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(54) **AUTOMATIC DISPLAY OF EARLIEST LAT POINT**

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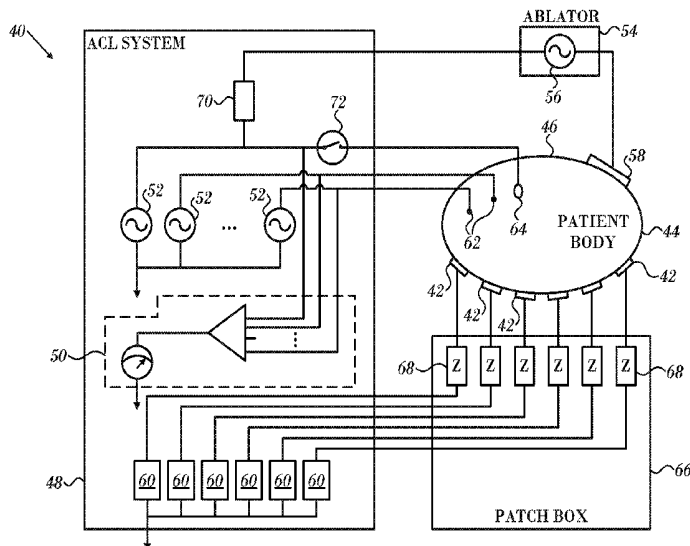
(57) **ABSTRACT**

Cardiac catheterization is carried out by inserting a multi-electrode probe into a heart of a living subject, preparing a current position map of the electrodes to define respective locations of the electrodes, and recording electrograms from the electrodes. Activation times are annotated at the respective locations by analysis of the electrograms and generating an activation map. A region of the activation map is selected and earliest ones of the activation times in the selected region identified. The earliest activation times are graphically indicated.

(58) **Field of Classification Search**

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**14 Claims, 4 Drawing Sheets**



