

ELECTROCARDIOLOGY MODELING AFTER PULSED FIELD ABLATION RELYING ON ASYMPTOTIC ANALYSIS

Workshop Toulouse 2023

Mathematics of electrical imaging: modeling, theory and implementation

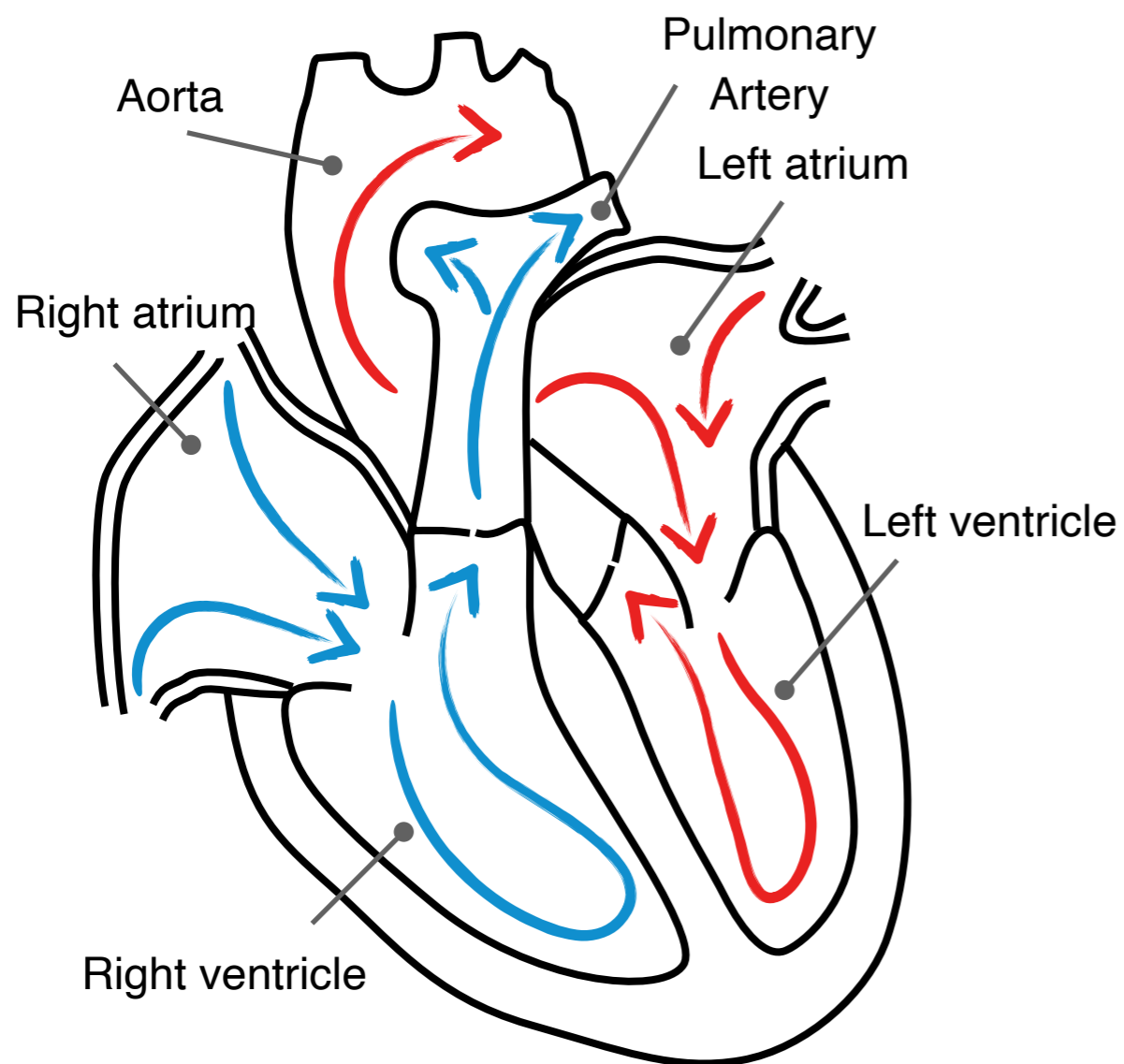
[Annabelle Collin*](#),

* University of Bordeaux (IMB), CNRS, Inria center at the university of Bordeaux, Bordeaux INP

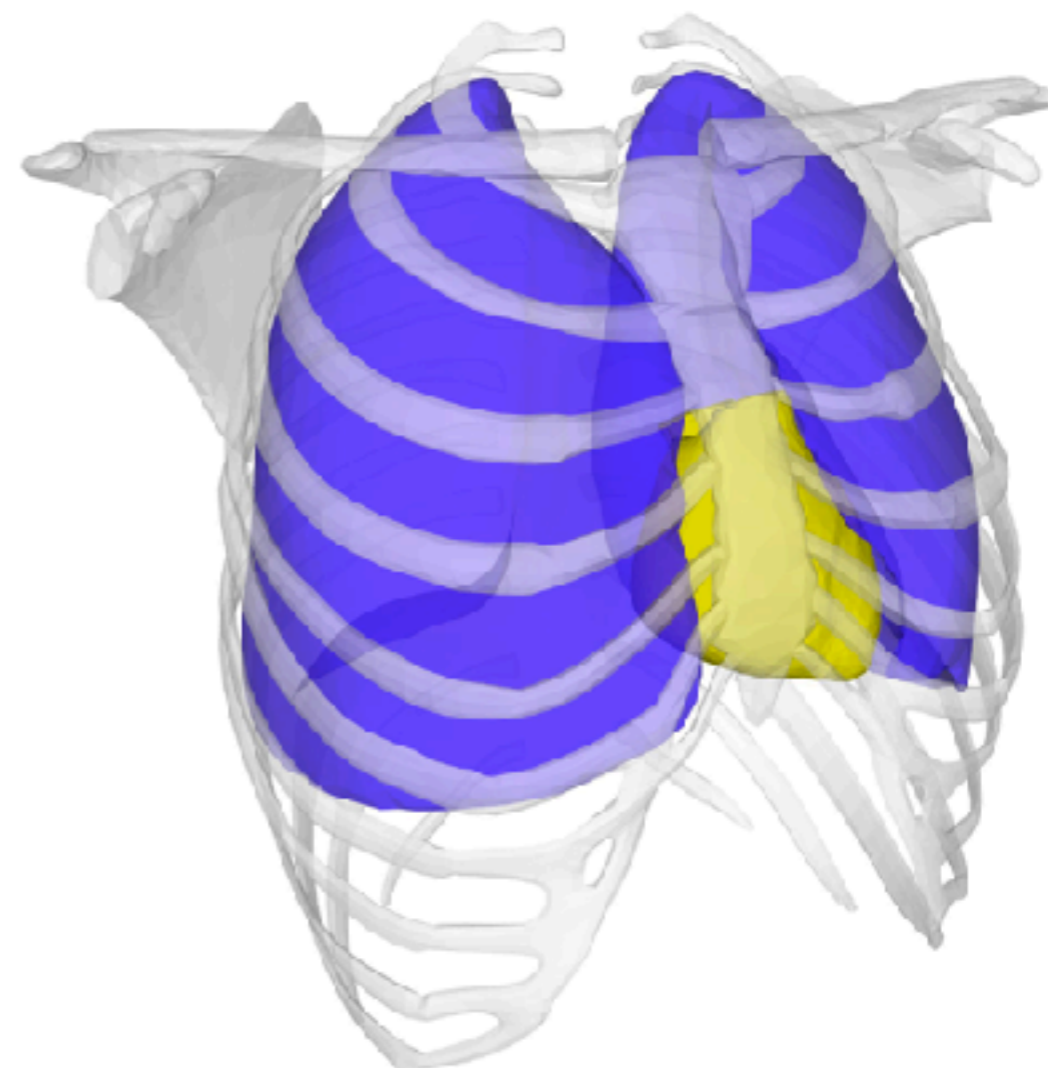
In strong collaboration with **IHU Liryc** (Bordeaux)



Electrocardiology (or cardiac electrophysiology)

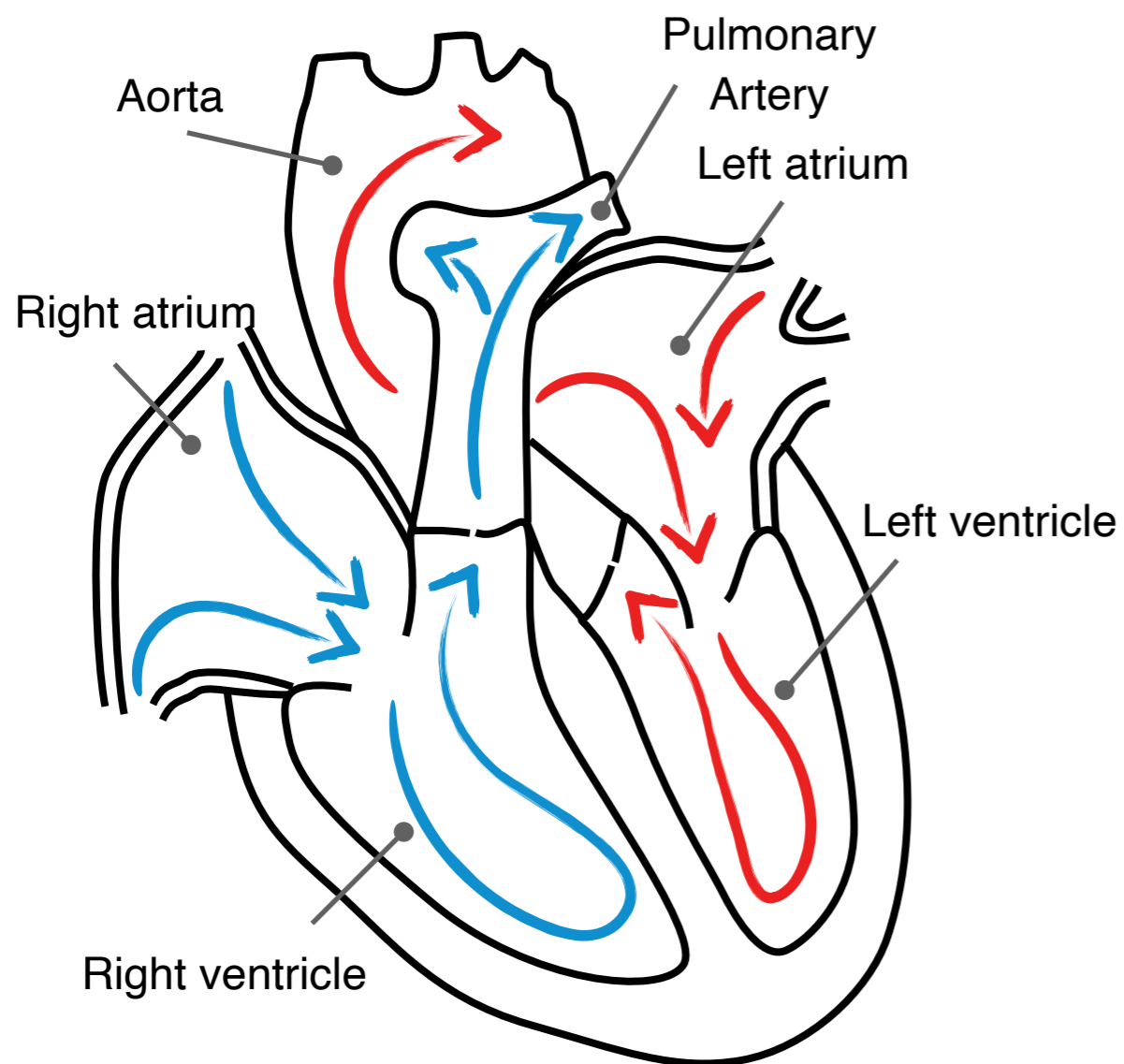


Blood circulation in the heart

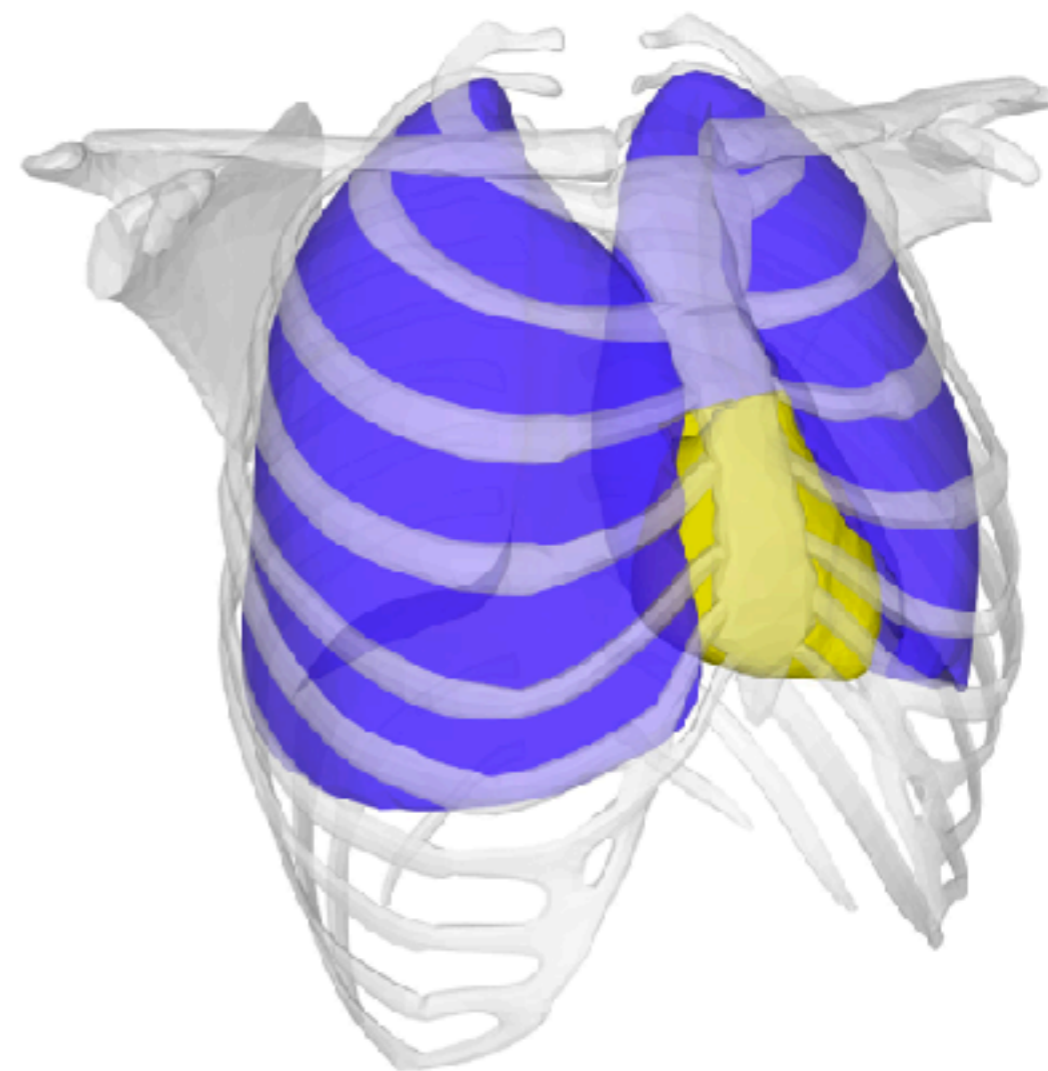


Electrical activity = origin of the mechanical activity

Electrocardiology (or cardiac electrophysiology)



Blood circulation in the heart



Electrical activity = origin of the mechanical activity

Mathematical model

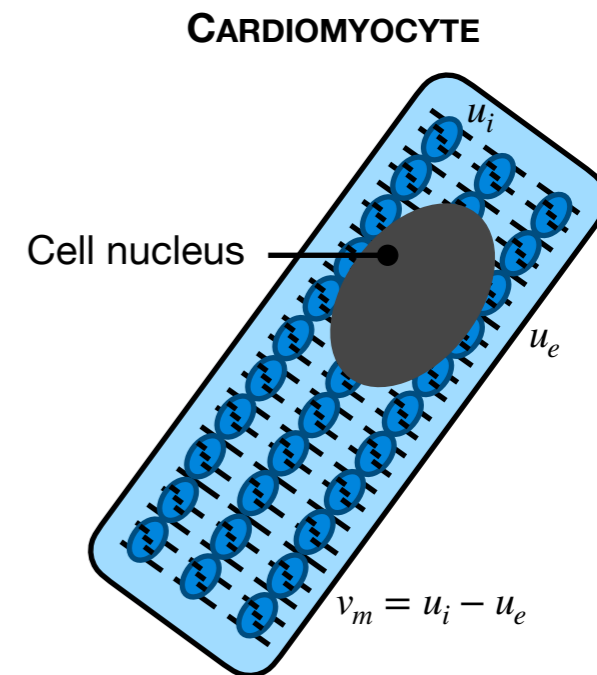
- Bidomain model

$$A_m(C_m \partial_t v_m + I_{ion}(v_m, \dots)) - \nabla \cdot (\sigma_i \cdot \nabla v_m) - \nabla \cdot (\sigma_i \cdot \nabla u_e) = 0, \quad \Omega,$$

$$\nabla \cdot ((\sigma_i + \sigma_e) \cdot \nabla u_e) + \nabla \cdot (\sigma_i \cdot \nabla v_m) = 0, \quad \Omega.$$

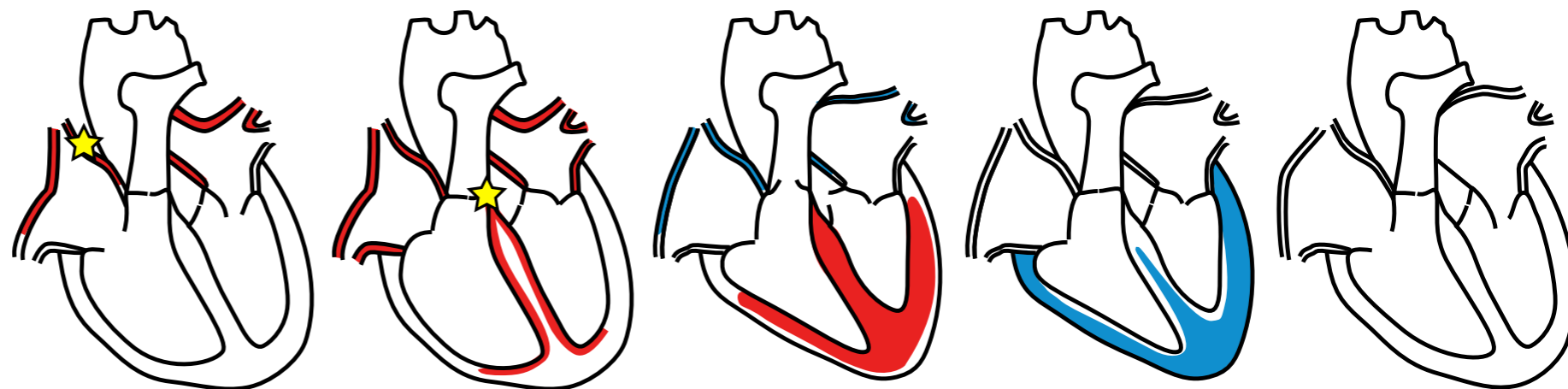
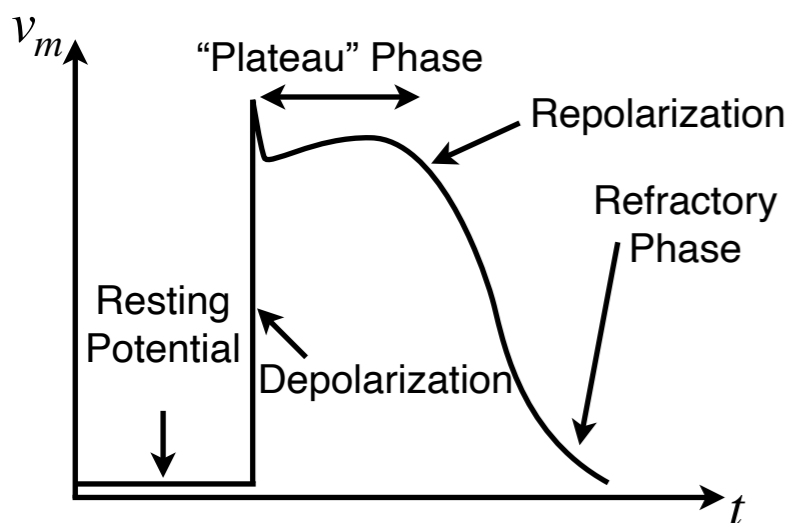
Unknowns

Transmembrane, extra- and intra-cellular potentials

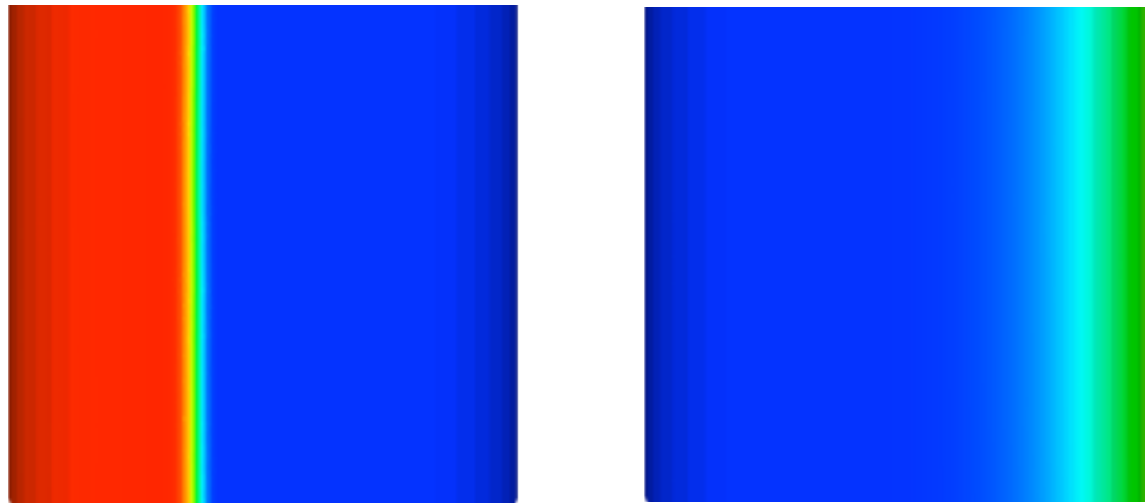


Reaction term

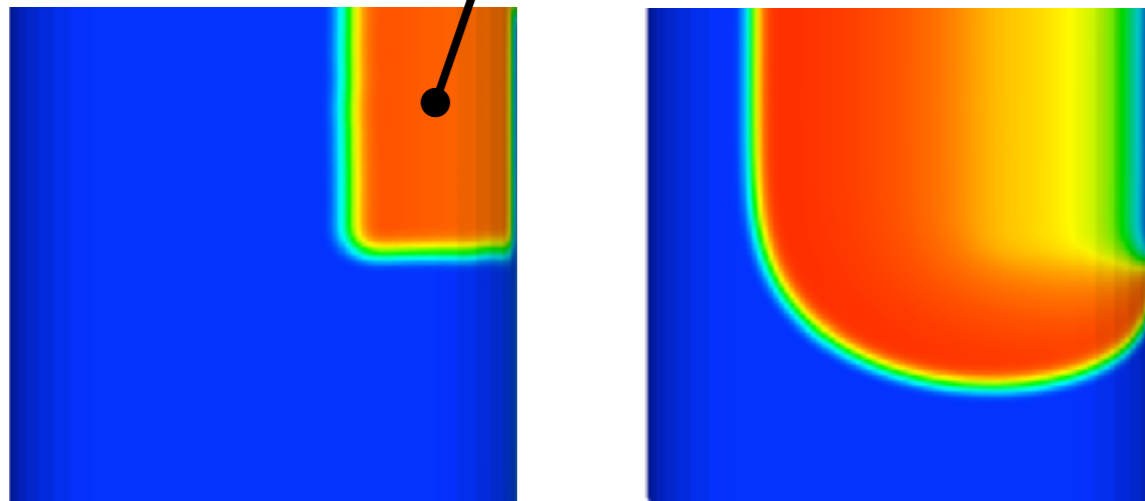
Diffusion term



An example of pathology: Atrial fibrillation

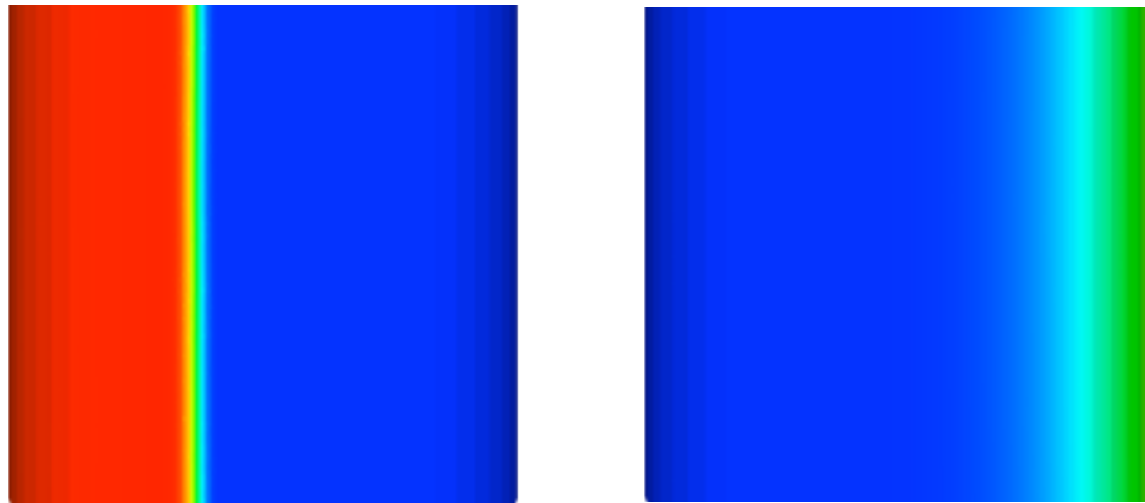
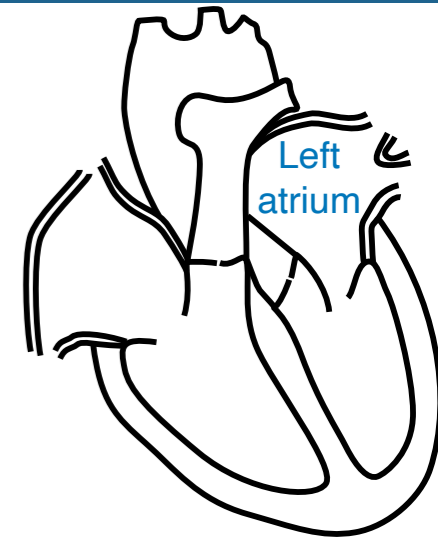


Pathological area

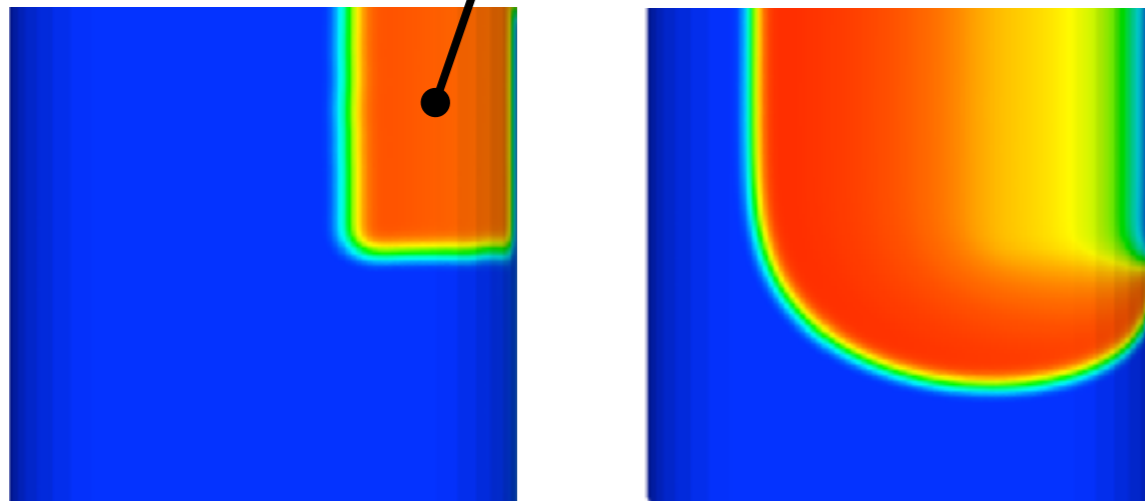


Standard S1 - S2 protocol

An example of pathology: Atrial fibrillation

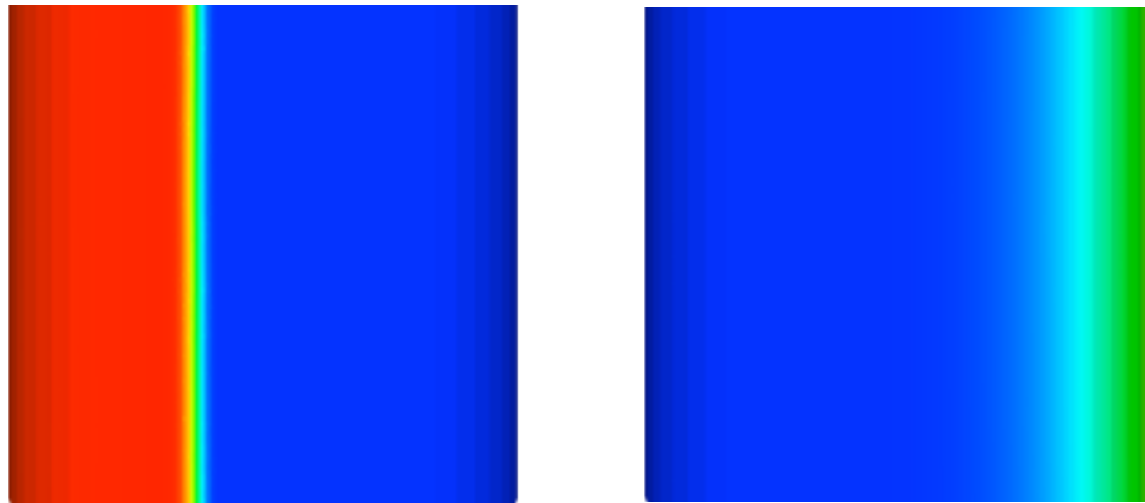


Pathological area

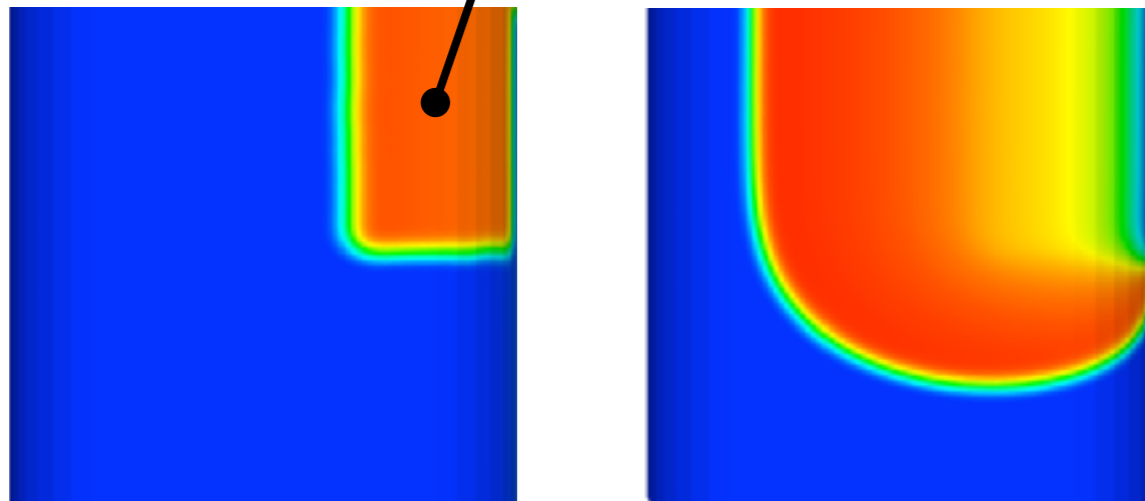


Standard S1 - S2 protocol

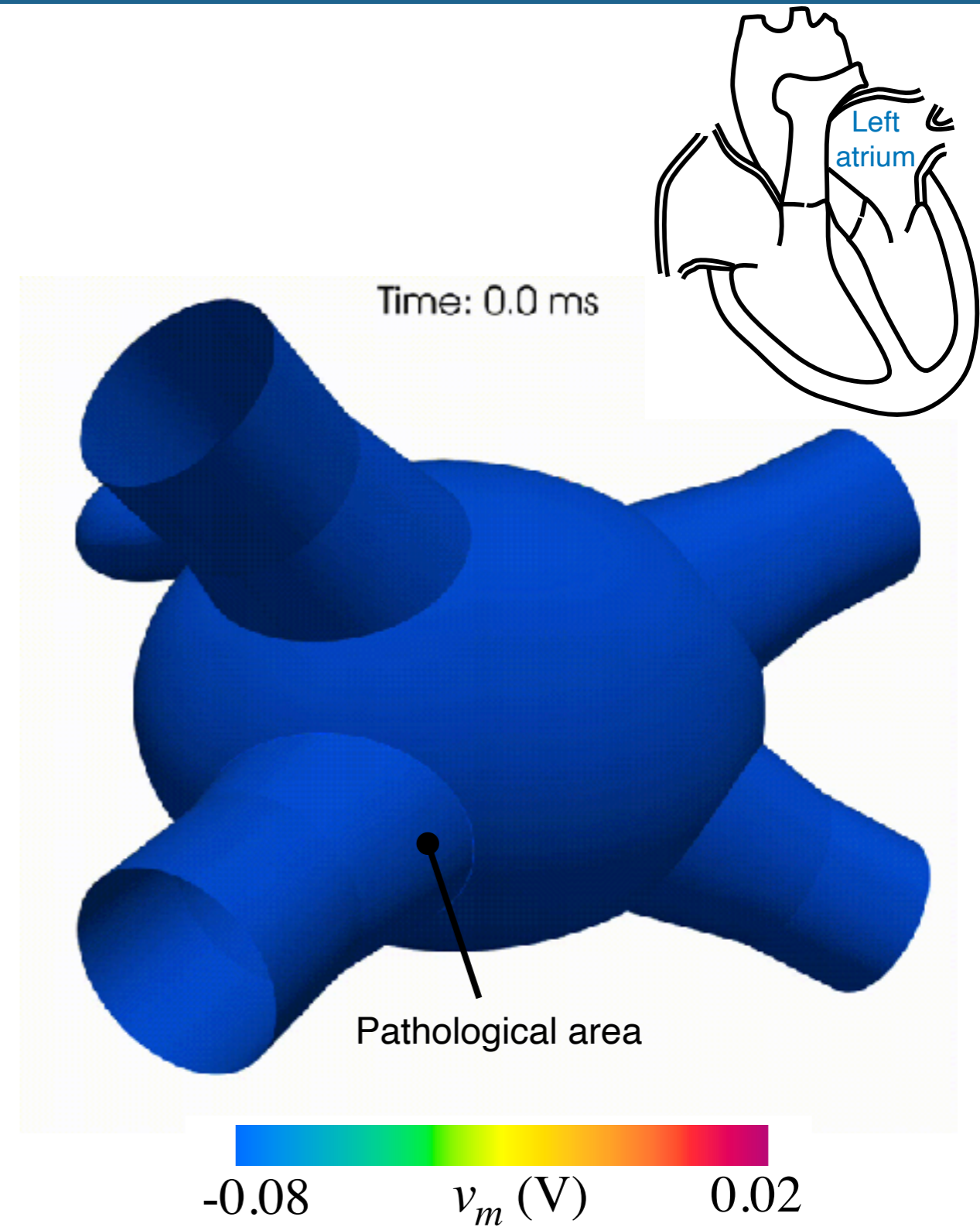
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Pathological area

