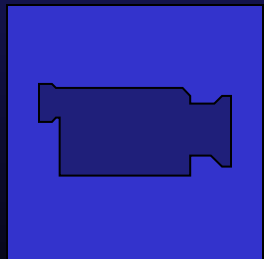
# The Heart is ... an electrically activated, mechanical pump





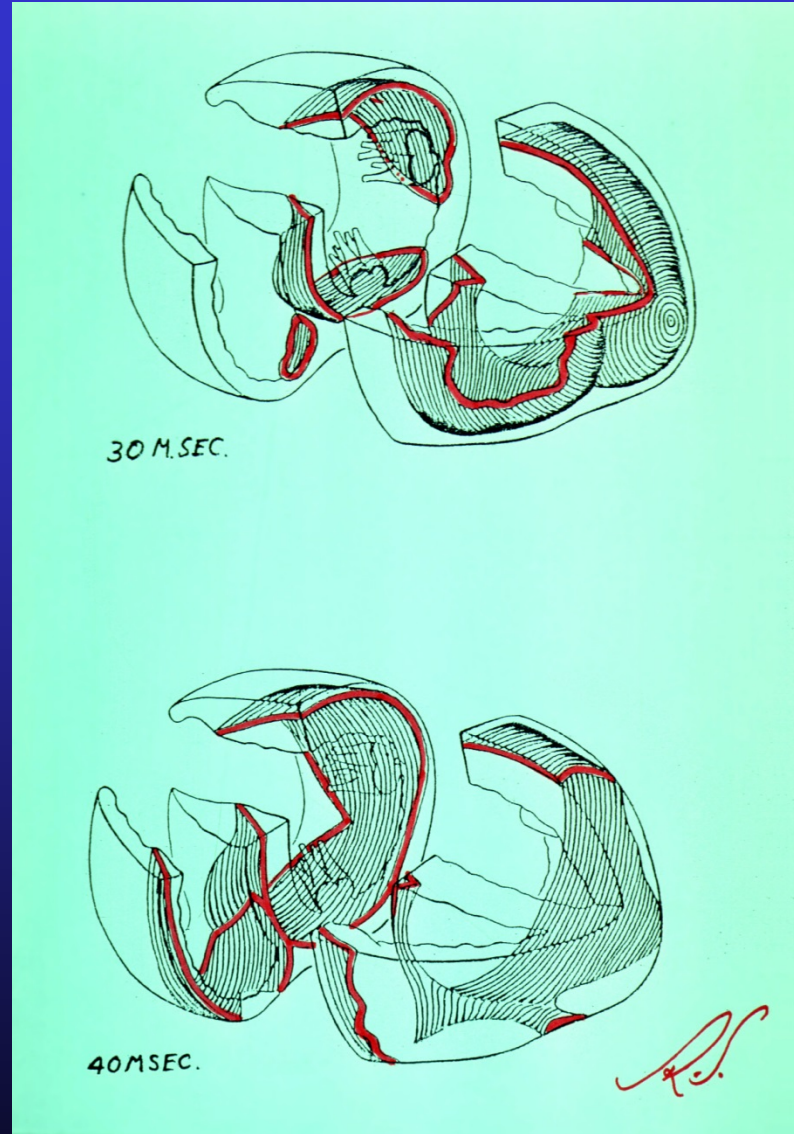
# The cardiac depolarization wave front

- Activated cells collectively form a sheet that is a moving 3-dimensional battery
- 1 mm thick
- Moving at  $\sim 1$  m/sec



Courtesy of Rubin Aliev

HLR2.mpg

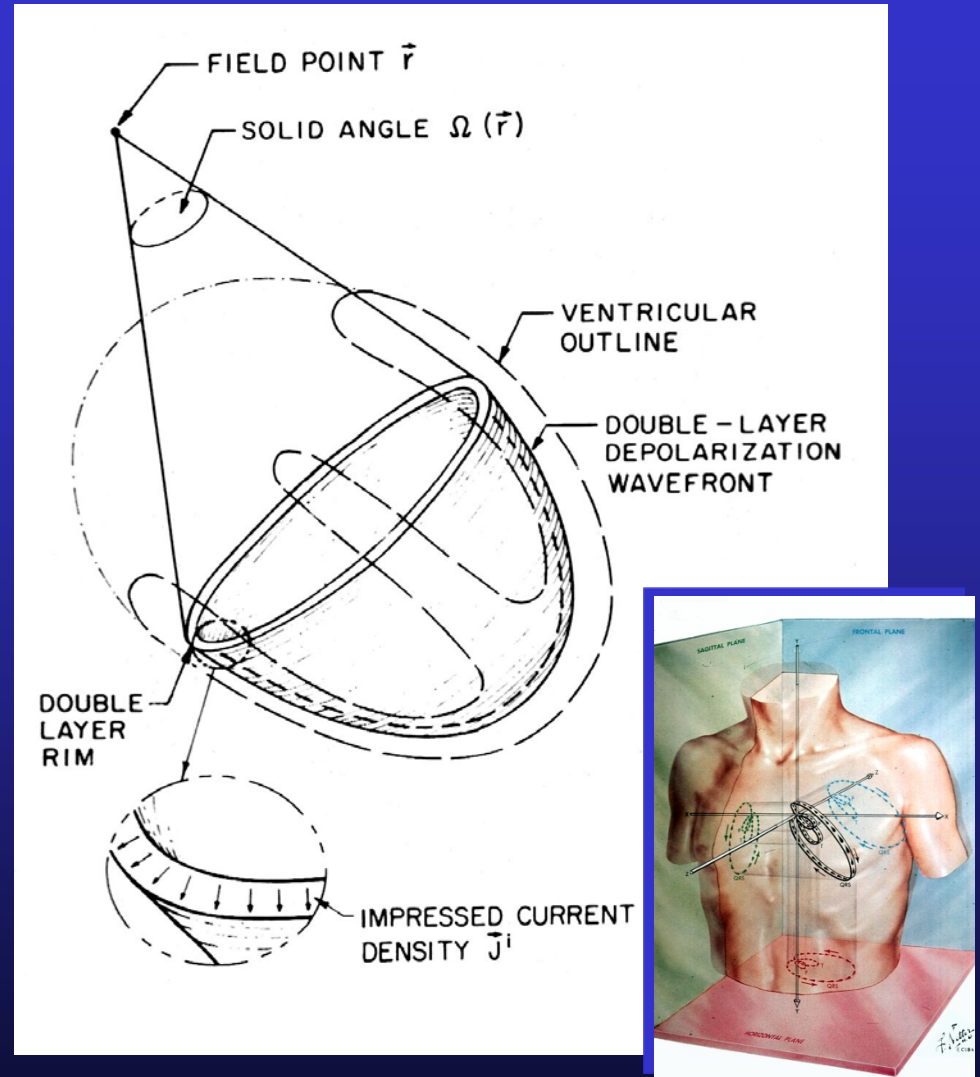


Courtesy of Ron Selvester



## The uniform double-layer model

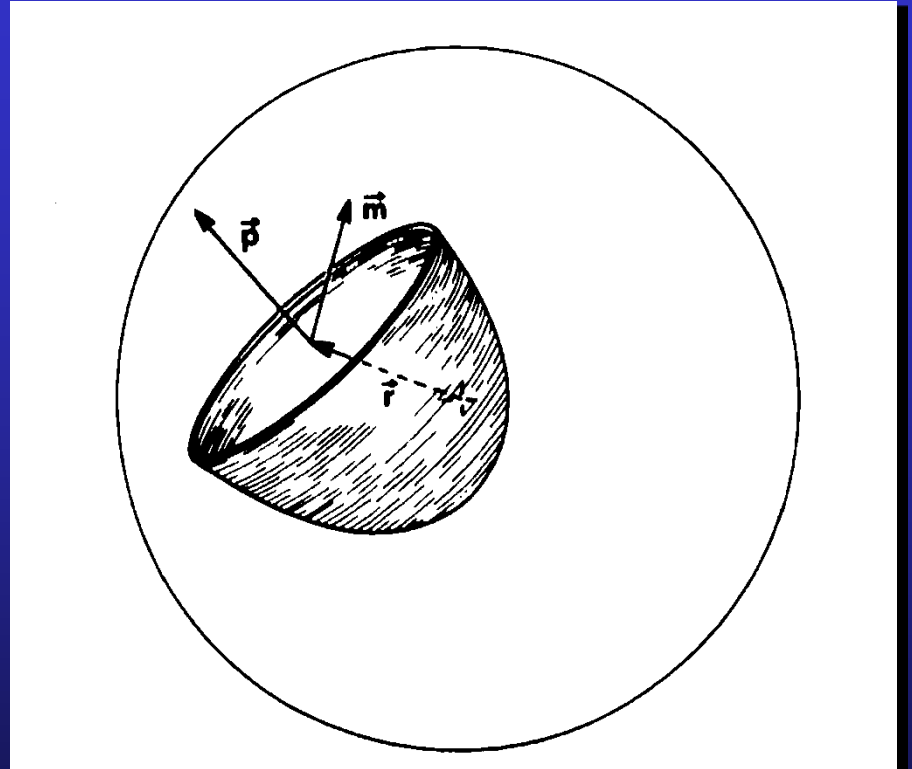
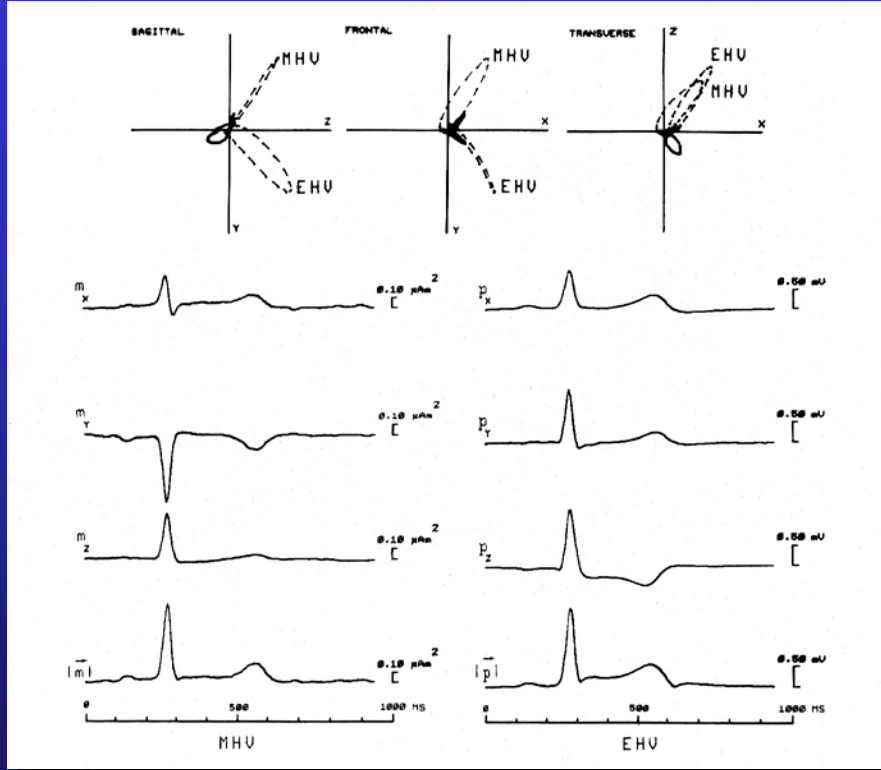
- Assumes
  - Uniform thickness
  - Uniform strength
  - Current perpendicular to the wave front
- Dipole moment** and potential  $V(r)$  are determined by the solid angle subtended by the double-layer rim ; (



Heart vector or dipole moment versus time



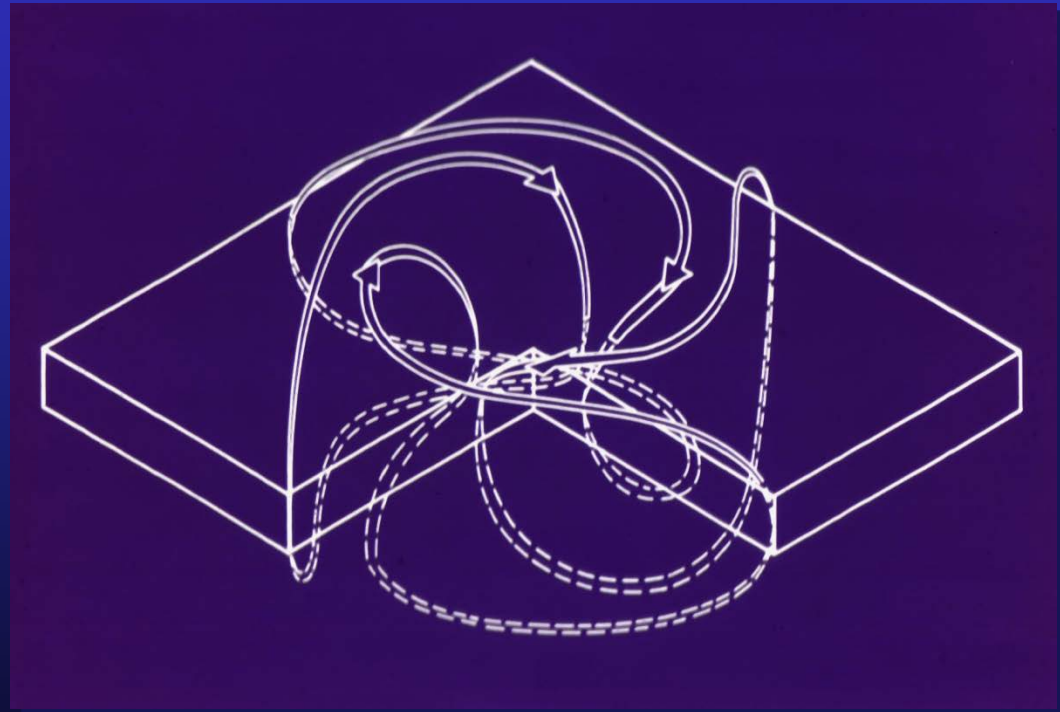
# The electric and magnetic heart vectors



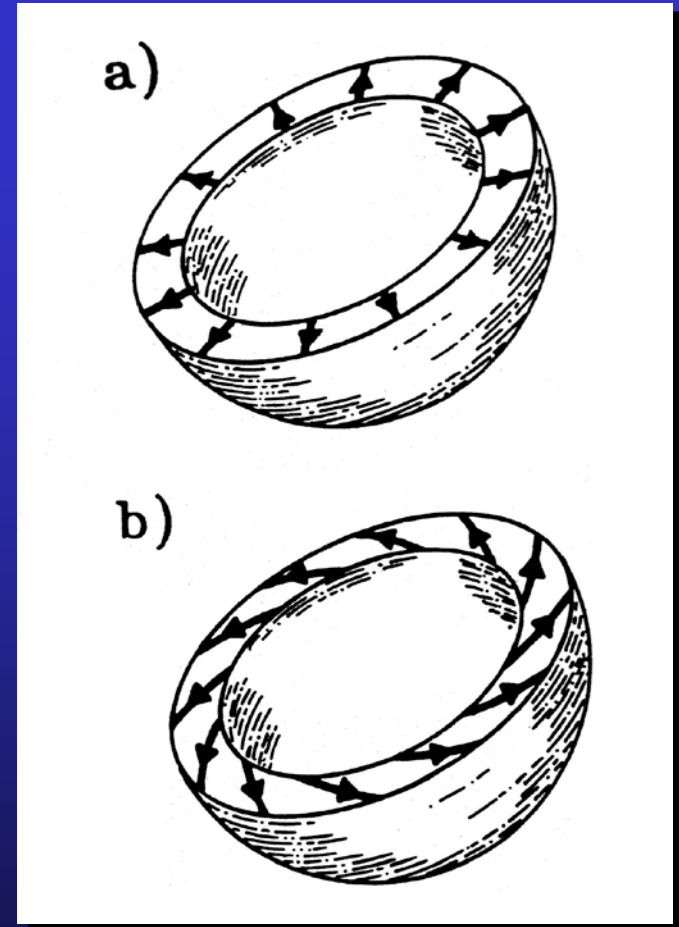
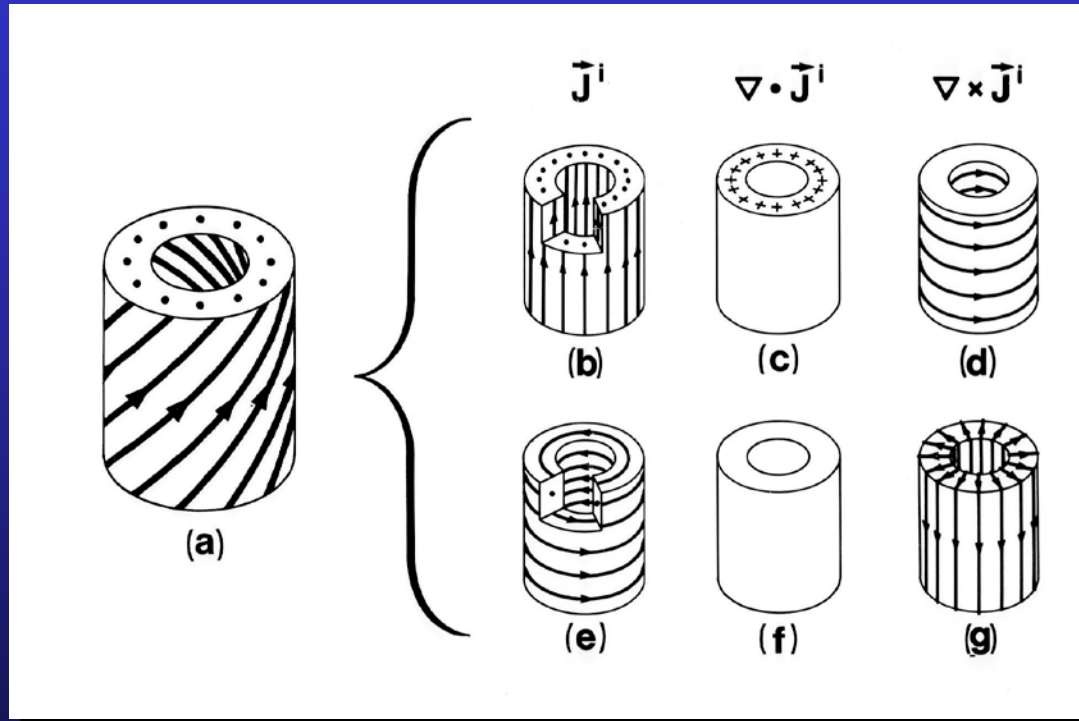
- $m = \frac{1}{2} r \times p$  explains relation of electric and magnetic vectors
- Double-layer rim determines both  $m$  and  $p$
- Little significant new information in the MCG...?