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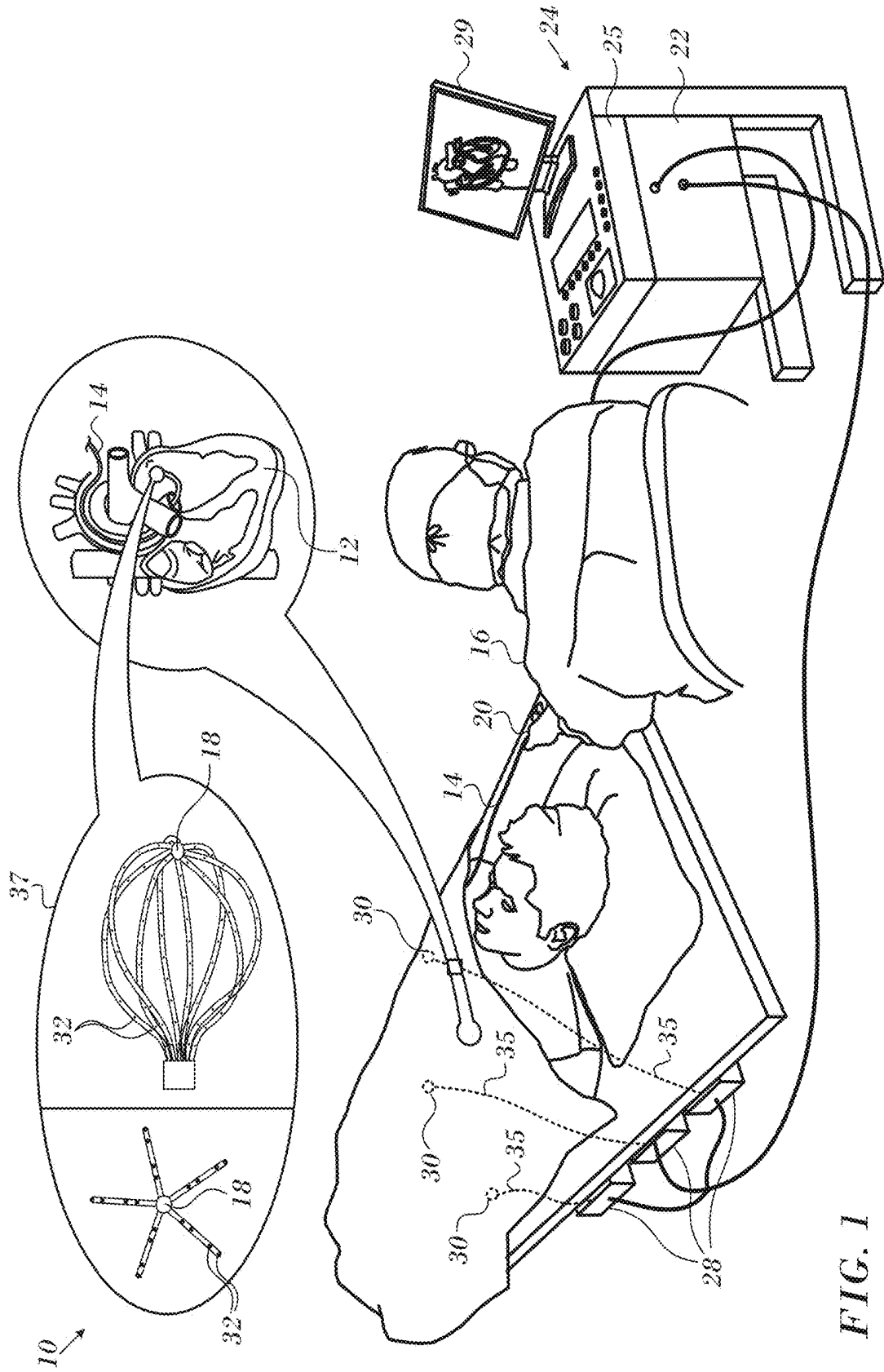
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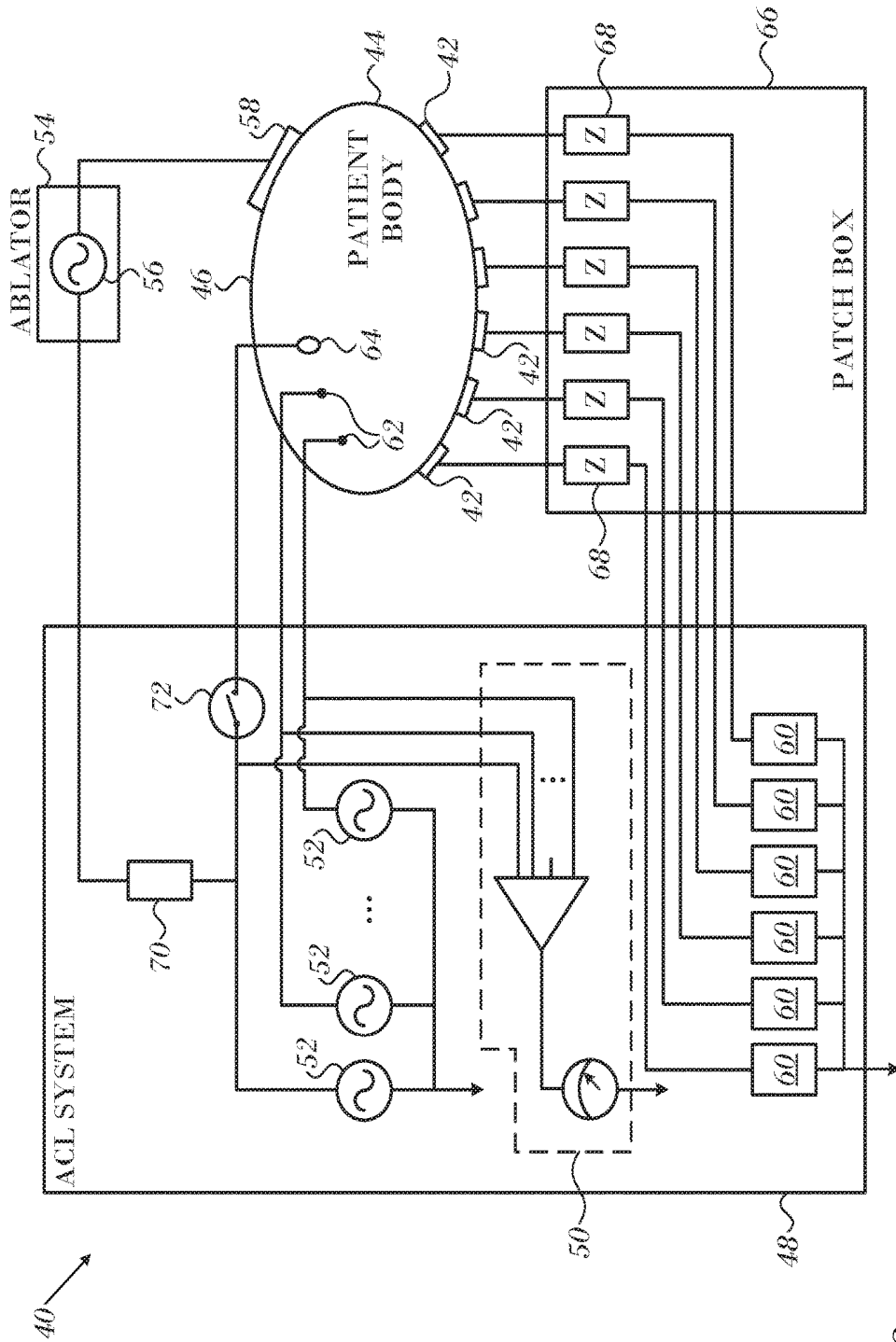