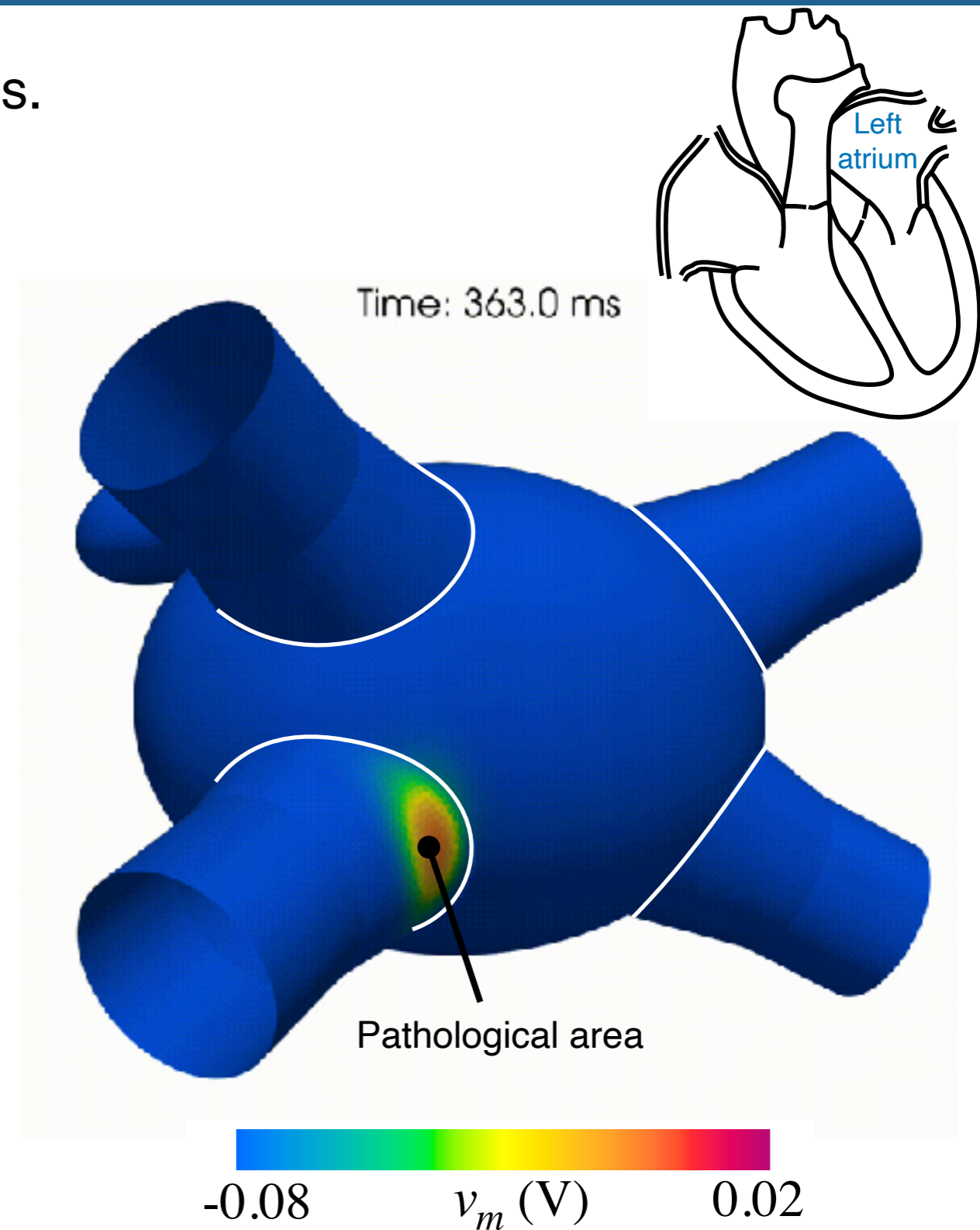


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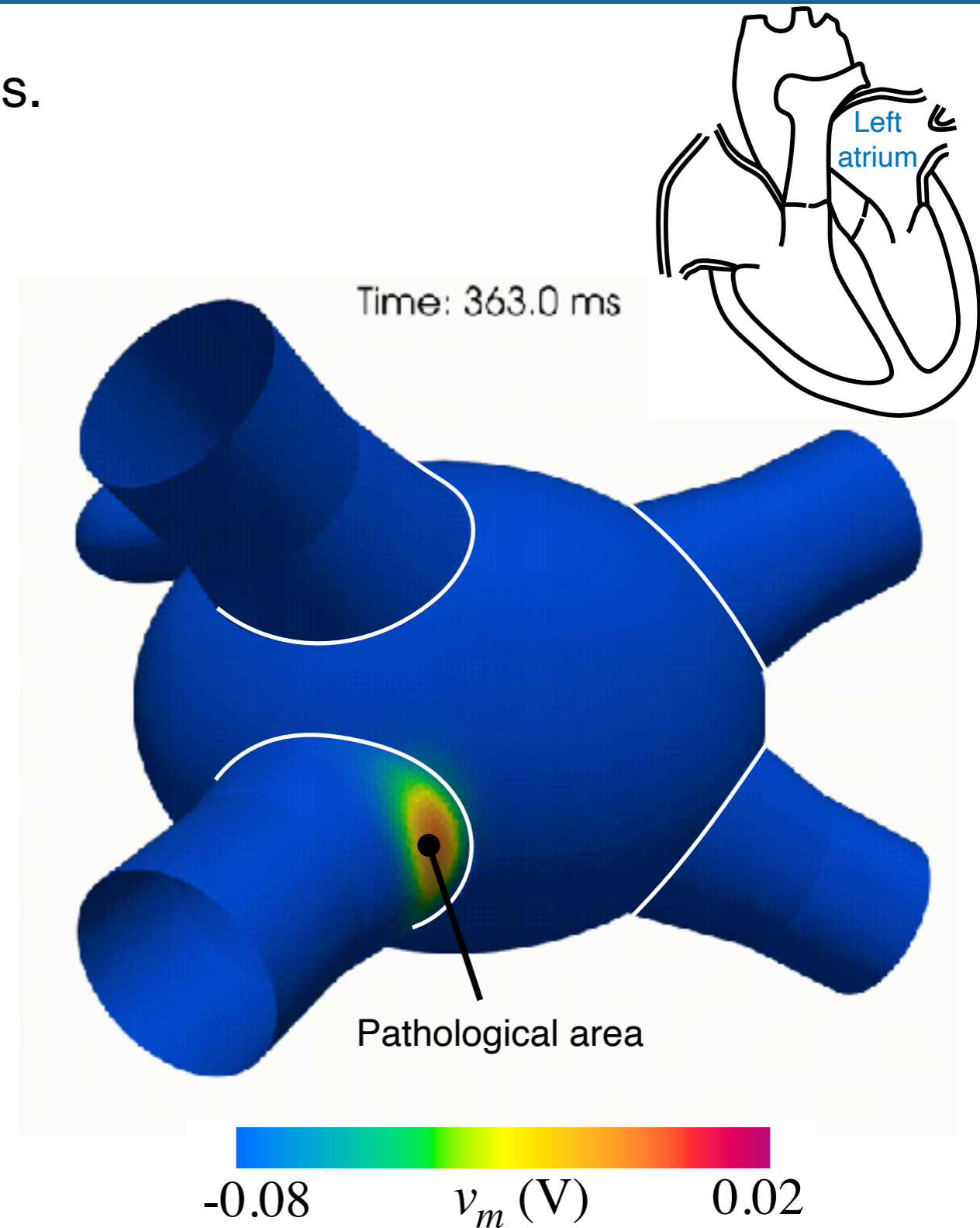
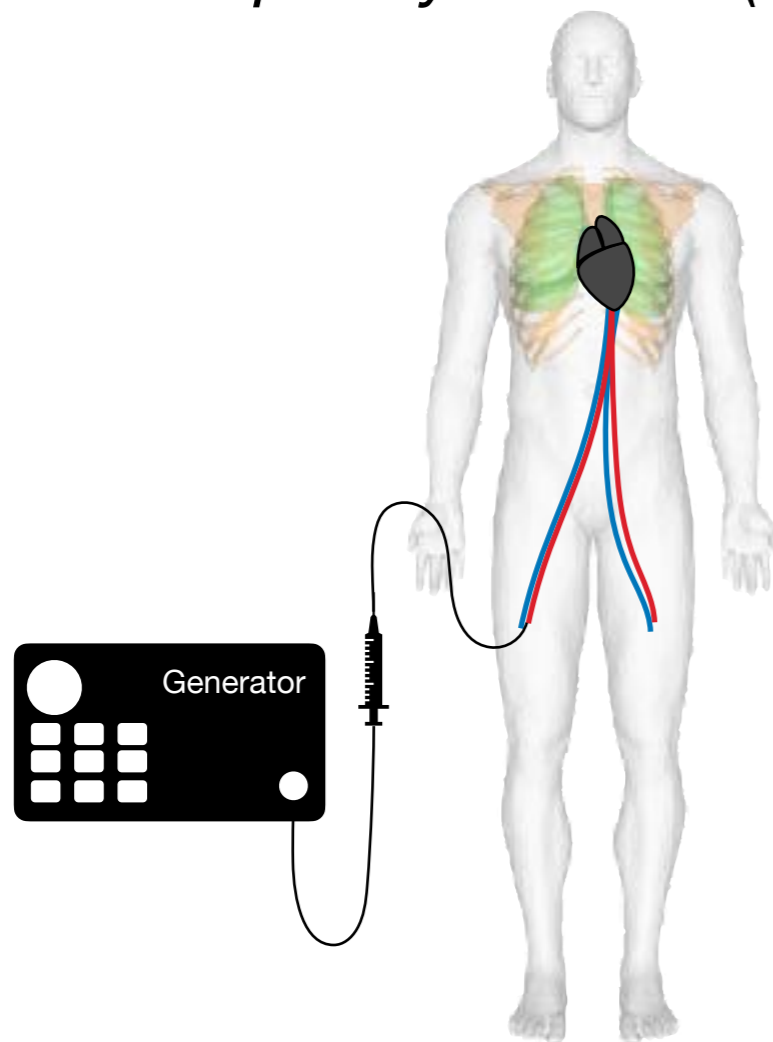
An example of pathology: Atrial fibrillation

- (At least) isolation of the 4 pulmonary veins.
- How? By cardiac ablation.



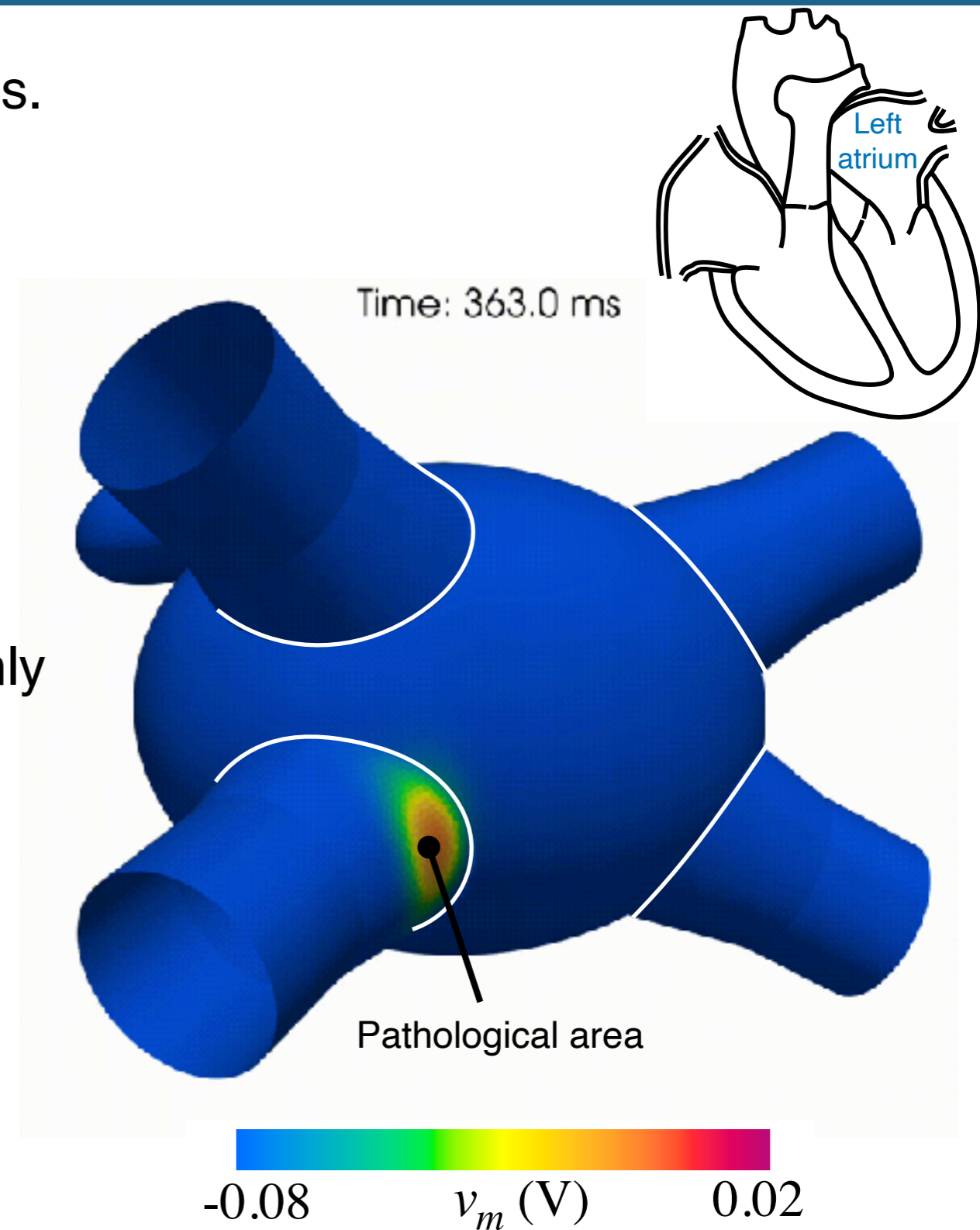
An example of pathology: Atrial fibrillation

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Radio-Frequency Ablation (RFA).



An example of pathology: Atrial fibrillation

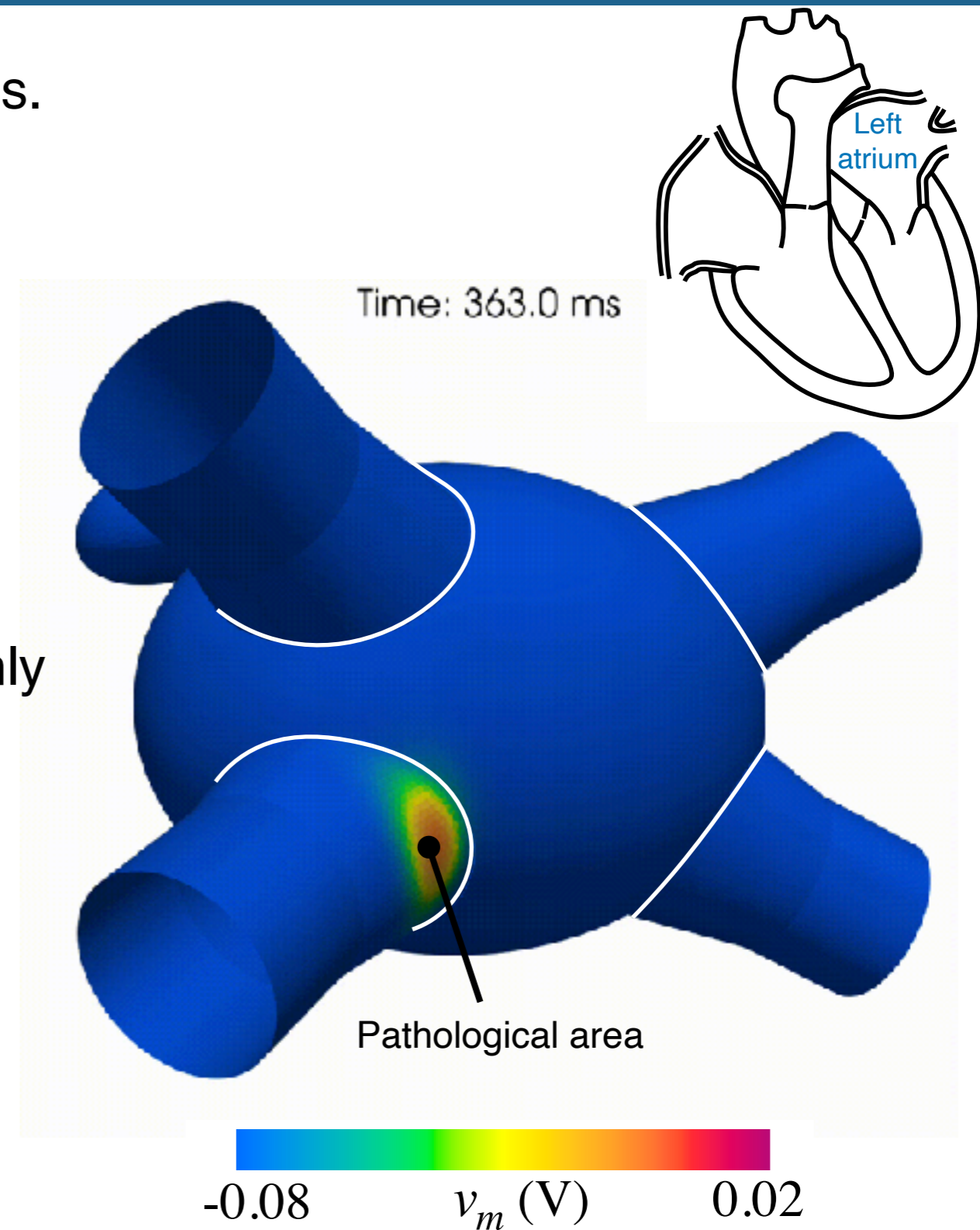
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[1] Wojtaszczyk A, Caluori G, Pešl M, et al. Irreversible electroporation ablation for atrial fibrillation. J Cardiovasc Electrophysiol 2018; 29: 643–651.

An example of pathology: Atrial fibrillation

- (At least) isolation of the 4 pulmonary veins.
- How? By cardiac ablation.
- Classical technique:
Radio-Frequency Ablation (RFA).
- Clinics disadvantages [1]: damage to adjacent structures (lungs, phrenic nerve, oesophagus) and risk of “steam pop” mainly due to heat diffusion.
- Novel non-thermal ablation technique:
Pulsed electric Field Ablation (PFA), which takes advantage of irreversible **electroporation**.



[1] Wojtaszczyk A, Caluori G, Pešl M, et al. Irreversible electroporation ablation for atrial fibrillation. *J Cardiovasc Electrophysiol* 2018; 29: 643–651.

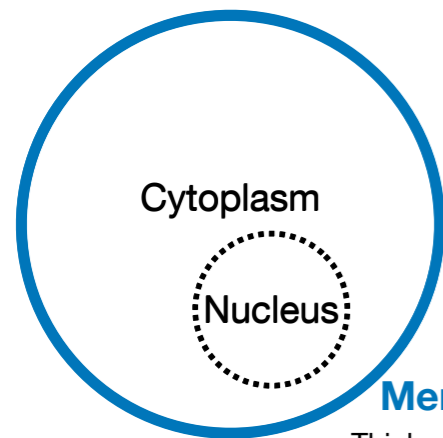
What is electroporation?

Cell

Radius ~ 5 to $10 \mu\text{m}$

Intra-cellular conductivity $\sigma_c \sim 0.5$ to 1 S.m^{-1}

Intra-cellular conductivity $\sigma_e \sim 1$ to 1.5 S.m^{-1}



Membrane

Thickness $h \sim 5\text{nm}$

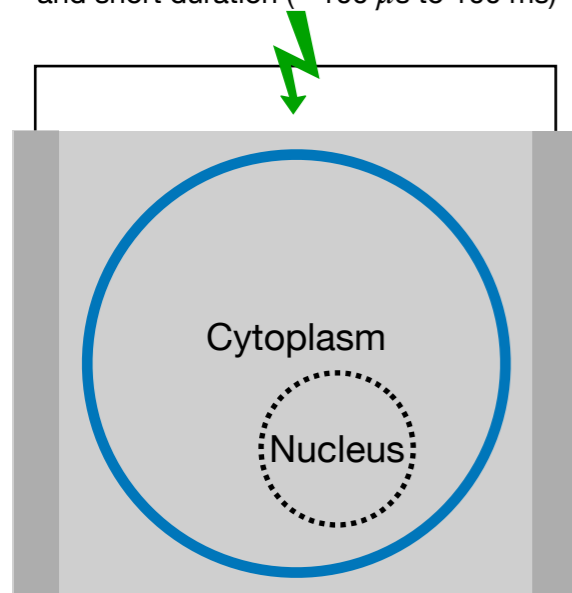
Permittivity $\epsilon \sim 4.5\epsilon_0$

Capacitance C_m

Conductance S_m

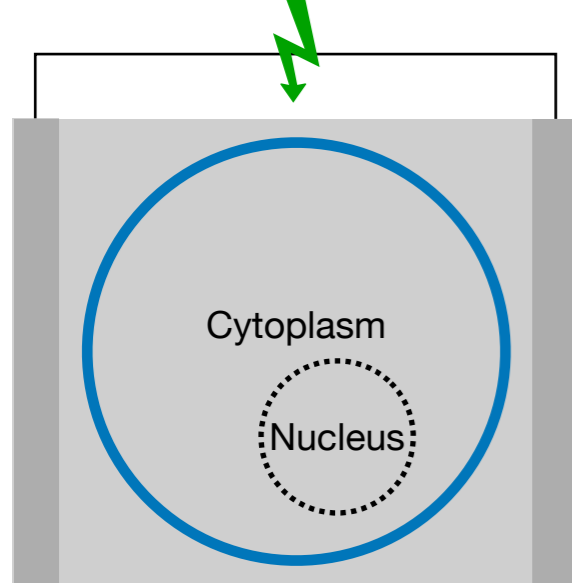
What is electroporation?

High voltages pulses ($100 < |E| < 3000 \text{ V.cm}^{-1}$)
and short duration ($\sim 100 \mu\text{s}$ to 100 ms)

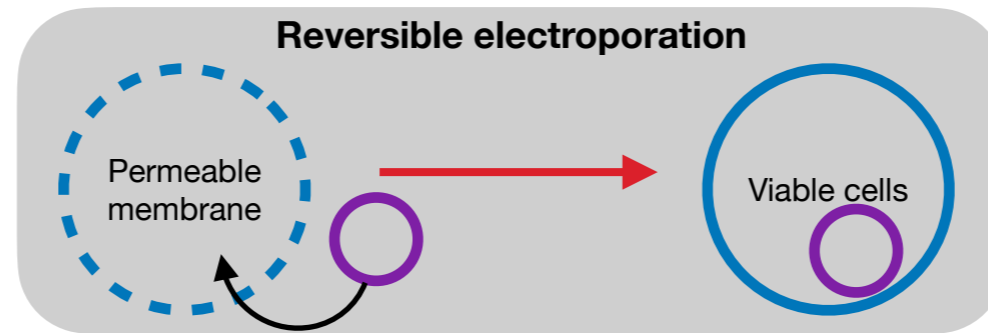


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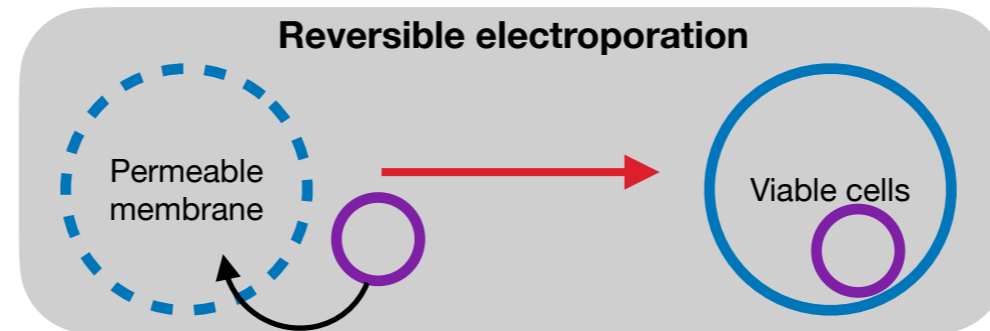
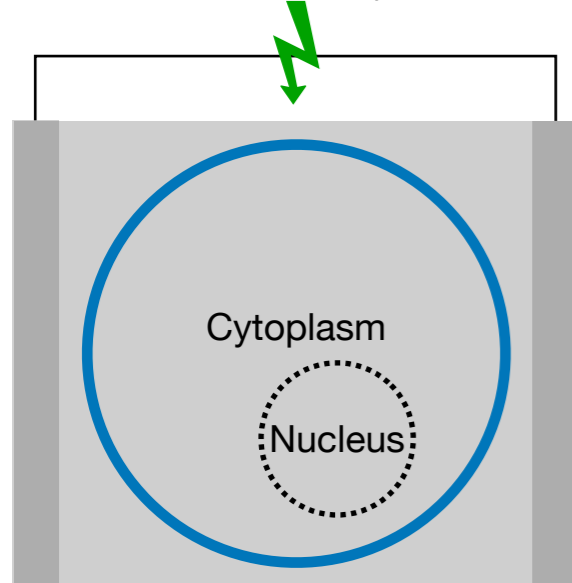


Reversible electroporation



What is electroporation?