Add the effects of tissue  
anisotropy...



Cardiac fiber orientation is the source of the new information



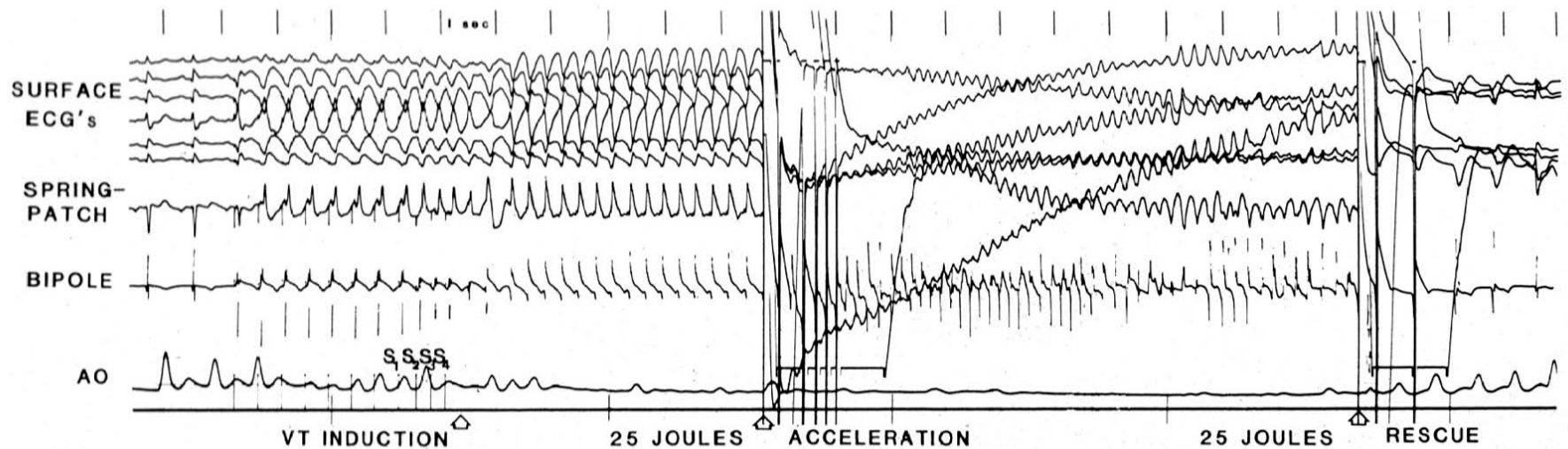
- Circulating current components are electrically silent
- Only magnetic fields can distinguish between two possible models





# Fibrillation and Defibrillation

- ...with a mean time-to-failure of approximately two billion cycles....



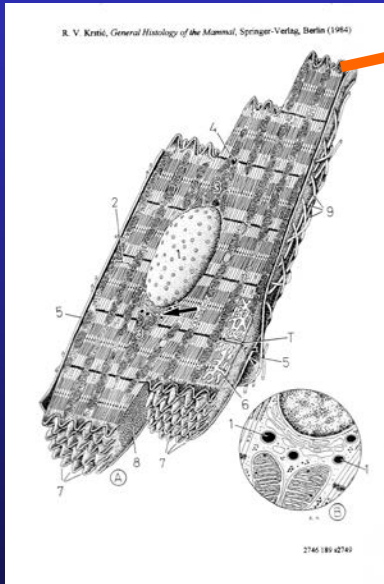
Courtesy of Debra Echt

# Simple Questions

- Why is less than 1 joule of electrical energy required to **fibrillate** the heart while much as 100 joules of electrical energy are required to **defibrillate** the heart?
- Will a particular antiarrhythmic drug alter either the fibrillation or defibrillation thresholds?

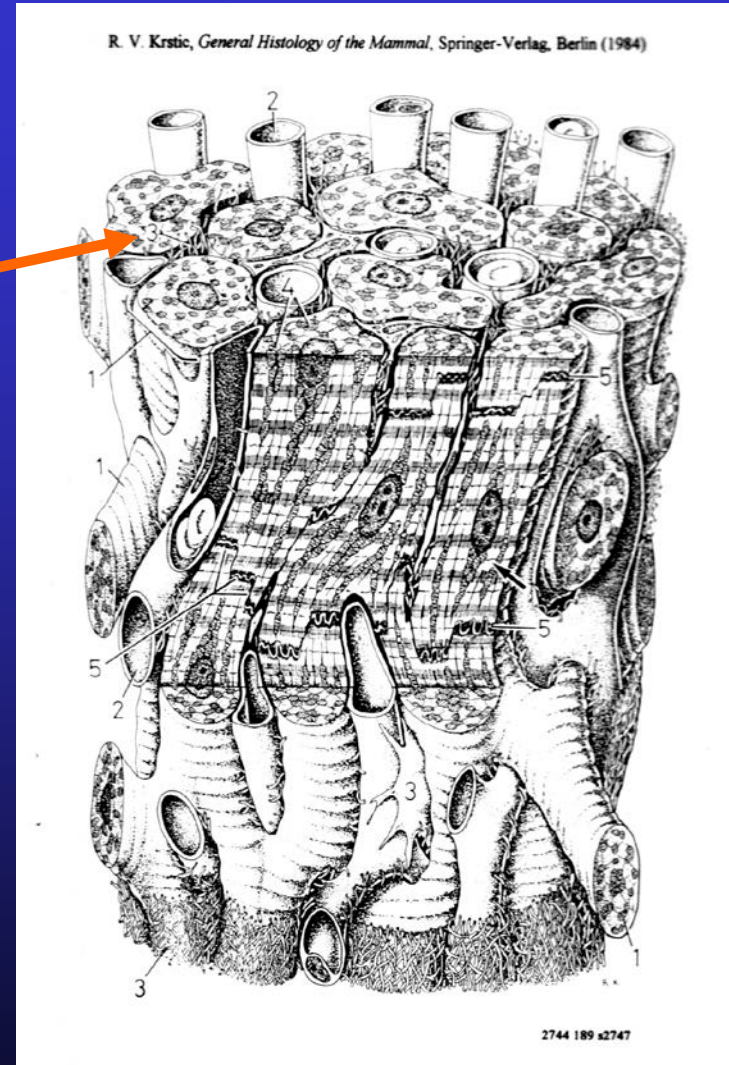
Non-linear dynamics should (?) provide the answers.

# The Cardiac Syncytium: A Three-dimensional Anisotropic Bidomain



- Multicellular
- Non-linear
- Three-dimensional
- Anisotropic
- Bidomain or Bisyncytial

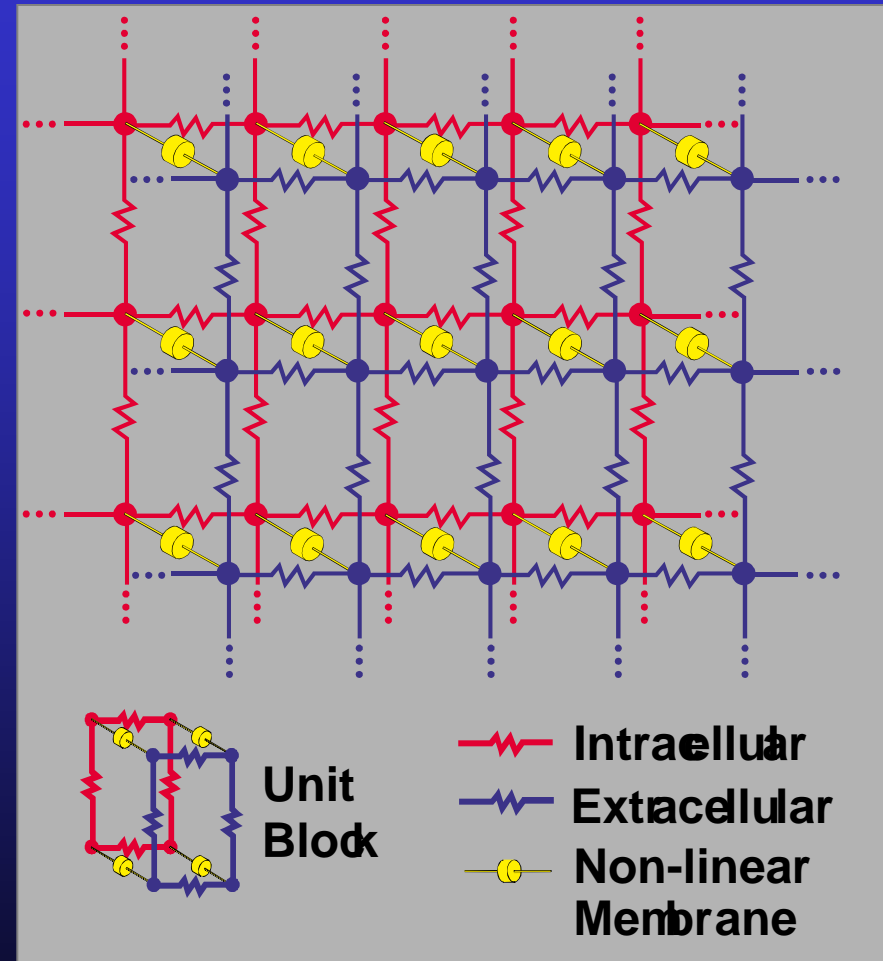
A cardiac cell:  
an 80 variable  
automaton



Cardiac tissue: a three-  
dimensional coaxial cable

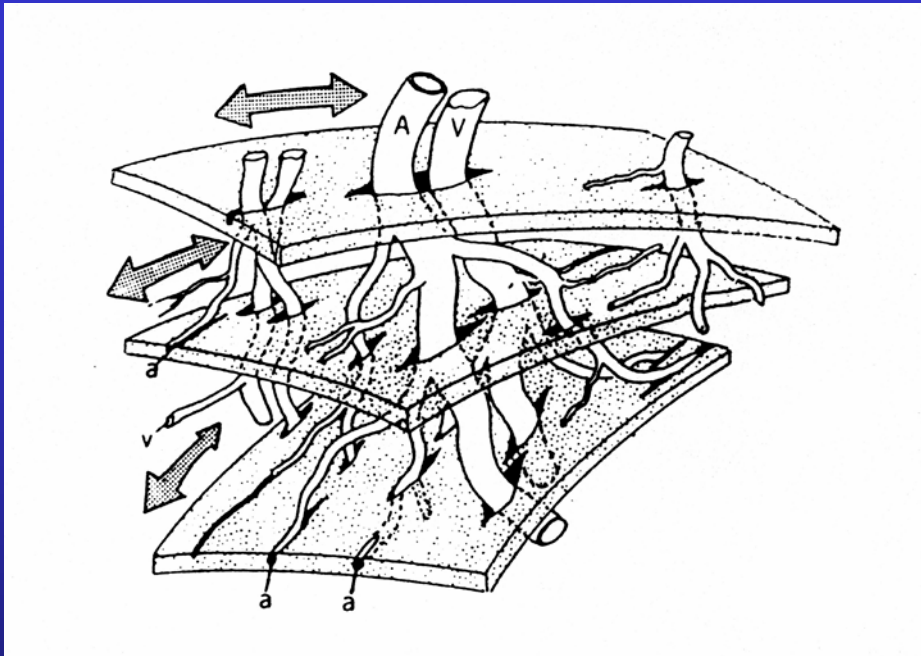
# The Cardiac Bidomain

- A nerve is a one-dimensional non-linear coaxial cable
- Cardiac tissue is a three-dimensional, nonlinear coaxial cable
- Intra- and extracellular spaces have unequal anisotropies in their electrical conductivities
  - Magnetic fields
  - Virtual electrodes
  - Quatrefoil reentry





# Bidomain Anisotropy



$$\sigma_{ix} \quad 2 \times 10^{-4}$$

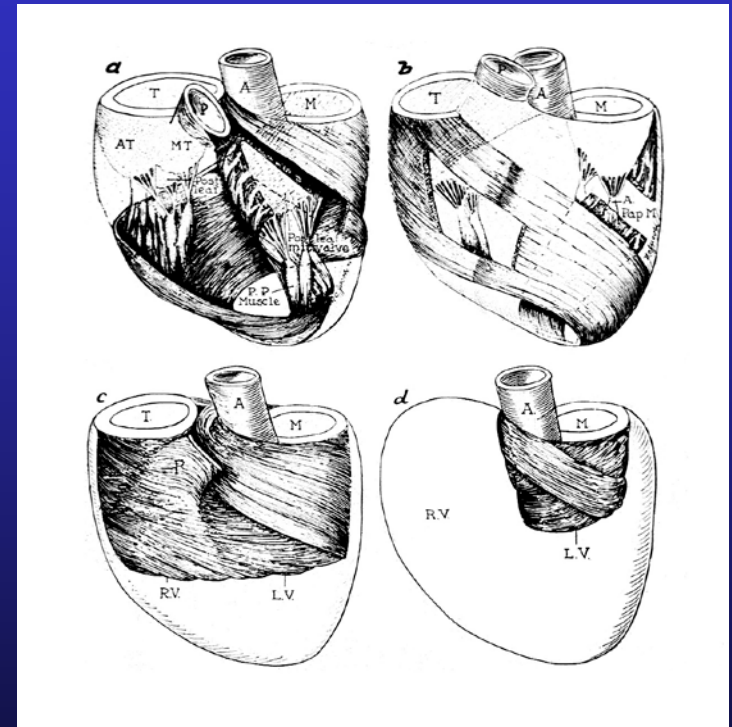
$$\sigma_{iy} \quad 2 \times 10^{-5}$$

$$\sigma_{ex} \quad 8 \times 10^{-4}$$

$$\sigma_{ey} \quad 2 \times 10^{-4}$$

$$\sigma_{ix} / \sigma_{iy} = 10$$

$$\sigma_{ex} / \sigma_{ey} = 4$$



There is no single coordinate system in which the tensor conductivity is everywhere diagonal!



## 2-D Bidomain Equations

- Homogenized
- Coupled  $V_m$  &  $V_e$
- Nonlinear reaction-diffusion equation
- Boundary value equation

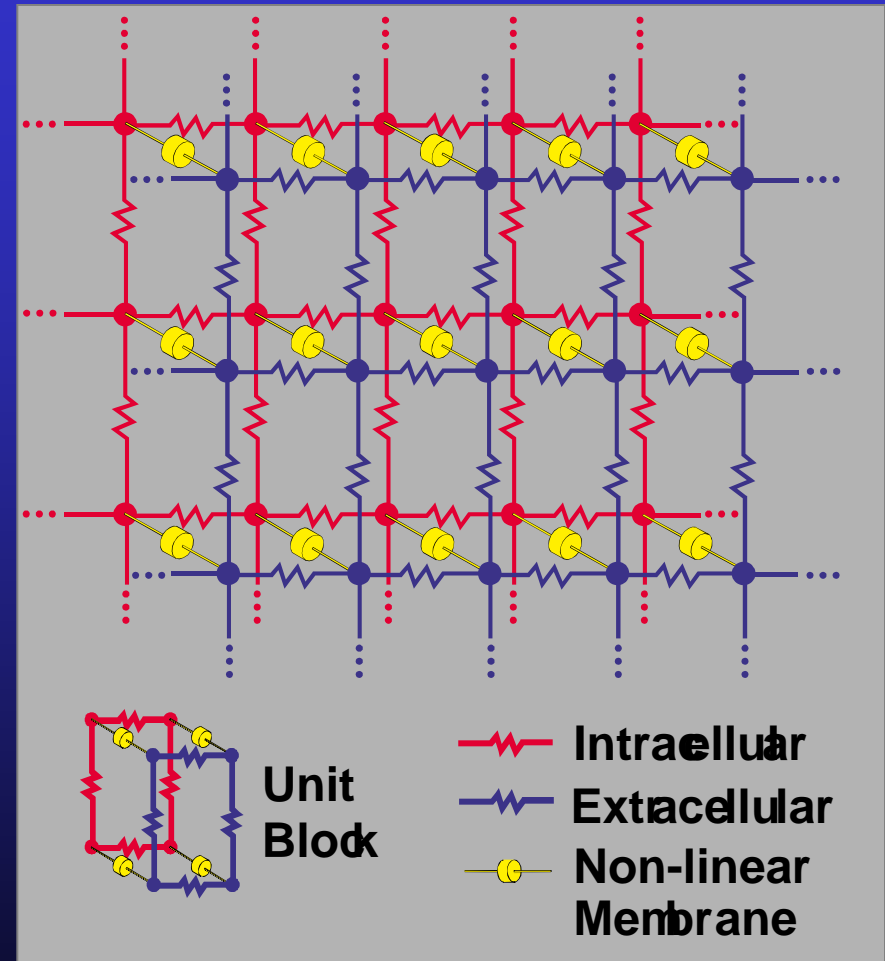
$$C_m \frac{\partial V_m}{\partial t} = -J_{ion} - \frac{1}{\beta} \nabla \cdot \tilde{g}_e \nabla V_e ,$$

$$\nabla \cdot (\tilde{g}_i + \tilde{g}_e) \nabla V_e = -\nabla \cdot \tilde{g}_i \nabla V_m ,$$

where  $\tilde{g}_i$  and  $\tilde{g}_e$  are the intracellular and extracellular conductivity tensors;  $\beta$  is the ratio of membrane surface area to tissue volume ( $0.3 \mu\text{m}^{-1}$ );  $C_m$  is the membrane capacitance per unit area ( $0.01 \text{ F/m}^2$ ); and  $J_{ion}$  is the membrane current per unit area, determined by the Beeler-Reuter model<sup>9</sup>.

# The Cardiac Bidomain

- A nerve is a one-dimensional non-linear coaxial cable
- Cardiac tissue is a three-dimensional, nonlinear coaxial cable
- Intra- and extracellular spaces have unequal anisotropies in their electrical conductivities
  - Magnetic fields
  - Virtual electrodes
  - Quatrefoil reentry
  - Defibrillation?