FIG. 2

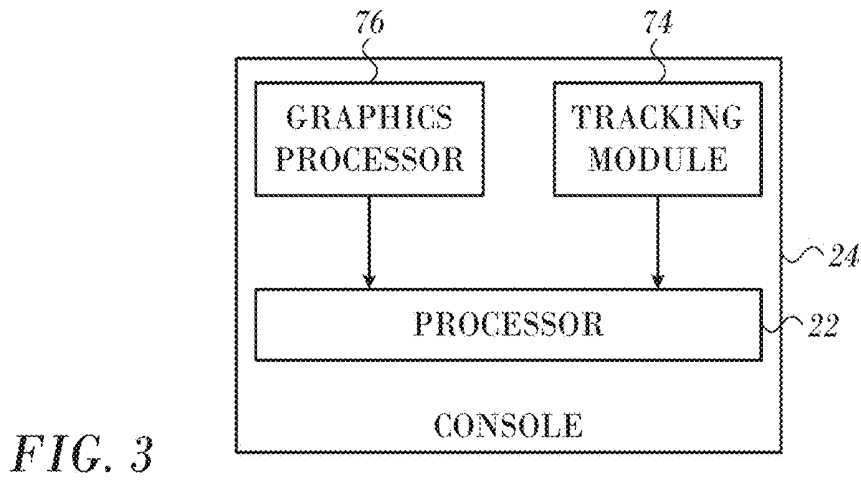


FIG. 3

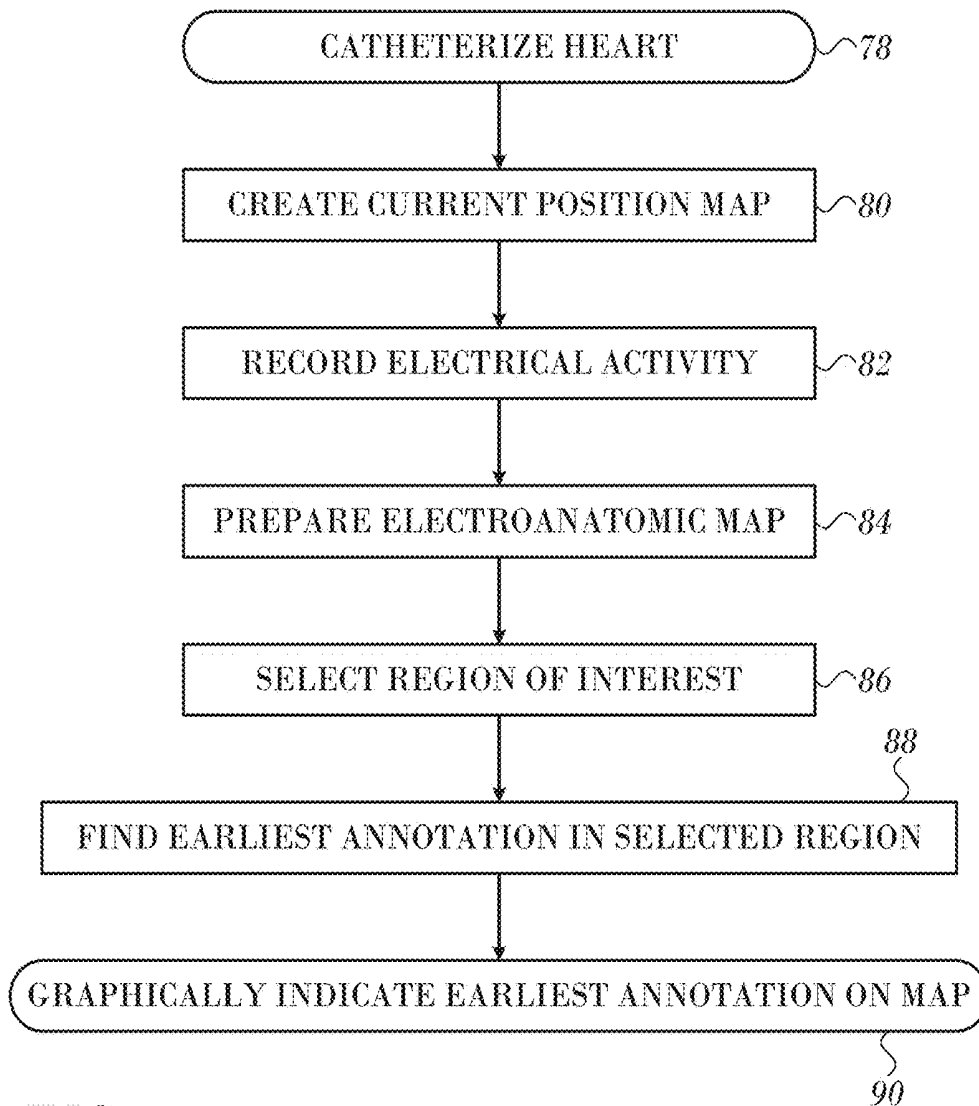