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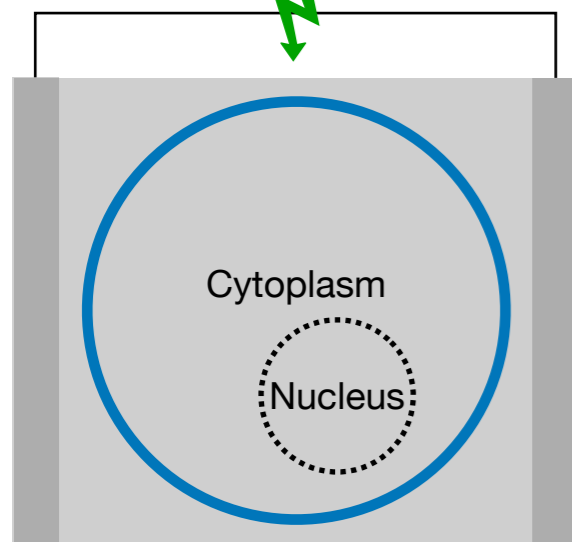


Applications (in oncology):

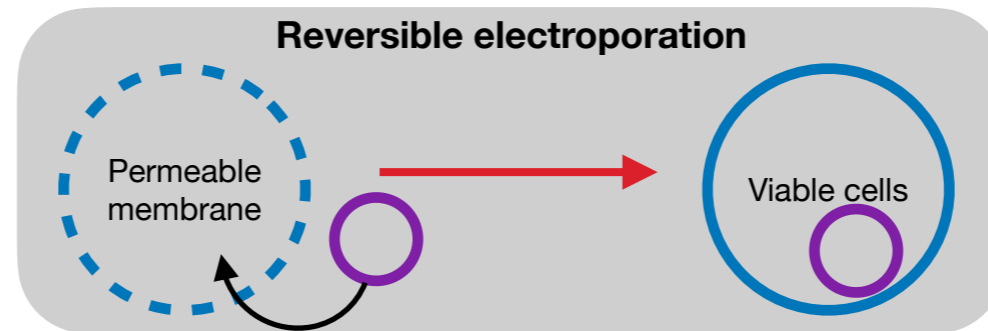
- In vitro gene transfection
- Electrochemotherapy

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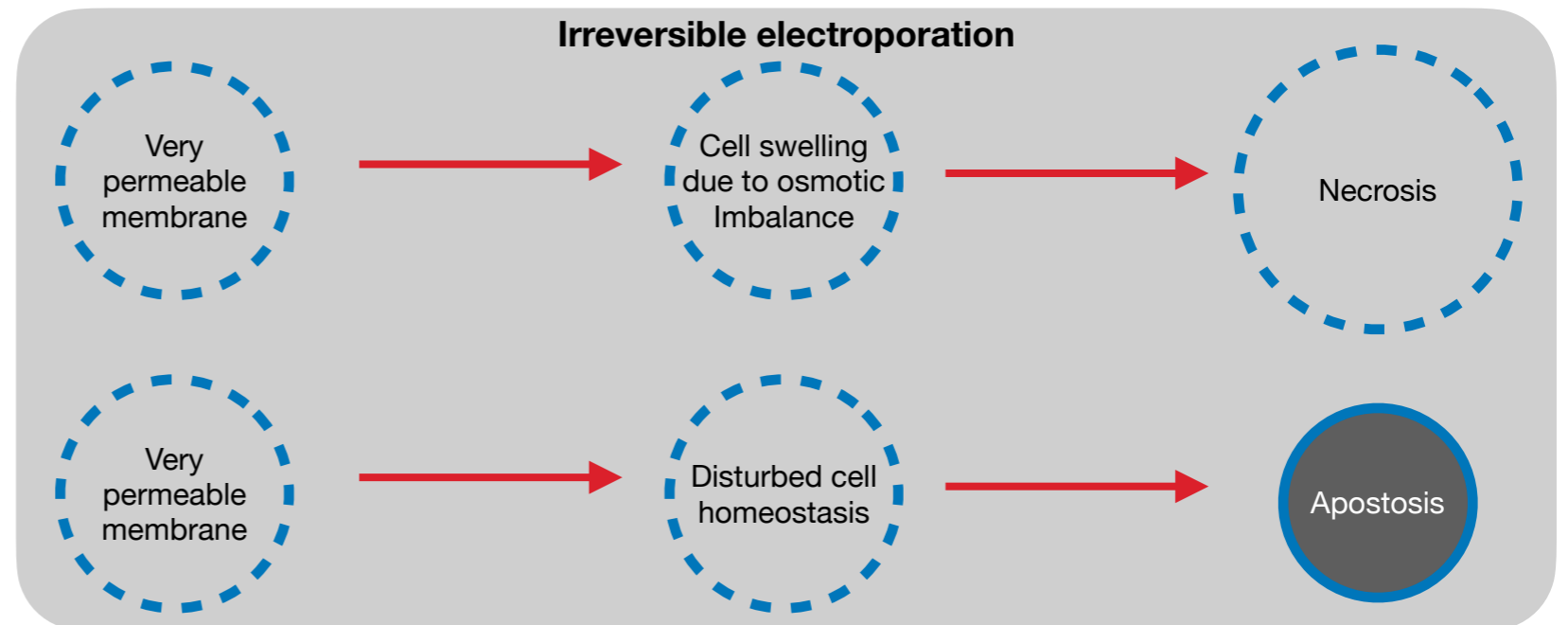
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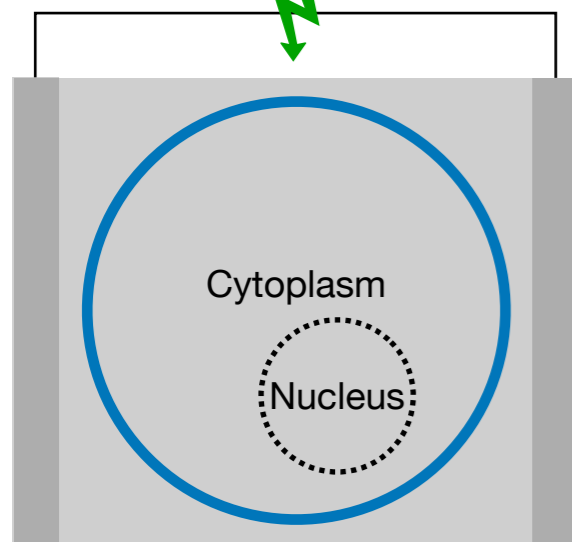
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Irreversible electroporation

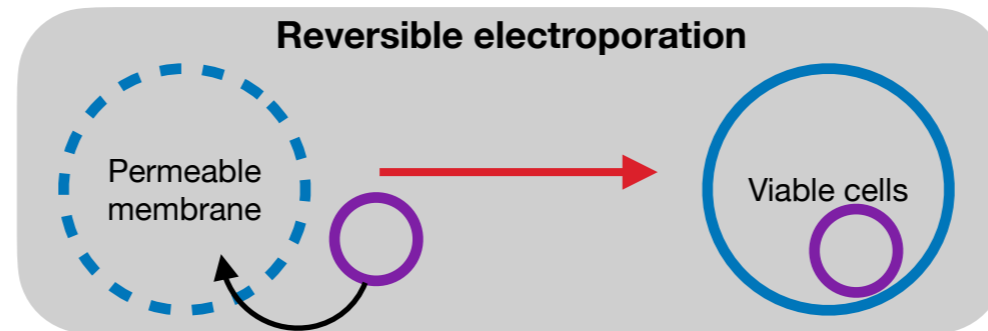


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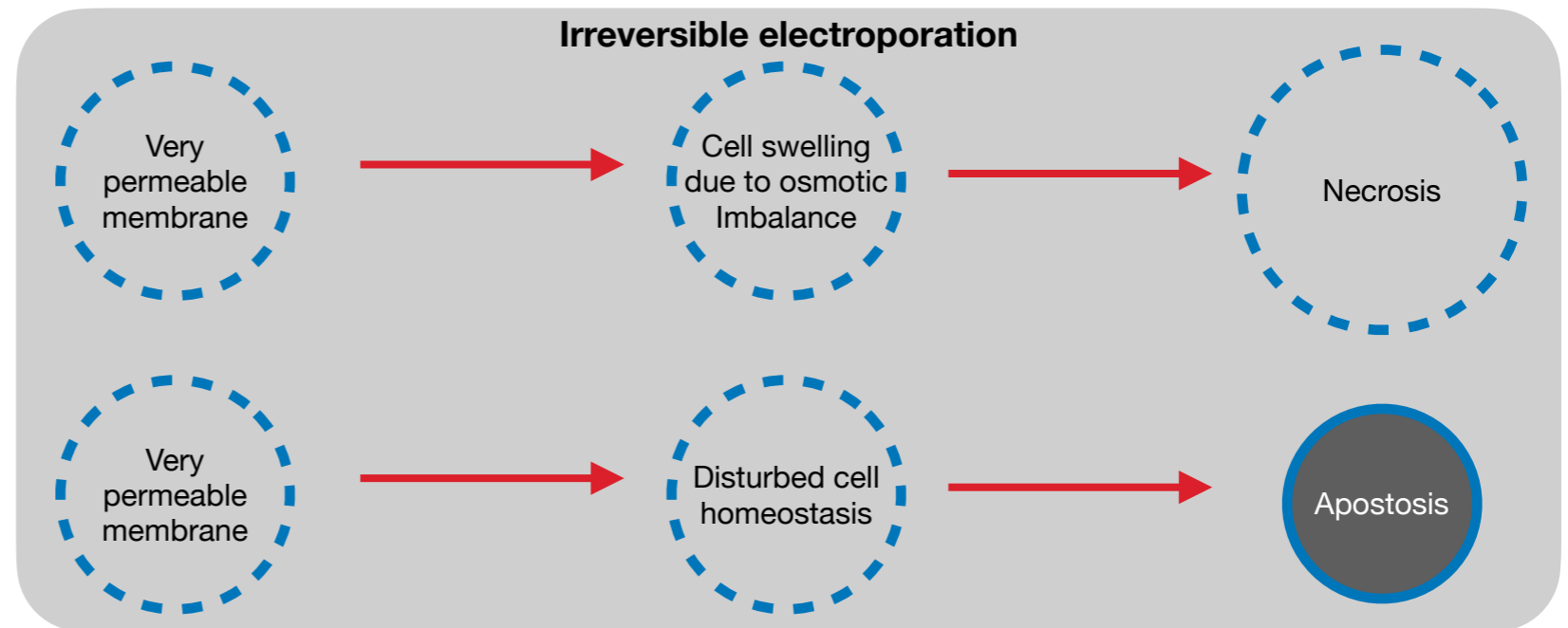
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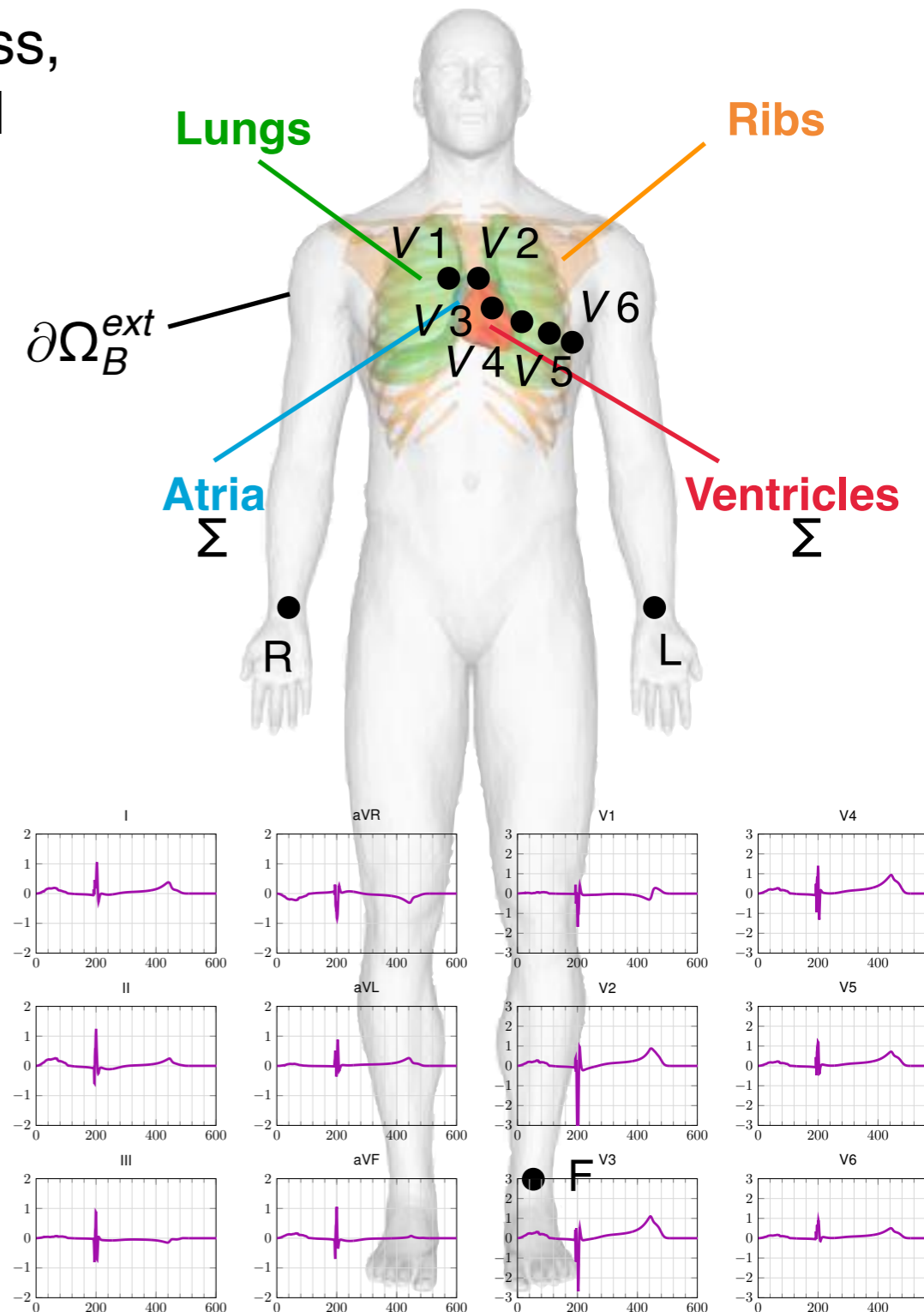


Application:

- Tumoral ablation
- Cardiac ablation

Cardiac Expertise

- Modeling expertise: 2-scale homogenization, existence & uniqueness, numerical simulations (healthy and pathological cases)



[1] A. Collin and S. Imperiale. Mathematical analysis and 2-scale convergence of a heterogeneous microscopic bidomain model. M3AS 2018.

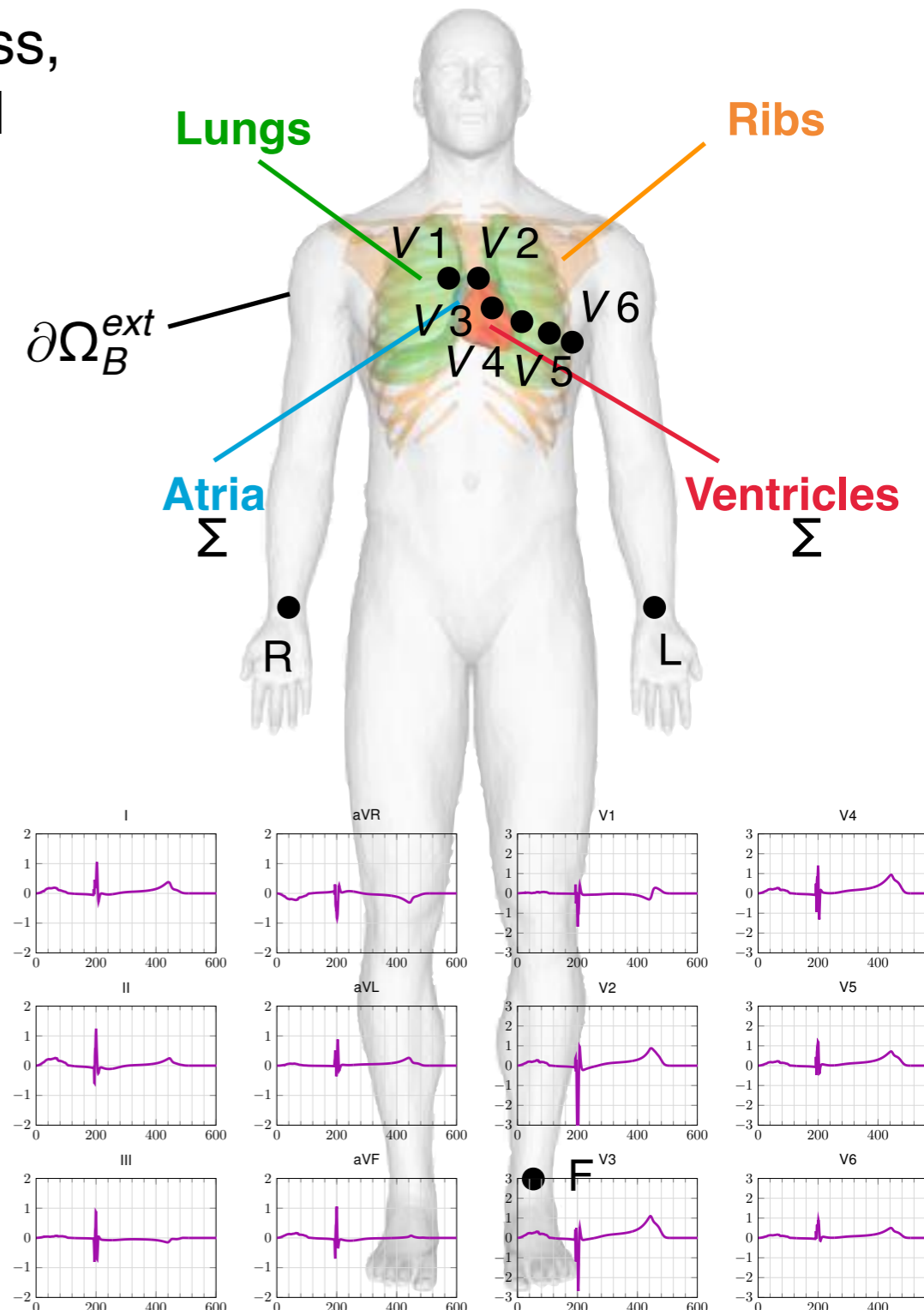
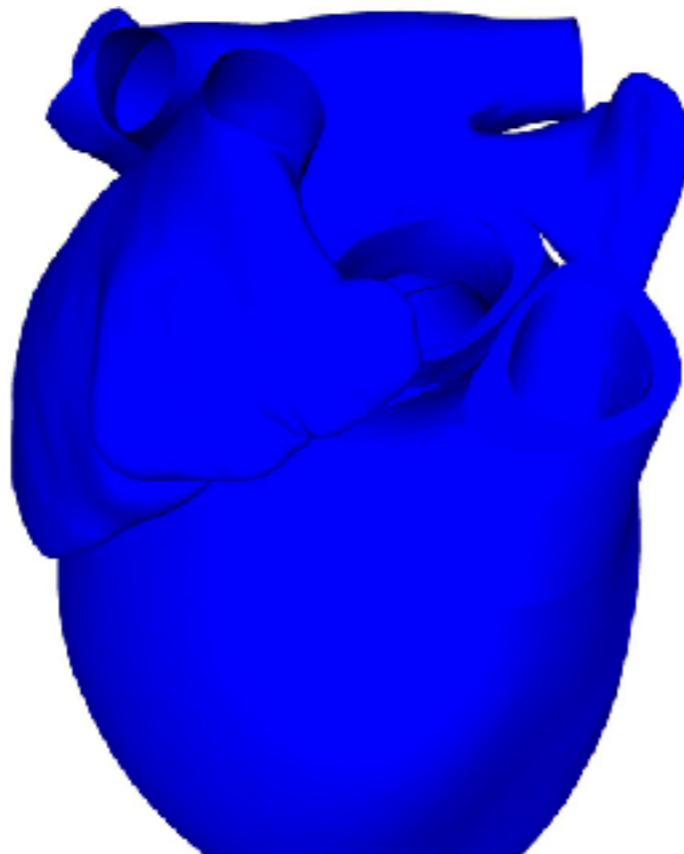
[2] D. Chapelle, A. Collin, and J.-F. Gerbeau. A surface-based electrophysiology model relying on asymptotic analysis and motivated by cardiac atria modeling. M3AS, 2013.

[3] A. Collin, J.-F. Gerbeau, M. Hocini, M. Haïssaguerre, and D. Chapelle. Surface-based electrophysiology modeling and assessment of physiological simulations in atria. FIMH 2013.

[4] E. Schenone, A. Collin, and J.-F. Gerbeau. Numerical simulation of electrocardiograms for full cardiac cycles in healthy and pathological conditions. *International Journal for Numerical Methods in Biomedical Engineering*, 2015.

Cardiac Expertise

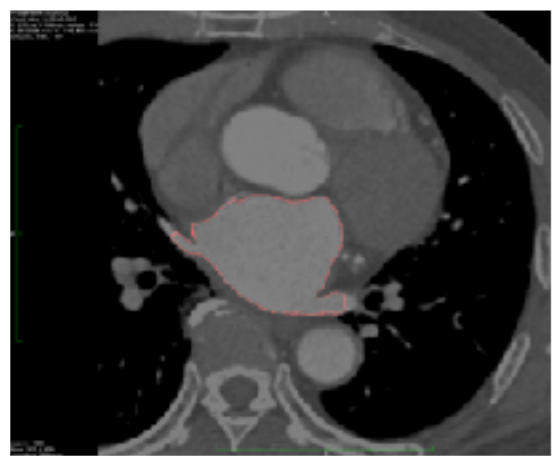
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Cardiac Expertise

- Data assimilation expertise



Images (CT, MRI)



Anatomy

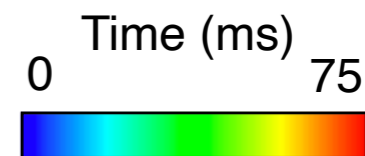
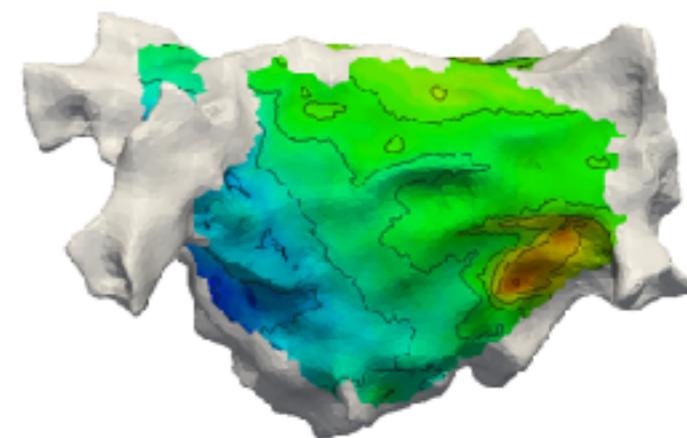


Computing inverse problem

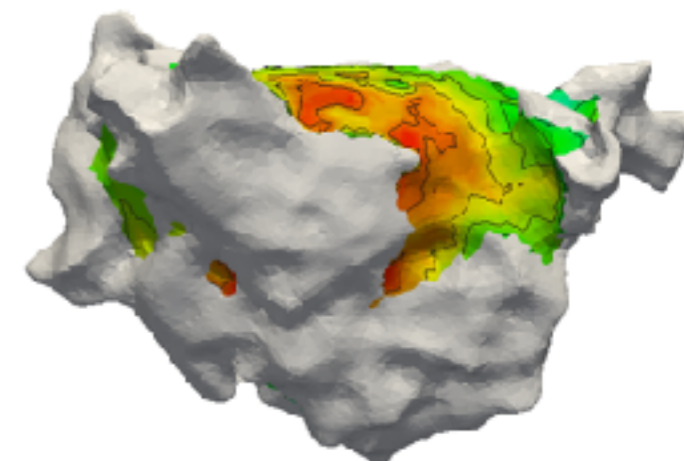
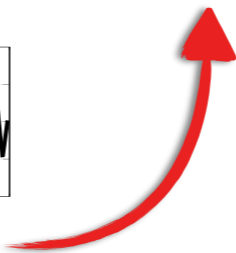


DATA

Maps of electrical activation
(isochrones)



Electrodes vest (multiple surface ECG recordings)



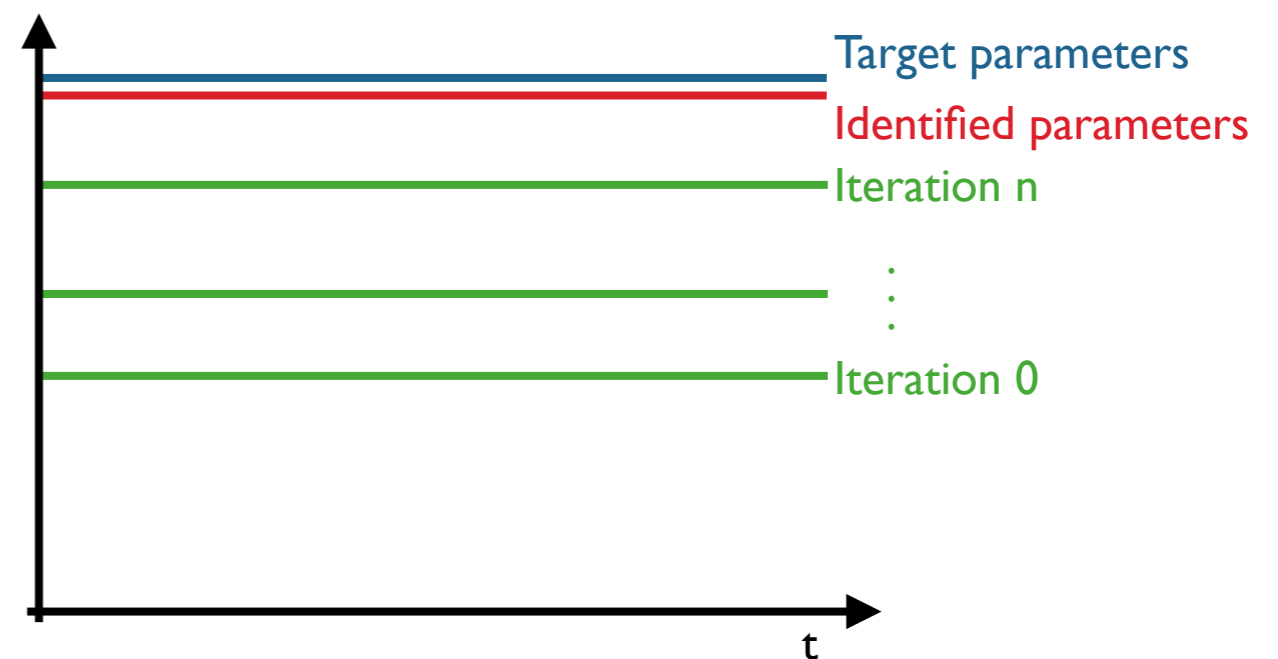
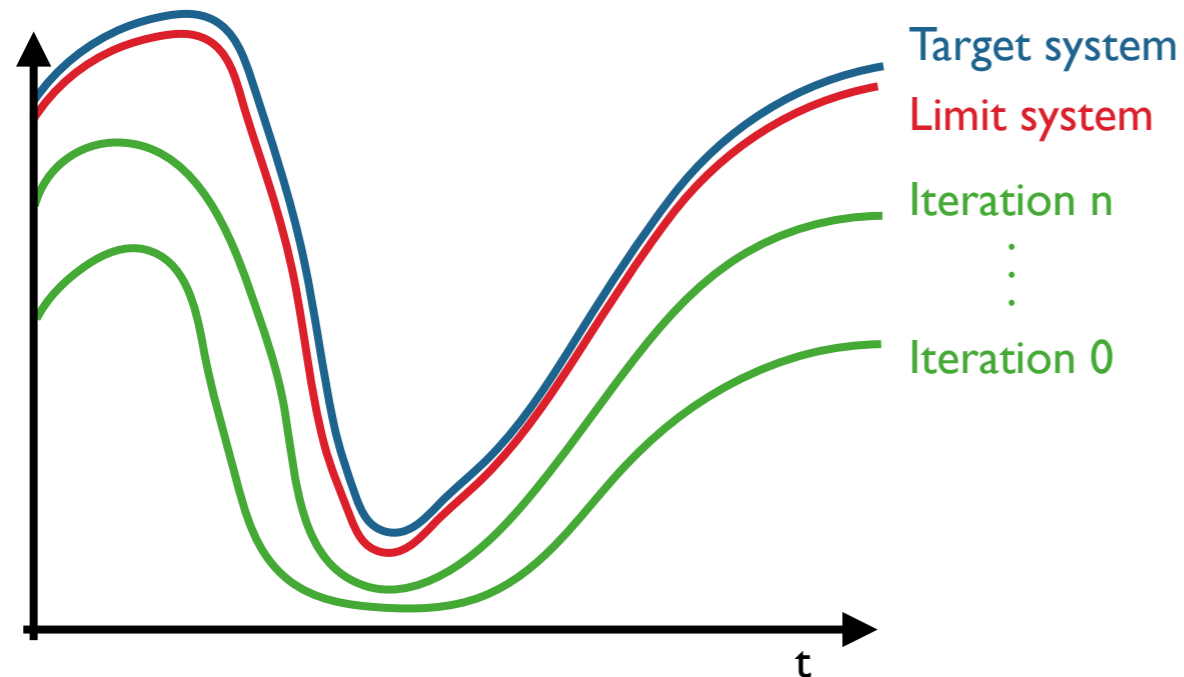
CHU Bordeaux

Data assimilation expertise

- Minimize a least squared criterion with respect to the uncertainties under the constraint of the model dynamics
- Many available methods: adjoint method, stochastic algorithms etc ...