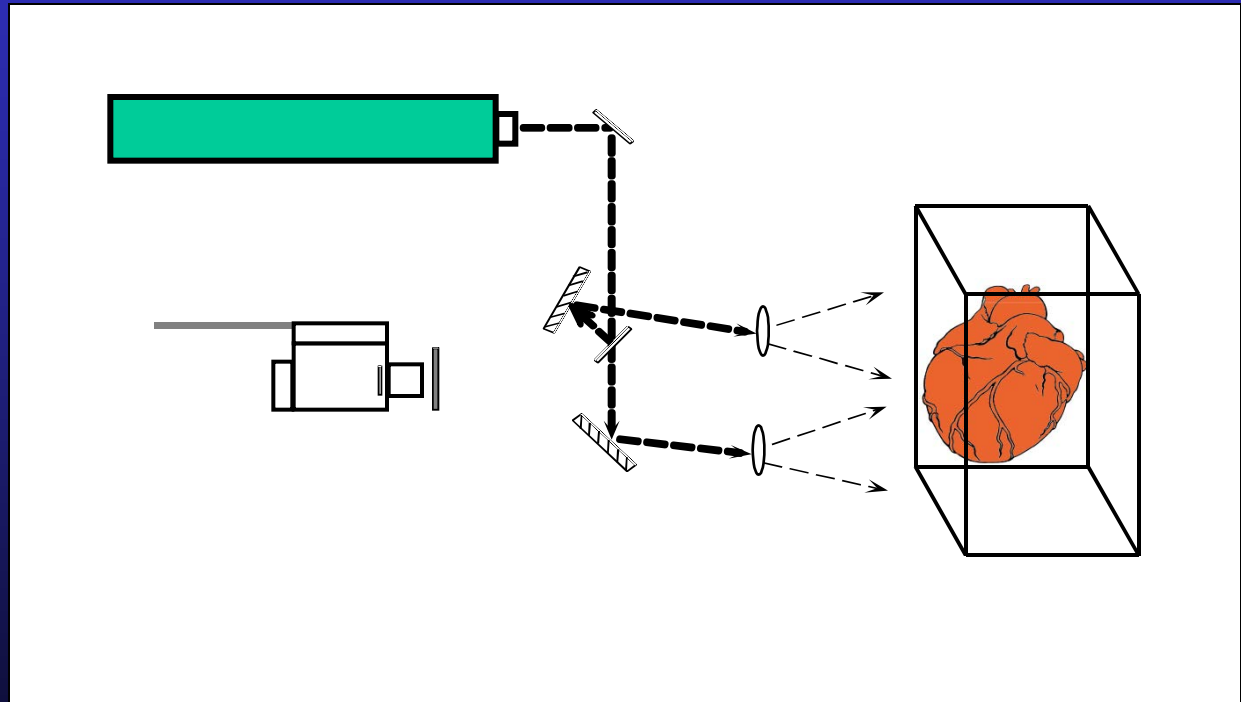
# Recording from the Bidomain

- Extracellular potential
  - Extracellular electrode arrays (  $\leq 250$  )
- Intracellular potential
  - Intracellular microelectrodes (  $\leq 2$  )
- Membrane potential
  - **Voltage-sensitive fluorescent dyes ( 256 – 10,000 )**
- Net action currents
  - Scanning SQUID microscope ( 1 )



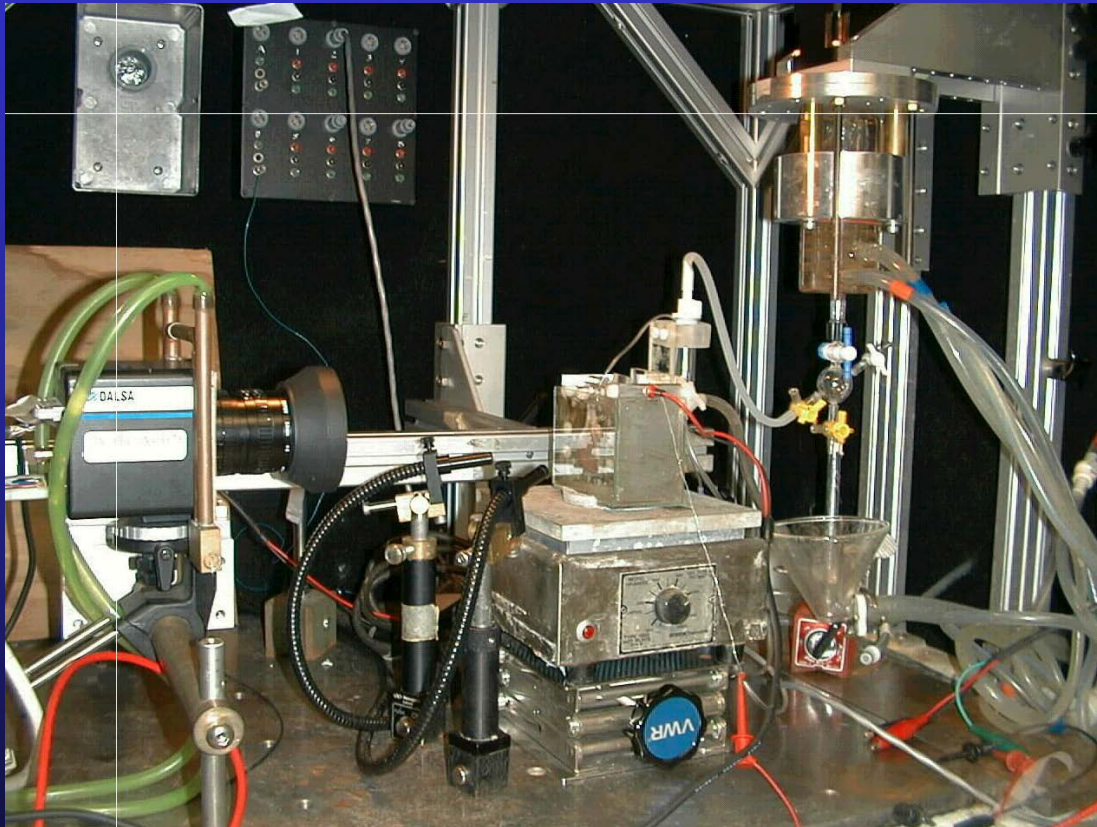
# Optical Imaging of the Transmembrane Action Potential During Stimulation, Reentry, Fibrillation, and Defibrillation

- Langendorff-perfused rabbit heart
- Voltage-sensitive dye in membrane measures  $V_m$
- Laser illumination
- High-speed charge-coupled-device (CCD) camera





# Vanderbilt cardiac imaging system



Verdi diode-pumped solid-state laser

Di-4-ANEPPS voltage dye

Light delivered by bundles of optical fibers

Dalsa CCD camera:

12 bit

64x64 pixels

**1200 frames/sec**

10 x 5 x 7.5 cm<sup>3</sup> bath

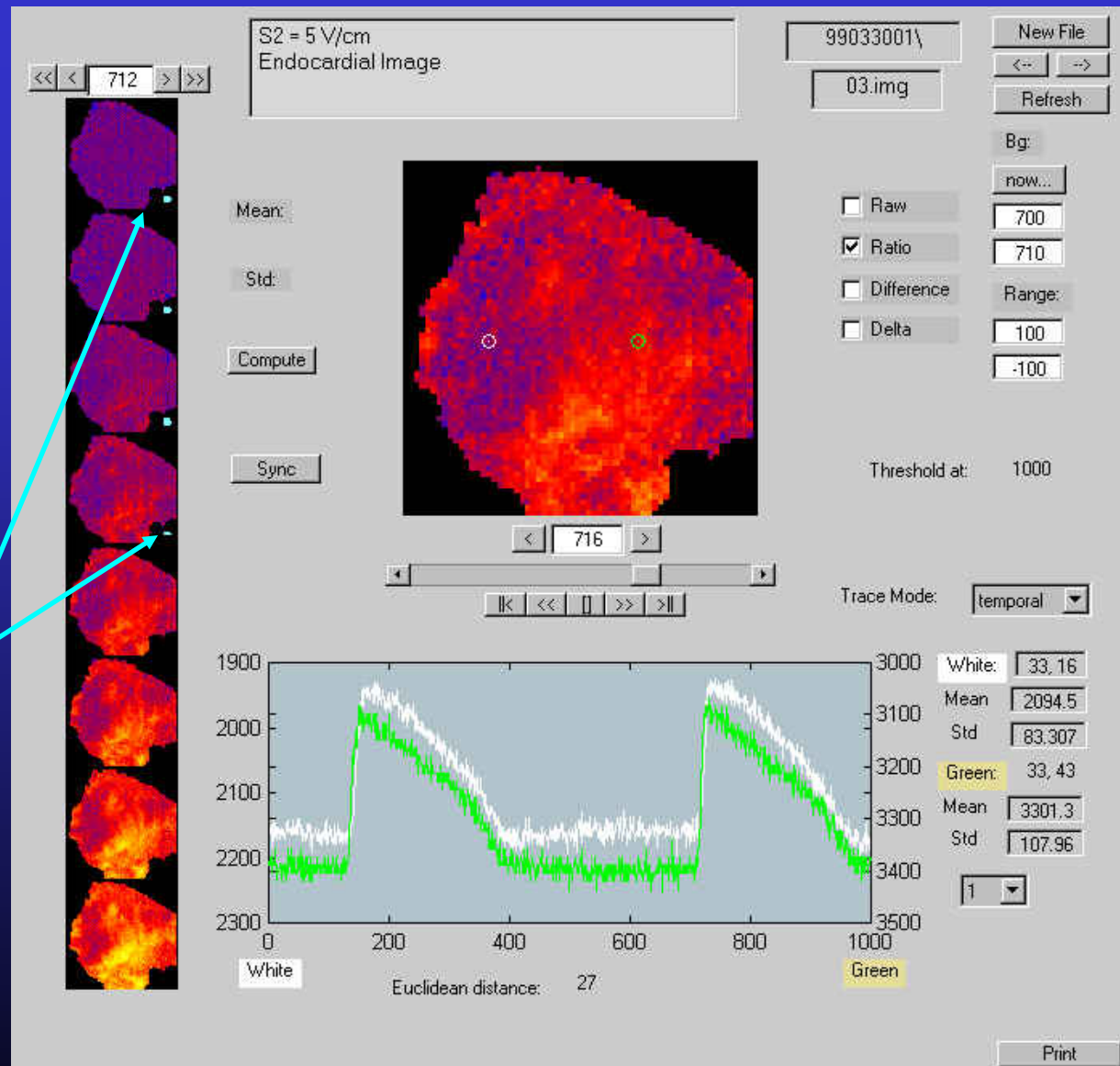
37 °C Tyrode's solution

TL129 S4609

# Gus2: MATLAB Data Viewing Program

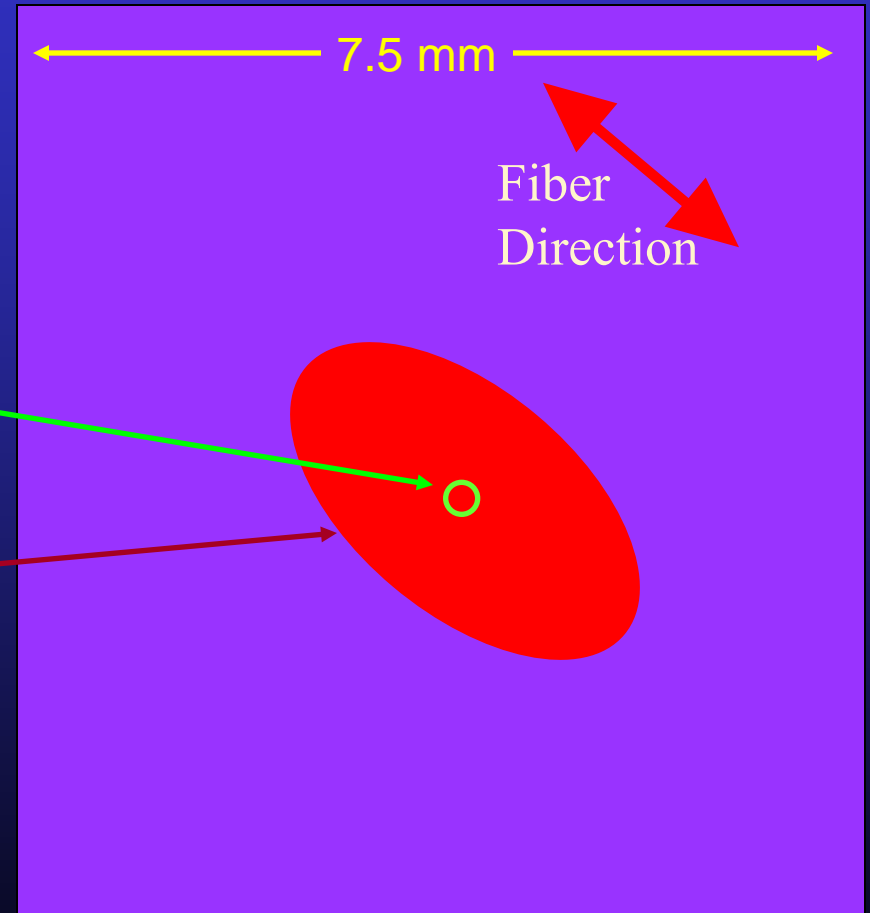
Four S2 frames  
indicated by LED

Written by  
Gustavo Rohde



# Injecting -20 mA into Equal-Anisotropy Cardiac Tissue

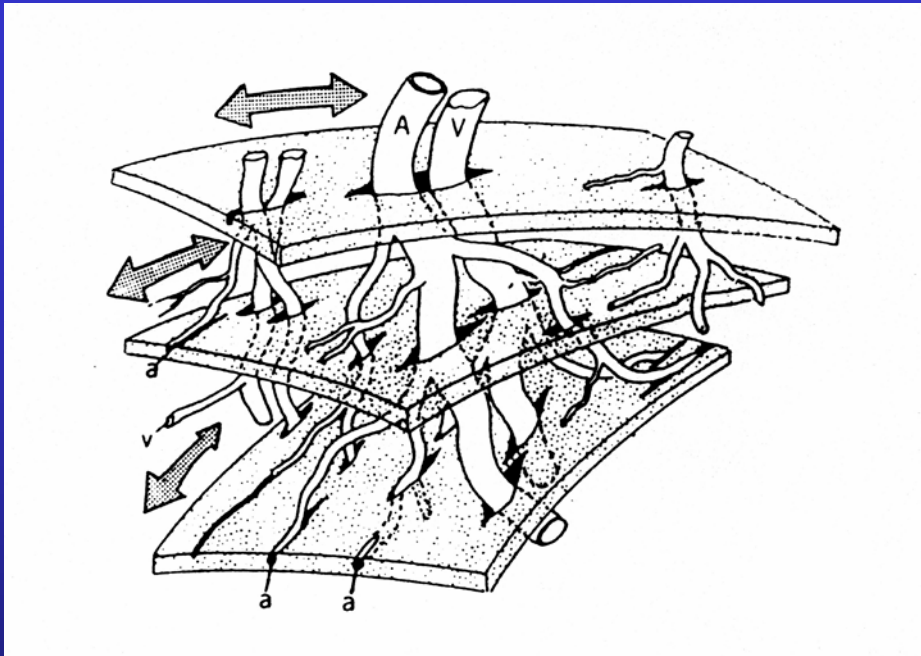
- Point cathodal stimulation
- Virtual cathode depolarizes (red)







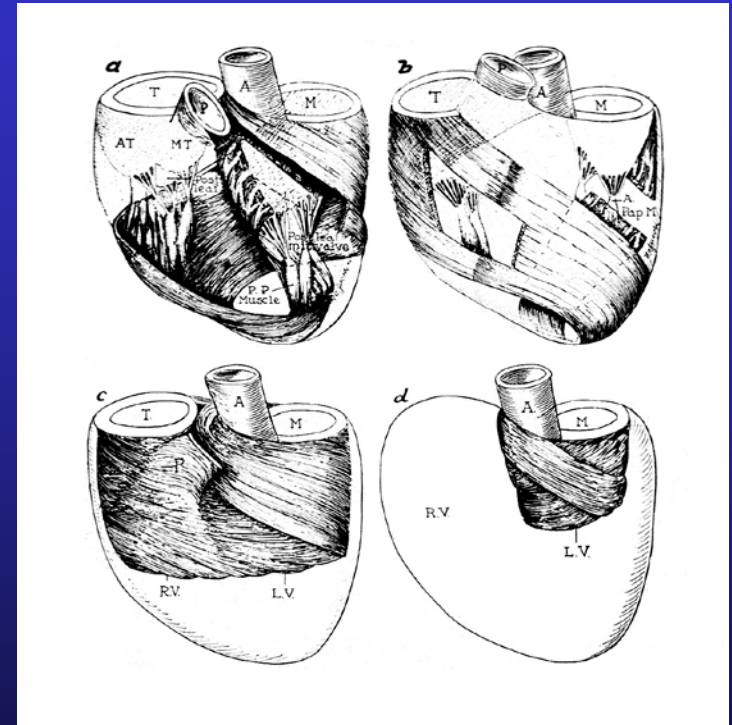
# Bidomain Anisotropy



$$\begin{array}{ll}\sigma_{ix} & 0.2 \text{ S/m} \\ \sigma_{iy} & 0.02 \text{ S/m} \\ \sigma_{ex} & 0.8 \text{ S/m} \\ \sigma_{ey} & 0.2 \text{ S/m}\end{array}$$

$$\sigma_{ix} / \sigma_{iy} = 10$$

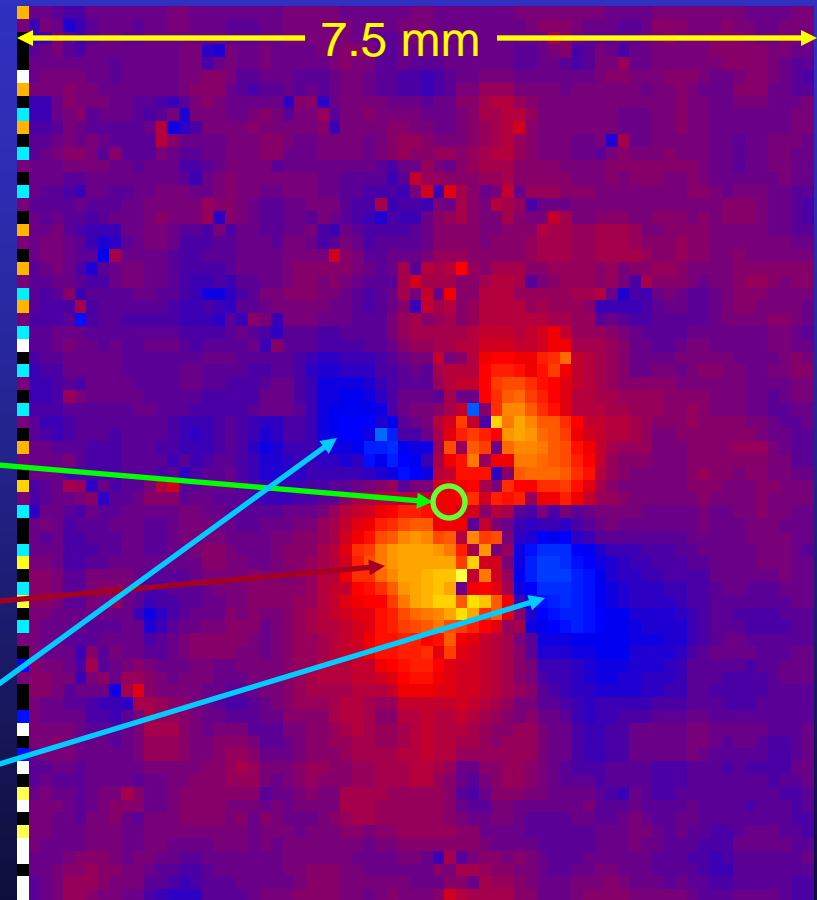
$$\sigma_{ex} / \sigma_{ey} = 4$$



There is no single coordinate system in which the tensor conductivity is everywhere diagonal!