FIG. 4

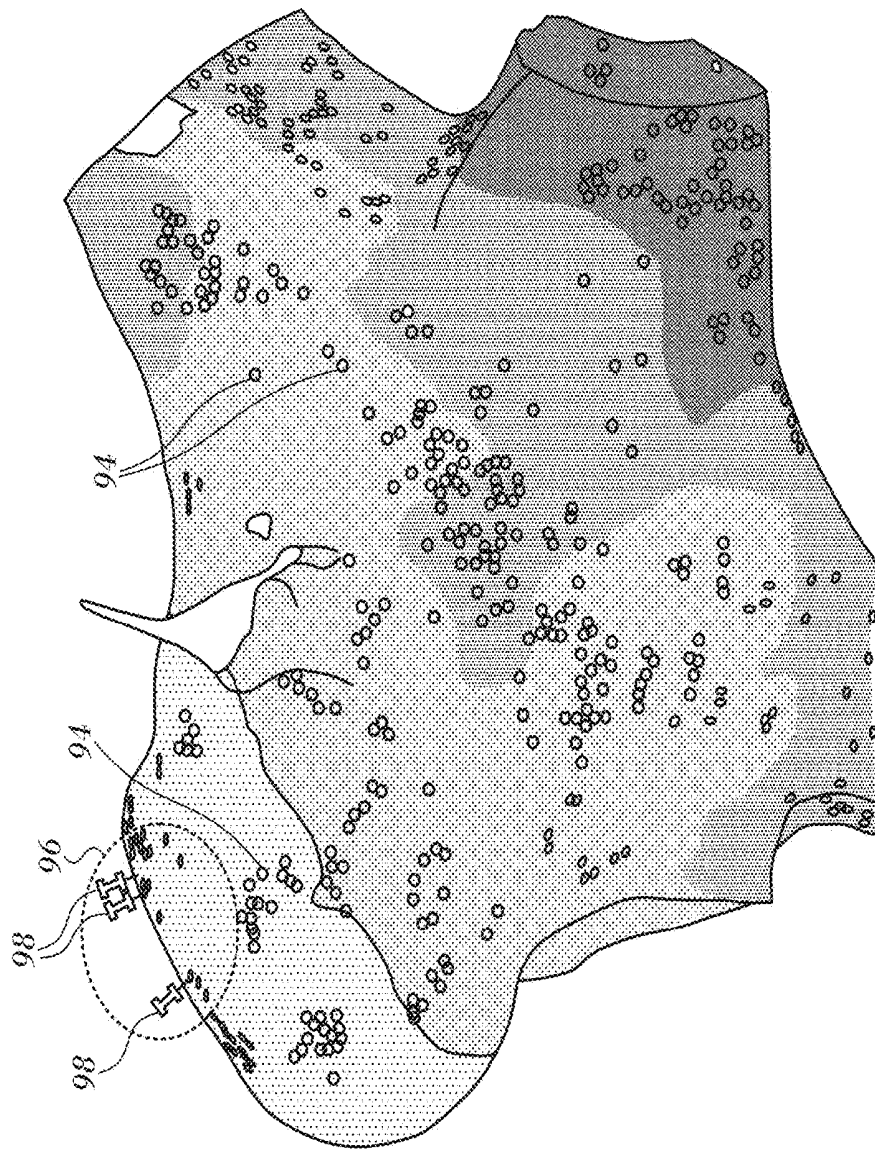
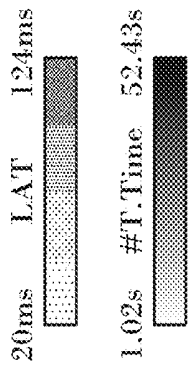