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Data assimilation expertise

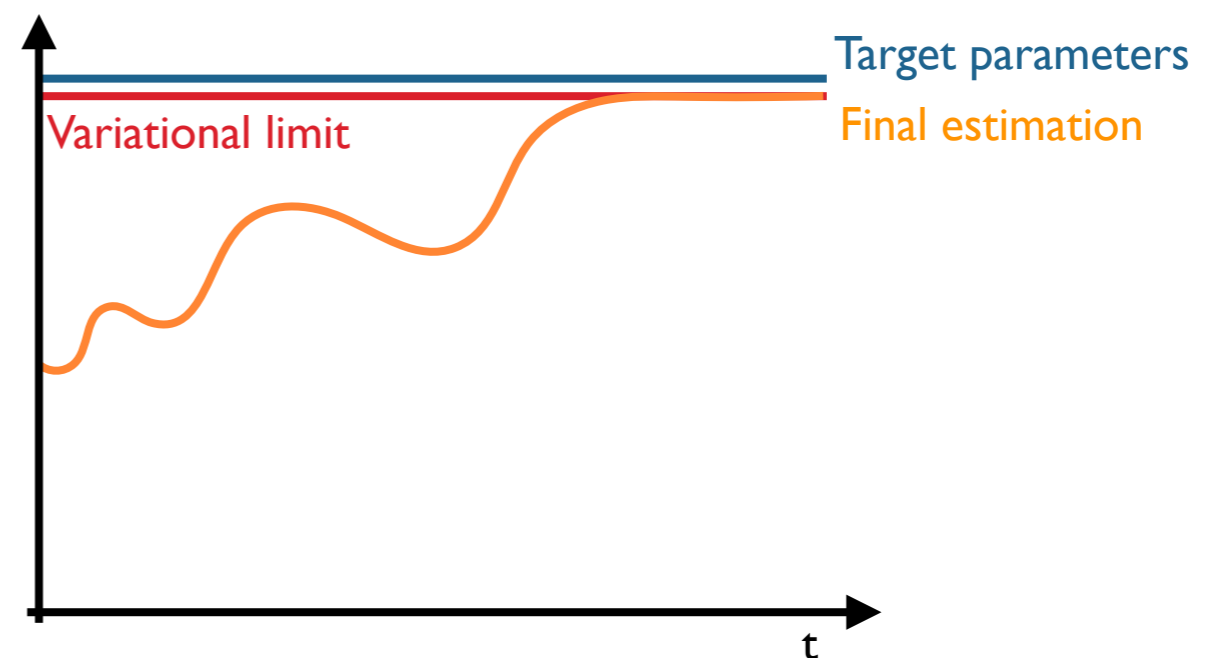
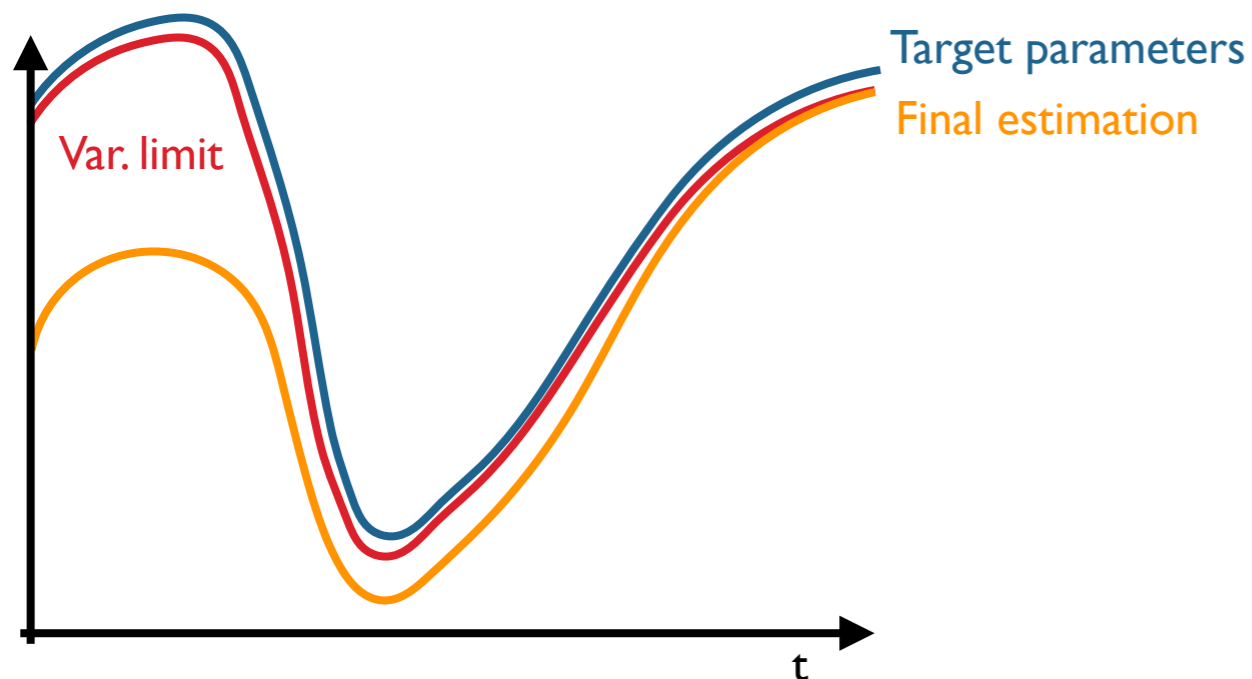
- Sequential strategy
- Design a *Luenberger observer* to correct the dynamics

$$\begin{aligned} \dot{u}(t) &= A(t, u(t), \theta) \\ u(0) &= u^\diamond + \xi_u \\ \theta &= \theta^\diamond + \xi_\theta \end{aligned}$$

$$\begin{aligned} \dot{\hat{u}}(t) &= A(t, \hat{u}(t), \theta) + G^u(D(z_u(t), \hat{u}(t))) \\ \dot{\hat{\theta}}(t) &= G^\theta(D(z_u(t), \hat{u}(t))) \\ \hat{u}(0) &= u^\diamond, \\ \hat{\theta}(0) &= \theta^\diamond \end{aligned}$$

Objective:

Find G^u and G^θ such that: $\|\hat{u}(t) - u(t)\| \rightarrow 0$ and $\|\hat{\theta}(t) - \theta\| \rightarrow 0$



Data assimilation expertise

- Define a Luenberger observer (based on shape and topological derivatives) only to deal with the state error

Target system:

$$\begin{aligned}\partial_t u + \nabla \cdot (\sigma \nabla u) &= f(u) \\ u(0) &= u_0^\diamond + \xi_u\end{aligned}$$

Observer system:

$$\begin{aligned}\partial_t \hat{u} + \nabla \cdot (\sigma \nabla \hat{u}) &= f(\hat{u}) + g(\hat{u}, z_u) \\ \hat{u}(0) &= u_0^\diamond \\ g(u, z_u) &= \gamma_{sh}(x) \delta(u - c_{th}) (-(z_u - C_{in})^2 + (z_u - C_{out})^2), \\ C_{in} &= \frac{\int_{u > c_{th}} z_u}{\int_{u > c_{th}}} \text{ and } C_{out} = \frac{\int_{u < c_{th}} z_u}{\int_{u < c_{th}}}\end{aligned}$$

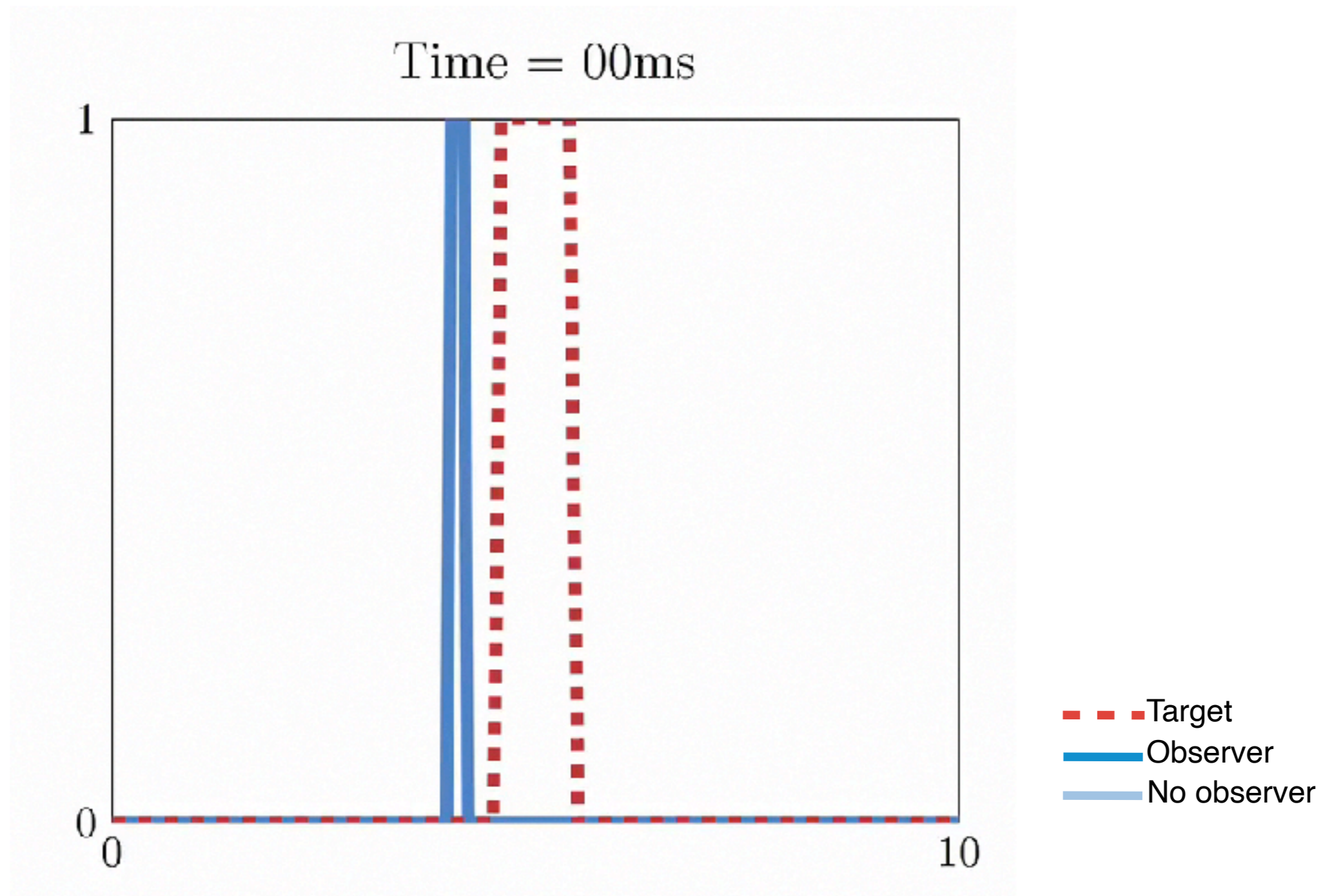
Proposition The data correction stabilises the observer on the target trajectory for sufficiently small errors.

[1] A. Collin, D. Chapelle, and P. Moireau. A Luenberger observer for reaction–diffusion models with front position data. JCP 2015.

[2] A. Collin, D. Chapelle, and P. Moireau. Sequential state estimation for electrophysiology models with front level-set data using topological gradient derivations. FIMH 2015.

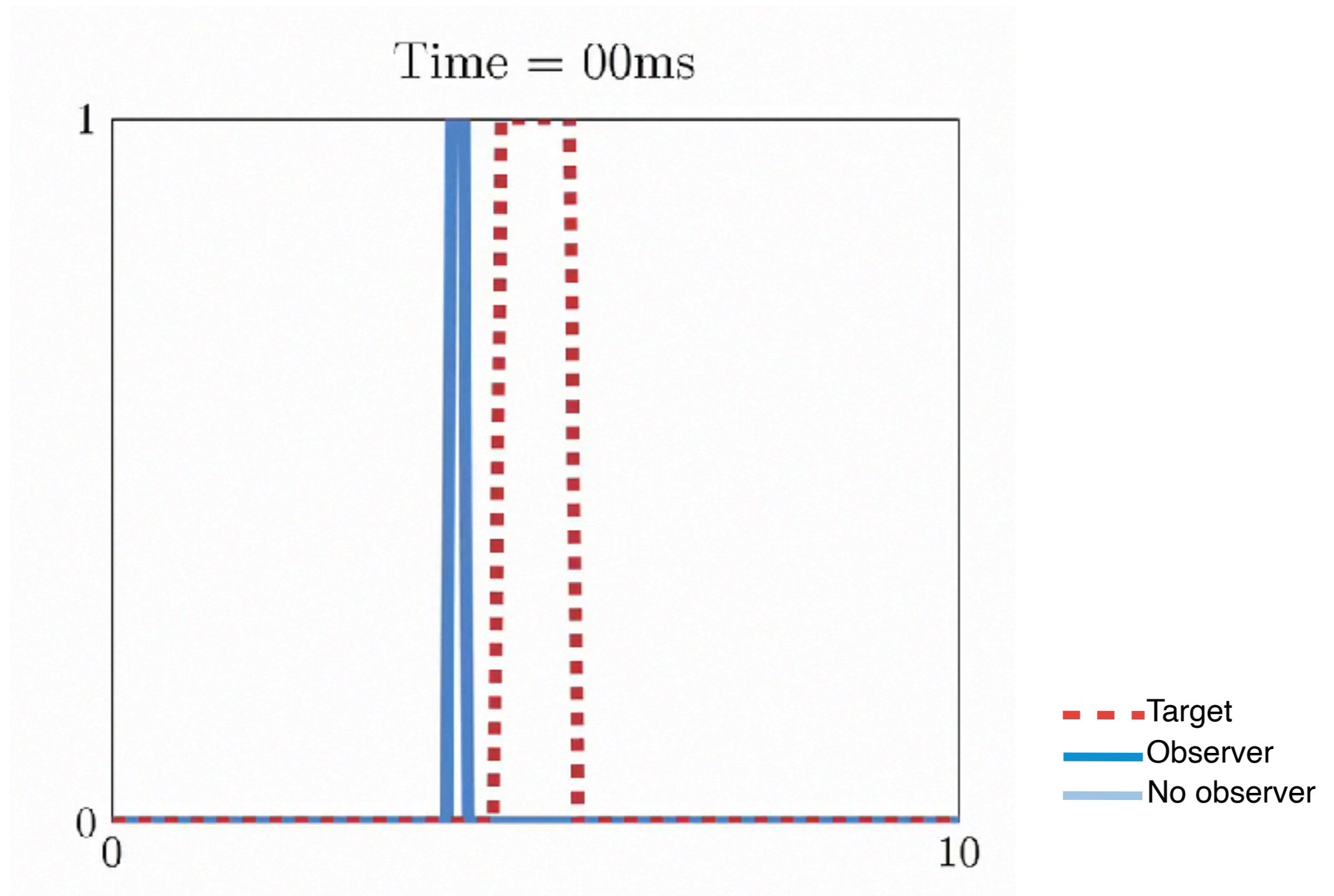
Data assimilation expertise

- 1D example



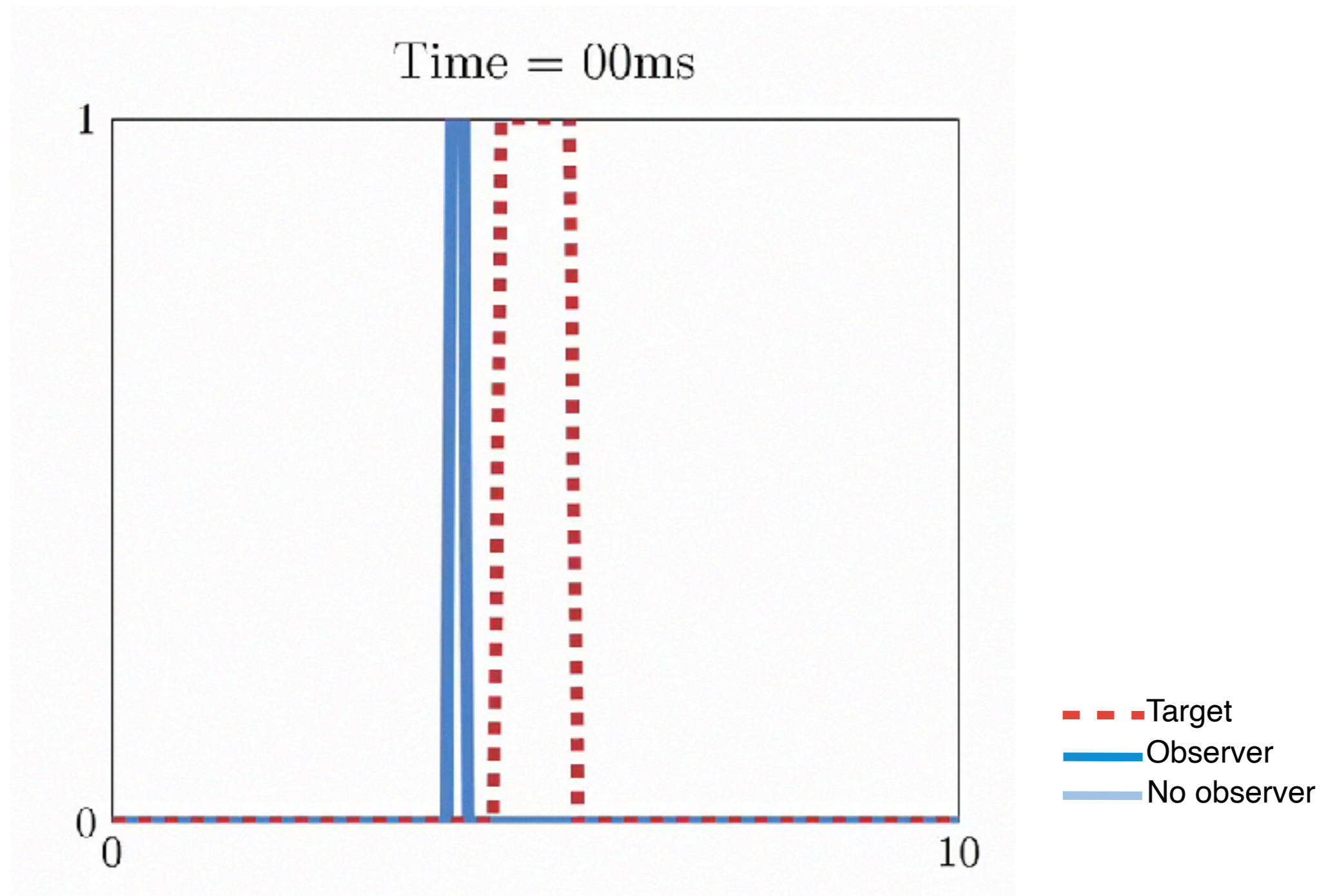
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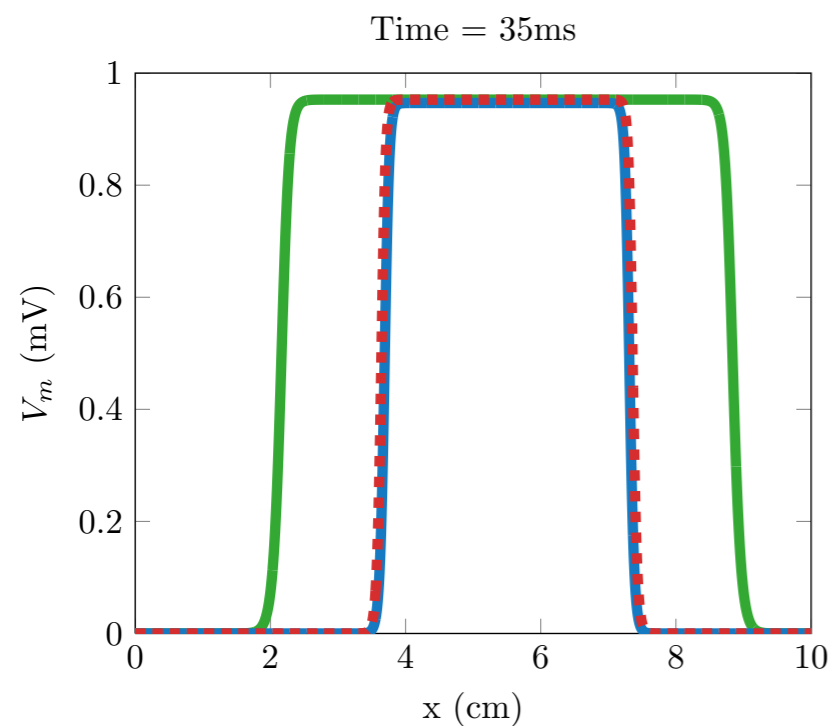
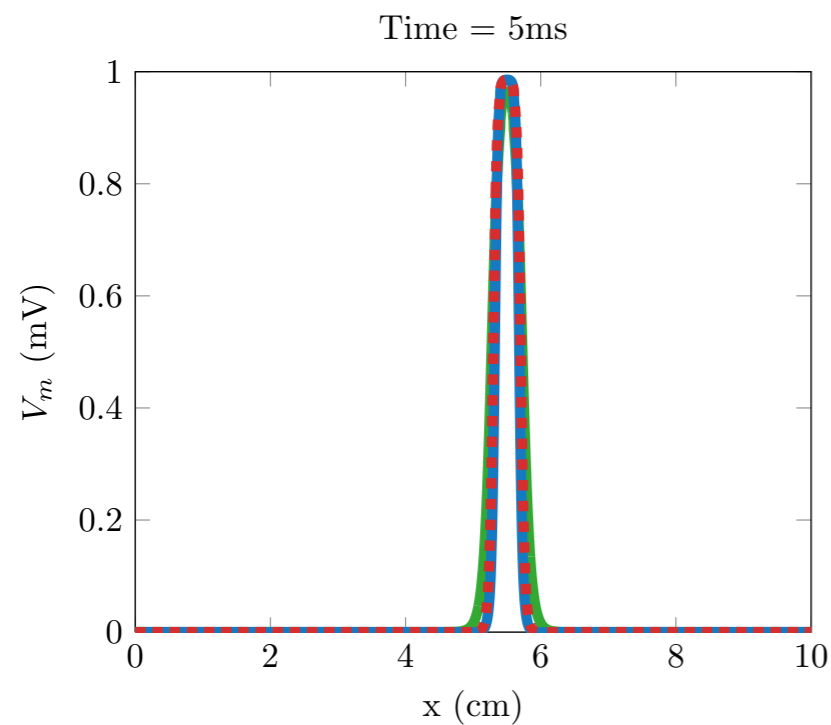
Data assimilation expertise

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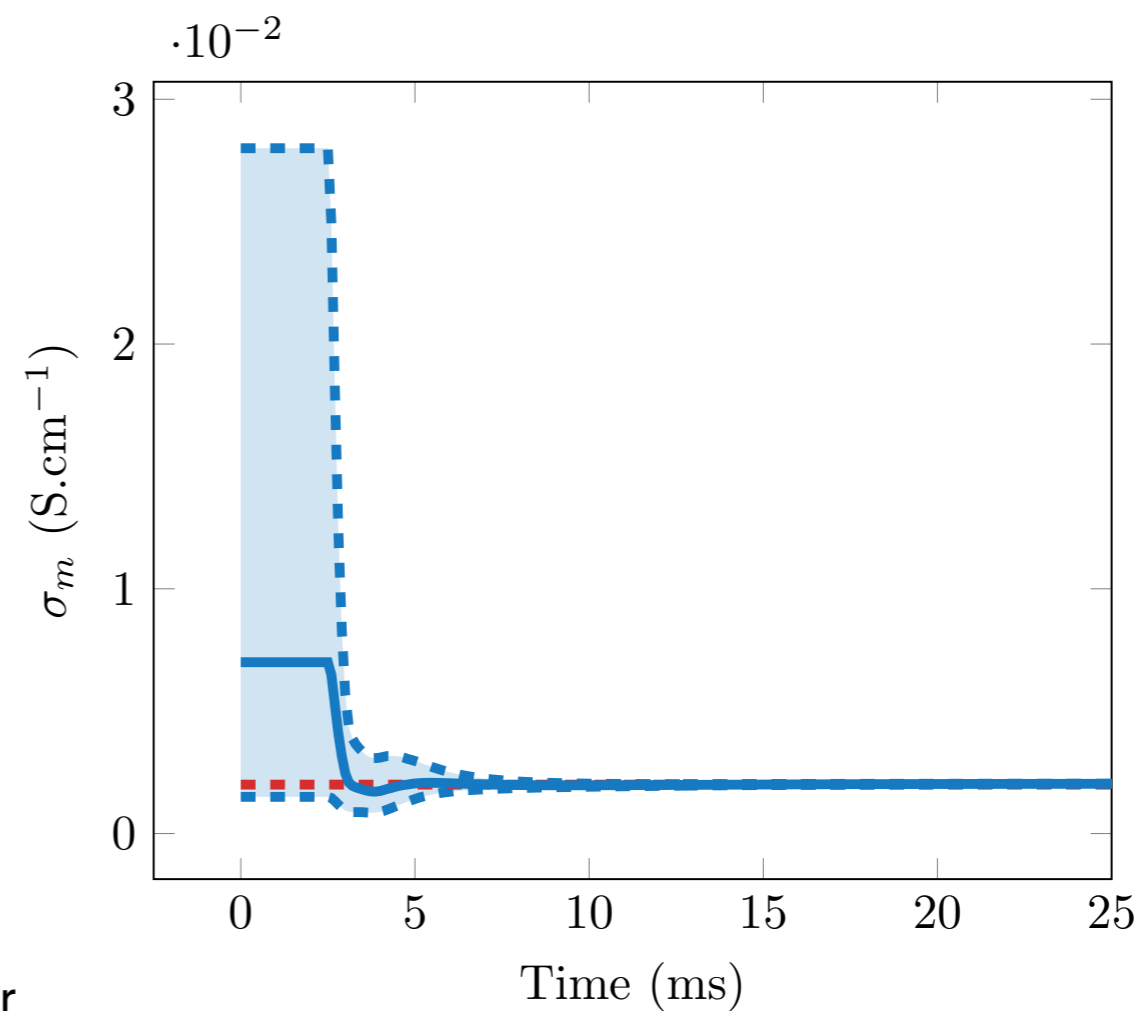


Data assimilation expertise

- Combine this state observer with a parameter observer



--- Target
— Observer
— No observer



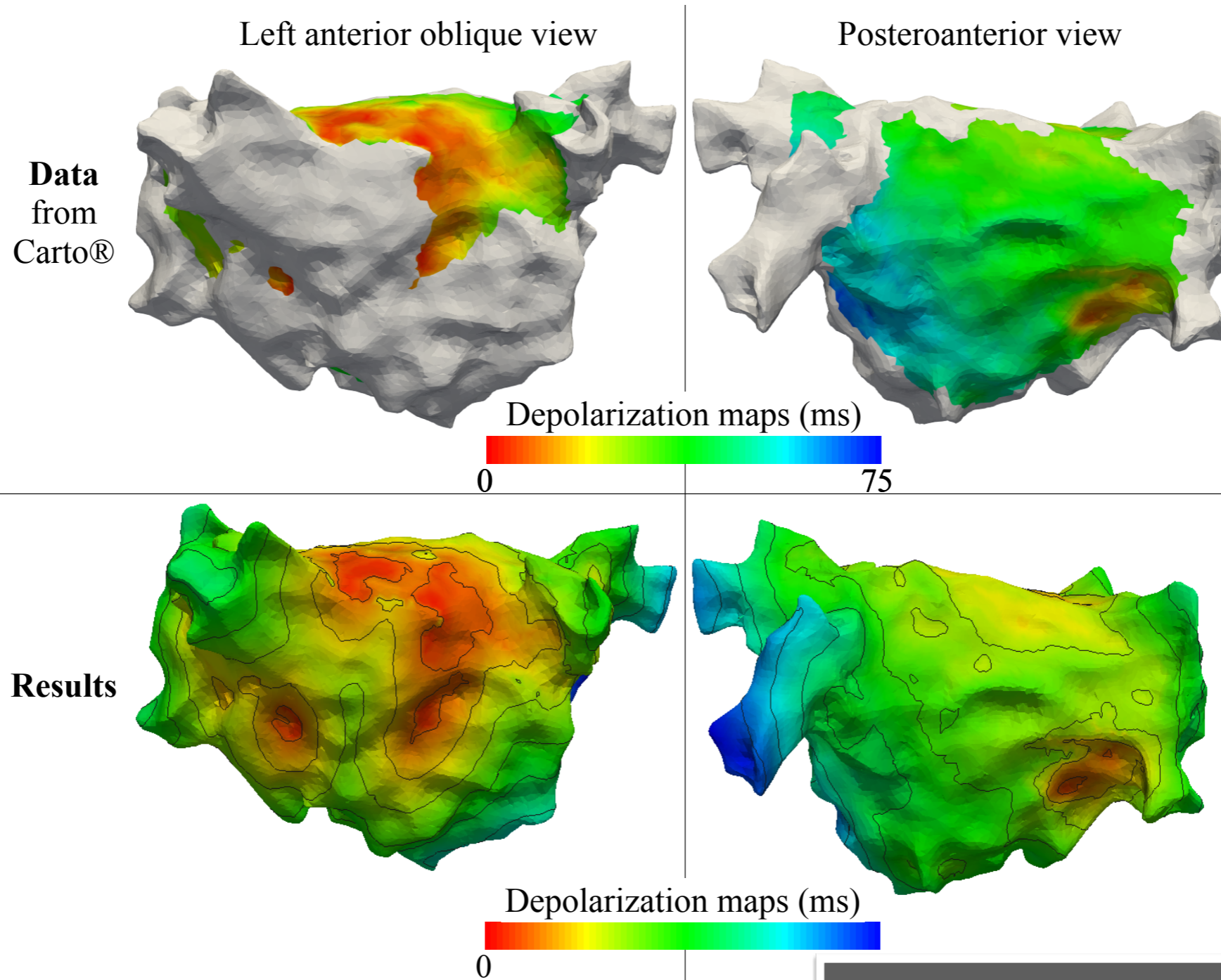
Data assimilation expertise

- Combine this state observer with a parameter observer

--- Target
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Data assimilation expertise

Smooth & Completion of Depolarization Maps

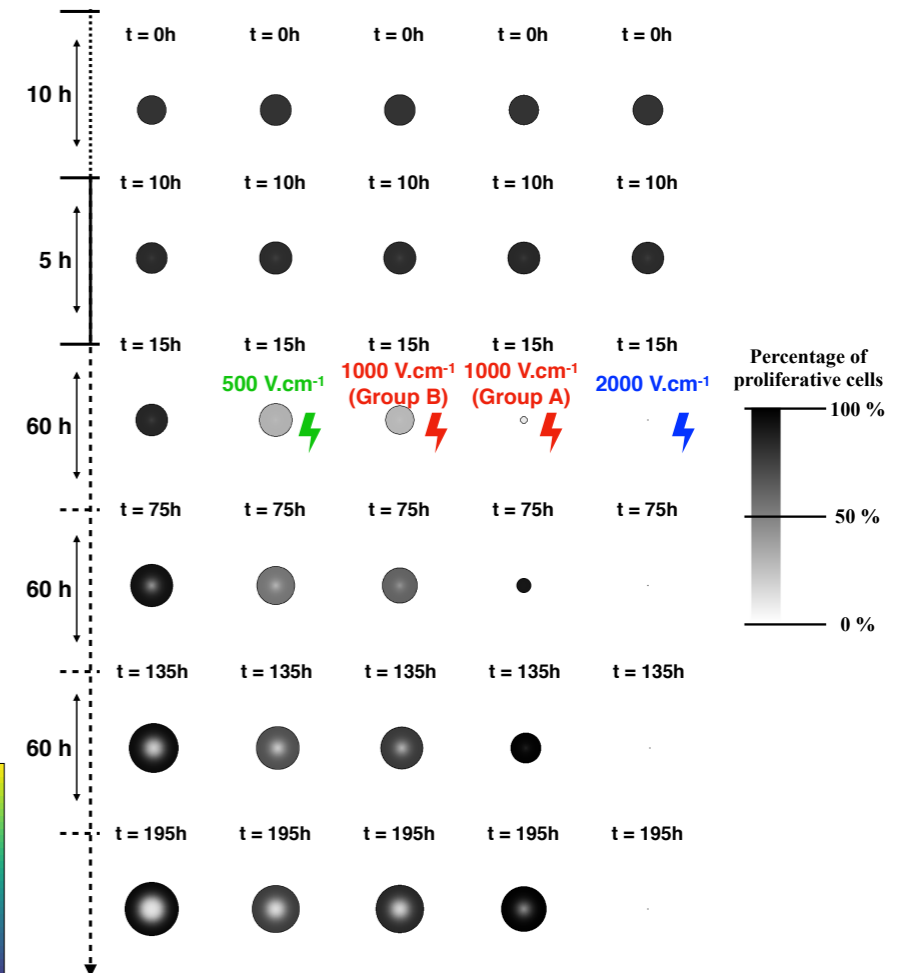
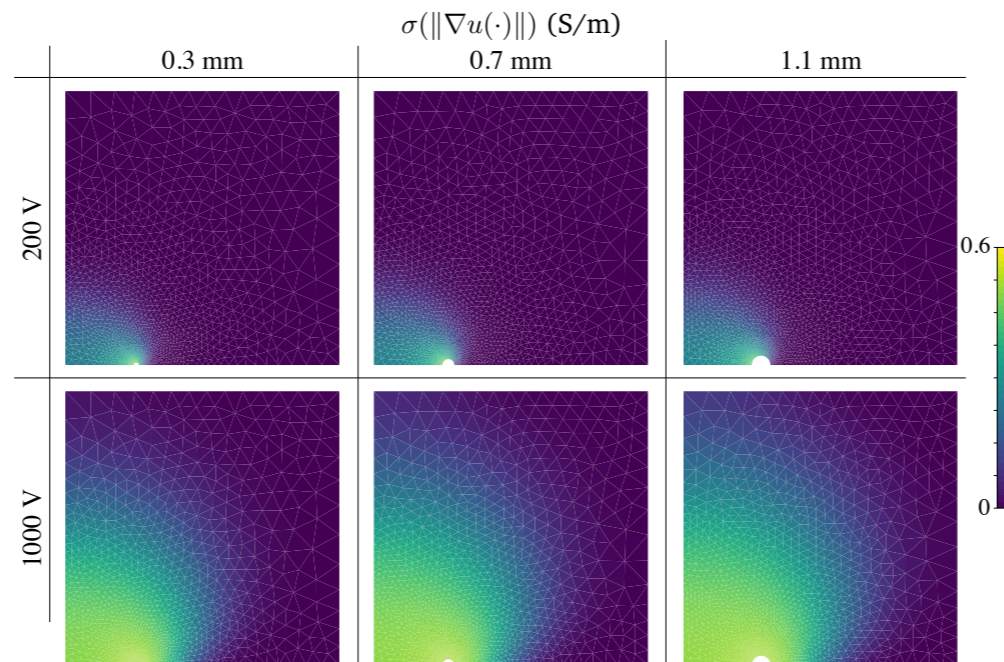
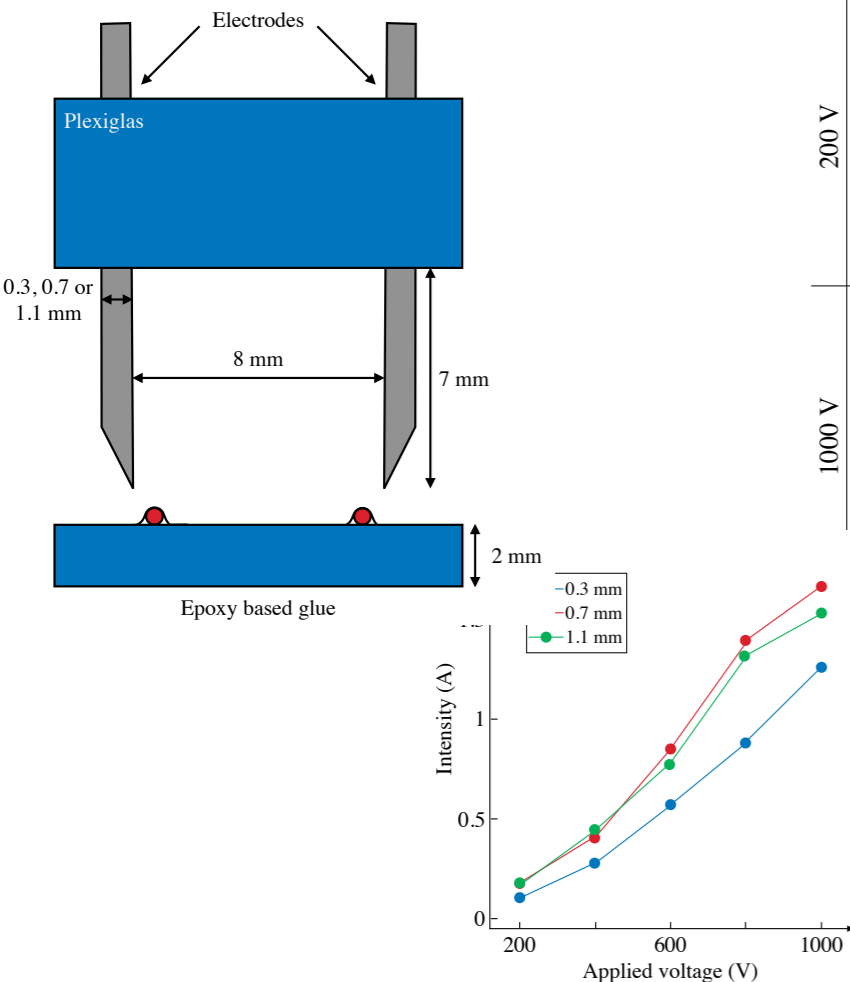


[1] A. Gérard, A. Collin, G. Bureau, P. Moireau, and Y. Coudière. Model assessment through data assimilation of realistic data in cardiac electrophysiology. FIMH 2023.