# Virtual electrodes in cardiac tissue

- As a result of unequal electrical anisotropies in intracellular and extracellular spaces:
- Point cathodal stimulation
- Virtual cathode depolarizes (red)
- Virtual anodes hyperpolarize (blue)



(Wikswo, Lin and Abbas. *Biophys. J.* 69:2195-2210, 1995)



# Puzzle

## Four modes of stimulating cardiac tissue

- **Cathode make** (turn on negative current)
- **Anode make** (turn on positive current)
- **Cathode break** (turn off long negative current)
- **Anode break** (turn off long positive current)

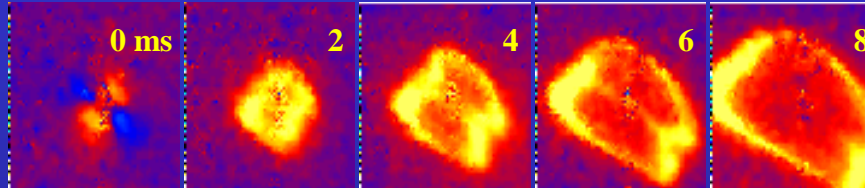
Dekker, E. "Direct current make and break thresholds for pacemaker electrodes on the canine ventricle." *Circ Res*, 27:811, 1970



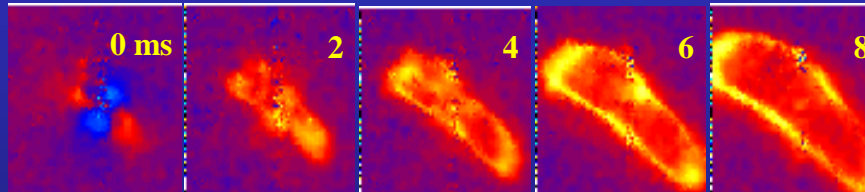
# Synchronous Imaging of Point Activation Patterns

## --- Virtual Electrodes ---

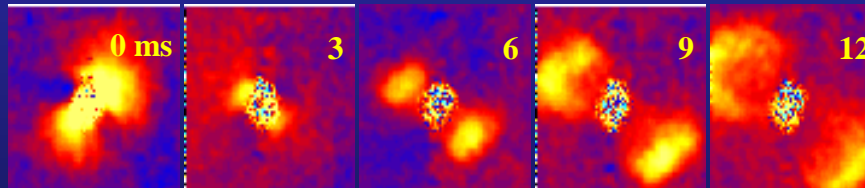
**Cathode  
Make  
-10 mA**



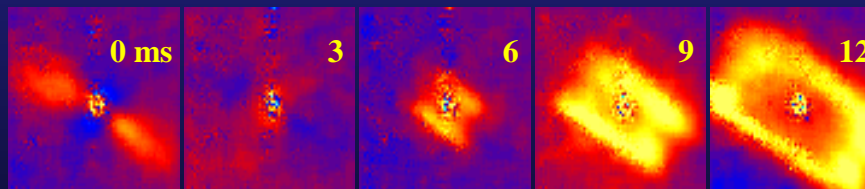
**Anode  
Make  
+10 mA**



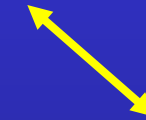
**Cathode  
Break  
-2 mA**



**Anode  
Break  
+3mA**

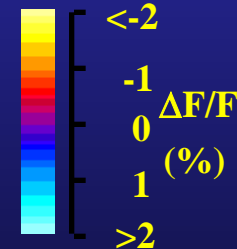


10,000 pixel/frame



**Fiber  
Direction**

**Depolarized**



**Hyperpolarized**

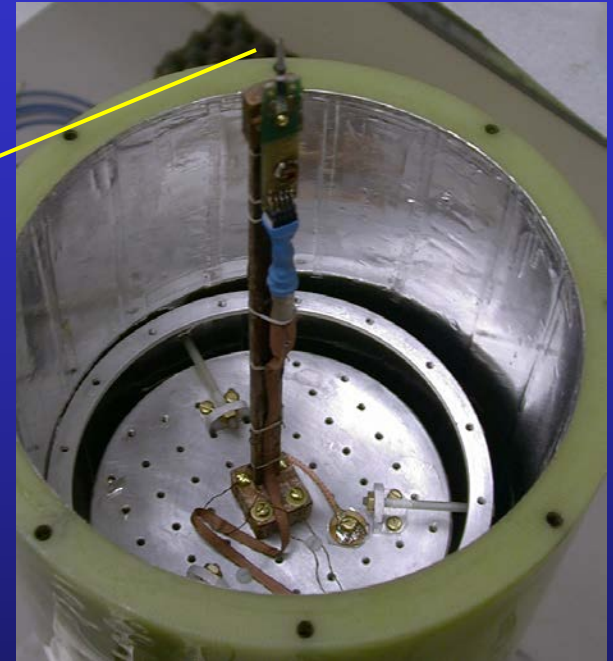
1 mm

(Wikswa, Lin and Abbas. *Biophys. J.* 69:2195-2210, 1995)





# LTS-SQUID microscope



- 30  $\mu\text{m}$  300 K – 4 K  
Grad(T) =  $10^7$  K/m
- 250  $\mu\text{m}$  coil diameter
- 1 pT/Hz<sup>1/2</sup> sensitivity





# Cryostat Design

**SQUIDs** are the most sensitive known detector of magnetic fields

SQUID Sensor

Cold Finger

Pickup Coil

.5 mm Sapphire Bobbin

G10 - Dewar

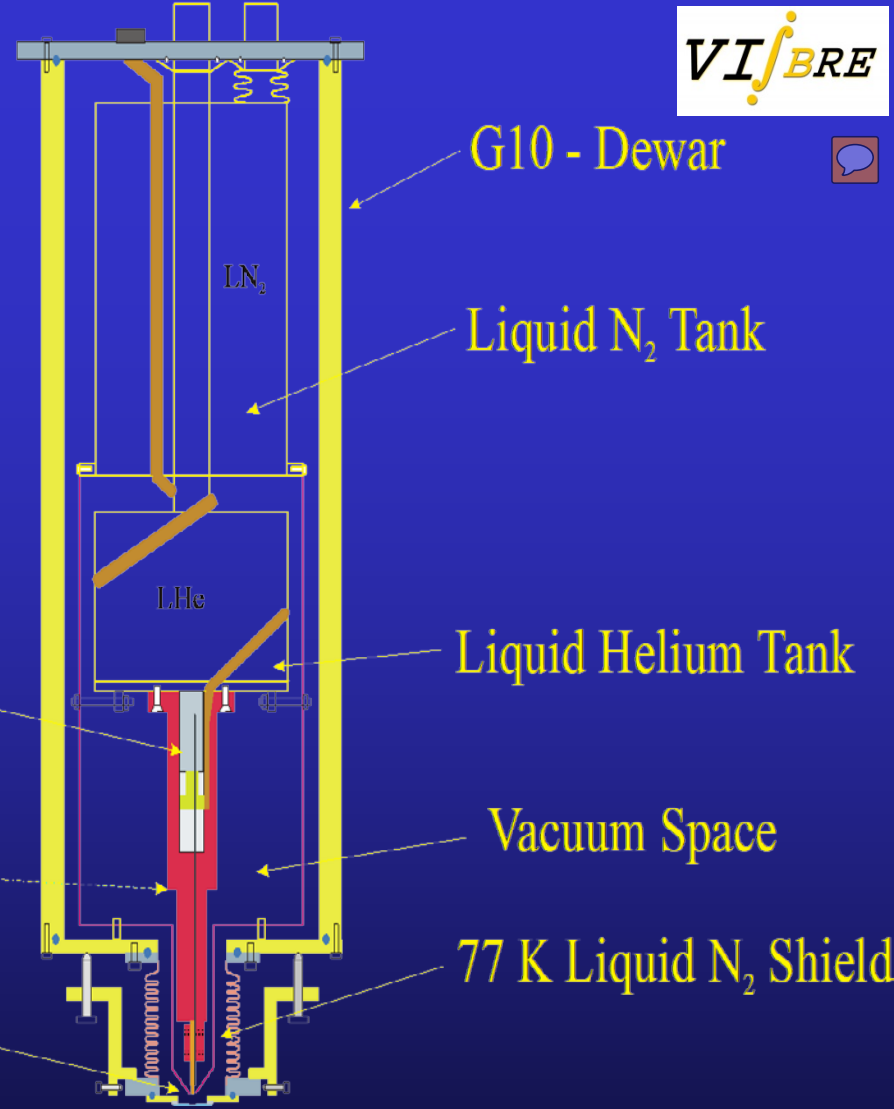
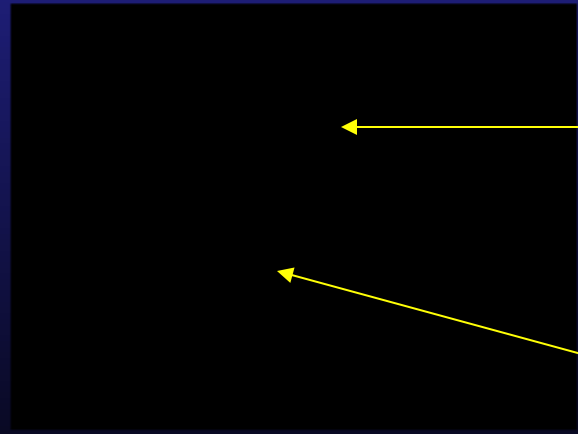
Liquid N<sub>2</sub> Tank

Liquid Helium Tank

Vacuum Space

77 K Liquid N<sub>2</sub> Shield

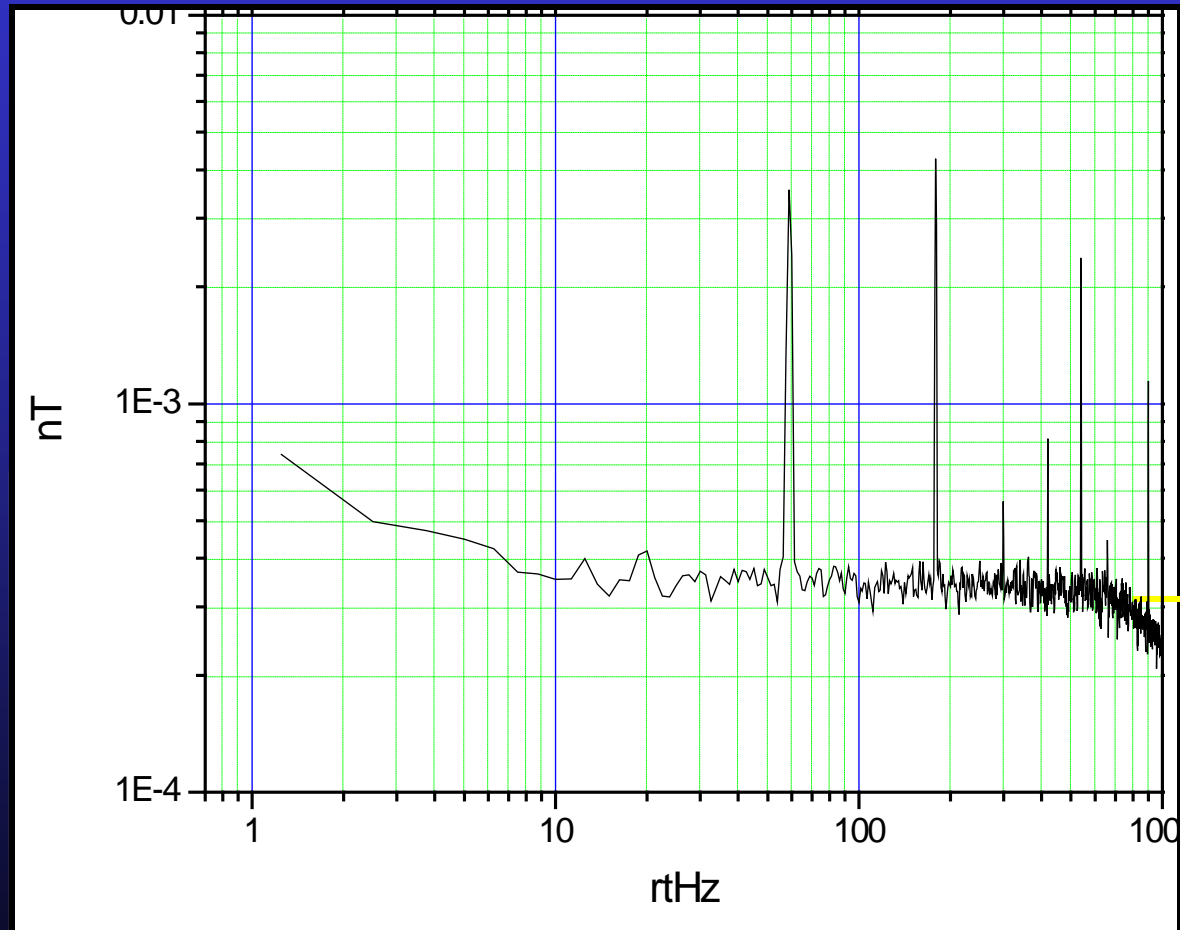
25 mm Sapphire Window





# Field Sensitivity

20 turn Nb-wire pickup coil on 500  $\mu\text{m}$  sapphire bobbin

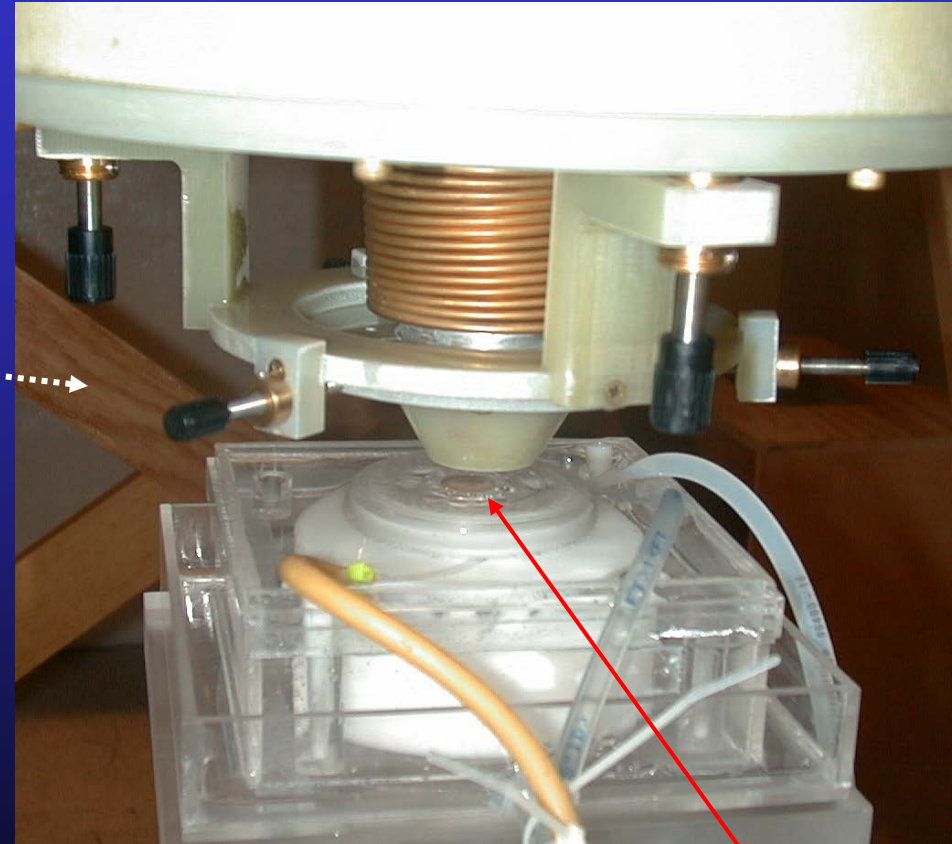


$$330 \frac{fT}{\sqrt{\text{Hz}}}$$

Courtesy of Jenny Holzer and Franz Baudenbacher



# Experimental Setup – Magnetic Imaging



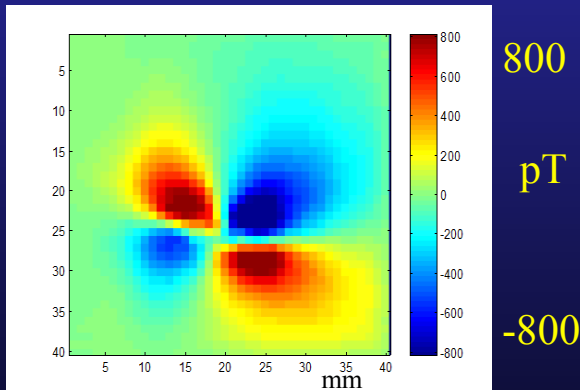
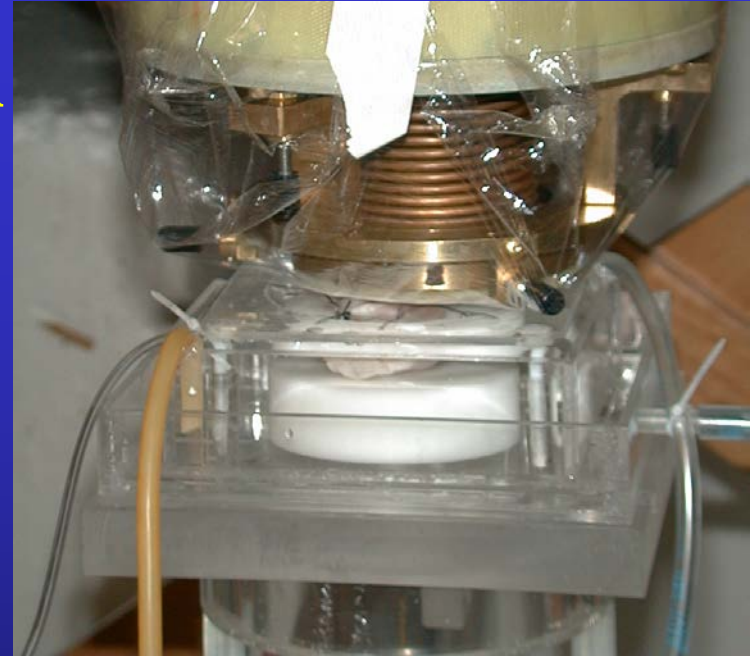
Isolated  
rabbit heart