FIG. 5



## AUTOMATIC DISPLAY OF EARLIEST LAT POINT

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### BACKGROUND OF THE INVENTION

#### 1. Field of the Invention

This invention relates to measurement of bioelectric currents. More particularly, this invention relates to systems for recording bioelectric signals from the heart using means inserted into the body.

The meanings of certain acronyms and abbreviations used herein are given in Table 1.

TABLE 1

Acronyms and Abbreviations	
ACL	Active Current Location
CFAE	Complex Fractionated Electrograms
CPM	Current Position Map
LAT	Local Activation Time

#### 2. Description of the Related Art

Mapping of electrical potentials in the heart is now commonly performed, using cardiac catheters comprising electrophysiological sensors for mapping the electrical activity of the heart. Typically, time-varying electrical potentials in the endocardium are sensed and recorded as a function of position inside the heart, and then used to map a local activation time. Activation time differs from point to point in the endocardium due to the time required for conduction of electrical impulses through the heart muscle. The direction of this electrical conduction at any point in the heart is conventionally represented by an activation vector, which is normal to an isoelectric activation front, both of which may be derived from a map of activation time. The rate of propagation of the activation front through any point in the endocardium may be represented as a velocity vector.

Mapping the activation front and conduction fields aids the physician in identifying and diagnosing abnormalities, such as ventricular and atrial tachycardia and ventricular and atrial fibrillation, which result from areas of impaired electrical propagation in the heart tissue.

Localized defects in the heart's conduction of activation signals may be identified by observing phenomena such as multiple activation fronts, abnormal concentrations of activation vectors, or changes in the velocity vector or deviation of the vector from normal values. Examples of such defects include re-entrant areas, which may be associated with signal patterns known as complex fractionated electrograms. Once a defect is located by such mapping, it may be ablated (if it is functioning abnormally) or otherwise treated to restore the normal function of the heart insofar as is possible.

Mapping of the electrical activation time in the heart muscle requires that the location of the sensor within the

heart be known at the time of each measurement. In the past, such mapping was performed using a single movable electrode sensor inside the heart, which sensor measured activation time relative to a fixed external reference electrode.

This technique, however, requires calibration, for example impedance calibrations with adjustments for impedance unrelated to that of the body. Mapping of electrical activation time using a single electrode was, furthermore, a lengthy procedure, generally performed under fluoroscopic imaging, and thereby exposing the patient to undesirable ionizing radiation. Furthermore, in an arrhythmic heart, activation times at a single location may change between consecutive beats.

Because of the drawbacks of single-electrode mapping, a number of inventors have taught the use of multiple electrodes to measure electrical potentials simultaneously at different locations in the endocardium, thereby allowing activation time to be mapped more rapidly and conveniently, as described. Catheters containing position sensors may be used to determine the trajectory of points on the cardiac surface. These trajectories may be used to infer motion characteristics such as the contractility of the tissue. As disclosed in U.S. Pat. No. 5,738,096, issued to Ben Haim, which is incorporated herein in its entirety by reference, maps depicting such motion characteristics may be constructed when the trajectory information is sampled at a sufficient number of points in the heart.