Electroporation Expertise

One axis of Monc Inria Team (Clair Poignard):

- Modeling cell scale
- Modeling tissue scale
- Comparison and parameters estimation with impedance measurements (biological, patients data)
- Combine with impact on tumor growth

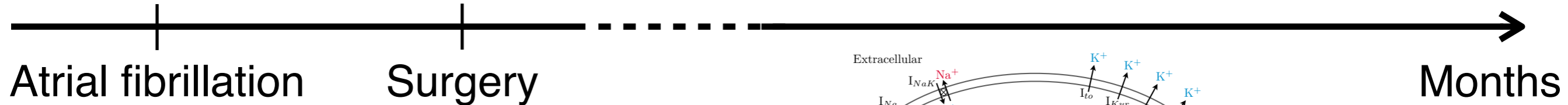


[1] G. Jankowiak, C. Taing, C. Poignard, and A. Collin. Comparison and calibration of different electroporation models. Application to rabbit livers experiments. ESAIM 2020.
 [2] A. Collin, H. Bruhier, J. Kolosnjaj, M. Golzio, M.-P. Rols, and C. Poignard. Spatial mechanistic modeling for prediction of 3D multicellular spheroids behavior upon exposure to high intensity pulsed electric fields. AIMS Bioengineering 2022.

Mathematical challenges

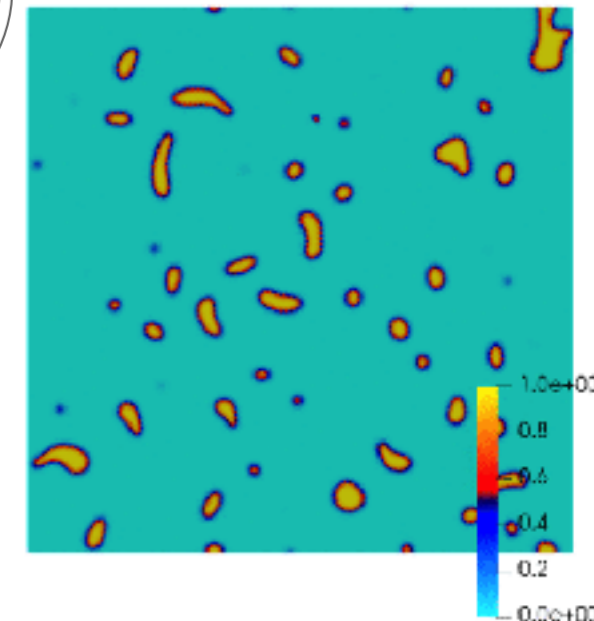
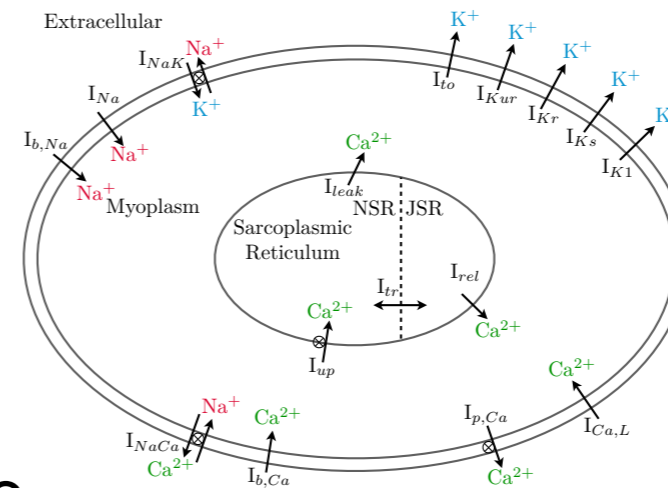
Different challenges ...

- ... determined after exchanges with clinicians.



- Cell scale

Better understand how the cardiac cells die.
 Model cardiac electroporation at the cellular scale
 (and in particular Ca^{2+} uptake).
 Validate model with data.



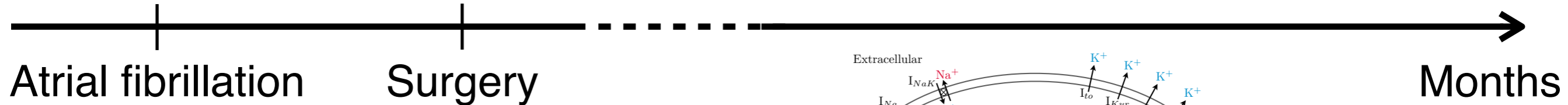
Pore formation at the cell membrane. Simulation of a phase-field model [1].

Techniques	RFA	PFA
Type of ablation	Thermal	Non-thermal
Tissue scaffold	Destruction	Preservation

[1] Phase-field model of bilipid membrane electroporation. P. Jaramillo-Aguayo, A. Collin, C. Poignard. JOMB (accepted), 2023.

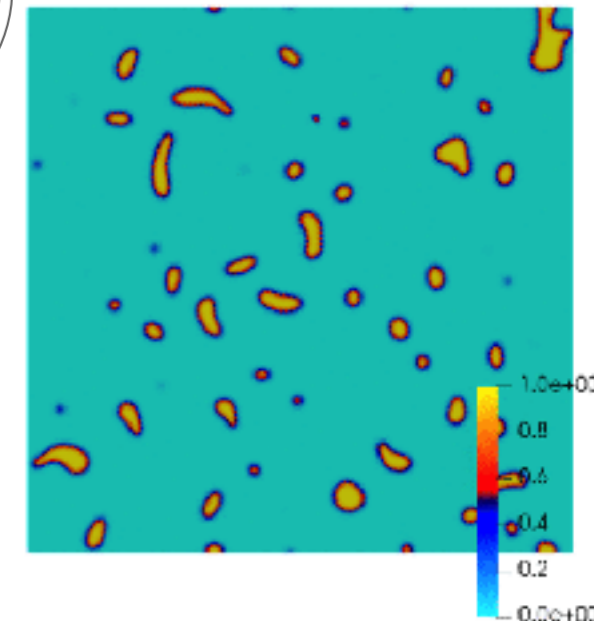
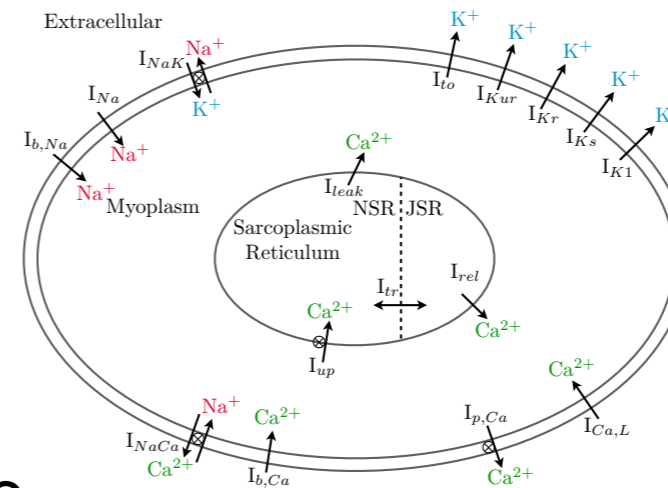
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 Validate model with data.



Pore formation at the cell membrane. Simulation of a phase-field model [1].

[1] Phase-field model of bilipid membrane electroporation. P. Jaramillo-Aguayo, A. Collin, C. Poignard. JOMB (accepted), 2023.

Techniques	RFA	PFA
Type of ablation	Thermal	Non-thermal
Tissue scaffold	Destruction	Preservation

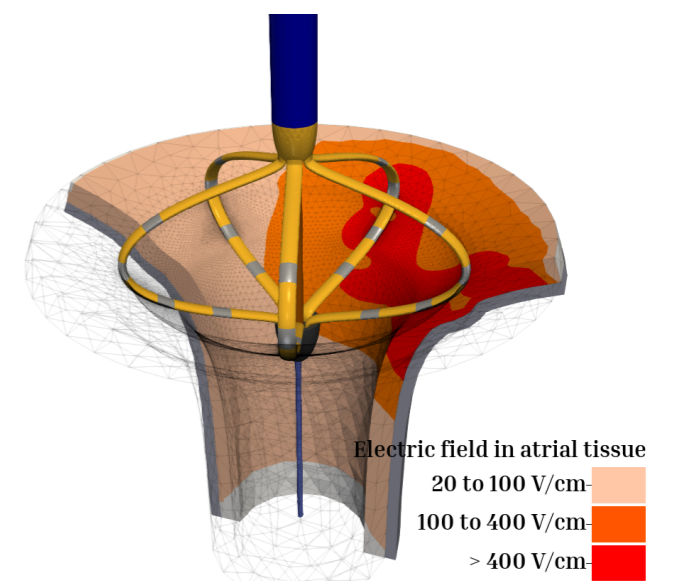
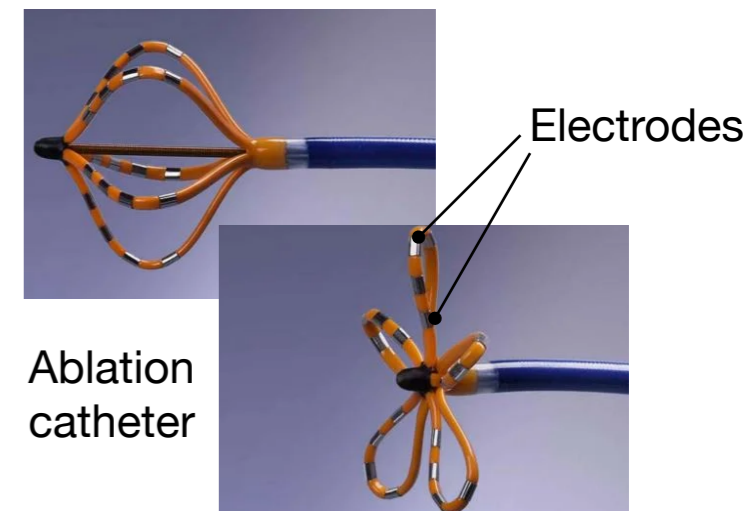
Different challenges ...

- ... determined after exchanges with clinicians.



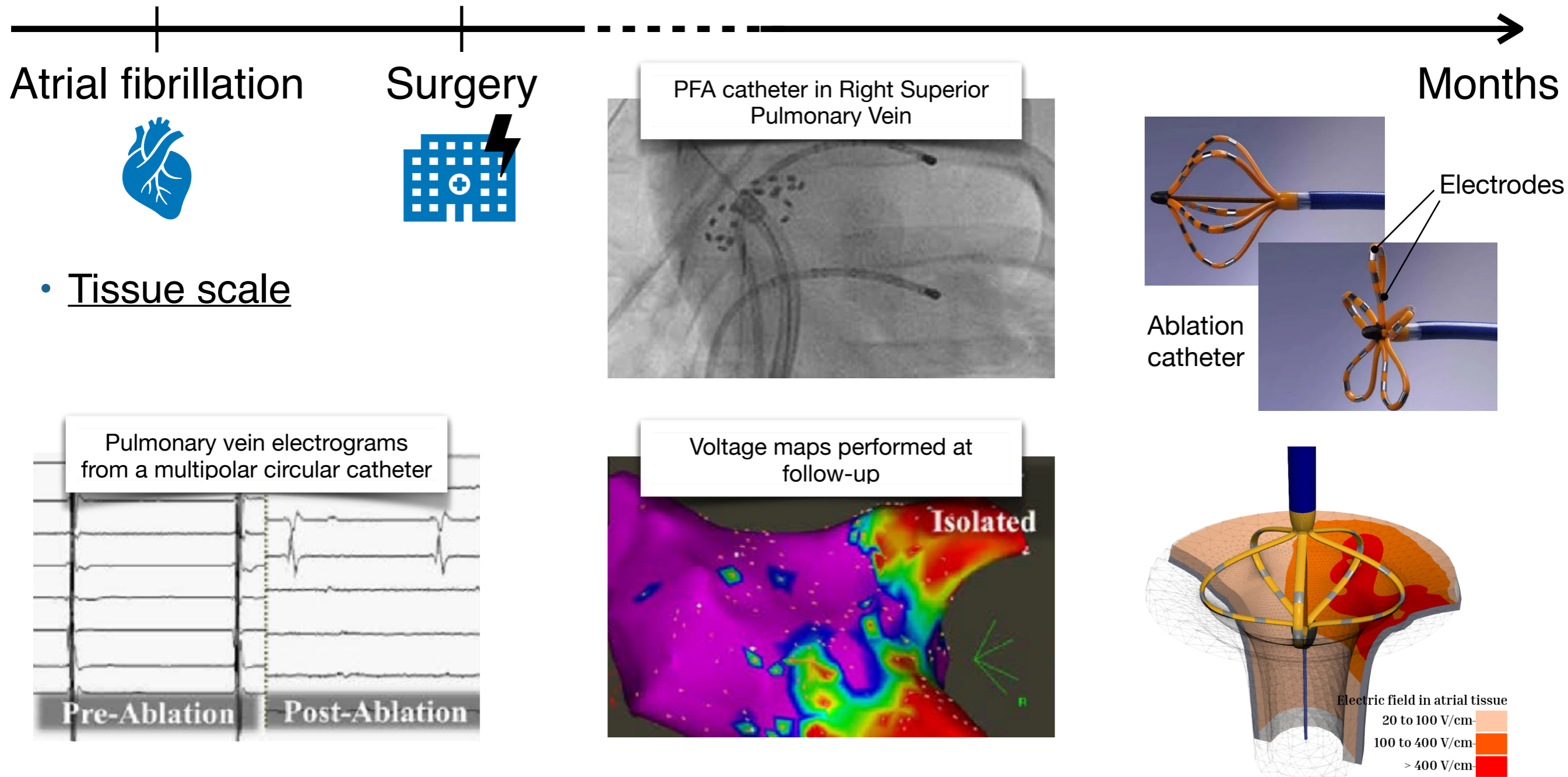
- Tissue scale
Build equations to model the electroporation process at the tissue scale.
Validate them with animal or patient data.
Provide patient specific simulation.

Techniques	RFA	PFA
Type of ablation	Thermal	Non-thermal
Tissue scaffold	Destruction	Preservation



Different challenges ...

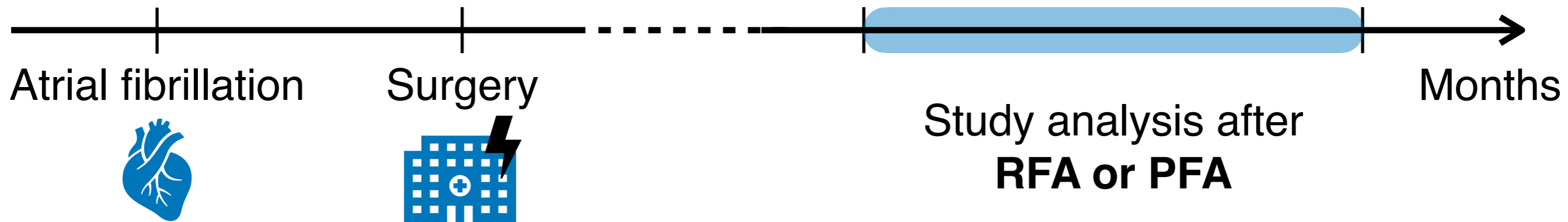
- ... determined after exchanges with clinicians.



[1]Preclinical Evaluation of Pulsed Field Ablation. Electrophysiological and Histological Assessment of Thoracic Vein Isolation. J. Koruth *et al.* Circulation: Arrhythmia and Electrophysiology, 2019.

Different challenges ...

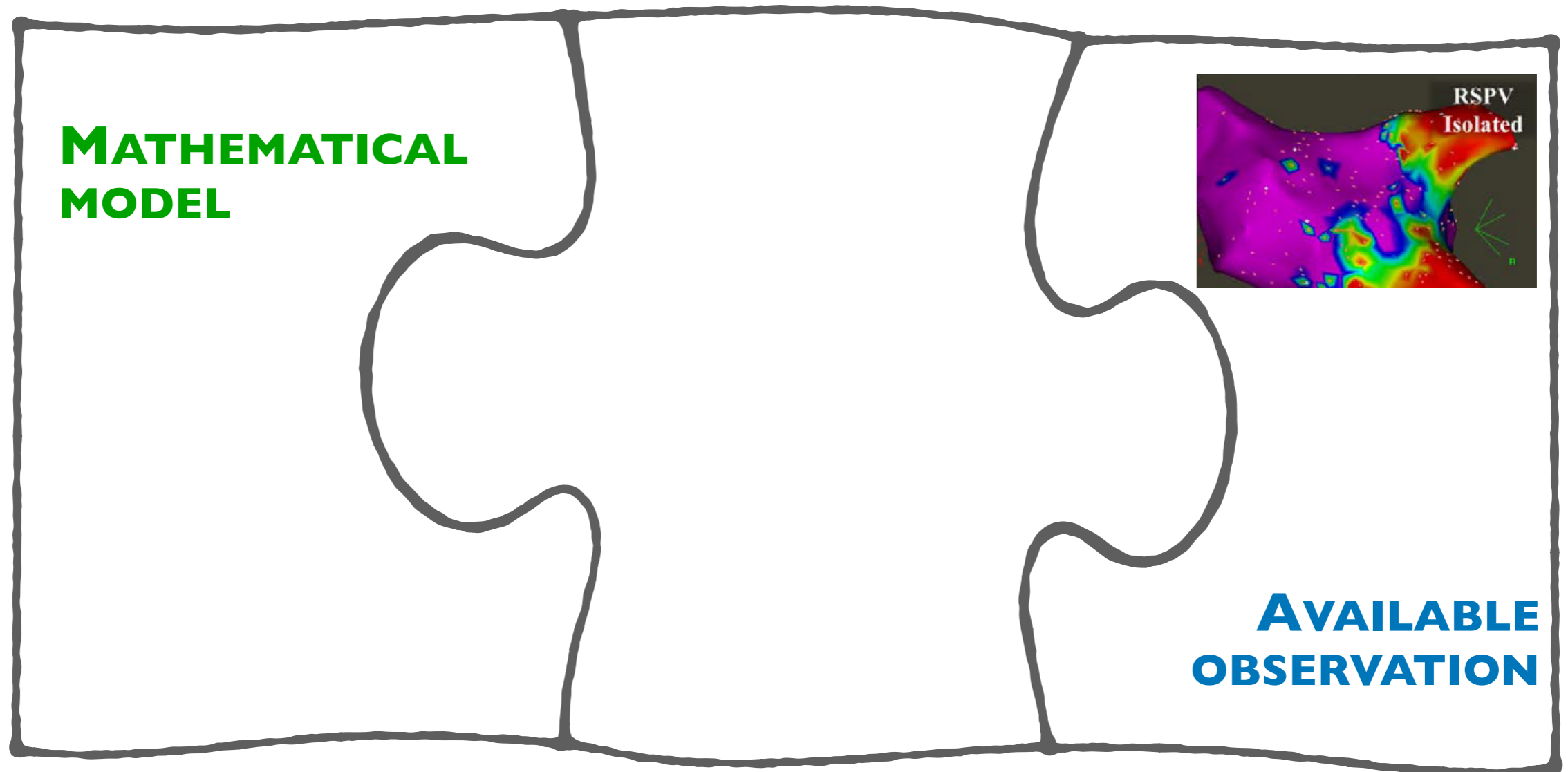
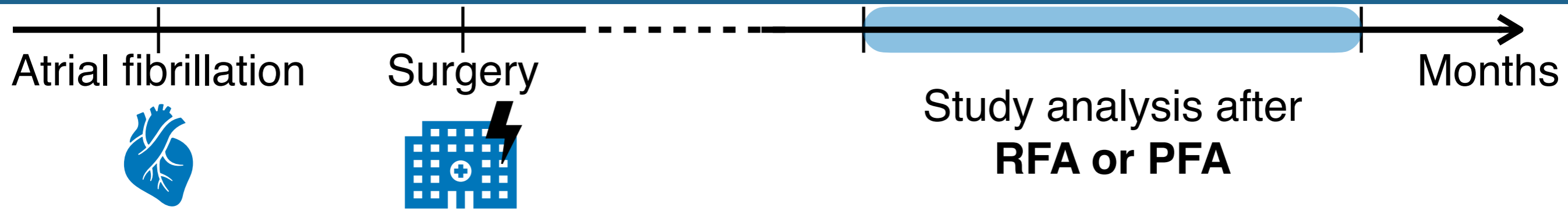
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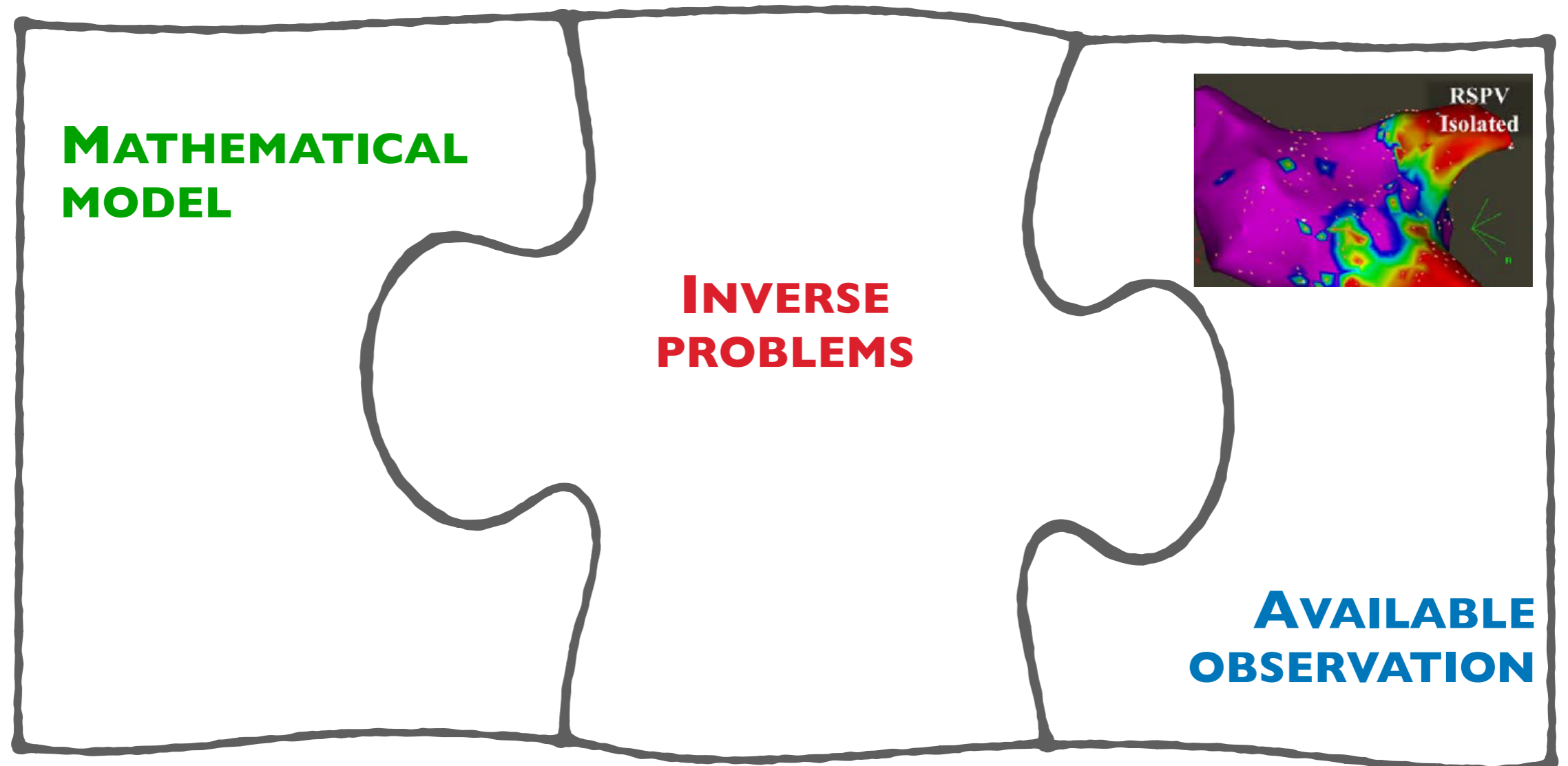
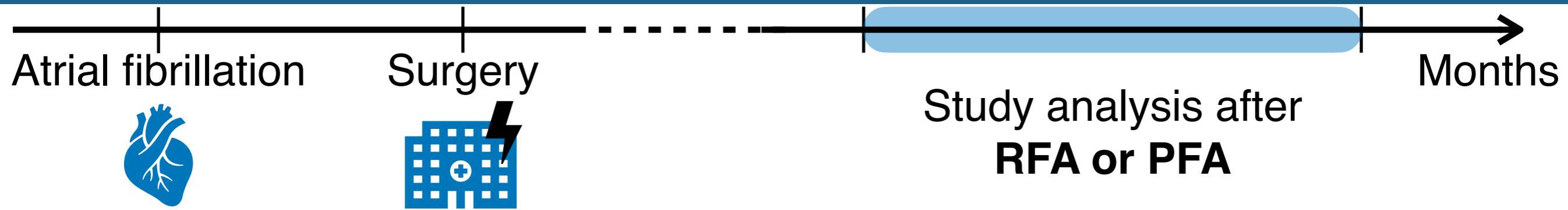
Techniques	RFA	PFA
Type of ablation	Thermal	Non-thermal
Tissue scaffold	Destruction	Preservation
Induced fibrosis	More	Few
Recurrency of AF	30% [1]	15% [2]

[1] Reddy VY, Dukkipati SR, Neuzil P, et al. Pulsed Field Ablation of Paroxysmal Atrial Fibrillation. JACC Clin Electrophysiol 2021; 7: 614–627.
 [2] Wittkampf FH m., Nakagawa H. RF Catheter Ablation: Lessons on Lesions. Pacing Clin Electrophysiol 2006; 29: 1285– 1297.

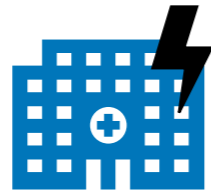
Electrocardiology Modeling after PFA



Electrocardiology Modeling after PFA



Electrocardiology Modeling after PFA



Study analysis after
RFA or PFA

- Bidomain model

$$A_m(C_m \partial_t v_m + I_{ion}(v_m, \dots)) - \nabla \cdot (\sigma_i \cdot \nabla v_m) - \nabla \cdot (\sigma_i \cdot \nabla u_e) = 0, \quad \Omega,$$

$$\nabla \cdot ((\sigma_i + \sigma_e) \cdot \nabla u_e) + \nabla \cdot (\sigma_i \cdot \nabla v_m) = 0, \quad \Omega.$$

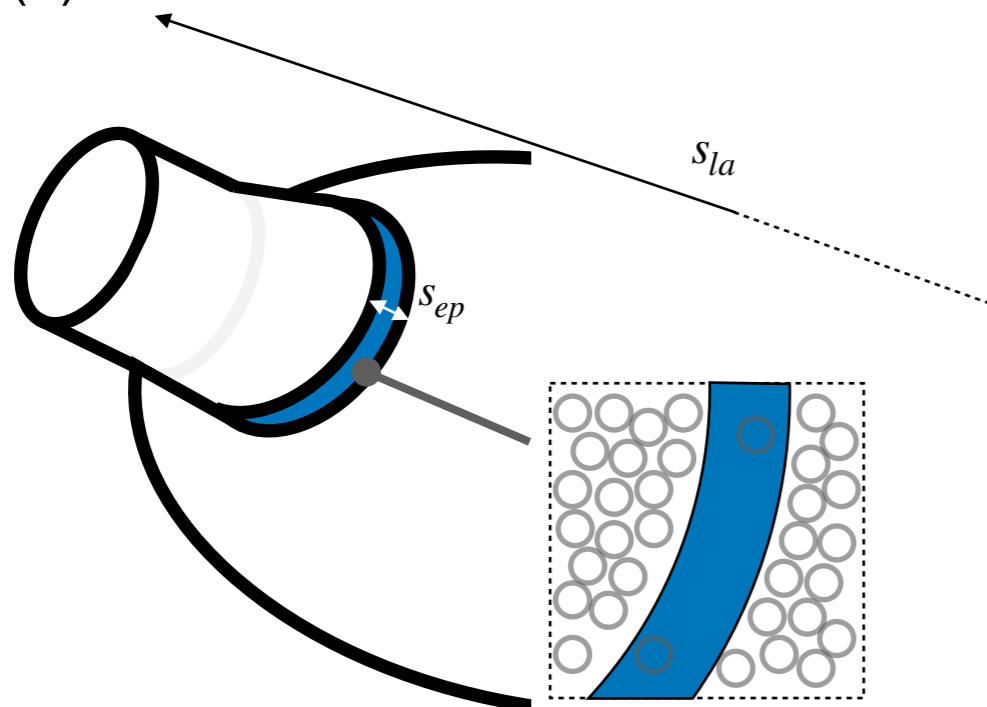
- Hypothesis:

- The size of the electroporated (EP) area is considered to be thin.

- Almost all cardiomyocytes were ablated by PFA:

(1) intra-cellular conductivity (containing the volume fraction of cells) decreases: $\sigma_i^{ep} = \varepsilon^2 \sigma_i$,

(2) and there is no more ionic current inside the EP area.



