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Possible improvements of the method of fundamental solution to solve the ECGI problem

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Inserm

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References

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Conclusions

[1] Barr R, et al. Relating epicardial to body surface potential distributions by means of transfer coefficients based on geometry measurements. *IEEE Trans Biomed Eng Jan* 1977; BME-24 (1): 1-11.

- \triangleright Removing the Neumann conditions reduces the forward and inverse computational cost.
- MFS with new distribution of sources made the problem less ill-conditioned and less sensitive to the choice of the regularization parameter.

[2] Wang Y, Rudy Y. Application of the method of fundamental solutions to potential-based inverse electrocardiography. *Annals of Biomedical Engineering* Aug 2006; 34(8): 1272-1288.

[3] Karageorghis A, et al. A survey of applications of the MFS to inverse problems. *Inverse problems in science and Engineering* 2011; 19(3): 309-336.

[4] Potse M, et al. Cardiac anisotropy in boundary-element models for the electrocardiogram. *Medical & Biological Engineering & Computing.* 2009, 47(7): 719-729.

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- The HNC are related with the small SVs, i.e. with higher frequencies, this can be seen in the respective noisy reconstructed potentials.
- MFS with new distribution of virtual sources and without HNC has better CC and less REs. However, the REs are still high. This indicates that a good similarity of the potential pattern is achieved but not a good amplitude. Finally, best ATs maps were achieved by standard MFS without HNC.
- Future work: The amplitude can be improved with better choice of the regularization parameter according to the distance of the virtual sources and/or by using spatio-temporal regularization.

n n $\begin{pmatrix} - & \frac{\partial n}{\partial n} & \cdots & -\frac{\partial n}{\partial n} \end{pmatrix}$

- We can remark that:
- The contribution of the submatrices B_1 and B_0 in the whole solution is related to their respectives norms.
- Due to the meshing of the torso, non-physiological conditions are applied to the top, bottom of the torso and the arms.
- Accurate computation of the normals at torso surface is required.

 $(a) = \frac{1}{2} \left(\left(1 - \lambda\right)^2 \|B_0 a - \phi_T\|_2^2 + \lambda \|B_1 a\|_2^2 + \alpha \|a\|_2^2 \right),$ 2 2 2 2 0^{α} $\mathcal{V}_T ||_2$ $\mathcal{V}_2 ||_2$ $\mathcal{V}_3 ||_2$ $\mathcal{V}_3 ||_2$ 1 $(1 - \lambda)^2 \|B_0 a - \phi_\tau\|_2^2 + \lambda \|B_1 a\|_2^2 + \alpha \|a\|_2^2$, for $\lambda = 0$ (MFS without HNC) and $\lambda = 0.5$ (Standard MFS) 2 $J_{\lambda}(a) = \frac{1}{2} \left(\left(1 - \lambda\right)^2 \|B_0 a - \phi_T\|_2^2 + \lambda \|B_1 a\|_2^2 + \alpha \|a\|_2^2 \right)$, for $\lambda = 0$ (MFS without HNC) and $\lambda =$ The solution of (4) was found by using Tikhonov regularization and α was chosen by using Creso method as in [2].

Conditioned, i.e. that improves the SV decay.

Do we need to enforce the homogeneous Neumann conditions in the MFS inverse problem? •To evaluate the contribution of both **boundary conditions**:

Study of placement of virtual sources

- \triangleright In other fields it has been shown that the ill-posedness of MFS problem and the efficacy of its solution depends on **the placement of the virtual sources** [3].
- \triangleright The center of the heart used in [2] to inflate the torso surface (in order to place its respective virtual sources) can be a misfit reference, for example when structural diseases are present.
- Therefore, we studied **the effect of changing the torso virtual placement**: For each electrode on the torso, we find the location of closest point on the heart surface $\left\|h_{_{d_{\sf min}}} \right\|$ s.t. $d_{_{\sf min}} = \text{min} \bigl(\left\| {\boldsymbol x}_i - {\boldsymbol h}_{_k} \right\|_2 \bigl), k = 1, \cdots, M_{_H}$ ii. We construct the location of virtual source \dot{y}_i related to the torso electrode x_i as $y_i = x_i + R_T (x_i - h_{d_{min}})$
- iii. We use SVA to find the ratio R_T that makes our problem better

Method of evaluation

- *To test the effect of HNC* **Five activation patterns** (1 single site pacing and 4 single spiral waves) **were simulated** using [4]:
	- The currents from the monodomain problem are used to compute the BSPM. The simulations provide both the theoretical, *in-silico* $\phi_{\scriptscriptstyle \! T}$ and $\phi_{\scriptscriptstyle \! E}$ every 1ms.
	- ii. ϕ_{τ} were computed by solving a static bidomain problem in a realistic, heterogeneous torso model.
- *To test the ill-posedness of the problem* with standard and new *distribution of sources* **Real data** from a patient presenting scar was employed.
- \triangleright To compare the four combinations: Standard MFS, Standard MFS without HNC, MFS with new distribution of sources, and MFS with new distribution of sources and without HNC – **Experimental data** (LBBB) from:

256 electrodes at torso(128 obtained) Sinus rhythm pacing

for epi /endo surfaces 108 electrodes at sock Heart and sock meshes

STAND

STAND

Standard MFS without HNC, MFS with new distribution of sources and without HNC.

DIST. MFS with NEW 0,24

0,58

MFS with new distribution

and without HNC

0,38 0,61 0,61

Table 2. CCs and REs for Ats maps above (figure 4). 0,74 0,95