Electrical activity at a point in the heart is typically measured by advancing a multiple-electrode catheter to measure electrical activity at multiple points in the heart chamber simultaneously. A record derived from time varying electrical potentials as measured by one or more electrodes is known as an electrogram. Electrograms may be measured by unipolar or bipolar leads, and are used, e.g., to determine onset of electrical propagation at a point, known as local activation time.

Regional analysis of electroanatomical maps of the heart has been employed to enhance diagnostic accuracy in the evaluation of conduction disturbances. For example, commonly assigned application Ser. No. 15/375,358, entitled Real Time Electroanatomical Coloring of the Heart, by Assaf Cohen et al., describes displaying the heart in first graphic image. Signals from catheter sensors are processed according to a predefined algorithm to generate respective outputs. A region on the first graphic image that is less than all of the first graphic image is selected according to locations of the sensors, and values derived from outputs of the sensors are displayed on the selected region as a second graphic image. Thereafter, the second graphic image is removed and replaced by an update.

### SUMMARY OF THE INVENTION

At present, a physician looking for the origin of a focal arrhythmia performs a manual inspection of an electroanatomic map. Initially, in a selected map area, the physician manually finds a point with an earliest LAT value. Once the earliest LAT position has been found the physician can map in more detail around this point to isolate the actual earliest LAT region. The initial manual search for the earliest point is a "hit and miss" inspection, and is relatively time-consuming.

Embodiments of the invention allow a physician to select an area of the map where inspection for the earliest LAT value is to be performed. A processor performs an automatic inspection within the selected area (which could also be the whole map), and marks on the map the earliest LAT position

or positions. The physician can then manually perform a second mapping around the marked point or points.

There is provided according to embodiments of the invention a method, which is carried out by inserting a multi-electrode probe into a heart of a living subject, preparing a current position map of the electrodes to define respective locations of the electrodes, recording electrograms from the electrodes, annotating activation times at the respective locations by analysis of the electrograms, generating an activation map of electrical propagation waves from the activation times, selecting a region of the activation map, identifying earliest ones of the activation times in the selected region, and graphically indicating the earliest ones of the activation times.

According to one aspect of the method, the region includes all of the activation map.

According to a further aspect of the method, generating an activation map includes modeling the heart as a simulated 3-dimensional surface.

According to yet another aspect of the method, the region is selected by a human operator.

According to still another aspect of the method, the region is selected automatically.

There is further provided according to embodiments of the invention an apparatus, including a multi-electrode probe adapted for insertion into a heart of a living subject, and a processor, which is configured to receive an electrical signal from the electrodes and to perform a method comprising: preparing a current position map of the electrodes to define respective locations of the electrodes, recording electrograms from the electrodes, annotating activation times at the respective locations by analysis of the electrograms, generating an activation map of electrical propagation waves from the activation times, in a selected region of the activation map automatically identifying earliest ones of the activation times in the selected region, and graphically indicating the earliest ones of the activation times.

There is further provided according to embodiments of the invention a computer software product including a non-transitory computer-readable storage medium in which computer program instructions are stored, which instructions, when executed by a computer, cause the computer to perform the steps of:

receiving electrical signals from a plurality of electrodes in a heart, preparing a current position map of the electrodes to define respective locations of the electrodes, recording electrograms from the electrodes, annotating activation times at the respective locations by analysis of the electrograms, generating an activation map of electrical propagation waves from the activation times, selecting a region of the activation map, automatically identifying earliest ones of the activation times in the selected region, and graphically indicating the earliest ones of the activation times.

#### BRIEF DESCRIPTION OF THE SEVERAL VIEWS OF THE DRAWINGS

For a better understanding of the present invention, reference is made to the detailed description of the invention, by way of example, which is to be read in conjunction with the following drawings, wherein like elements are given like reference numerals, and wherein:

FIG. 1 is a pictorial illustration of a system for evaluating electrical activity in a heart of a living subject in accordance with an embodiment of the invention;

FIG. 2 is a schematic diagram of an ablation and active current location (ACL) circuit in accordance with an embodiment of the invention;

FIG. 3 is a block diagram of aspects of a processor of the system shown in FIG. 1 in accordance with an embodiment of the invention;

FIG. 4 is a flow chart of a method for identifying an earliest local activation time in electrical propagation through regions of the heart in accordance with an embodiment of the invention; and

FIG. 5 is a simulated 3-dimensional image of a heart chamber in accordance with an embodiment of the invention.