Electrocardiology Modeling after PFA



- Bidomain model

$$A_m(C_m \partial_t v_m + I_{ion}(v_m, \dots)) - \nabla \cdot (\sigma_i \cdot \nabla v_m) - \nabla \cdot (\sigma_i \cdot \nabla u_e) = 0, \Omega,$$

$$\nabla \cdot ((\sigma_i + \sigma_e) \cdot \nabla u_e) + \nabla \cdot (\sigma_i \cdot \nabla v_m) = 0, \Omega.$$

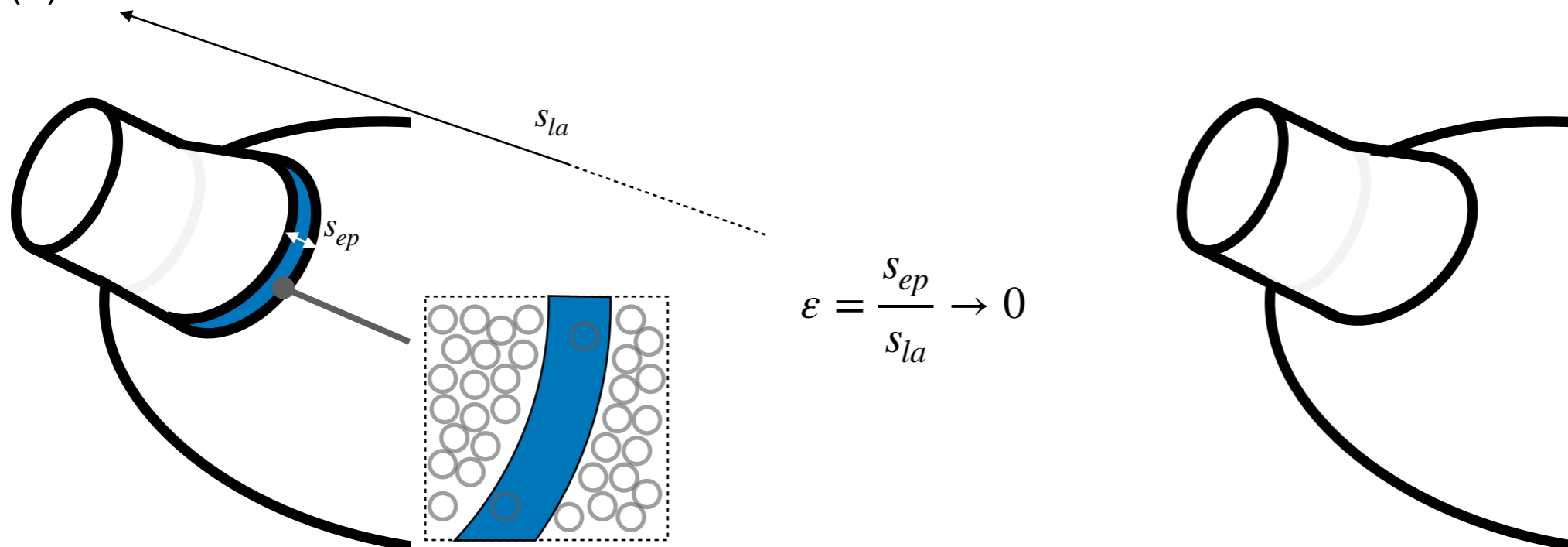
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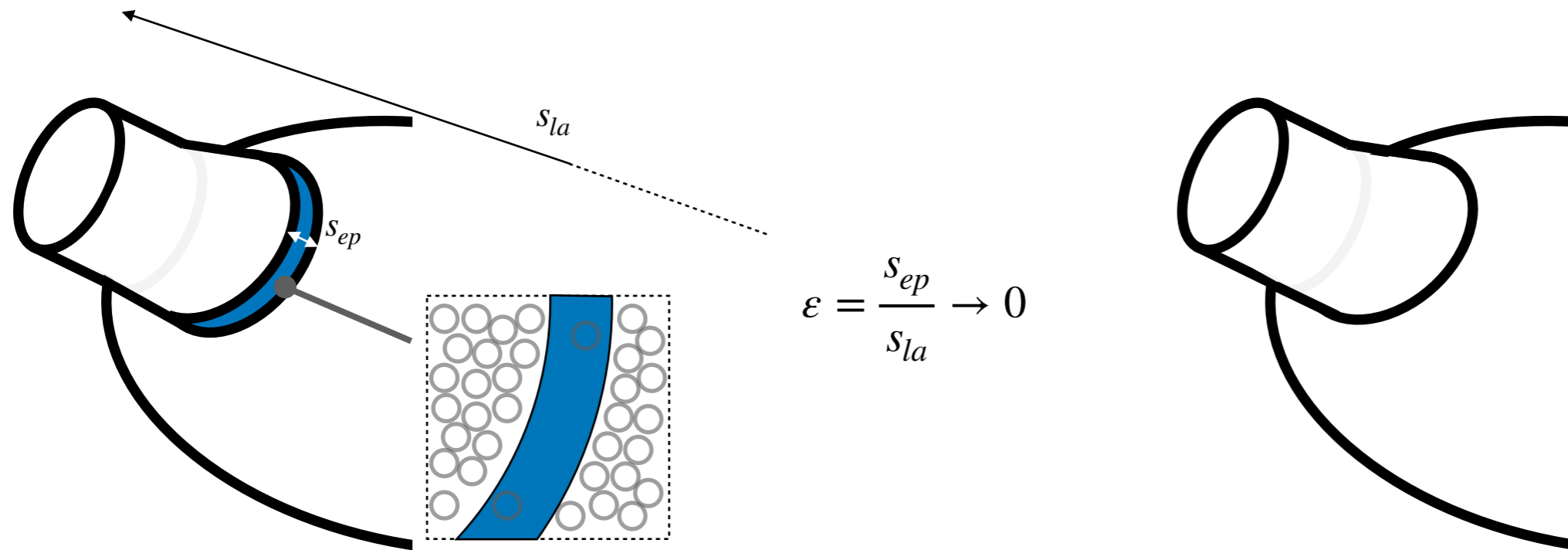
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Electrocardiology Modeling after PFA

Electrocardiology Modeling after PFA

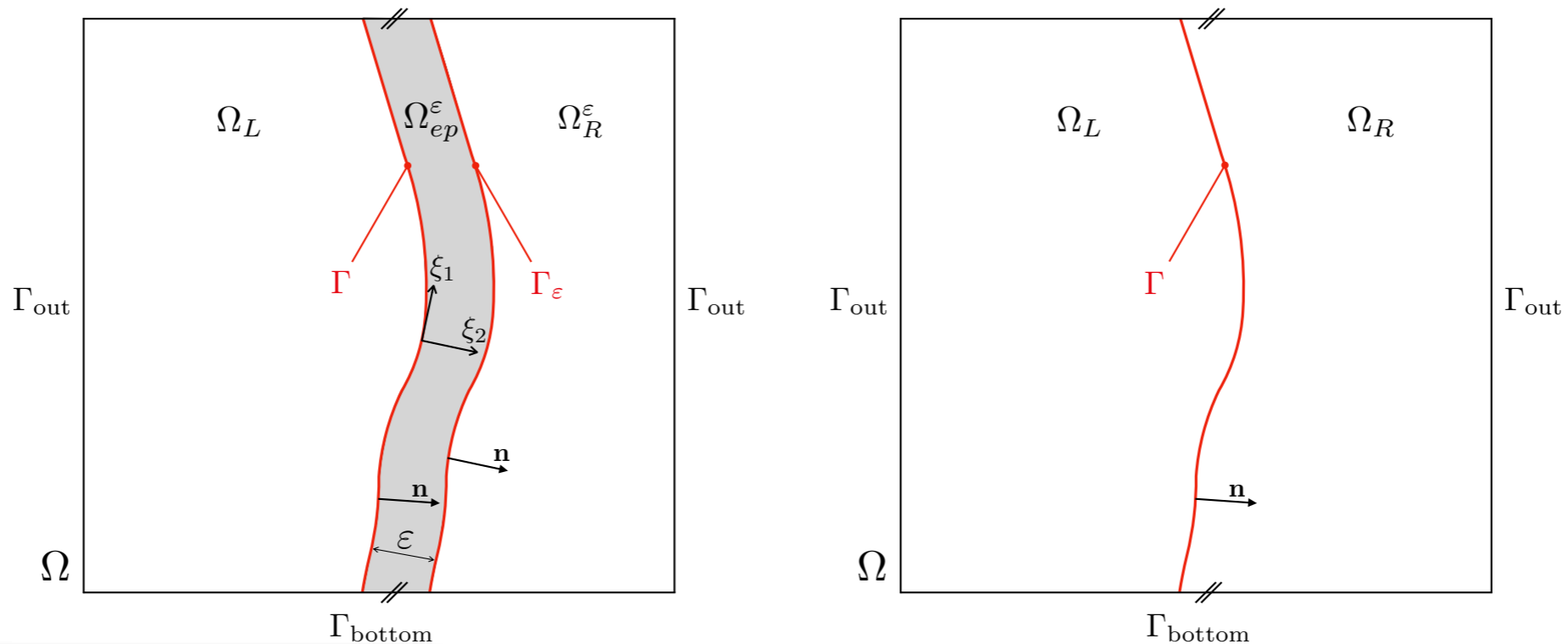


Objective:

Determine the transmission conditions at the interface Γ when $\epsilon \rightarrow 0$.

Static case

$$\begin{aligned}
 -\nabla \cdot (\sigma_i \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 1_{\Omega_L} f, & \Omega_L \cup \Omega_R^\varepsilon, \\
 -\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= -1_{\Omega_L} f, & \Omega_L \cup \Omega_R^\varepsilon, \\
 -\nabla \cdot (\sigma_i^{ep} \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon, \\
 -\nabla \cdot (\sigma_e^{ep} \nabla u_e^\varepsilon) - A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon.
 \end{aligned}$$

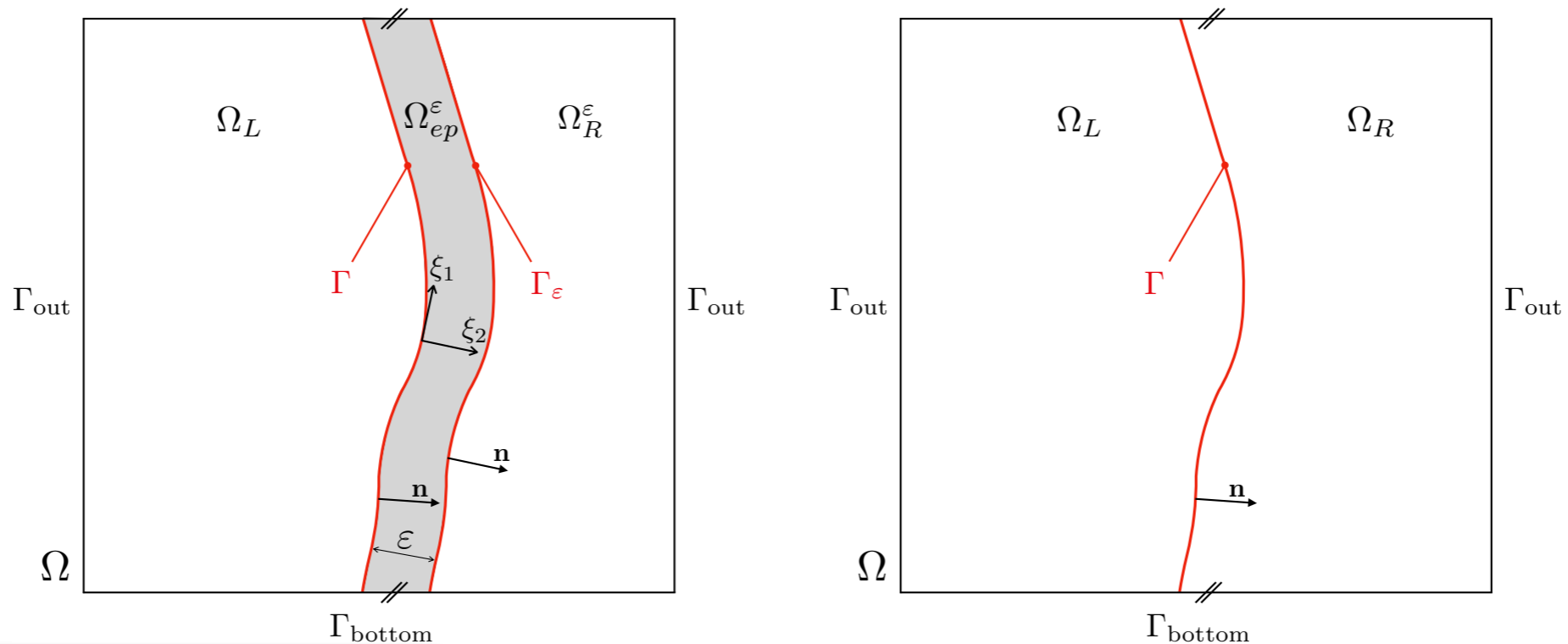


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 -\nabla \cdot (\varepsilon^2 \sigma_i \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon, \\
 -\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon.
 \end{aligned}$$

Ablation of cardiomyocytes

(1) very weak intra-cellular conductivity,

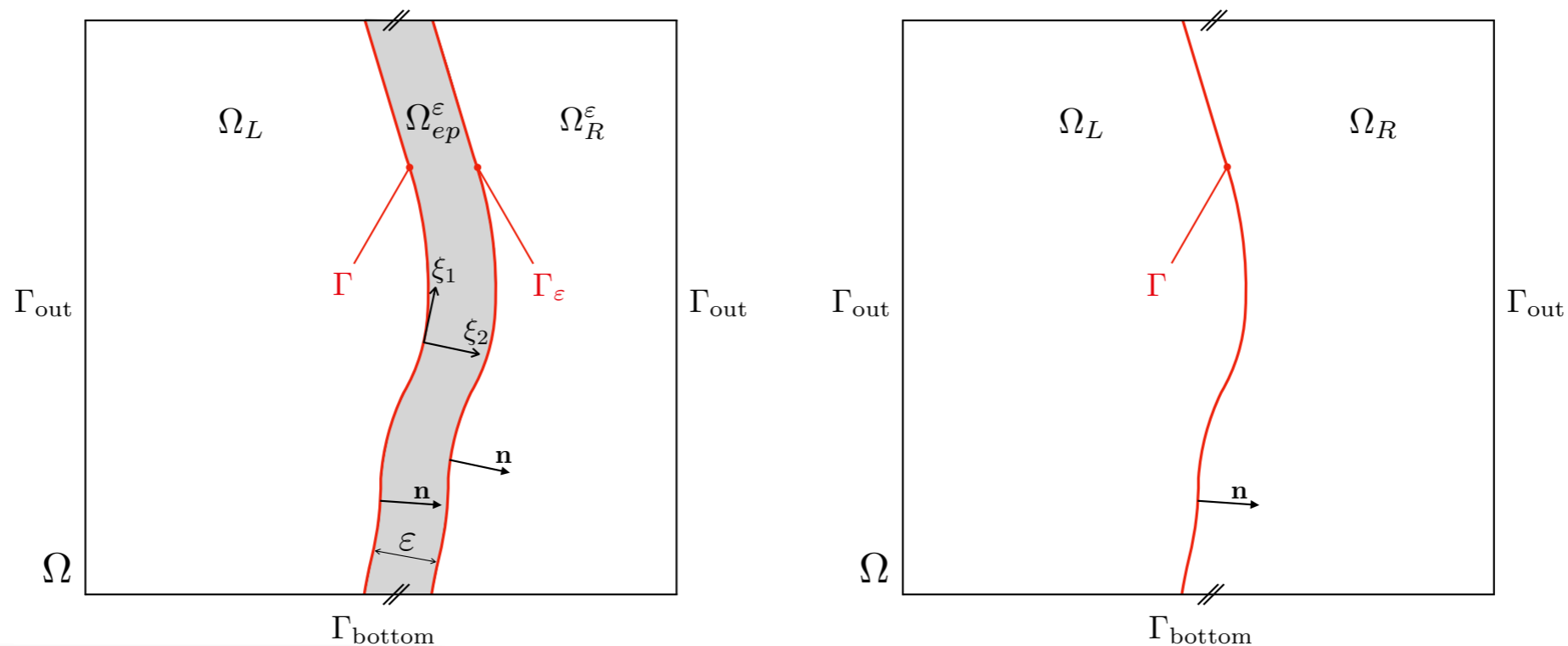


Static case

$$\begin{aligned}
 -\nabla \cdot (\sigma_i \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 1_{\Omega_L} f, & \Omega_L \cup \Omega_R^\varepsilon, \\
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 -\nabla \cdot (\varepsilon^2 \sigma_i \nabla u_i^\varepsilon) + A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon, \\
 -\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon.
 \end{aligned}$$

Ablation of cardiomyocytes

- (1) very weak intra-cellular conductivity,
- (2) no ionic current inside the EP area.



Static case

$$\begin{aligned}
 -\nabla \cdot (\sigma_i \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 1_{\Omega_L} f, & \Omega_L \cup \Omega_R^\varepsilon, \\
 -\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= -1_{\Omega_L} f, & \Omega_L \cup \Omega_R^\varepsilon, \\
 -\nabla \cdot (\varepsilon^2 \sigma_i \nabla u_i^\varepsilon) + A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon, \\
 -\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon.
 \end{aligned}$$

coupled to transmission conditions,

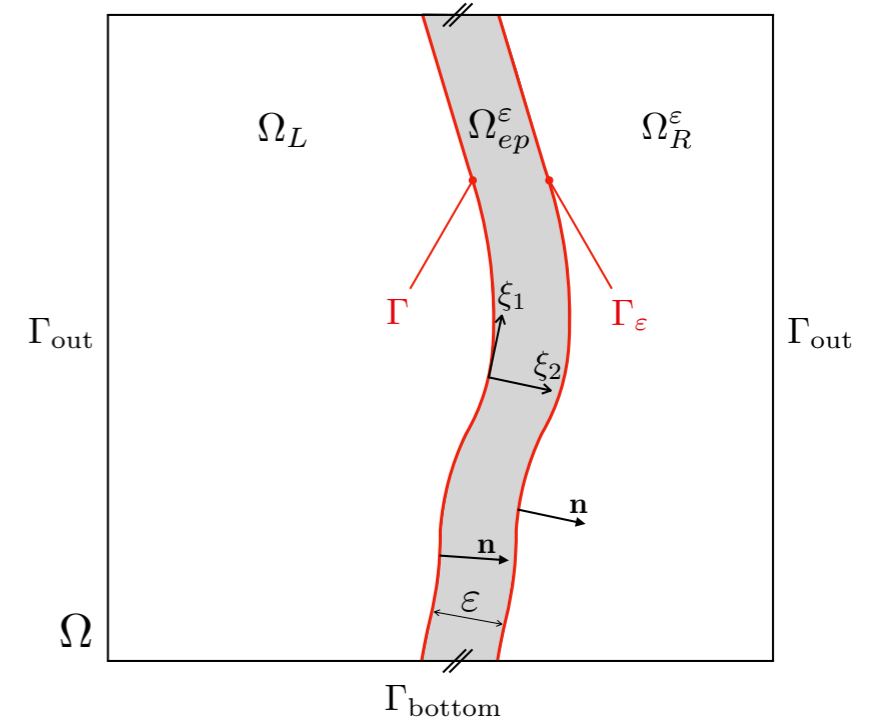
$$\begin{aligned}
 [u_i^\varepsilon]_{|\Gamma} &= 0, & [\sigma_i^\varepsilon \partial_{\mathbf{n}} u_i^\varepsilon]_{|\Gamma} &= 0, & [u_e^\varepsilon]_{|\Gamma} &= 0, & [\sigma_e \partial_{\mathbf{n}} u_e^\varepsilon]_{|\Gamma} &= 0, \\
 [u_i^\varepsilon]_{|\Gamma_\varepsilon} &= 0, & [\sigma_i^\varepsilon \partial_{\mathbf{n}} u_i^\varepsilon]_{|\Gamma_\varepsilon} &= 0, & [u_e^\varepsilon]_{|\Gamma_\varepsilon} &= 0, & [\sigma_e \partial_{\mathbf{n}} u_e^\varepsilon]_{|\Gamma_\varepsilon} &= 0,
 \end{aligned}$$

boundary conditions,

$$u_i^\varepsilon|_{\Gamma_{up}} = u_i^\varepsilon|_{\Gamma_{bottom}}, \quad u_e^\varepsilon|_{\Gamma_{up}} = u_e^\varepsilon|_{\Gamma_{bottom}}, \quad \partial_{\mathbf{n}} u_i^\varepsilon|_{\Gamma_{out}} = 0, \quad \partial_{\mathbf{n}} u_e^\varepsilon|_{\Gamma_{out}} = 0,$$

and Gauge condition

$$\int_{\Omega} u_e^\varepsilon dx = 0.$$



Static case

$$-\nabla \cdot (\sigma_i \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) = 1_{\Omega_L} f, \quad \Omega_L \cup \Omega_R^\varepsilon,$$

$$-\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) = -1_{\Omega_L} f, \quad \Omega_L \cup \Omega_R^\varepsilon,$$

$$-\nabla \cdot (\varepsilon^2 \sigma_i \nabla u_i^\varepsilon) + A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) = 0, \quad \Omega_{ep}^\varepsilon,$$

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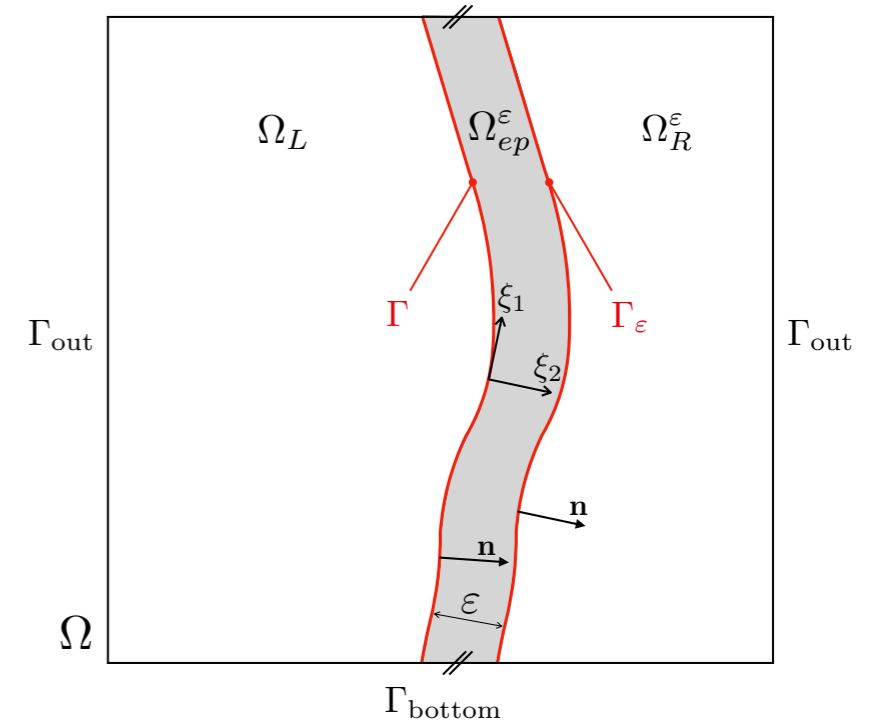
$$[u_i^\varepsilon]_{|\Gamma} = 0, \quad [\sigma_i^\varepsilon \partial_{\mathbf{n}} u_i^\varepsilon]_{|\Gamma} = 0, [u_e^\varepsilon]_{|\Gamma} = 0, \quad [\sigma_e \partial_{\mathbf{n}} u_e^\varepsilon]_{|\Gamma} = 0,$$

$$[u_i^\varepsilon]_{|\Gamma_\varepsilon} = 0, \quad [\sigma_i^\varepsilon \partial_{\mathbf{n}} u_i^\varepsilon]_{|\Gamma_\varepsilon} = 0, [u_e^\varepsilon]_{|\Gamma_\varepsilon} = 0, \quad [\sigma_e \partial_{\mathbf{n}} u_e^\varepsilon]_{|\Gamma_\varepsilon} = 0,$$

$$\int_{\Omega} u_e^\varepsilon dx = 0.$$

Existence & Uniqueness: under conditions on the ionic term.

Apriori estimates: allows the convergence.



Few numerical illustrations

$$\begin{aligned} -\nabla \cdot (\sigma_i \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= 1_{\Omega_L} f, & \Omega_L \cup \Omega_R^\varepsilon, \\ -\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) &= -1_{\Omega_L} f, & \Omega_L \cup \Omega_R^\varepsilon, \\ -\nabla \cdot (\varepsilon^2 \sigma_i \nabla u_i^\varepsilon) + A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon, \\ -\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) &= 0, & \Omega_{ep}^\varepsilon. \end{aligned}$$

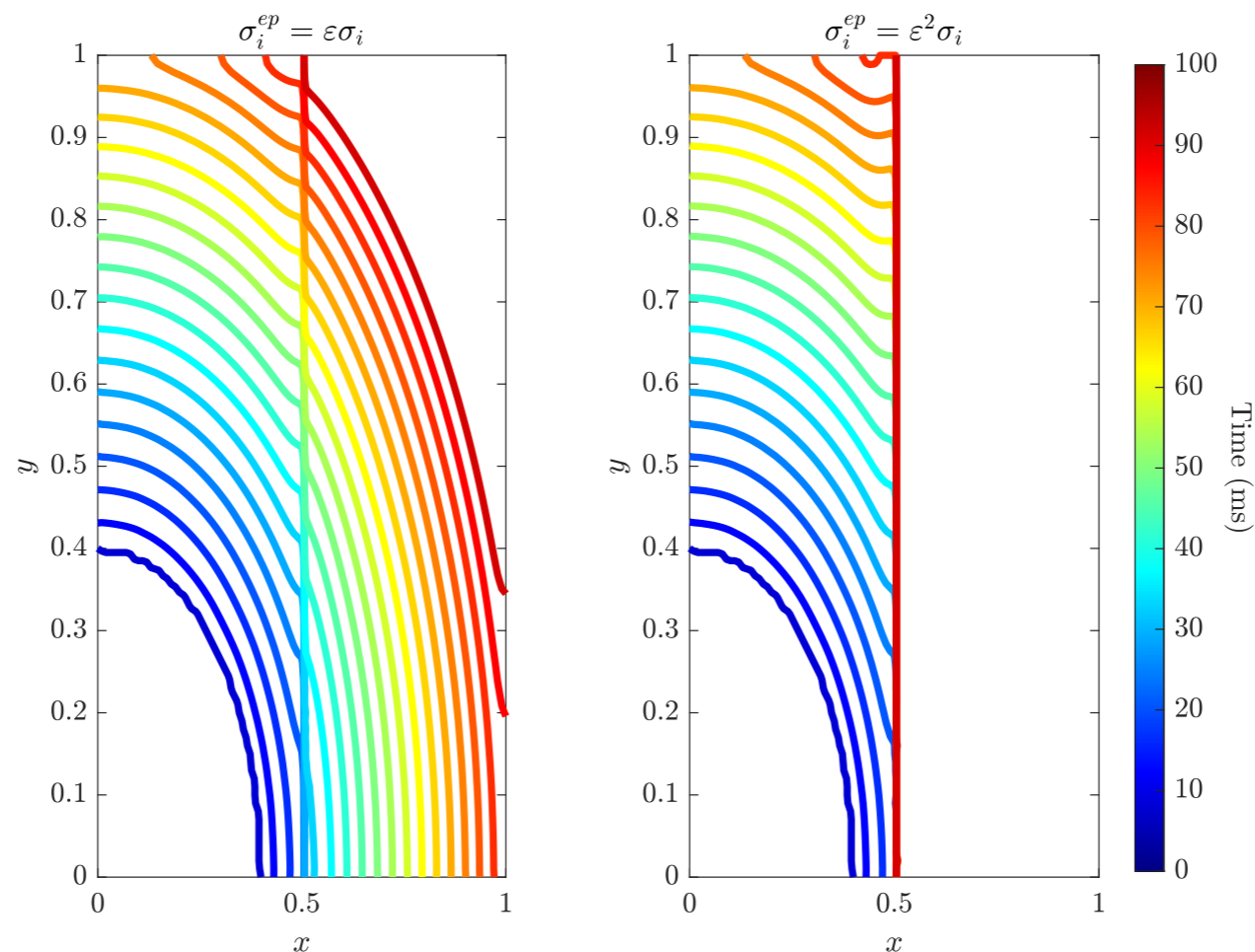
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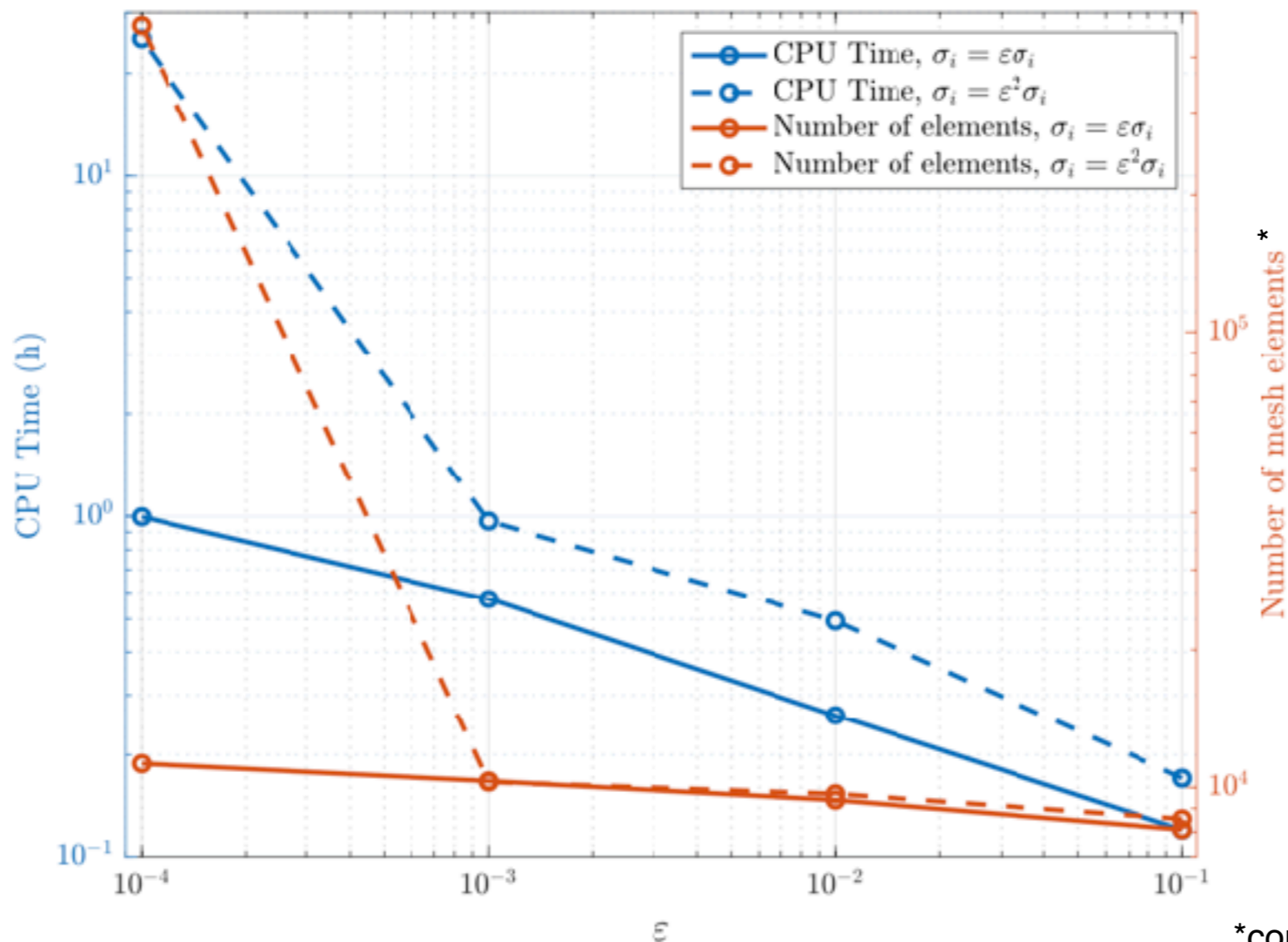
"Numerical Justification"