Courtesy of Jenny Holzer and Franz Baudenbacher



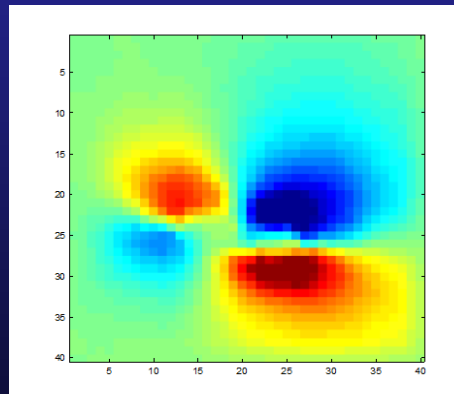
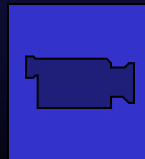
# The magnetic field from action currents in isolated cardiac tissue – left ventricle

- Scanning SQUID microscope
- Isolated rabbit heart
- Point stimulation
- Anisotropy produces quatrefoil pattern

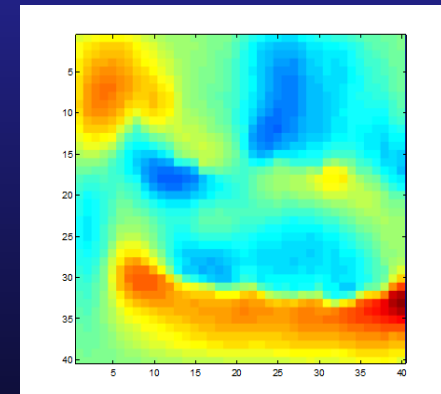


1 ms after stimulus

b-fmpr1.mpg



4 ms



10 ms

Courtesy of Franz Baudenbacher



# Plane Wavefront Propagation

Langendorff perfused isolated rabbit heart

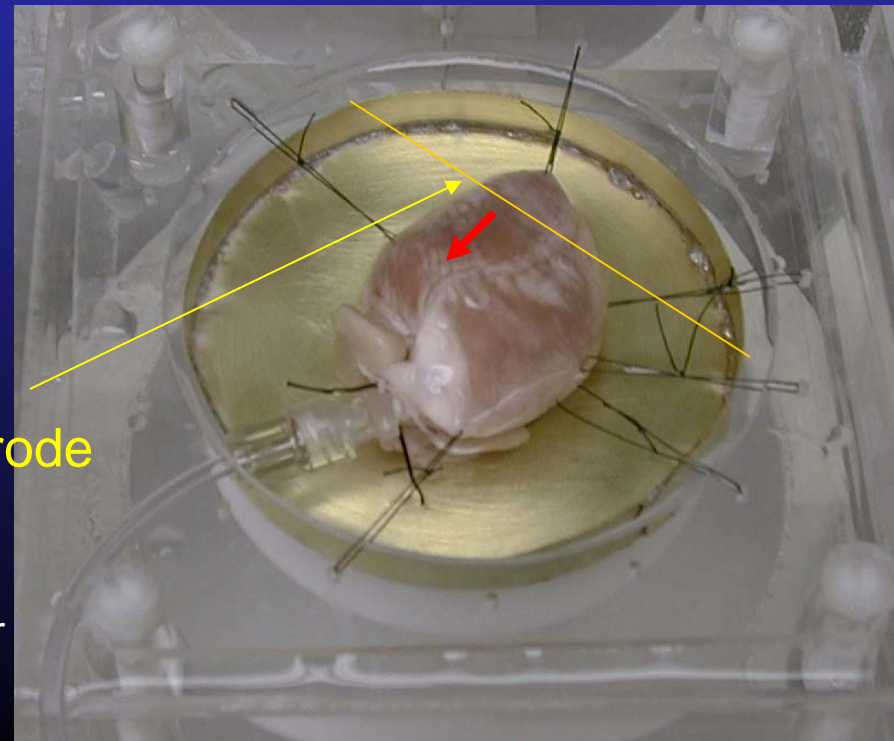
- **High-Resolution LTS-SQUID Microscopy**

Measure **B**, calculate net current distribution

- **Epifluorescent Imaging**

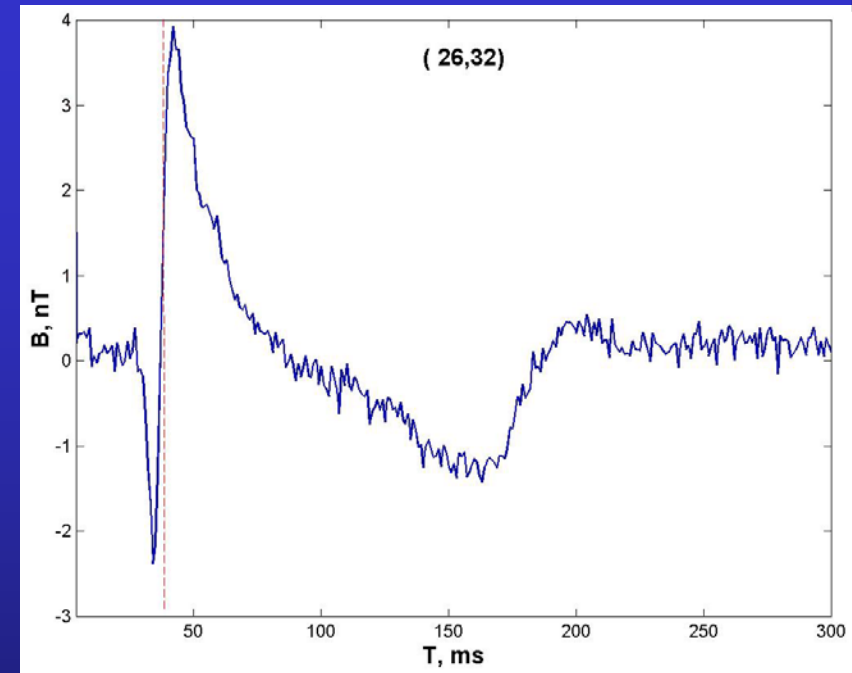
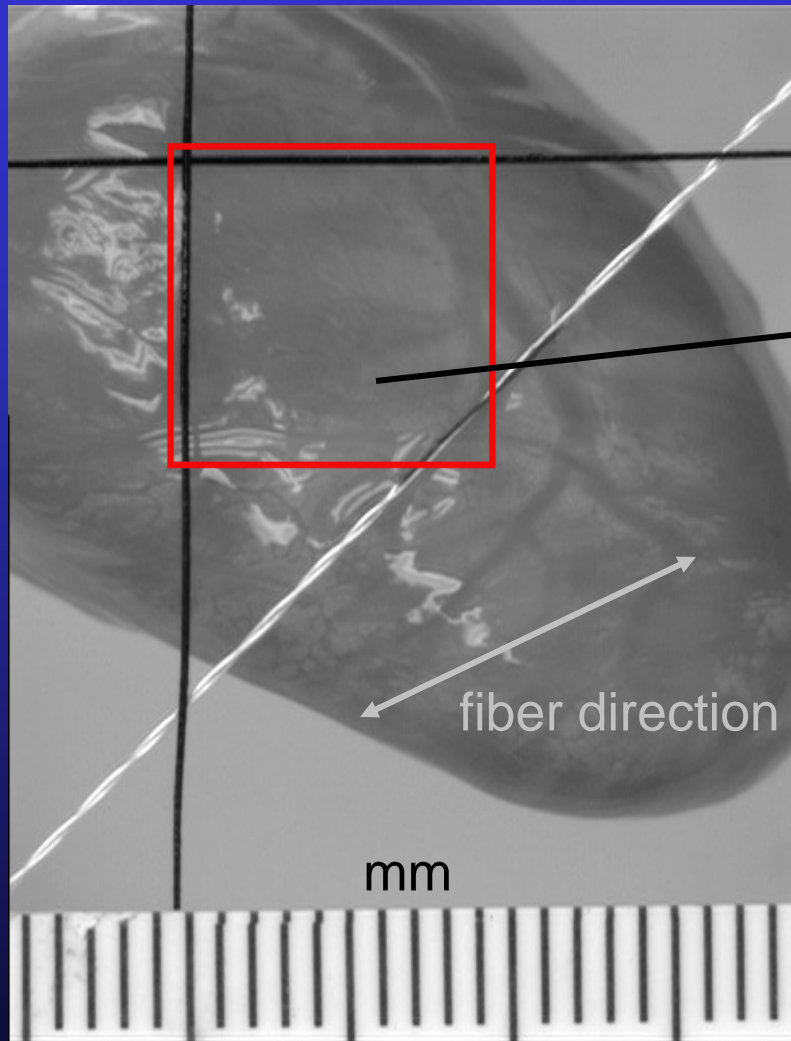
Measure transmembrane  
potential,  $V_m$

Line  
electrode



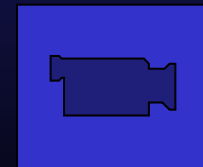
Courtesy of Jenny Holzer and Franz Baudenbacher





**Measure MCG as a  
function of position**

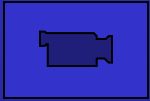
Courtesy of Jenny Holzer and Franz Baudenbacher



Scan2.mpg

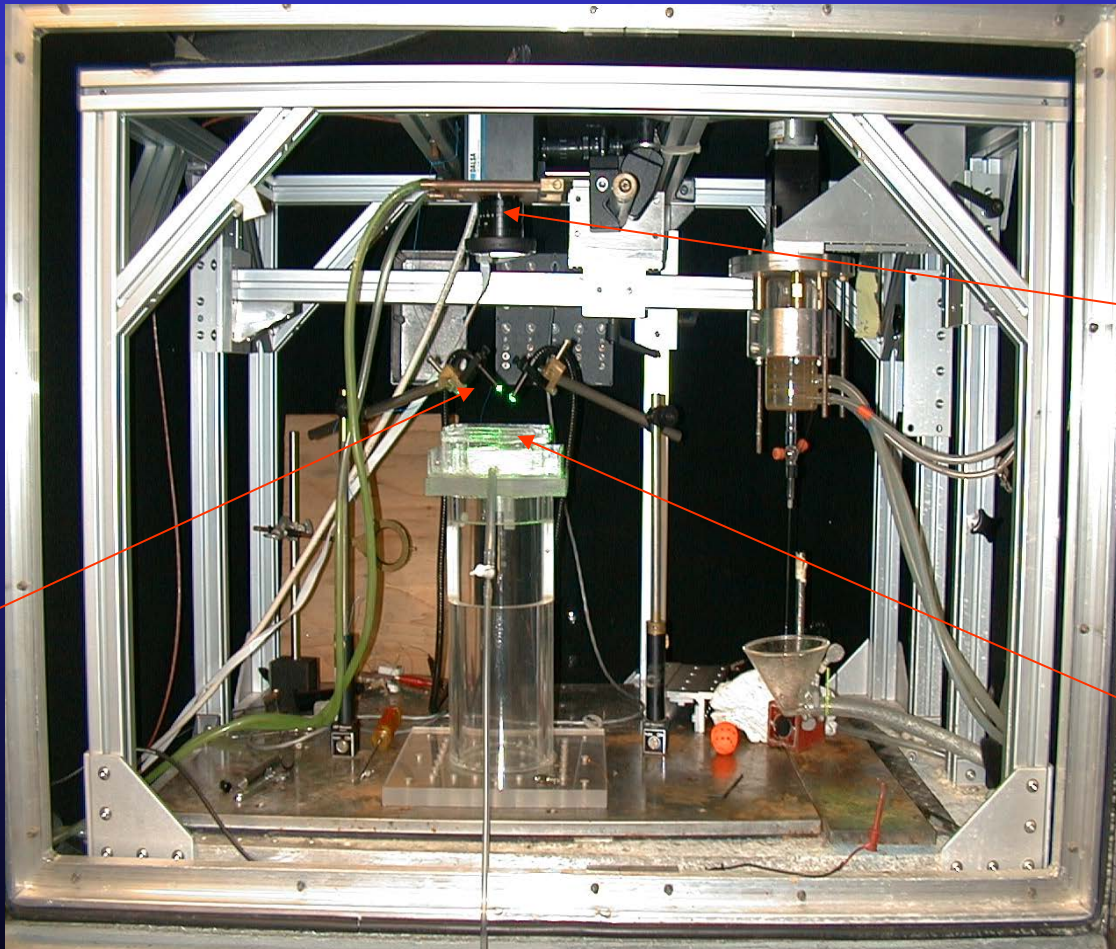


# Experimental Setup - Optical Imaging



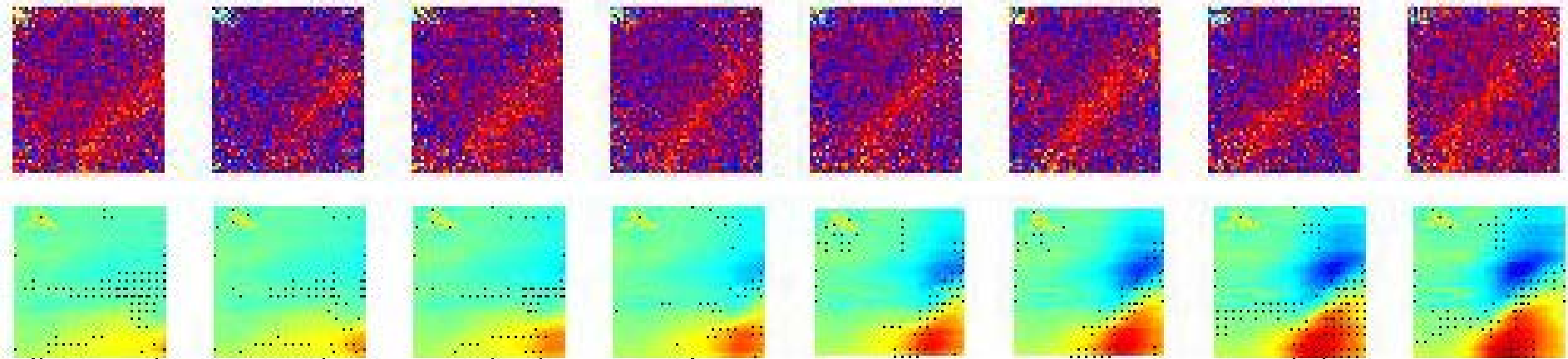
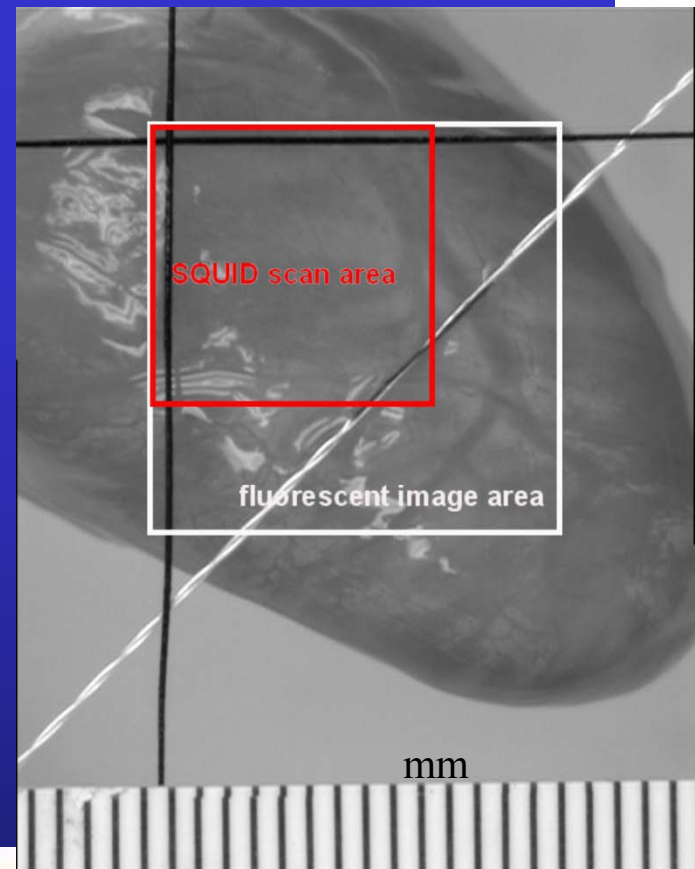
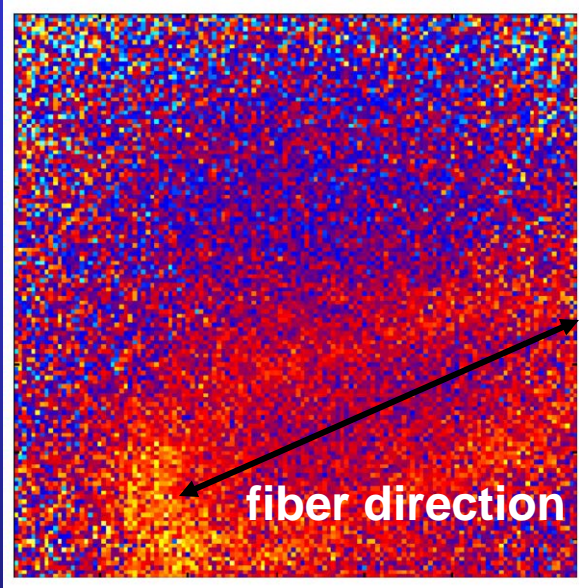
fl4.mpg