#### DETAILED DESCRIPTION OF THE INVENTION

In the following description, numerous specific details are set forth in order to provide a thorough understanding of the various principles of the present invention. It will be apparent to one skilled in the art, however, that not all these details are necessarily needed for practicing the present invention. In this instance, well-known circuits, control logic, and the details of computer program instructions for conventional algorithms and processes have not been shown in detail in order not to obscure the general concepts unnecessarily.

Documents incorporated by reference herein are to be considered an integral part of the application except that, to the extent that any terms are defined in these incorporated documents in a manner that conflicts with definitions made explicitly or implicitly in the present specification, only the definitions in the present specification should be considered. Overview.

Turning now to the drawings, reference is initially made to FIG. 1, which is a pictorial illustration of a system 10 for performing diagnostic and therapeutic procedures on a heart 12 of a living subject, which is constructed and operative in accordance with a disclosed embodiment of the invention. The system comprises a catheter 14, which is percutaneously inserted by an operator 16 through the patient's vascular system into a chamber or vascular structure of the heart 12. The operator 16, who is typically a physician, brings the catheter's distal tip 18 into contact with the heart wall, for example, at an ablation target site. Electrical activation maps may be prepared, according to the methods disclosed in U.S. Pat. Nos. 6,226,542, and 6,301,496, and in commonly assigned U.S. Pat. No. 6,892,091, whose disclosures are herein incorporated by reference.

The system 10 may comprise a general purpose or embedded computer processor, which is programmed with suitable software for carrying out the functions described hereinbelow. Thus, although portions of the system 10 shown in other drawing figures herein are shown as comprising a number of separate functional blocks, these blocks are not necessarily separate physical entities, but rather may represent, for example, different computing tasks or data objects stored in a memory that is accessible to the processor. These tasks may be carried out in software running on a single processor, or on multiple processors. The software may be provided to the processor or processors on tangible non-transitory media, such as CD-ROM or non-volatile memory. Alternatively or additionally, the system 10 may comprise a digital signal processor or hard-wired logic. One commercial product embodying elements of the system 10 is available as the CARTO® 3 System, available from Biosense Webster, Inc., 3333 Diamond Canyon Road, Diamond Bar, Calif. 91765.

This system may be modified by those skilled in the art to embody the principles of the invention described herein.

Areas determined to be abnormal, for example by evaluation of the electrical activation maps, can be ablated by application of thermal energy, e.g., by passage of radiofrequency electrical current through wires in the catheter to one or more electrodes at the distal tip **18**, which apply the radiofrequency energy to the myocardium. The energy is absorbed in the tissue, heating it to a point (typically above 50° C.) at which it permanently loses its electrical excitability. When successful, this procedure creates non-conducting lesions in the cardiac tissue, which disrupt the abnormal electrical pathway causing the arrhythmia. The principles of the invention can be applied to different heart chambers to diagnose and treat many different cardiac arrhythmias.

The catheter **14** typically comprises a handle **20**, having suitable controls on the handle to enable the operator **16** to steer, position and orient the distal end of the catheter as desired for the ablation. To aid the operator **16**, the distal portion of the catheter **14** contains position sensors (not shown) that provide signals to a processor **22**, located in a console **24**. The processor **22** may fulfill several processing functions as described below.

The catheter **14** is a multi-electrode catheter, which can be a balloon or basket catheter as shown in the right portion of balloon **37**, or a spline catheter as shown in the left portion. In any case there are multiple electrodes **32**, which are used as sensing electrodes and have known locations on the basket or spline, and known relationships to one another. Thus, once the catheter is located in the heart, for example by constructing a current position map, the location of each of the electrodes **32** in the heart is known. One method for generation of a current position map is described in commonly assigned U.S. Pat. No. 8,478,383 to Bar-Tal et al., which is herein incorporated by reference.