Few numerical illustrations

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 \int_{\Omega} u_e^\varepsilon dx &= 0.
 \end{aligned}$$



*considering an adapted mesh

Static case

$$-\nabla \cdot (\sigma_i \nabla u_i^\varepsilon) + A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) = 1_{\Omega_L} f, \quad \Omega_L \cup \Omega_R^\varepsilon,$$

$$-\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m I_{ion} (u_i^\varepsilon - u_e^\varepsilon) = -1_{\Omega_L} f, \quad \Omega_L \cup \Omega_R^\varepsilon,$$

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$$-\nabla \cdot (\sigma_e \nabla u_e^\varepsilon) - A_m S_0 (u_i^\varepsilon - u_e^\varepsilon) = 0, \quad \Omega_{ep}^\varepsilon.$$

$$[u_i^\varepsilon]_{|\Gamma} = 0, \quad [\sigma_i^\varepsilon \partial_{\mathbf{n}} u_i^\varepsilon]_{|\Gamma} = 0, [u_e^\varepsilon]_{|\Gamma} = 0, \quad [\sigma_e \partial_{\mathbf{n}} u_e^\varepsilon]_{|\Gamma} = 0,$$

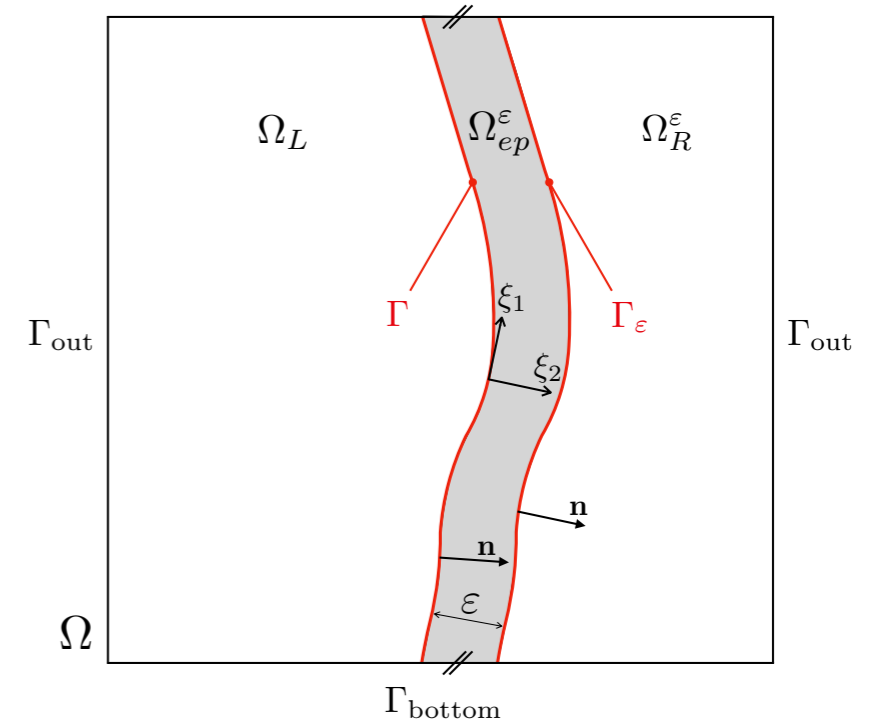
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$$\int_{\Omega} u_e^\varepsilon dx = 0.$$

Classical ansatz

$$u_{i,e}^\varepsilon(x, y) = \sum_{p \geq 0} \varepsilon^p u_{i,e}^p(x, y), \quad \Omega_L \cup \Omega_R^\varepsilon,$$

$$U_{i,e}^\varepsilon(\xi_1, \eta) = \sum_{p \geq 0} \varepsilon^p \mathbf{u}_{i,e}^p(\xi_1, \eta), \quad \Gamma \times (0, 1).$$



Problem at order 0

Inside the healthy heart

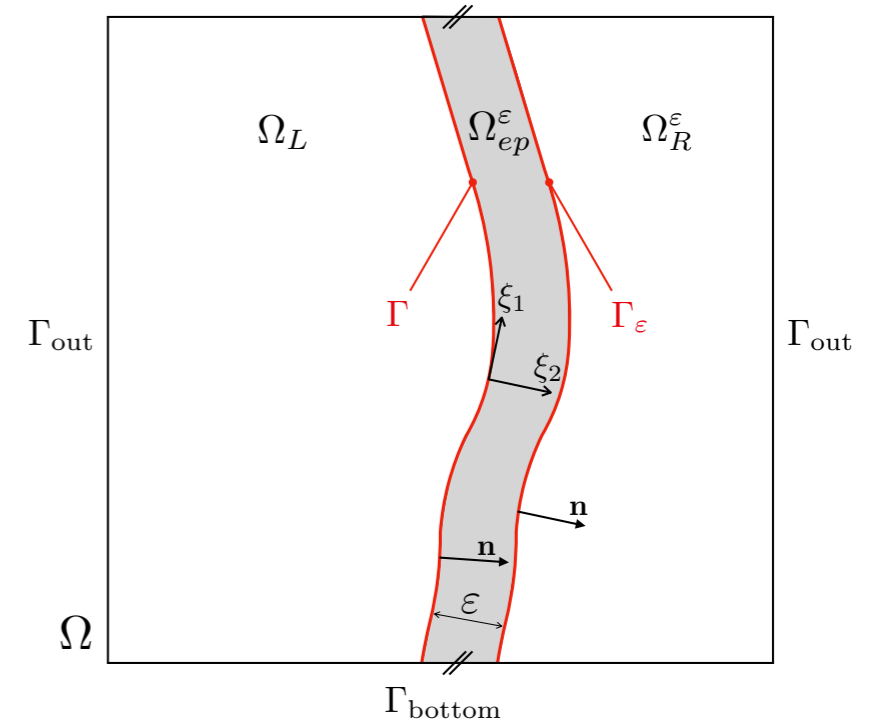
$$-\nabla \cdot (\sigma_i \nabla u_i^0) + A_m I_{ion} (u_i^0 - u_e^0) = 1_{\Omega_L} f, \quad \Omega_L \cup \Omega_R,$$

$$-\nabla \cdot (\sigma_e \nabla u_e^0) - A_m I_{ion} (u_i^0 - u_e^0) = -1_{\Omega_L} f, \quad \Omega_L \cup \Omega_R,$$

$$\partial_{\mathbf{n}} u_i^0|_{\Gamma_{out}} = 0, \quad \partial_{\mathbf{n}} u_e^0|_{\Gamma_{out}} = 0, \quad u_i^0|_{\Gamma_{bottom}} = u_i^0|_{\Gamma_{up}},$$

$$\int_{\Omega_L \cup \Omega_R} u_e^0 dx = 0.$$

CLASSICAL BIDOMAIN MODEL



Problem at order 0

Inside the healthy heart

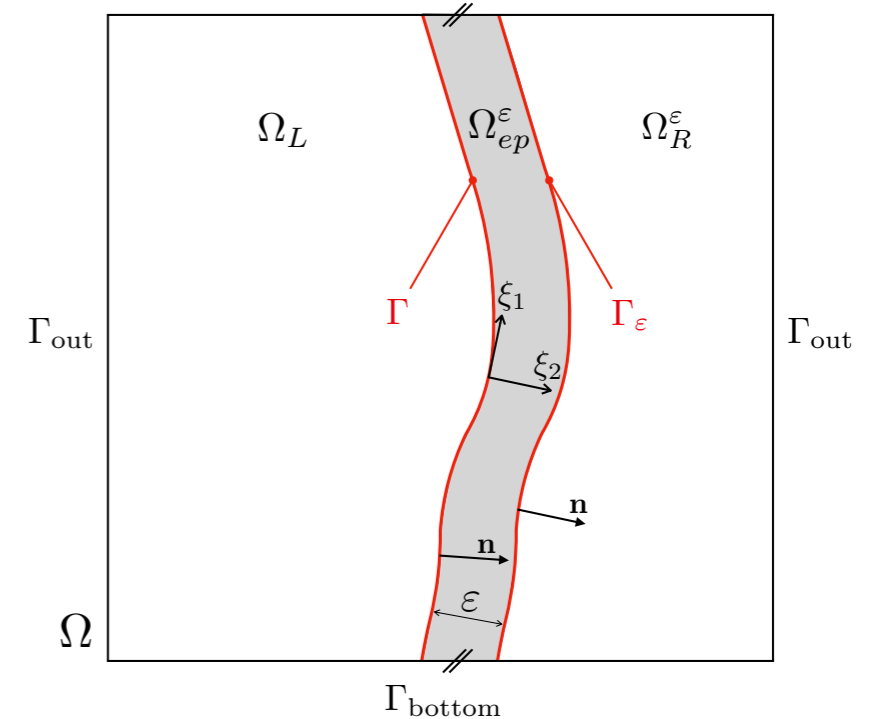
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$$\int_{\Omega_L \cup \Omega_R} u_e^0 dx = 0.$$

CLASSICAL BIDOMAIN MODEL



Interface Γ

$$\partial_{\mathbf{n}} u_i^0|_{\Gamma^-} = \partial_{\mathbf{n}} u_i^0|_{\Gamma^+} = 0, \quad \text{Neumann Boundary Condition on intra-cellular potential}$$

$$[u_e^0]_{\Gamma} = 0, \quad [\partial_{\mathbf{n}} u_e^0]_{\Gamma} = 0. \quad \text{Continuity on extra-cellular potential}$$

FULLY ISOLATED

Problem at order 0

Inside the healthy heart

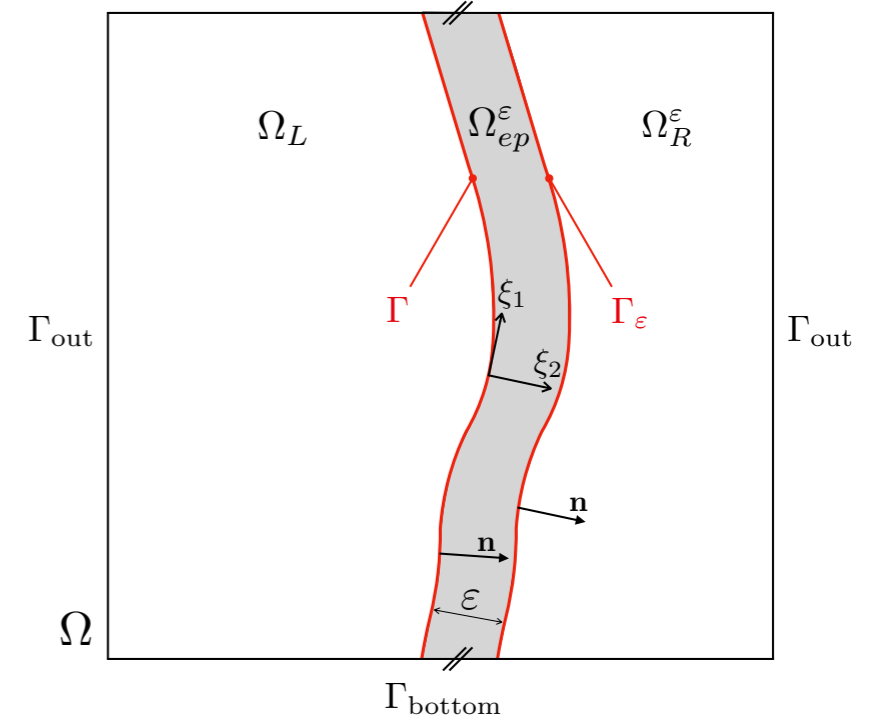
$$-\nabla \cdot (\sigma_i \nabla u_i^0) + A_m I_{ion} (u_i^0 - u_e^0) = 1_{\Omega_L} f, \quad \Omega_L \cup \Omega_R,$$

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$$\int_{\Omega_L \cup \Omega_R} u_e^0 dx = 0.$$

CLASSICAL BIDOMAIN MODEL



Interface Γ

$$\partial_{\mathbf{n}} u_i^0|_{\Gamma^-} = \partial_{\mathbf{n}} u_i^0|_{\Gamma^+} = 0, \quad \text{Neumann Boundary Condition on intra-cellular potential}$$

$$[u_e^0]_{\Gamma} = 0, \quad [\partial_{\mathbf{n}} u_e^0]_{\Gamma} = 0. \quad \text{Continuity on extra-cellular potential}$$

FULLY ISOLATED

In the EP area (profile solutions)

$$u_e^0 = u_e^0|_{\Gamma^-},$$

$$u_i^0 = u_e^0|_{\Gamma^-} + \mu_0(\xi_1) e^{-\omega \eta} + \lambda_0(\xi_1) e^{\omega \eta}.$$

Map Φ_ϵ

Local coordinates: (ξ_1, ξ_2)

Variable change: $\eta = \xi_2 / \epsilon$

Rescaled membrane: $\Gamma \times (0, 1)$

Problem at order 1

Interface Γ

$$\partial_{\mathbf{n}} u_i^1|_{\Gamma^-} = \partial_{\eta} \mathbf{u}_i^0|_{\eta=0},$$

NOT FULLY ISOLATED

$$\partial_{\mathbf{n}} u_i^1|_{\Gamma^+} = \partial_{\eta} \mathbf{u}_i^0|_{\eta=1},$$

$$[u_e^1]_{\Gamma} = \partial_{\mathbf{n}} u_e^0|_{\Gamma^-} - \int_0^1 \int_0^{\bar{\eta}} \kappa(\xi_1) \partial_s \mathbf{u}_e^0,$$

$$[\partial_{\mathbf{n}} u_e^1]_{\Gamma} = \kappa(\xi_1) \left[-\partial_{\mathbf{n}} u_e^0|_{\Gamma^-} + \int_0^1 \int_0^{\bar{\eta}} \kappa(\xi_1) \partial_s \mathbf{u}_e^0 \right] - \int_0^1 \left[\frac{S_0}{\sigma_e} (\mathbf{u}_i^0 - \mathbf{u}_e^0) - (\kappa(\xi_1))^2 \eta \partial_{\eta} \mathbf{u}_e^0 + S_{\Gamma}^0 \mathbf{u}_e^0 \right] d\eta.$$

Problem at order 1

Interface Γ

$$\partial_{\mathbf{n}} u_i^1|_{\Gamma^-} = \partial_{\eta} \mathbf{u}_i^0|_{\eta=0},$$

NOT FULLY ISOLATED

$$\partial_{\mathbf{n}} u_i^1|_{\Gamma^+} = \partial_{\eta} \mathbf{u}_i^0|_{\eta=1},$$

$$[u_e^1]_{\Gamma} = \partial_{\mathbf{n}} u_e^0|_{\Gamma^-} - \int_0^1 \int_0^{\bar{\eta}} \kappa(\xi_1) \partial_s \mathbf{u}_e^0,$$

$$[\partial_{\mathbf{n}} u_e^1]_{\Gamma} = \kappa(\xi_1) \left[-\partial_{\mathbf{n}} u_e^0|_{\Gamma^-} + \int_0^1 \int_0^{\bar{\eta}} \kappa(\xi_1) \partial_s \mathbf{u}_e^0 \right] - \int_0^1 \left[\frac{S_0}{\sigma_e} (\mathbf{u}_i^0 - \mathbf{u}_e^0) - (\kappa(\xi_1))^2 \eta \partial_{\eta} \mathbf{u}_e^0 + S_{\Gamma}^0 \mathbf{u}_e^0 \right] d\eta.$$

Interesting in the case where the parameter ε is not so small ...

Problem at order 1

Interface Γ

$$\partial_{\mathbf{n}} u_i^1|_{\Gamma^-} = \partial_{\eta} \mathbf{u}_i^0|_{\eta=0},$$

NOT FULLY ISOLATED

$$\partial_{\mathbf{n}} u_i^1|_{\Gamma^+} = \partial_{\eta} \mathbf{u}_i^0|_{\eta=1},$$

$$[u_e^1]_{\Gamma} = \partial_{\mathbf{n}} u_e^0|_{\Gamma^-} - \int_0^1 \int_0^{\bar{\eta}} \kappa(\xi_1) \partial_s \mathbf{u}_e^0,$$

$$[\partial_{\mathbf{n}} u_e^1]_{\Gamma} = \kappa(\xi_1) \left[-\partial_{\mathbf{n}} u_e^0|_{\Gamma^-} + \int_0^1 \int_0^{\bar{\eta}} \kappa(\xi_1) \partial_s \mathbf{u}_e^0 \right] - \int_0^1 \left[\frac{S_0}{\sigma_e} (\mathbf{u}_i^0 - \mathbf{u}_e^0) - (\kappa(\xi_1))^2 \eta \partial_{\eta} \mathbf{u}_e^0 + S_{\Gamma}^0 \mathbf{u}_e^0 \right] d\eta.$$

Interesting in the case where the parameter ε is not so small ...

Solutions at any order are then determined by induction.

Convergence theorem

THEOREM [1]

Assuming the well-posedness of all the PDE systems and let $(u_i^{\varepsilon,N}, u_e^{\varepsilon,N})$ be the functions defined by

$$u_{i,e}^{\varepsilon,N} = \begin{cases} \sum_{k=0}^N \varepsilon^k u_{i,e}^k, & \Omega_L \cup \Omega_R^\varepsilon, \\ \sum_{k=0}^N \varepsilon^k u_{i,e}^k \circ \Phi_\varepsilon^{-1}, & \Omega_{ep}^\varepsilon, \end{cases}$$

for all $N \geq 0$, there exists a constant C_N independent of ε such that

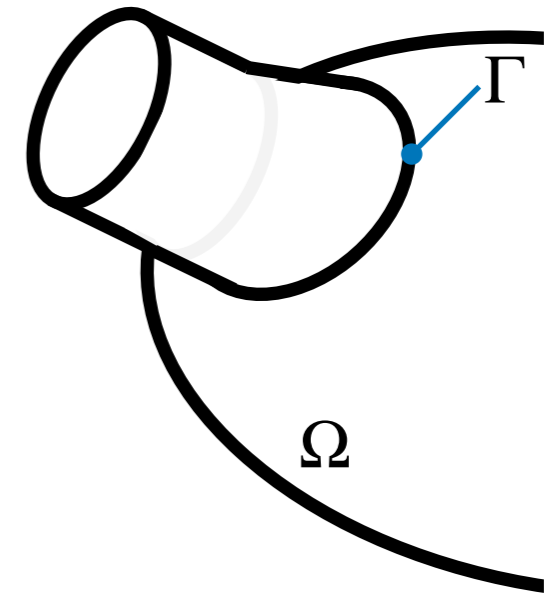
$$\|u_i^\varepsilon - u_i^{\varepsilon,N}\|_{H^1(\Omega_L \cup \Omega_R^\varepsilon)} + \|u_e^\varepsilon - u_e^{\varepsilon,N}\|_{H^1(\Omega)} + \varepsilon \|\nabla(u_i^\varepsilon - u_i^{\varepsilon,N})\|_{L^2(\Omega_{ep}^\varepsilon)} \leq C_N \varepsilon^{N+1}.$$

[1] A. Collin, S. Nati Poltri, C. Poignard. Electrophysiology modeling after pulsed field ablation relying on asymptotic analysis. To be submitted. 2023.

Come back to bidomain equations

- Bidomain model

$$\begin{aligned}A_m(C_m \partial_t v_m + I_{ion}(v_m, w)) - \nabla \cdot (\sigma_i \cdot \nabla u_i) &= 0, \quad \Omega, \\A_m(C_m \partial_t v_m + I_{ion}(v_m, w)) + \nabla \cdot (\sigma_e \cdot \nabla u_e) &= 0, \quad \Omega, \\ \partial_t w + g(v_m, w) &= 0, \quad \Omega, \\ \partial_{\mathbf{n}} u_i|_{\partial\Omega \setminus \Gamma} &= \partial_{\mathbf{n}} u_e|_{\partial\Omega \setminus \Gamma} = 0, \\ \int_{\Omega} u_e &= 0.\end{aligned}$$



- Neumann Boundary Condition on intra-cellular potential

$$\partial_{\mathbf{n}} u_i|_{\Gamma} = 0.$$

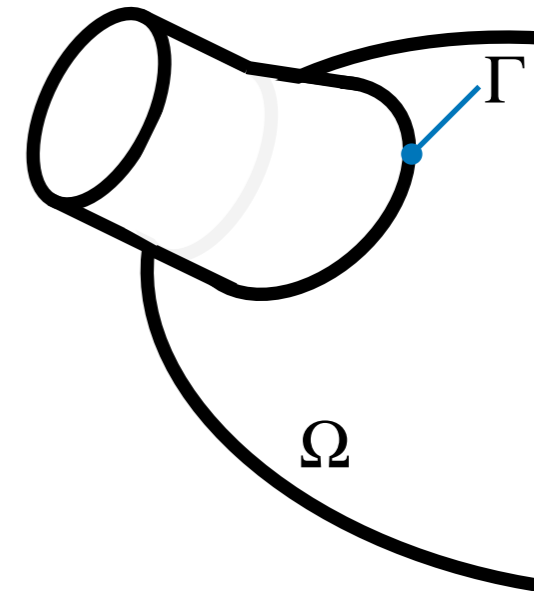
- Continuity on extra-cellular potential

$$[u_e]_{|\Gamma} = 0, \quad [\partial_{\mathbf{n}} u_e]_{|\Gamma} = 0.$$

And RFA?

- Bidomain model

$$\begin{aligned}
 A_m(C_m \partial_t v_m + I_{ion}(v_m, w)) - \nabla \cdot (\sigma_i \cdot \nabla u_i) &= 0, \quad \Omega, \\
 A_m(C_m \partial_t v_m + I_{ion}(v_m, w)) + \nabla \cdot (\sigma_e \cdot \nabla u_e) &= 0, \quad \Omega, \\
 \partial_t w + g(v_m, w) &= 0, \quad \Omega, \\
 \partial_{\mathbf{n}} u_i|_{\partial\Omega \setminus \Gamma} &= \partial_{\mathbf{n}} u_e|_{\partial\Omega \setminus \Gamma} = 0, \\
 \int_{\Omega} u_e &= 0.
 \end{aligned}$$



- Kedem–Katchalsky transmission condition

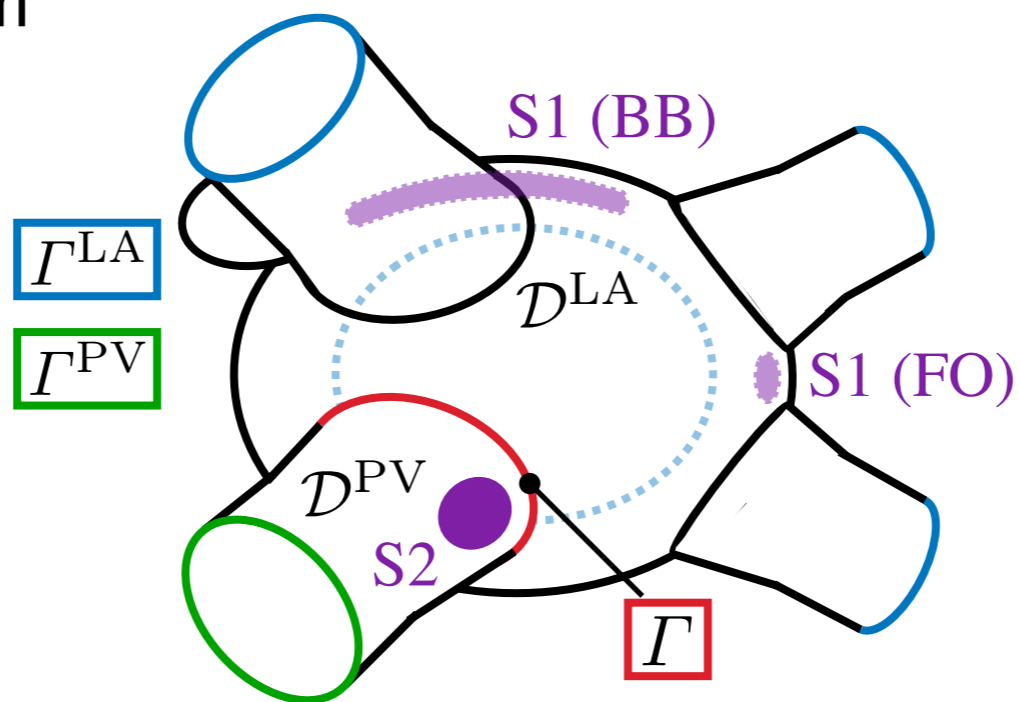
$$\begin{aligned}
 \alpha [u_e]_{|\Gamma} &= \partial_{\mathbf{n}} u_e|_{\Gamma^-} = \partial_{\mathbf{n}} u_e|_{\Gamma^+} \\
 \alpha [u_i]_{|\Gamma} &= \partial_{\mathbf{n}} u_i|_{\Gamma^-} = \partial_{\mathbf{n}} u_i|_{\Gamma^+}
 \end{aligned}$$

$\alpha > 0$ homogeneous to a surface conductance models the fact that treated region has a higher resistance due to RFA than the healthy tissue.

$\alpha = 0$	Isolation (perfect RFA)
$0 < \alpha \ll 1$	Fibrosis
$\alpha \gg 1$	Continuity

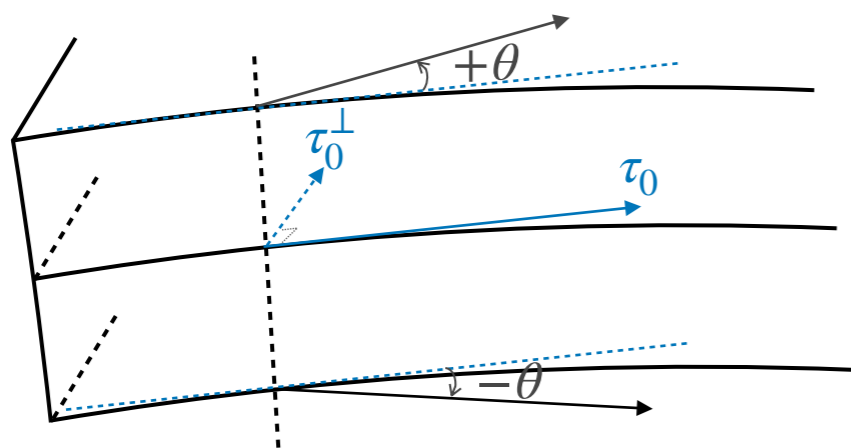
Numerical illustration

- Very realistic left atrium



- Bidomain surface model [1]

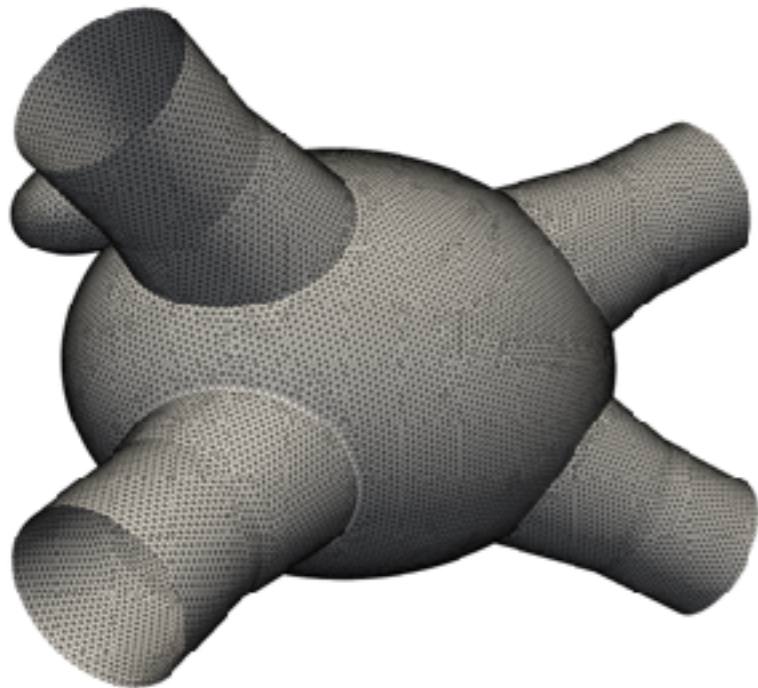
$$\sigma_{i,e} = \sigma_{i,e}^t I_d + (\sigma_{i,e}^l - \sigma_{i,e}^t)(f(\theta) \tau_0 \otimes \tau_0 + (1 - f(\theta)) \tau_0^\perp \otimes \tau_0^\perp)$$



[1] Chapelle, D., Collin, A., & Gerbeau, J. F. (2013). A surface-based electrophysiology model relying on asymptotic analysis and motivated by cardiac atria modeling. *Mathematical Models and Methods in Applied Sciences*, 23(14), 2749-2776.

Numerical illustration

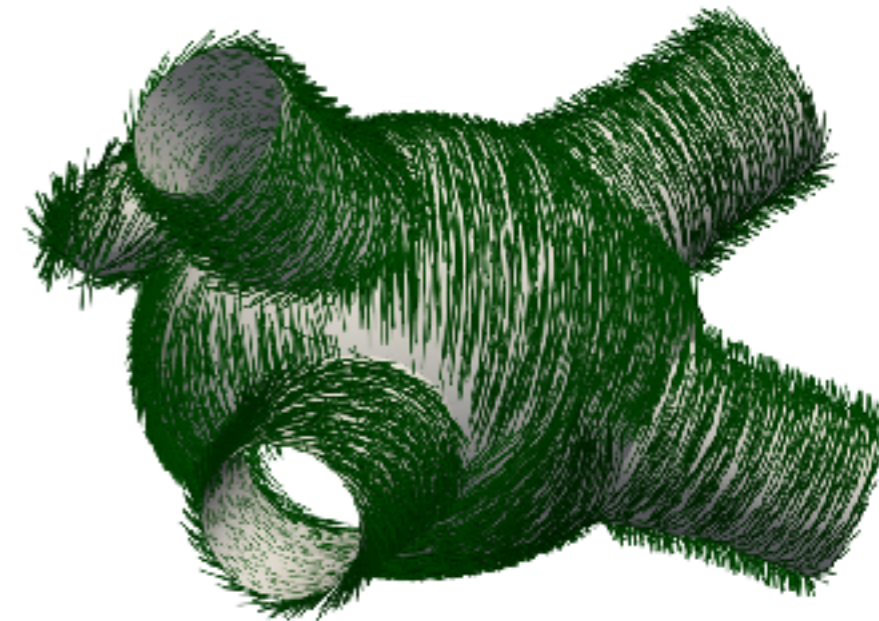
- Fibers architecture



Computational mesh



Fiber orientation at the **endocardium**, see [1]



Fiber orientation at the **epicardium**, see [1]

[1] Ho, S. Y., Anderson, R. H., & Sánchez-Quintana, D. (2002). Atrial structure and fibres: morphologic bases of atrial conduction. *Cardiovascular research*, 54(2), 325-336.