Laser Light  
532nm

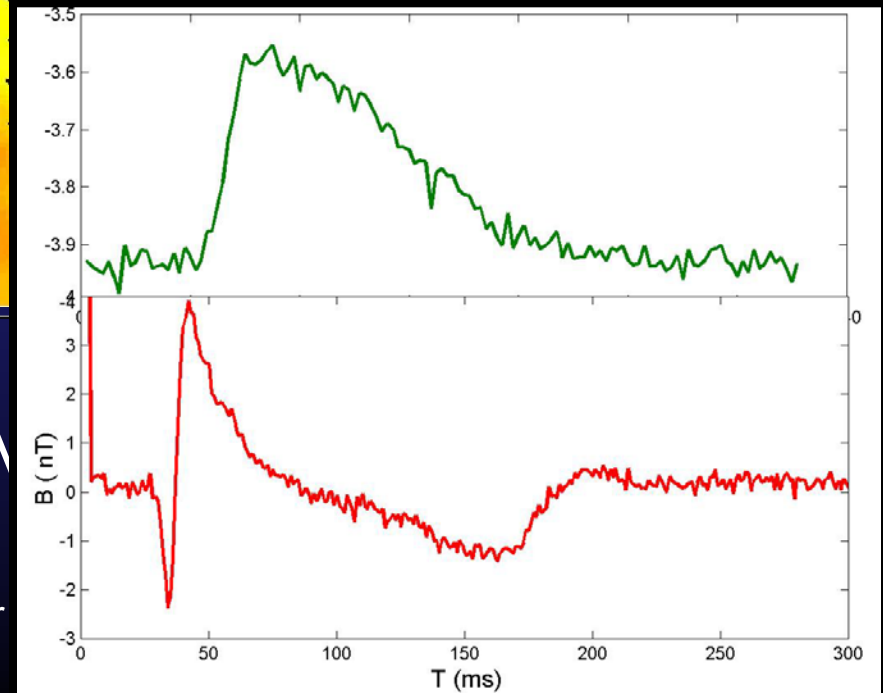
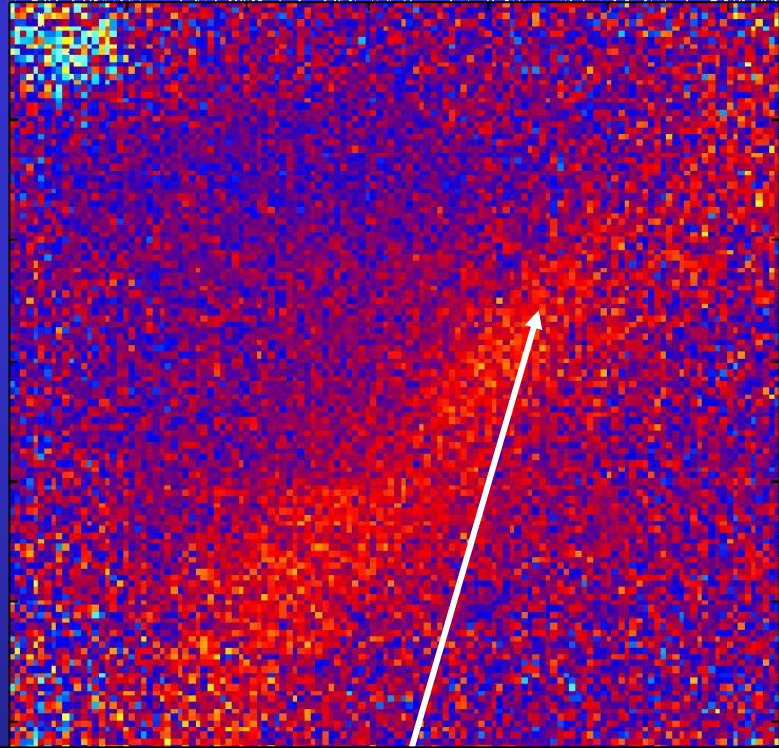
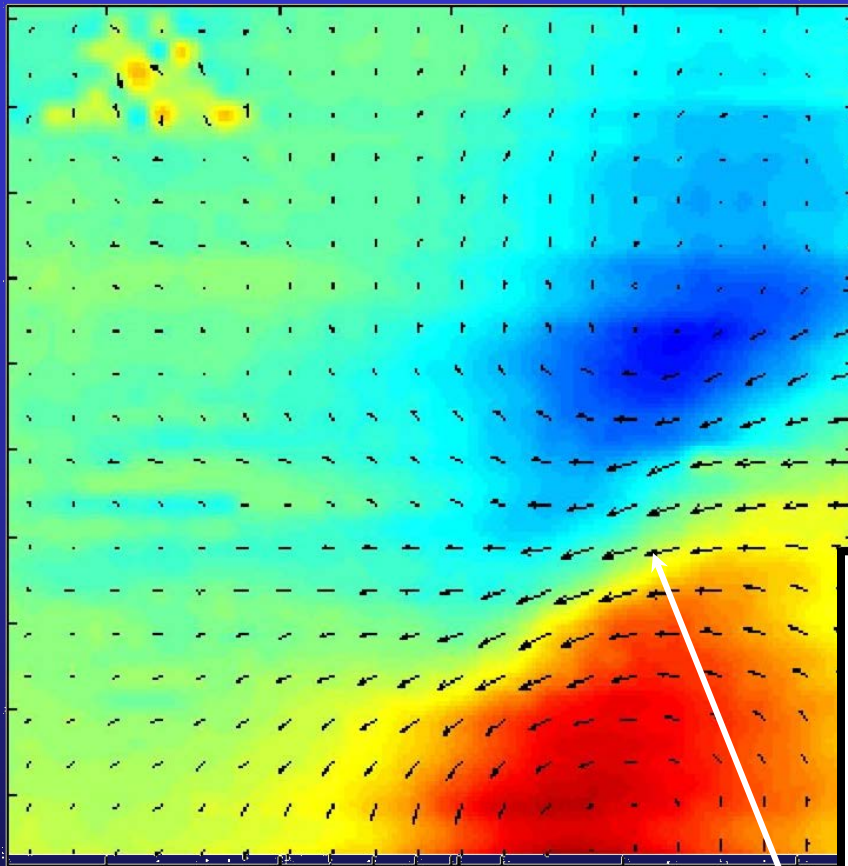


CCD-Camera

Heart



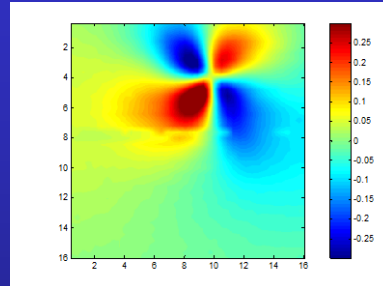




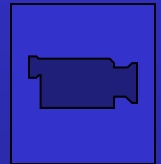
Currents are parallel to  
wavefront

Courtesy of Jenny Holzer and Franz Baudenbacher

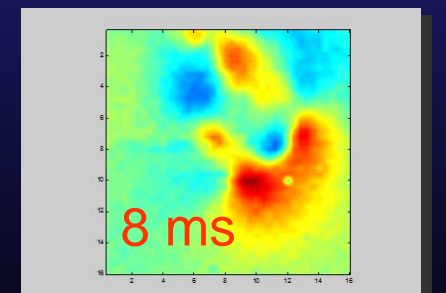
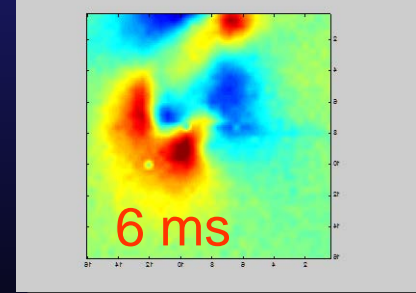
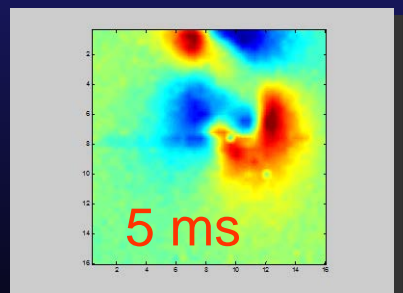
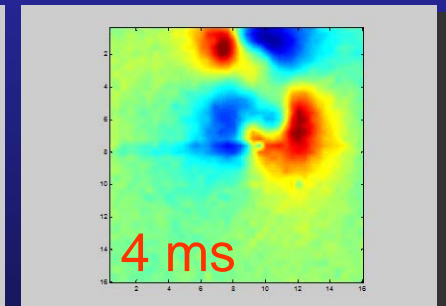
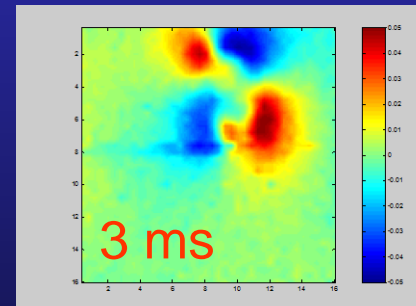
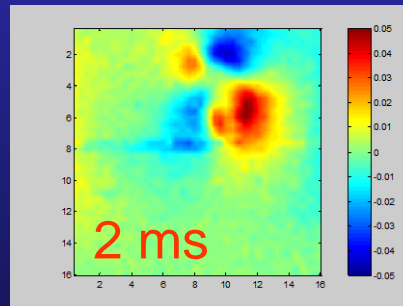
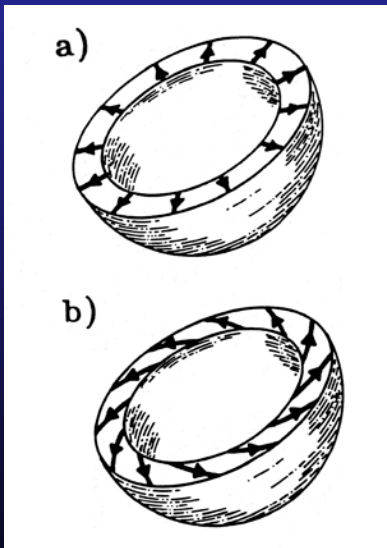
# The magnetic field from action currents in isolated cardiac tissue – the apex



**Stimulus**  
**0.6 mA 5 ms**

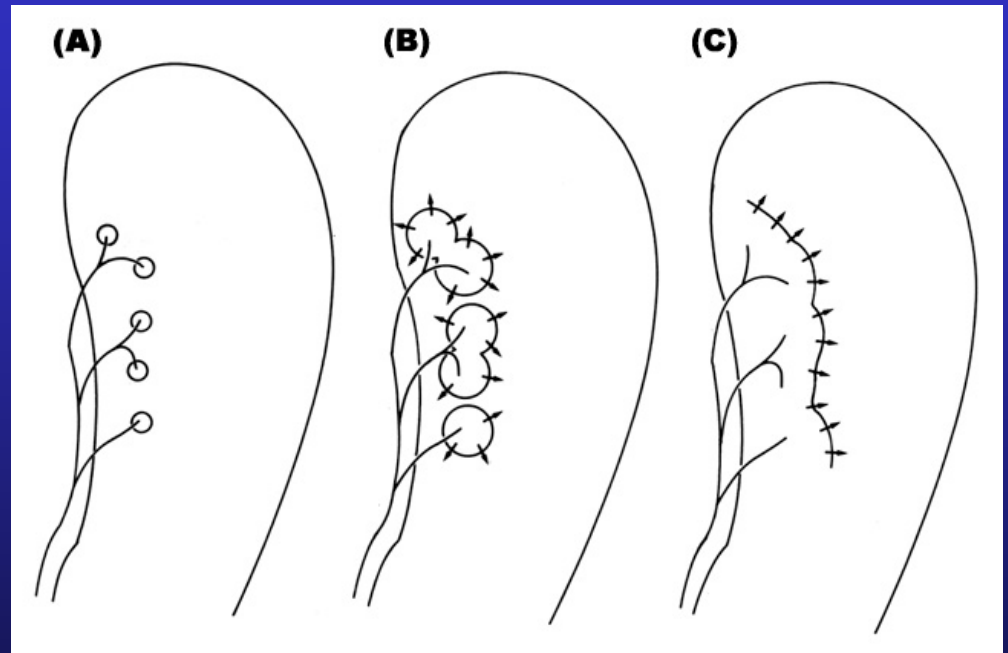
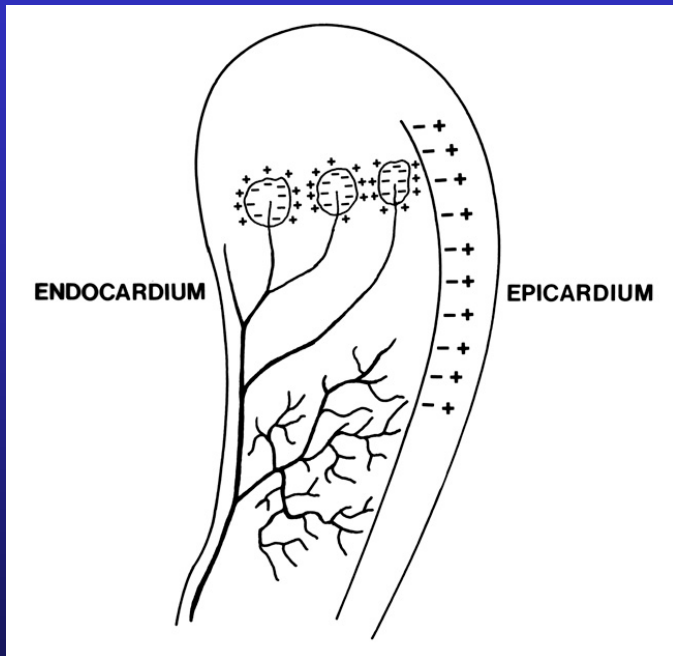


near\_apex.mpg





# Are there other strange source distributions?





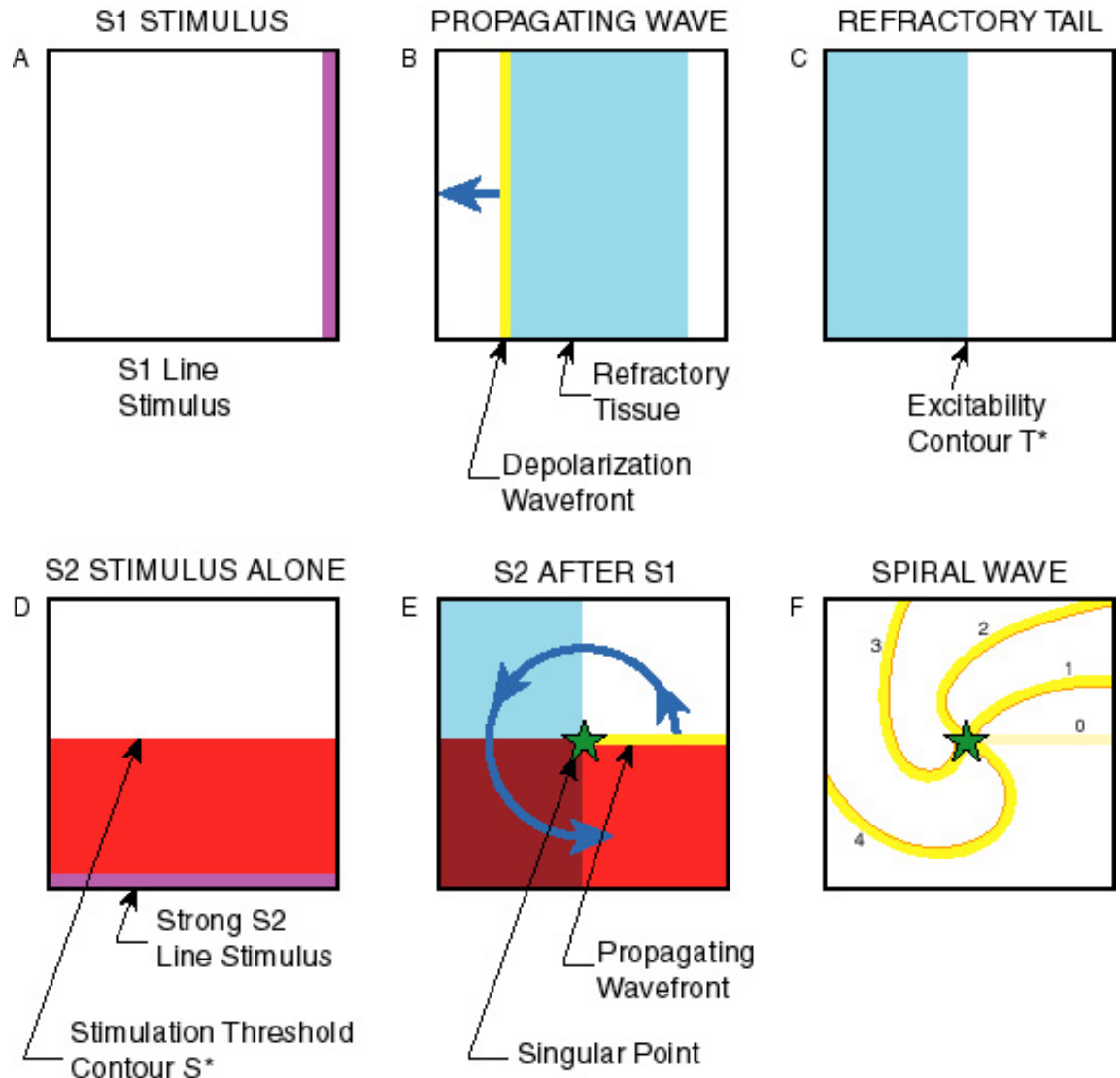
# Non-linear dynamics of reentry, fibrillation, and defibrillation

- Reentry -- Self-sustained excitation due to propagating activation wave fronts in the heart that continue to re-excite different regions of tissue rather than terminating after a single excitation
- Anatomical reentry -- activation wave fronts that travel in one direction around an anatomical obstacle
- Functional reentry -- activation circulate around a dynamical phase singularity



# Initiation of Spiral Wave Reentry

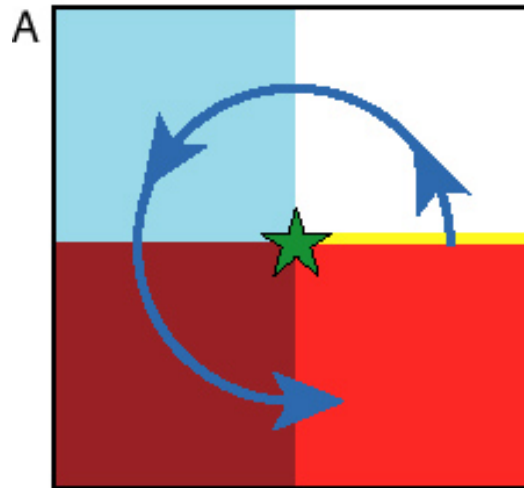
S1-S2  
crossed-  
field  
stimulation



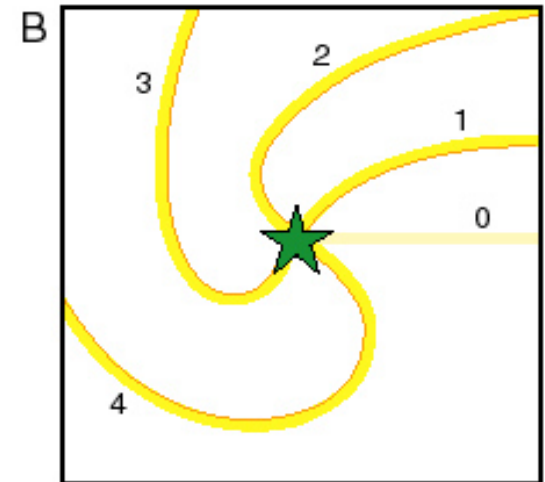
# Spiral Wave and Figure-of-Eight Reentry

- Spiral Wave:
  - S1 vert line
  - S2 horiz line
- Figure-of-Eight
  - S1 vert line
  - S2 point

ONE SINGULARITY



SPIRAL WAVE



TWO SINGULARITIES

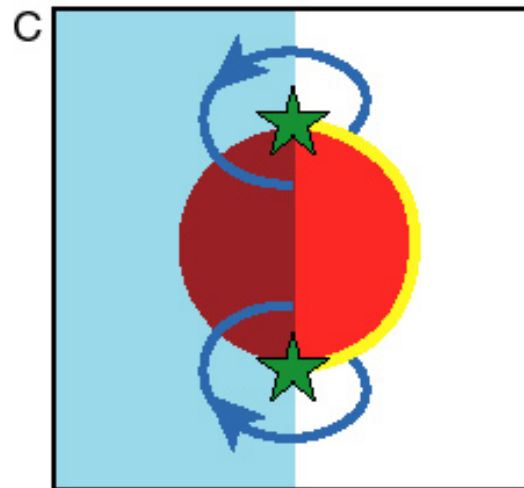
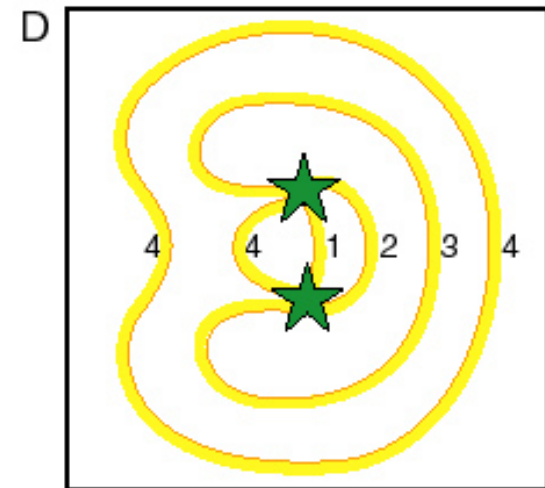


FIGURE-OF-EIGHT



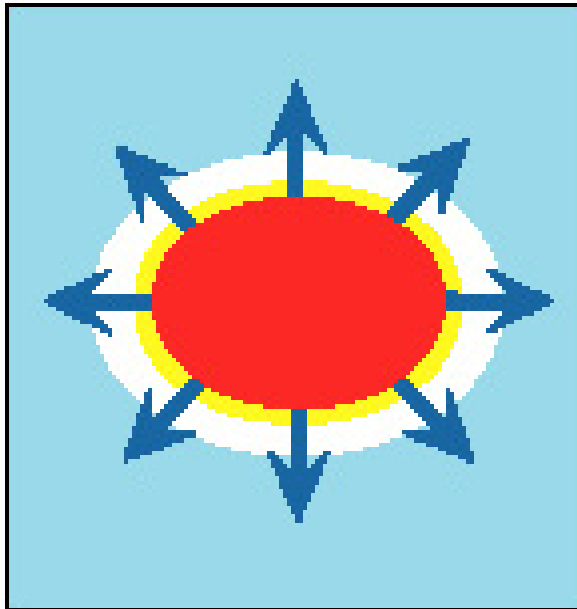
# Bidomain Anisotropies and the Critical Point Hypothesis

*Equal Anisotropy Ratios*

*Unequal Anisotropy Ratios*

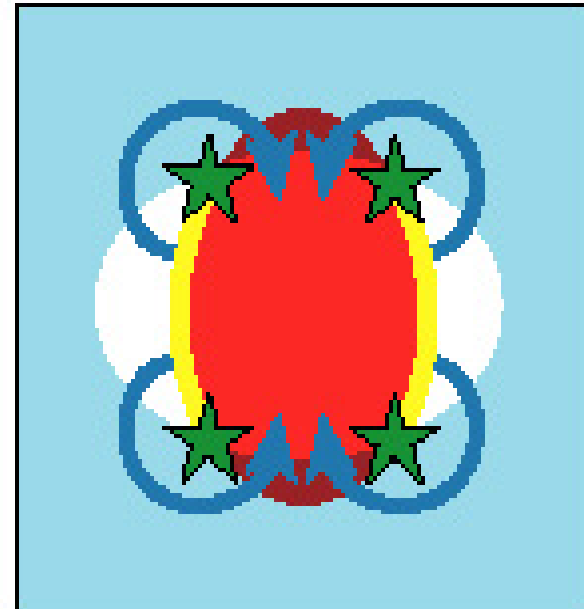
NO SINGULARITIES

A



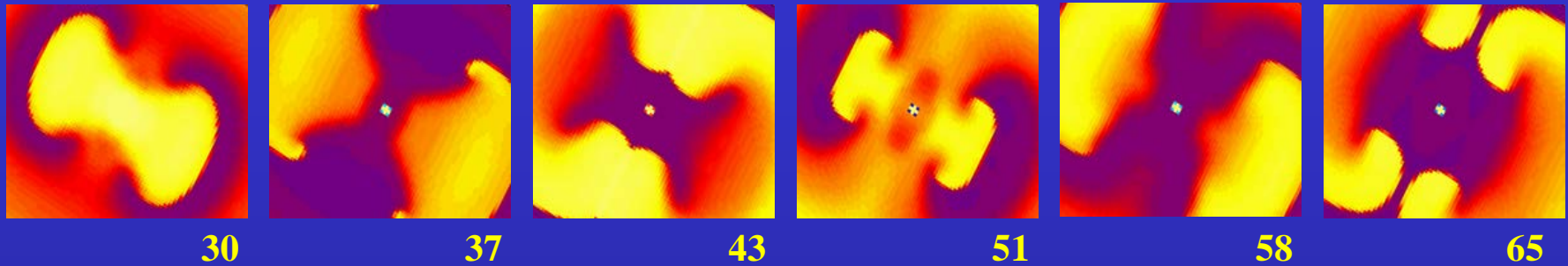
FOUR SINGULARITIES

B

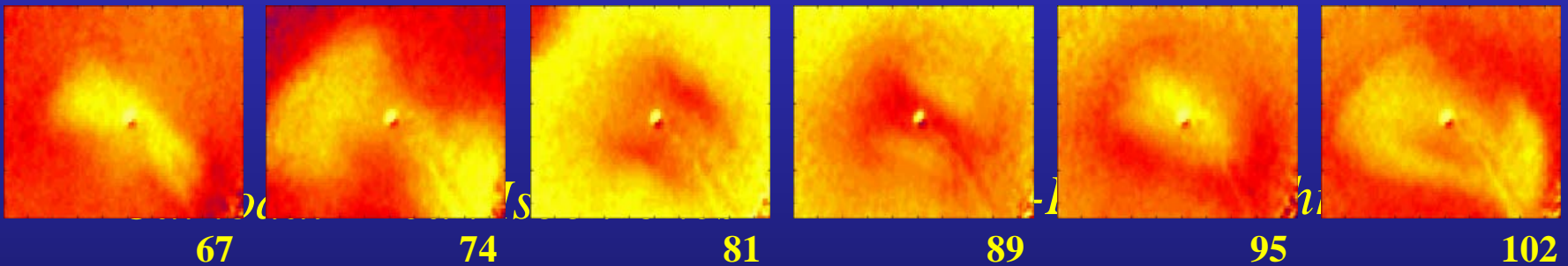




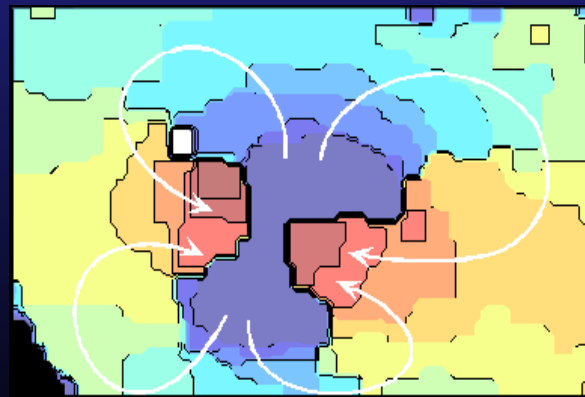
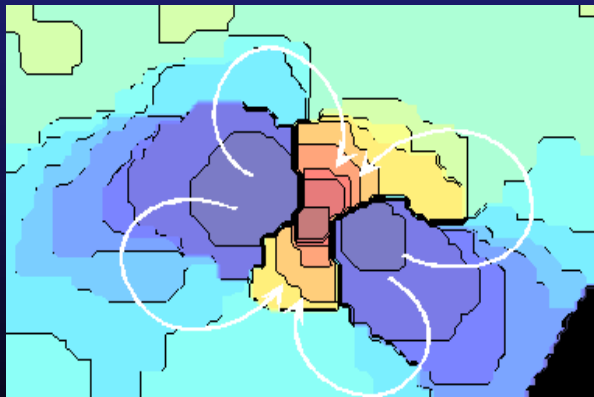
# Quatrefoil Reentry



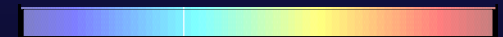
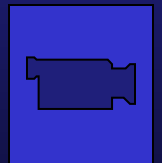
*Numerical*



*Experimental*



Vm\_expt.mpg



*Time* →

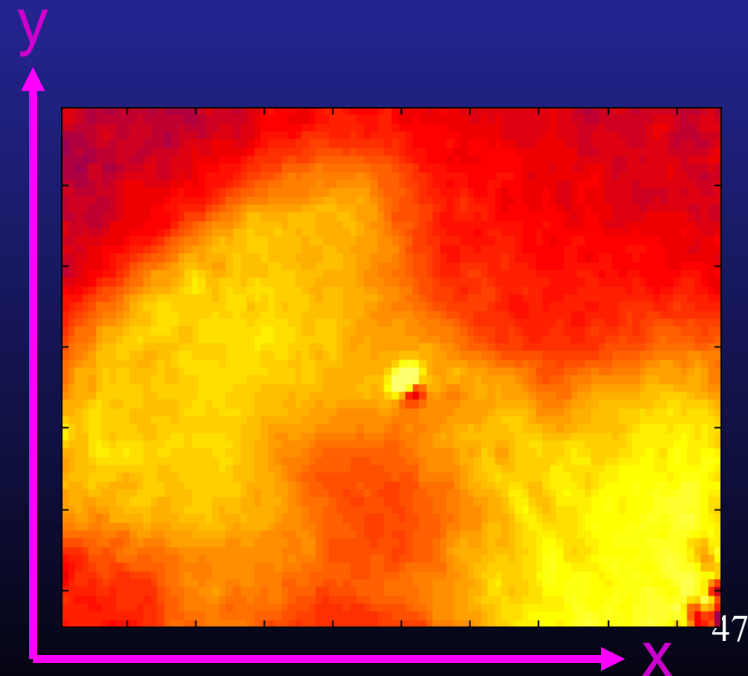
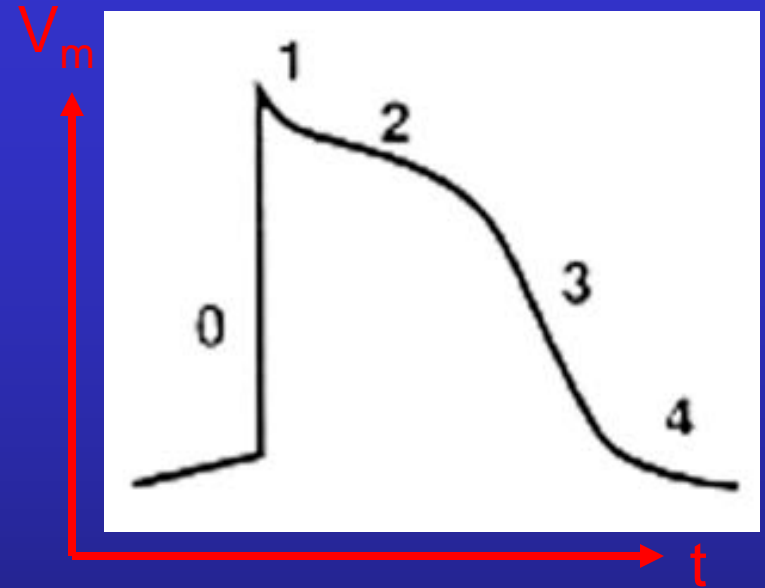


# Voltage versus Phase

- The problem: a given voltage can either be rising or falling

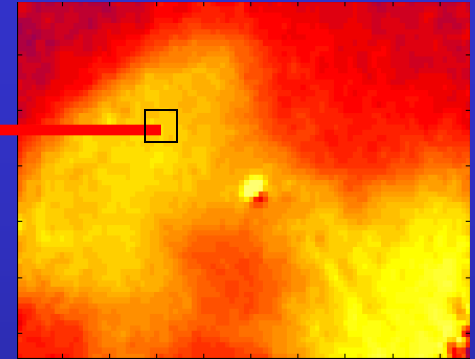
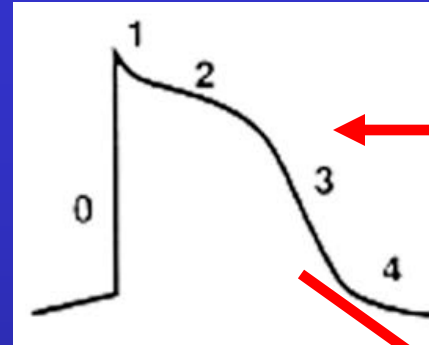
One frame of the  
transmembrane potential  
during quatrefoil reentry

*Depolarizing (0) vs  
repolarizing (3) ?*



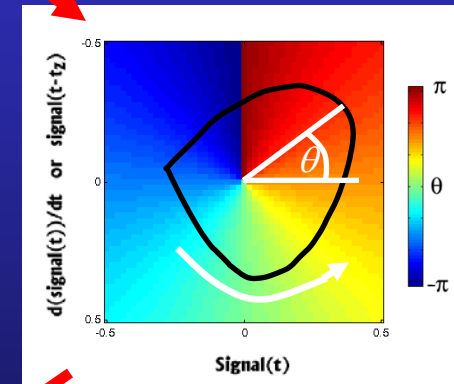
# Voltage(t) or Phase(t) ?

- The problem: a given voltage can either be rising or falling
- The solution: represent the cardiac action potential in terms of “phase” in the cardiac cycle
  - 0, 1, 2, 3 ...
  - 1%, 2%, 3%, 3%, 5%, ...
  - 0°, 5°, 10°, 15°, 20°, 25°, ...

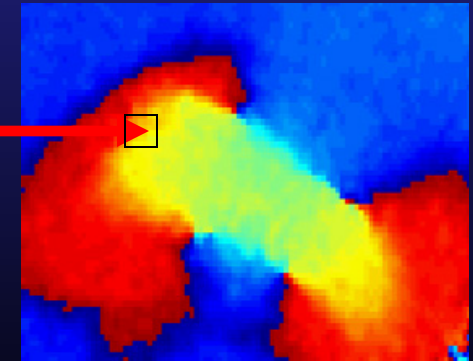
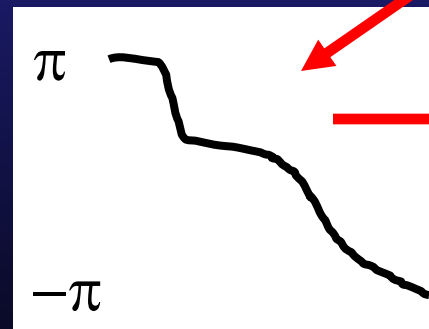


Transmembrane  
Potential

Pixel-by-Pixel

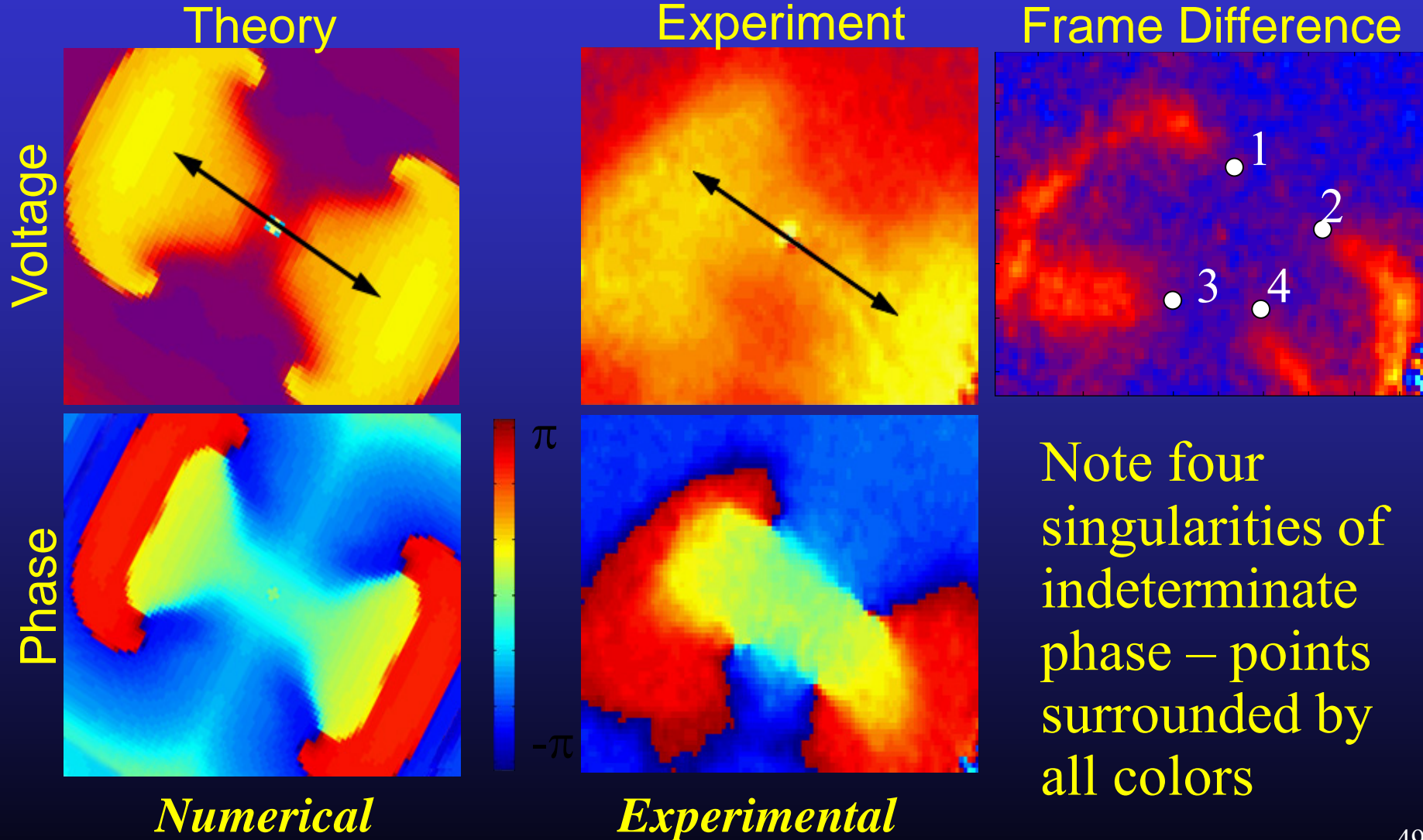


Phase





# From Voltage to Phase Space





# Phase Singularities

- How best do we find them?
- What do they mean?
- How do they behave?