Numerical illustration

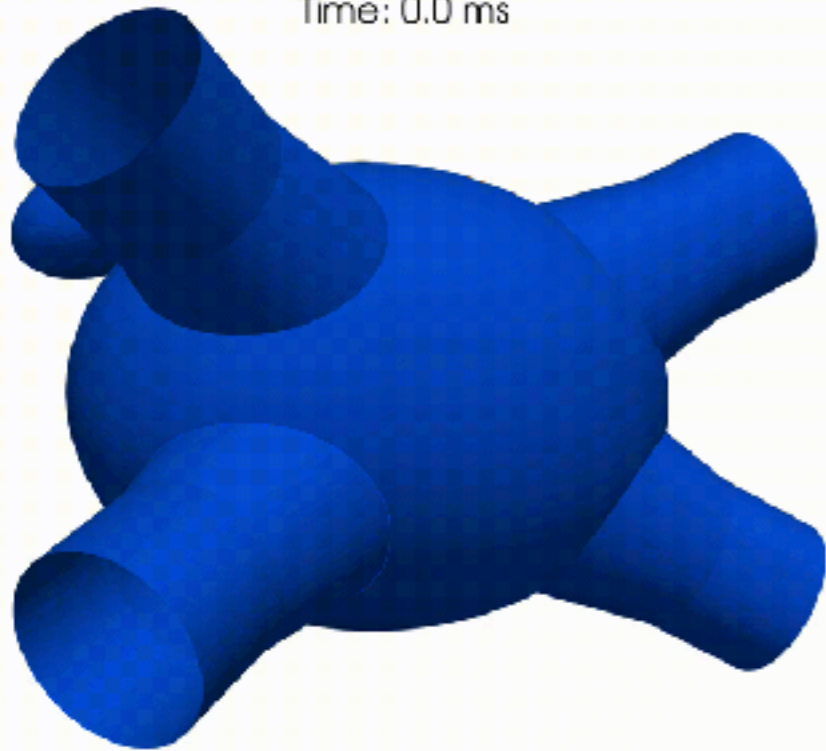
- Numerical resolution: Finite Element Method, BDF 2, FreeFEM++
- Non-overlapping Schwarz-type algorithm for PFA
(penalty parameter chosen very carefully through a mathematical study)
- Weak coupling for RFA
- Mesh, fibers and codes are available here:
<https://gitlab.inria.fr/snatipol/af-pfa-rfa>



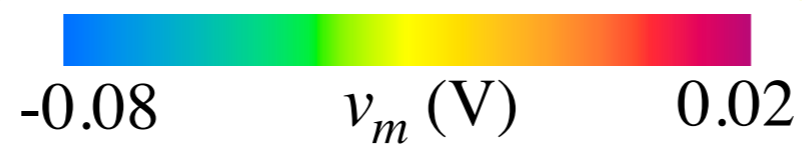
Numerical results

RFA (long term)

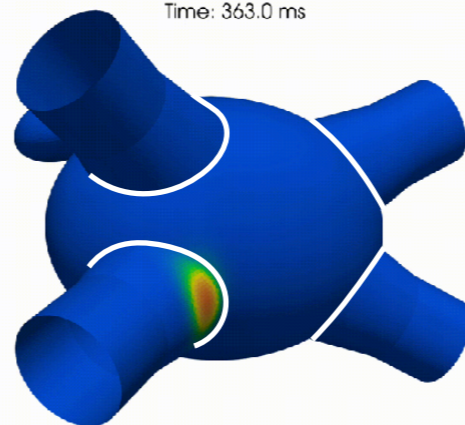
Time: 0.0 ms



Well-designed transmission conditions

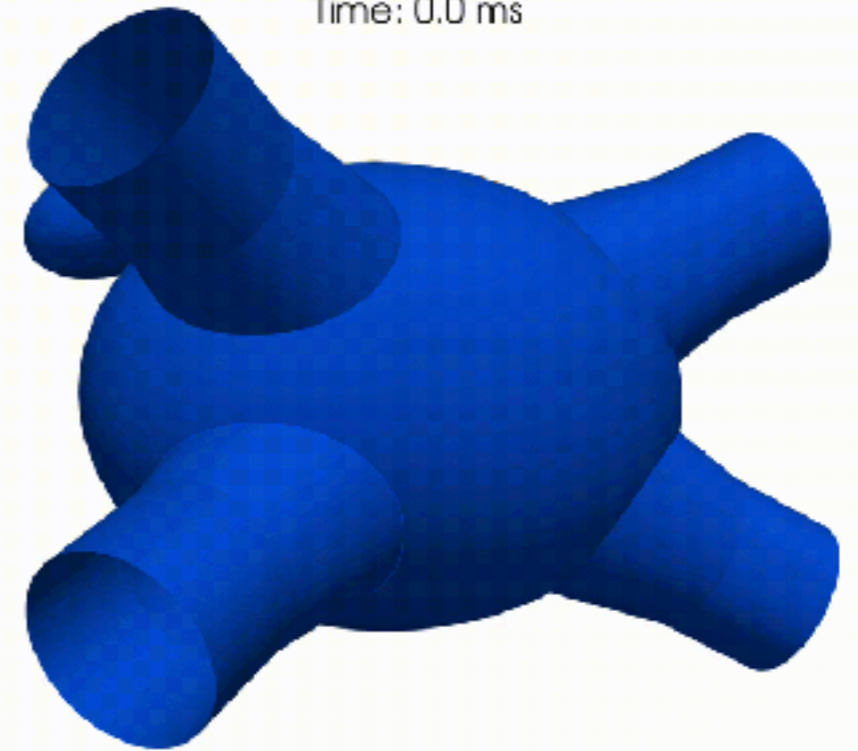


Time: 363.0 ms



PFA (long term)

Time: 0.0 ms

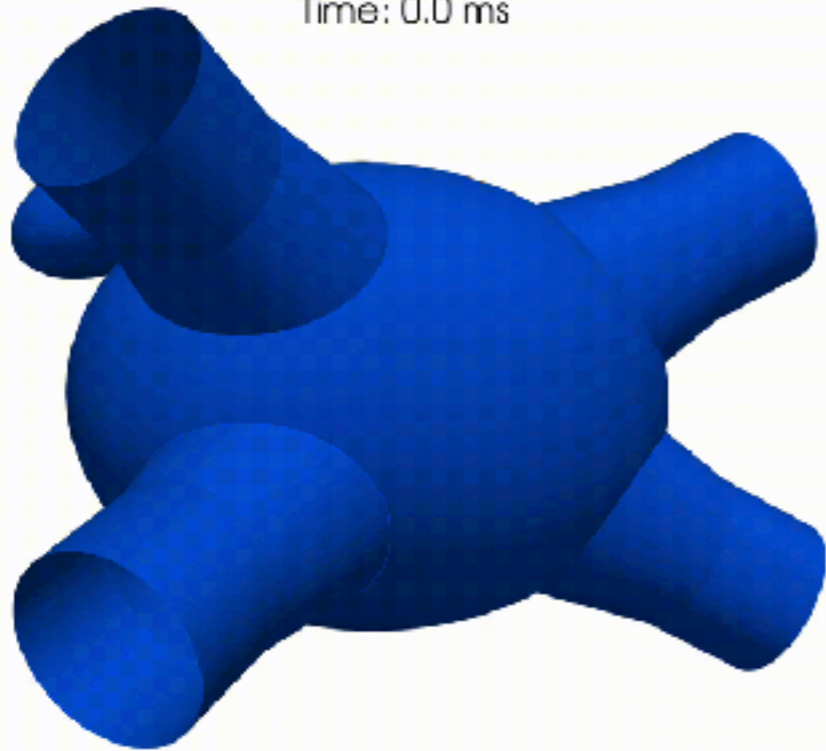


[1] Electrophysiology Modeling after Catheter Ablations for Atrial Fibrillation. S. Nati Poltri, G. Caluori, P. Jaïs, A. Collin, C. Poignard. FIMH 2023.

Numerical results

RFA (long term)

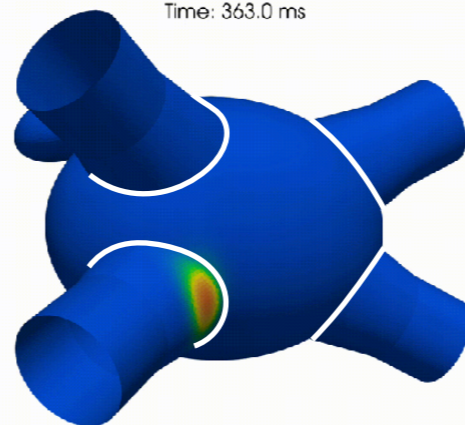
Time: 0.0 ms



Well-designed transmission conditions

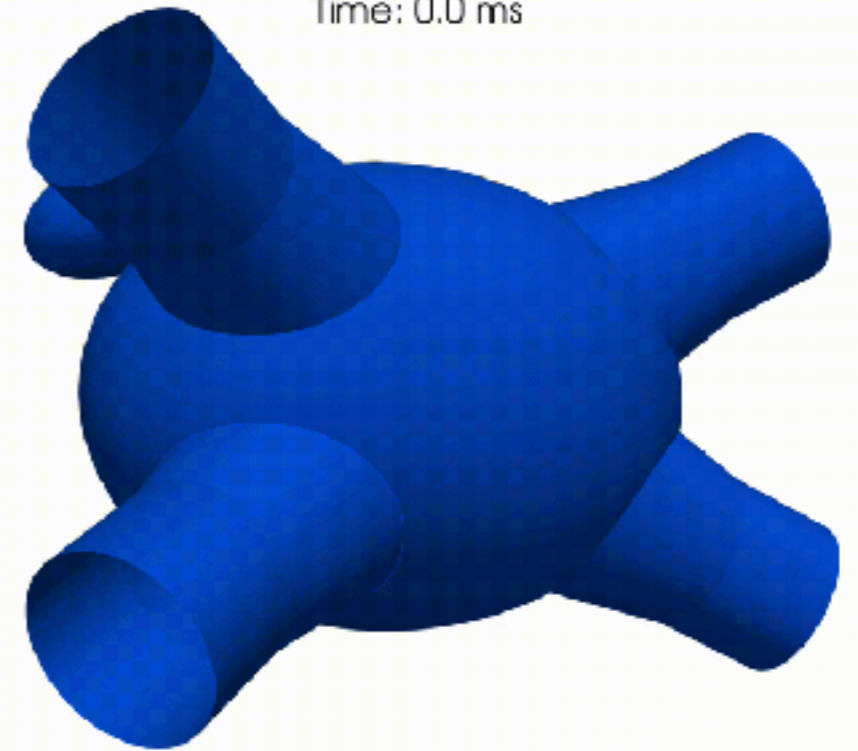


Time: 363.0 ms



PFA (long term)

Time: 0.0 ms

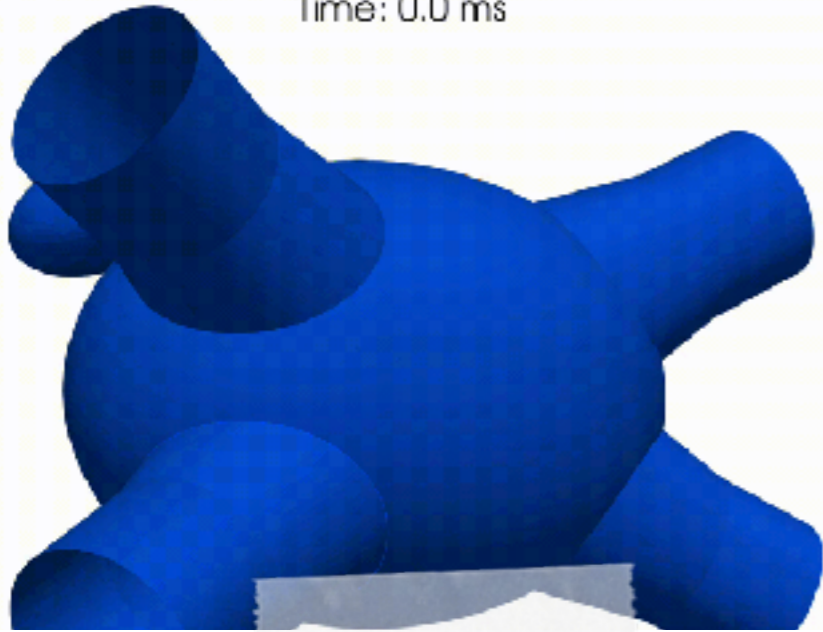


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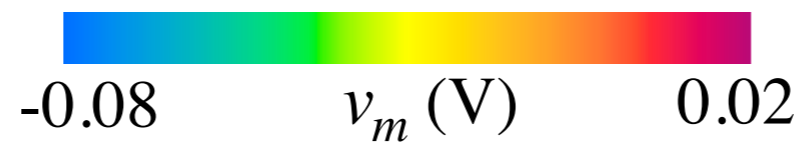
Numerical results

RFA (long term)

Time: 0.0 ms

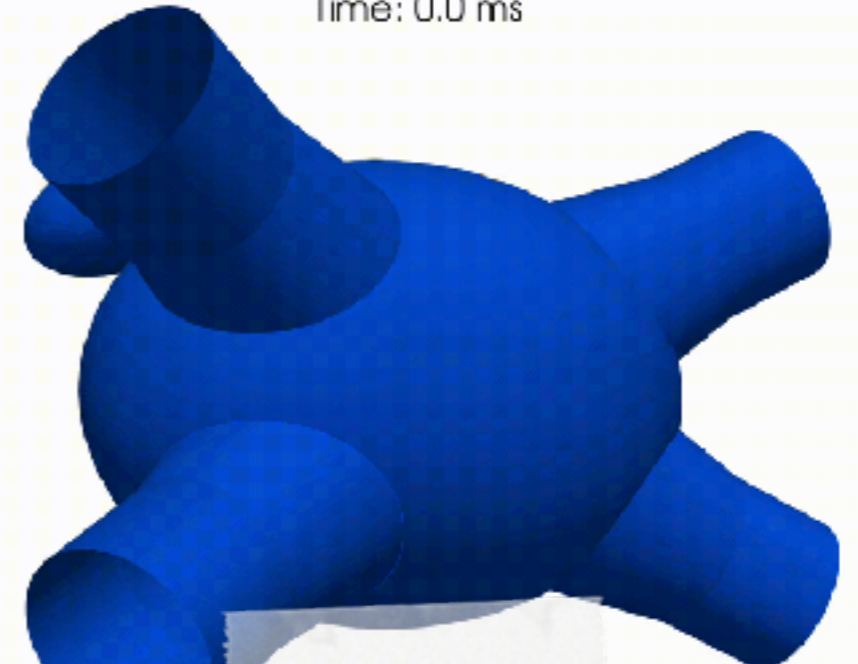


Well-designed transmission conditions

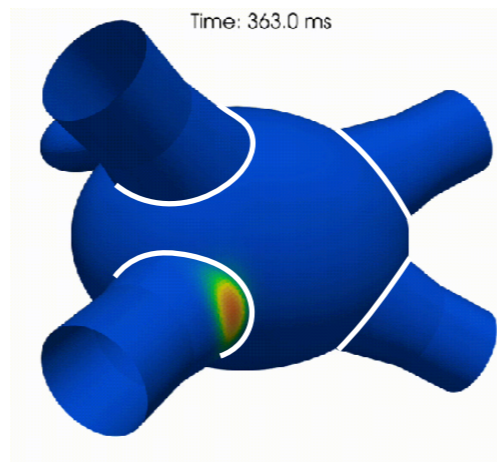
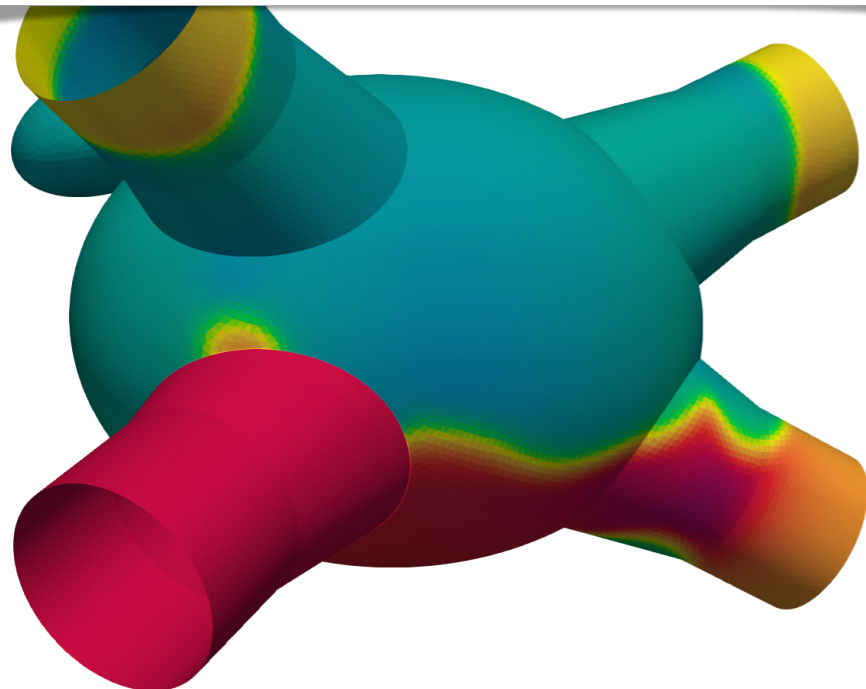


PFA (long term)

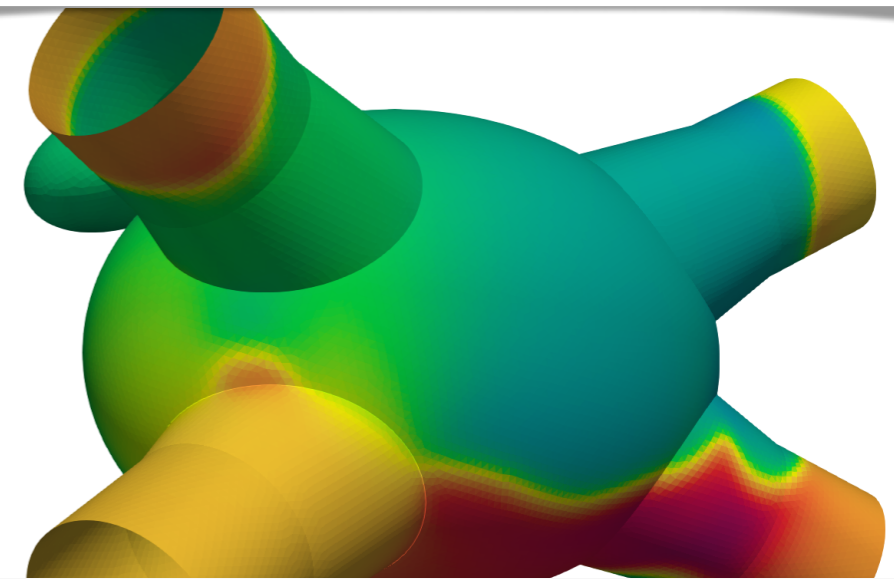
Time: 0.0 ms



RFA: quasi-complete decoupling of the two domains for all potentials (intra- and extra-cellular potentials)



PFA: continuity of extracellular potential (Only the cardiomyocytes are impacted)

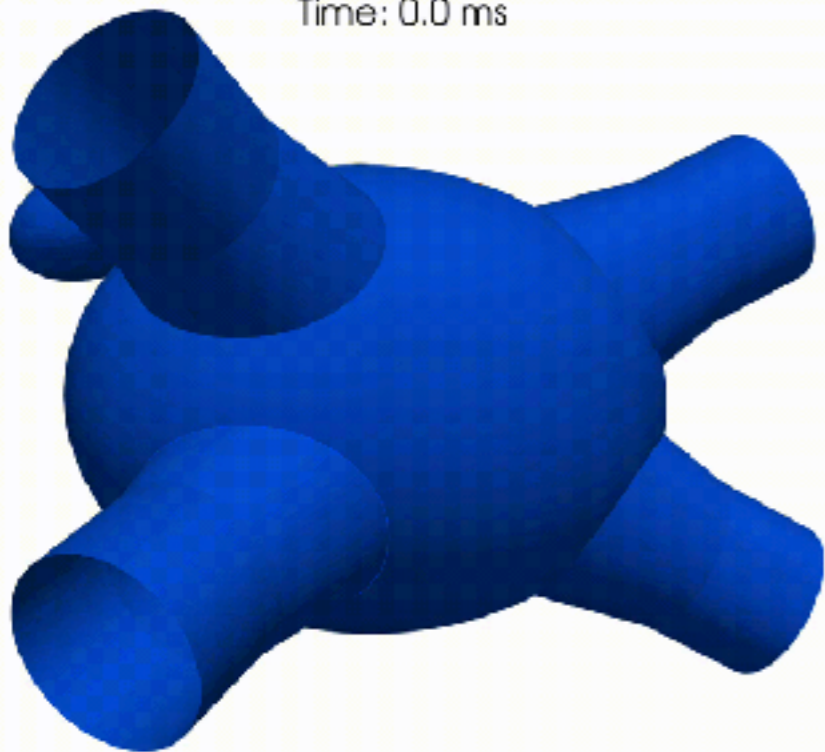


[1] Electrophysiology Modeling after Catheter Ablations for Atrial Fibrillation. S. Nati Poltri, G. Caluori, P. Jaïs, A. Collin, C. Poignard. FIMH 2023.

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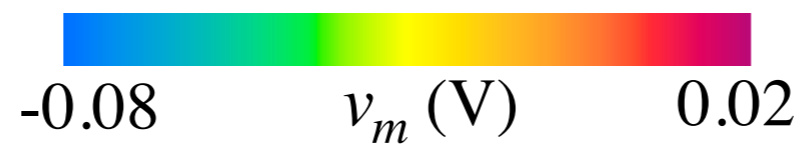
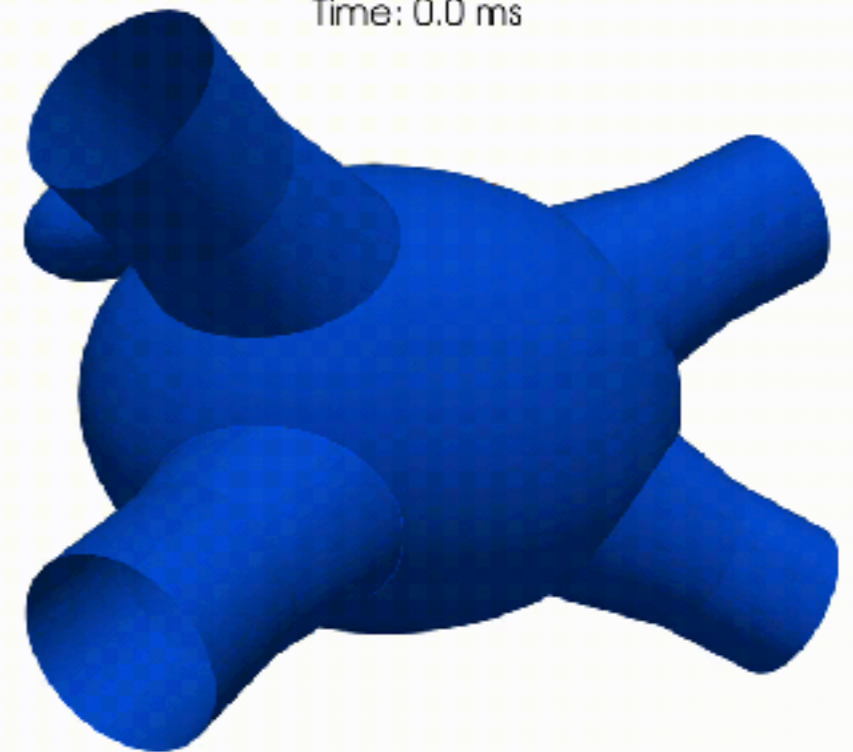
Perfect RFA

Time: 0.0 ms



RFA with fibrosis

Time: 0.0 ms



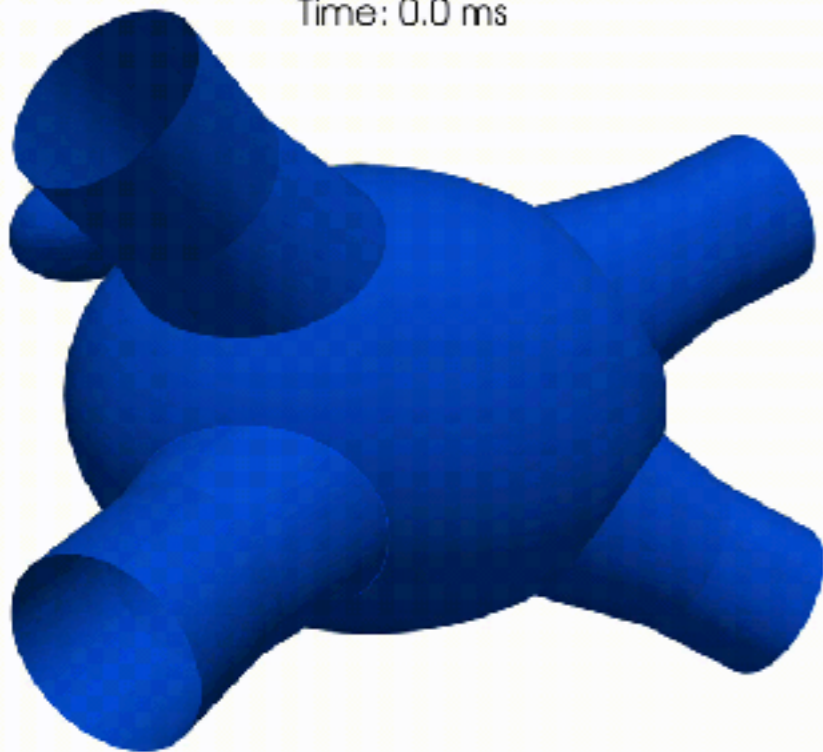
PARTIAL DISCONNECTION

[1] Electrophysiology Modeling after Catheter Ablations for Atrial Fibrillation. S. Nati Poltri, G. Caluori, P. Jaïs, A. Collin, C. Poignard. FIMH 2023.

Numerical results

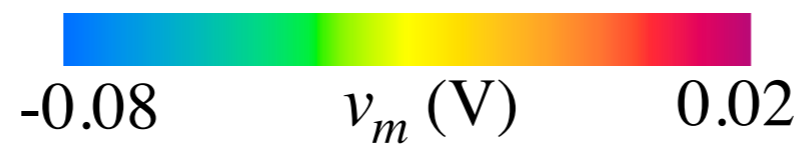
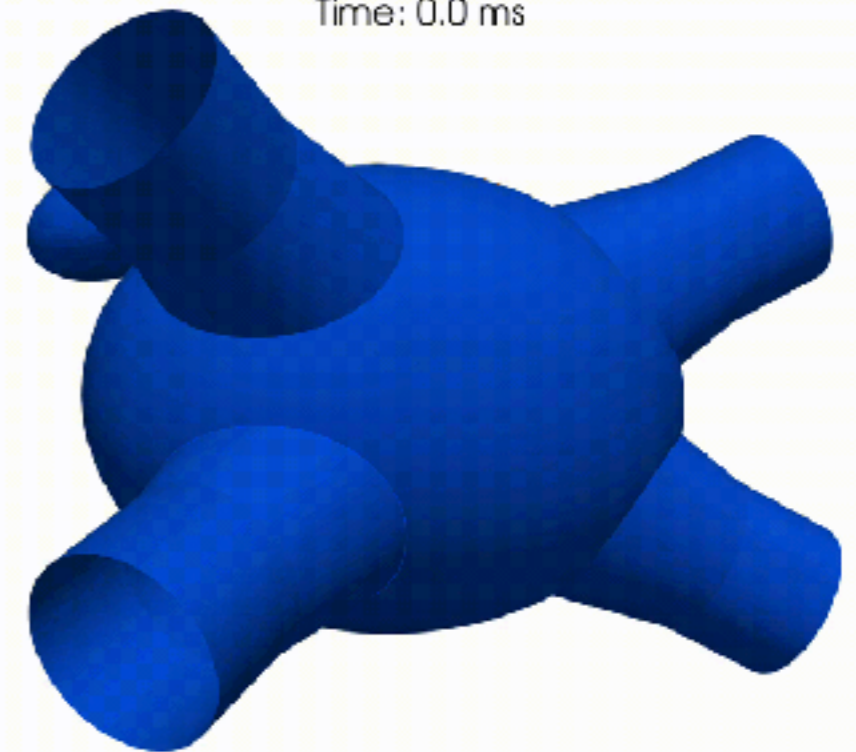
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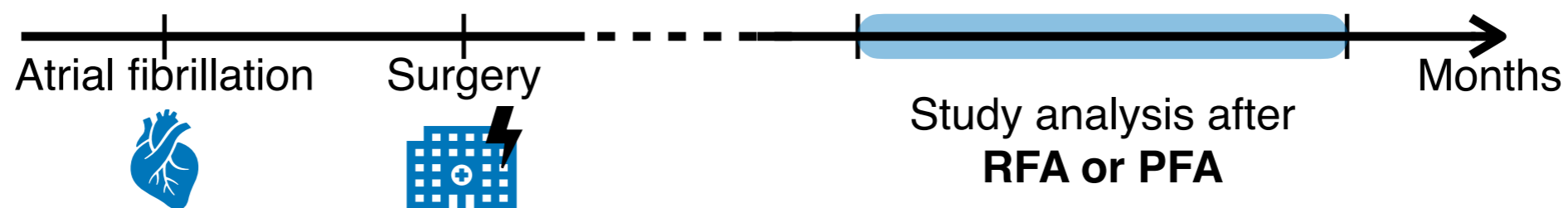
[1] Electrophysiology Modeling after Catheter Ablations for Atrial Fibrillation. S. Nati Poltri, G. Caluori, P. Jaïs, A. Collin, C. Poignard. FIMH 2023.

Conclusion

- Novel non-thermal promising technique: *Pulsed electric Field Ablation (PFA)*, which takes advantage of irreversible electroporation to perform cardiac ablation.
- General context: well-designed mathematical models:
 - (1) to improve understanding of irreversible electroporation on cardiac signal,
 - (2) to develop numerical criteria for treatment evaluation based on clinical data.

Conclusion

- Novel non-thermal promising technique: *Pulsed electric Field Ablation (PFA)*, which takes advantage of irreversible electroporation to perform cardiac ablation.
- General context: well-designed mathematical models:
 - (1) to improve understanding of irreversible electroporation on cardiac signal,
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- Main results:
 - (1) Derive a cardiac electrophysiological model of a cardiac domain containing an ablated region by PFA (and by RFA).
 - (2) Propose a mathematical explanation for the lower recurrence of AF after PFA compared with RFA.
 - (3) Both RFA and PFA lead to isolation of the pulmonary veins with respect to the electrical signal, but the nature of these isolations is very different.

Perspectives

First perspective: ventricular tachycardia (3D geometry).

- Impacts of:
 - wall thickness of the EP area,
 - fiber orientation within the EP area,on recurrence.
- Perform a numerical comparison between PFA and RFA to predict whether the difference in recurrence observed for AF would also be expected for ventricular tachycardia.

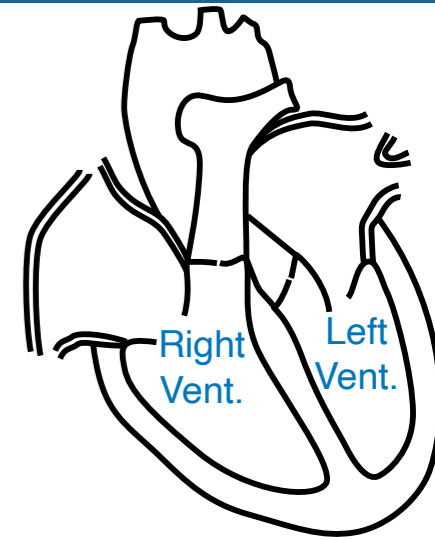
Second perspective: validate modeling with clinical or animal data (MRI geometry, depolarization maps, impedance data)

-> Inverse problem

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