# Topological Charge

- The phase singularity is a defect in the topology of activation patterns within the excitable media
- The topological charge may be defined as

$$n_t \equiv \frac{1}{2\pi} \oint_C \nabla \phi \cdot d\vec{\ell}$$

where  $\phi$  is the local phase and the line integral is taken on a closed curve



# Calculation of topological charge

- We define the spatial gradient of the phase ( $\nabla \phi$ ) as the wave vector  $k$
- *Curl*  $k$  is equivalent to the topological charge, which is zero everywhere except at singularities

$$(\nabla \times \vec{k}) \cdot \hat{z} = \lim_{a \rightarrow 0} \frac{1}{\pi a^2} \oint_c \vec{k} \cdot d\vec{\ell}$$



# Calculation of topological charge

- We can use image processing operations that evaluate *curl k* to track phase singularities in reentry movies
- *Curl k* may be approximated with the following:

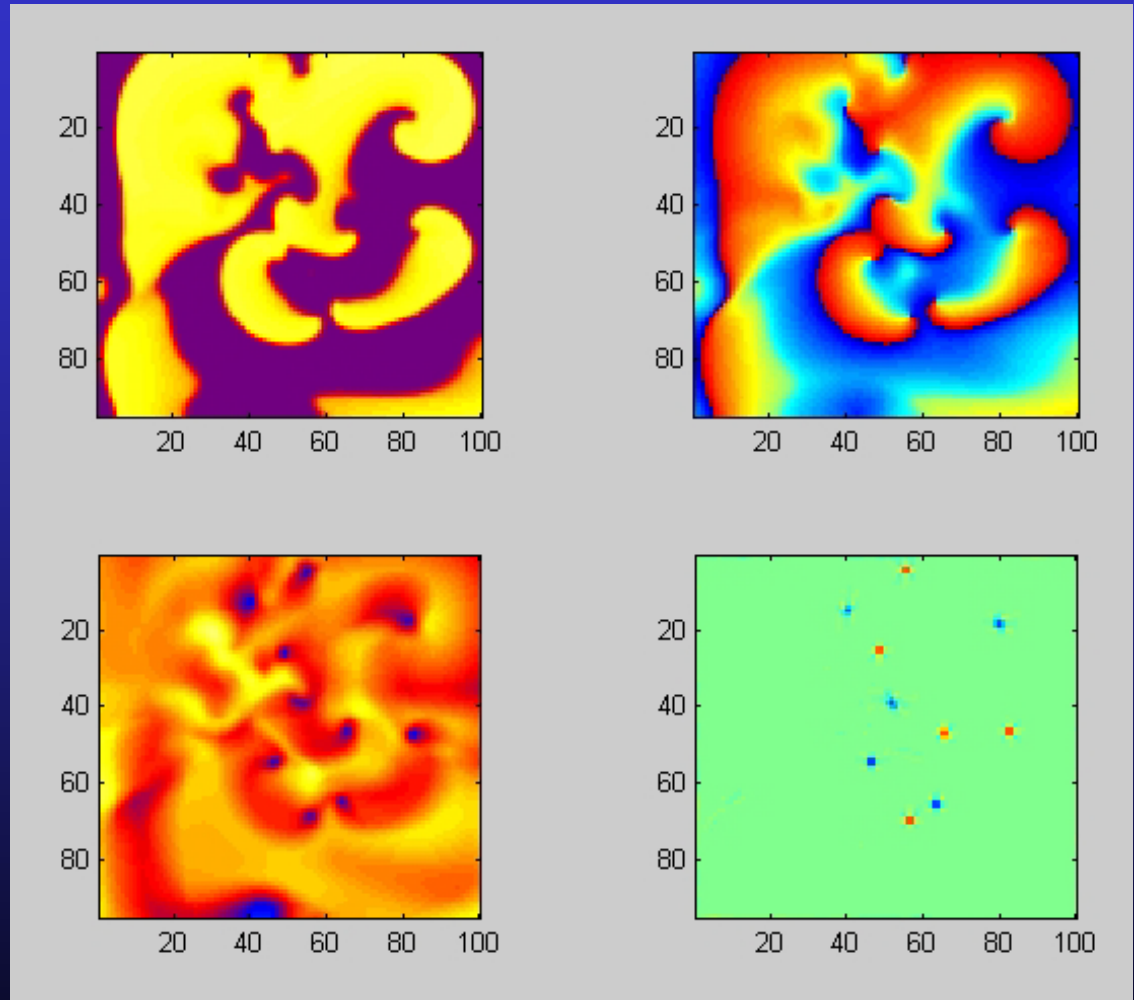
$$(\nabla \times \vec{k}) \cdot \hat{z} \propto \nabla_x \otimes k_y + \nabla_y \otimes k_x$$

$$\nabla_x = \begin{bmatrix} -1/2 & 0 & +1/2 \\ -1 & 0 & +1 \\ -1/2 & 0 & +1/2 \end{bmatrix} \quad \nabla_y = \begin{bmatrix} +1/2 & +1 & +1/2 \\ 0 & 0 & 0 \\ -1/2 & -1 & -1/2 \end{bmatrix}$$

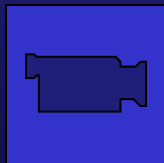
# Simulated Fibrillation

$V_m$

Phase



Variance Curl

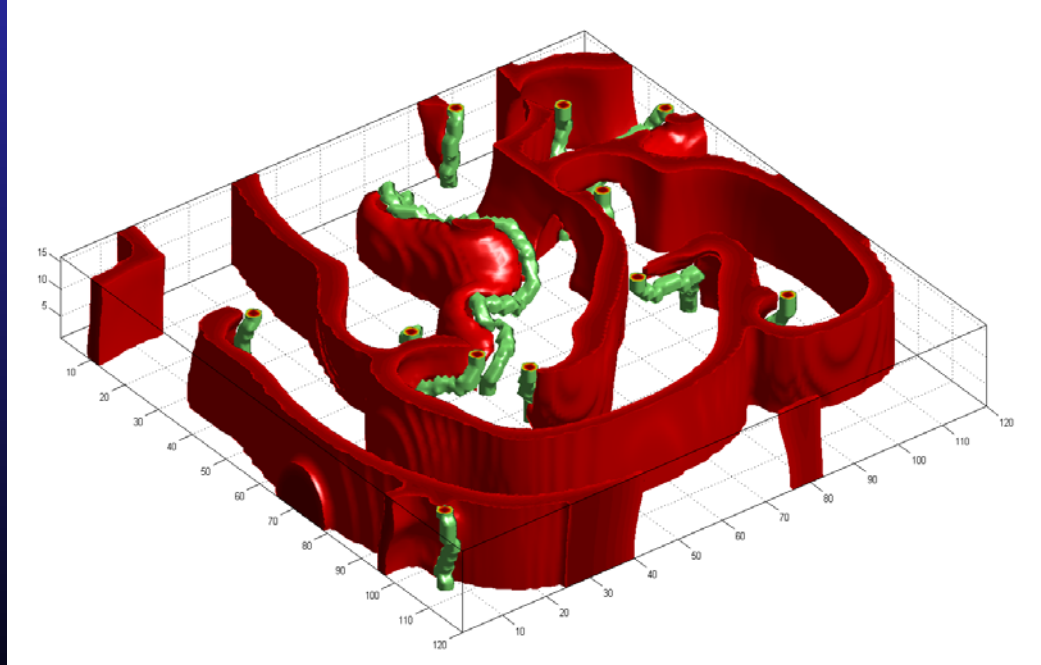
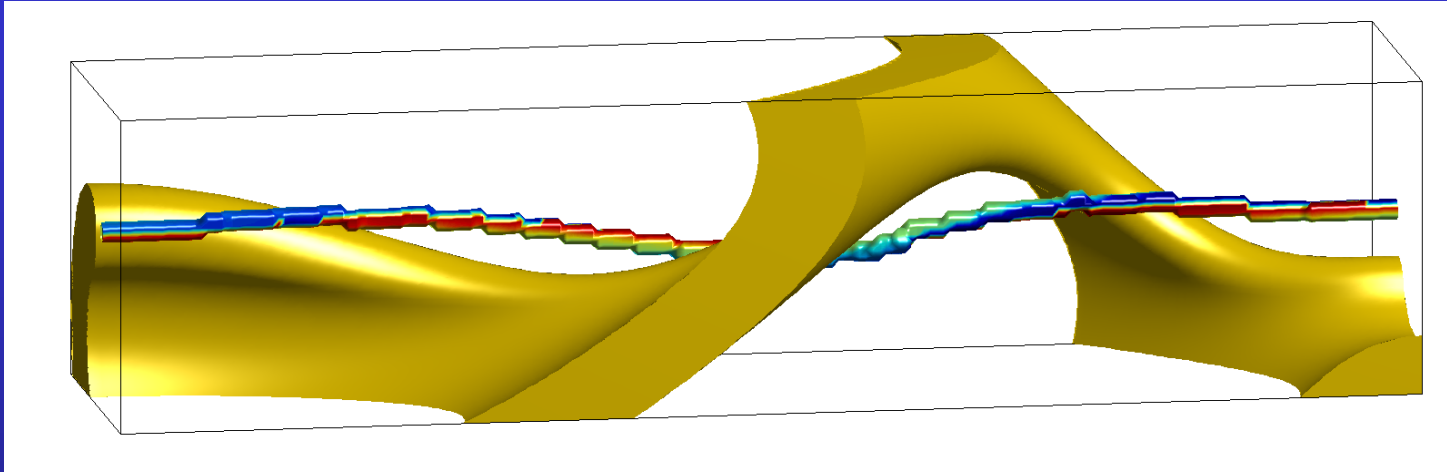


Vm\_Var\_Phase\_Curl.mp4

Courtesy of Mark Bray and Rubin Aliev

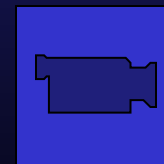


# 3-D Filaments



Courtesy of Mark Bray

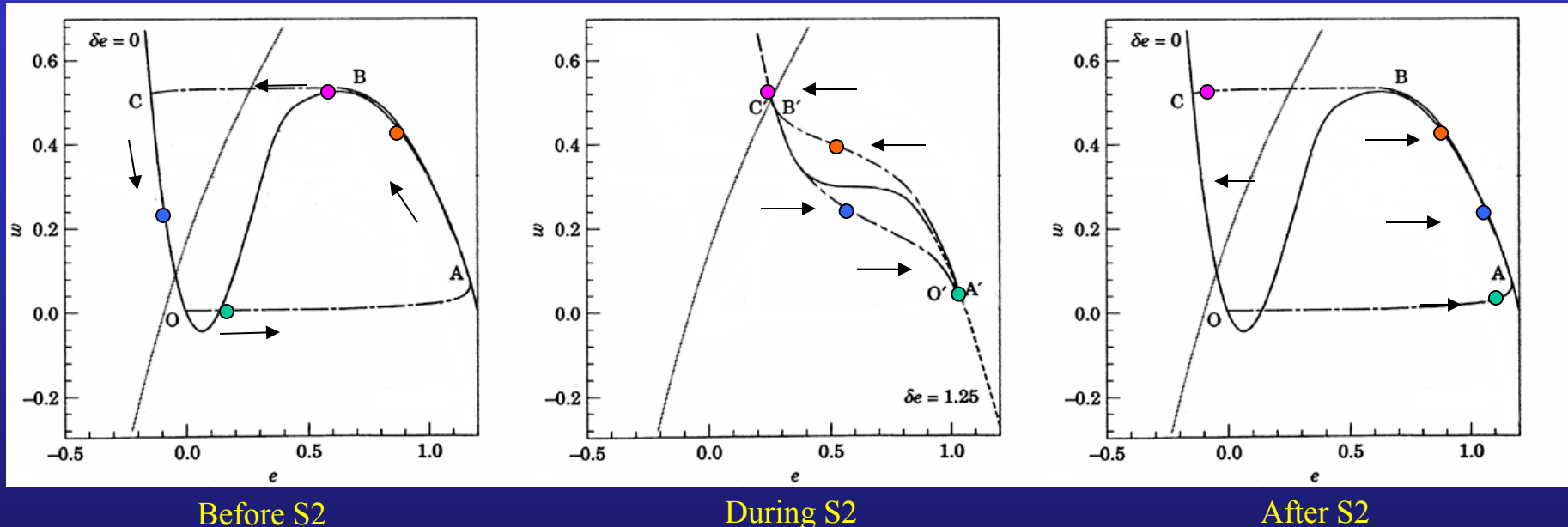
The convolution operation can be extended to 3 dimensions



*scroll\_wave\_breakup.mov*

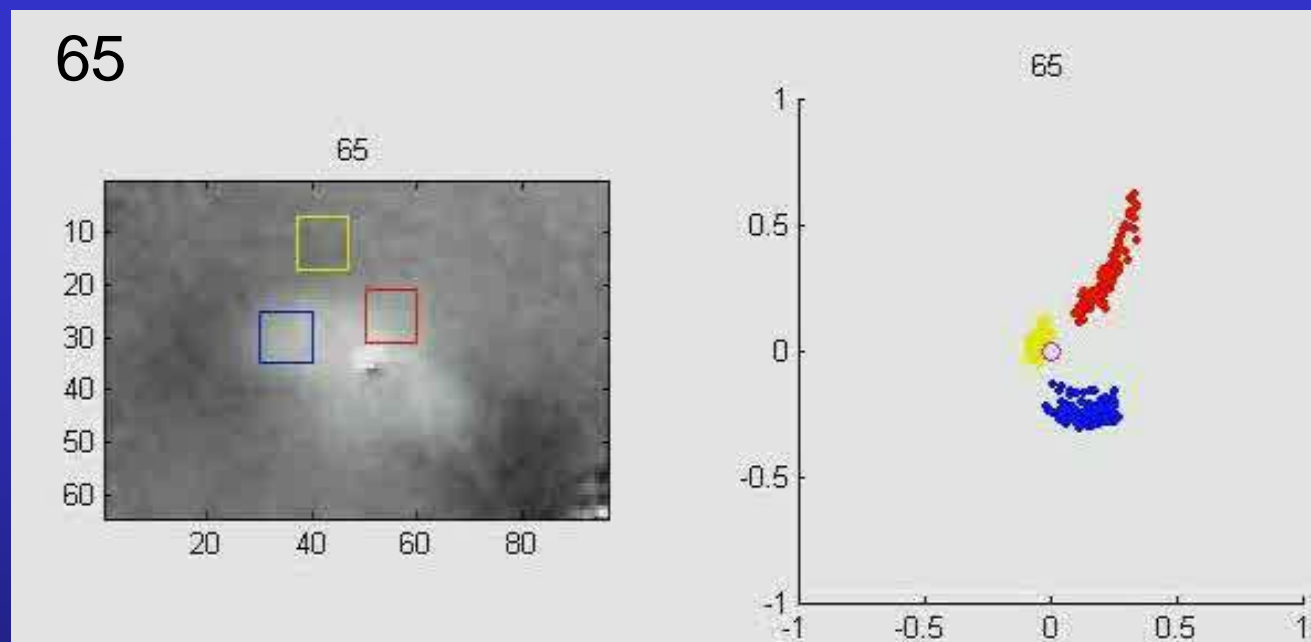


# What Does a Defibrillation Shock Do?



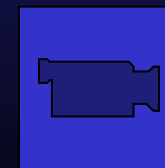
- Krinsky & Pumir
- Strong electrical stimulus shifts the fast nullcline
- Possible explanation for the mechanism of defibrillation

# Cathode Break Stimulation: Virtual Cathodes versus Virtual Anodes



- Hyperpolarized under anode (phase advanced – CCW reset)
- No change near zero-potential line
- Depolarized under cathode (phase retarded -- CW reset)

phase\_reset\_color\_v3.mpg



Courtesy of Mark Bray



# The Future

- Shock resetting
  - Theory – bidomain to the phase plane
  - Experiment – S1 S2 S3 ...
  - Correlation of spatial and phase planes
- Whole-heart phase analysis
- ....
- Cellular metabolic networks



# Acknowledgements

- Rubin Aliev – Cardiac modeling and non-linear dynamics
- Franz Baudenbacher – SQUID microscope
- Mark Bray – Singularity dynamics and phase resetting
- Rick Gray – Phase encoding & singularity detection
- Jenny Holzer – SQUID microscope
- Brad Roth – Prediction of four modes of make & break stimulation; quatrefoil reentry



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<http://www.bme.vanderbilt.edu/>

## Department of Molecular Physiology and Biophysics

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## Vanderbilt Institute for Integrative Biosystems Research and Education (VIIBRE)

<http://www.vanderbilt.edu/viibre> (coming soon)