Electrical signals can be conveyed to and from the heart **12** from the electrodes **32** located at or near the distal tip **18** of the catheter **14** via cable **34** to the console **24**. Pacing signals and other control signals may be conveyed from the console **24** through the cable **34** and the electrodes **32** to the heart **12**.

Wire connections **35** link the console **24** with body surface electrodes **30** and other components of a positioning sub-system for measuring location and orientation coordinates of the catheter **14**. The processor **22**, or another processor (not shown) may be an element of the positioning subsystem. The electrodes **32** and the body surface electrodes **30** may be used to measure tissue impedance at the ablation site as taught in U.S. Pat. No. 7,536,218, issued to Govari et al., which is herein incorporated by reference. A temperature sensor (not shown), typically a thermocouple or thermistor, may be mounted near the distal tip **18** of the catheter **14**.

The console **24** typically contains one or more ablation power generators **25**. The catheter **14** may be adapted to conduct ablative energy to the heart using any known ablation technique, e.g., radiofrequency energy, ultrasound energy, and laser-produced light energy. Such methods are disclosed in commonly assigned U.S. Pat. Nos. 6,814,733, 6,997,924, and 7,156,816, which are herein incorporated by reference.

In one embodiment, the positioning subsystem comprises a magnetic position tracking arrangement that determines the position and orientation of the catheter **14** by generating magnetic fields in a predefined working volume and sensing these fields at the catheter, using field generating coils **28**. A

suitable positioning subsystem is described in U.S. Pat. No. 7,756,576, which is hereby incorporated by reference, and in the above-noted U.S. Pat. No. 7,536,218.

As noted above, the catheter **14** is coupled to the console **24**, which enables the operator **16** to observe and regulate the functions of the catheter **14**. Console **24** includes a processor, preferably a computer with appropriate signal processing circuits. The processor is coupled to drive a monitor **29**. The signal processing circuits typically receive, amplify, filter and digitize signals from the catheter **14**, including signals generated by the above-noted sensors and a plurality of location sensing electrodes (not shown) located distally in the catheter **14**. The digitized signals are received and used by the console **24** and the positioning system to compute the position and orientation of the catheter **14** and to analyze the electrical signals from the electrodes as described in further detail below.

Typically, the system **10** includes other elements, which are not shown in the figures for the sake of simplicity. For example, the system **10** may include an electrocardiogram (ECG) monitor, coupled to receive signals from one or more body surface electrodes, so as to provide an ECG synchronization signal to the console **24**. As mentioned above, the system **10** typically also includes a reference position sensor, either on an externally applied reference patch attached to the exterior of the subject's body, or on an internally-placed catheter, which is inserted into the heart **12** and maintained in a fixed position relative to the heart **12**. The system **10** may receive image data from an external imaging modality, such as an MRI unit or the like and includes image processors that can be incorporated in or invoked by the processor **22** for generating and displaying images.

Reference is now made to FIG. 2, which is a schematic diagram of an ablation and active current location (ACL) circuit **40** for use with the system shown in FIG. 1. This arrangement is similar to that described in U.S. Patent Application Publications 2006/0173251, to Govari et al., and 2007/0038078, to Osadchy, which are herein incorporated by reference. The arrangement can be modified to operate in accordance with the principles of the present invention. A brief description follows for convenience of presentation.

A plurality of body surface electrodes **42**, which can be adhesive skin patches, are coupled to a body surface **44** (e.g., the skin) of subject **46**. The body surface electrodes **42** are sometimes referred to herein as "patches". In cardiac applications the body surface electrodes **42** are usually distributed so as to surround the heart, three on the chest of the subject and three on the back. However, the number of the body surface electrodes **42** is not critical, and they may be placed at convenient locations on the body surface **44** in the general vicinity of the site of the medical procedure.

A control unit **48**, normally disposed in the console **24** (FIG. 1), includes current measurement circuitry **50** and one or more catheter electrode transmitters **52** for driving a current through one or more of the electrodes **42** to one or more of the body surface electrodes **42** at respective working frequencies. The control unit **48** is linked to a positioning processor (FIG. 1). The control unit **48** is linked to an ablator **54**, which comprises at least one ablation generator **56**. Currents through the body surface electrodes **42** and an ablator body surface electrode **58** flow in a circuit with the ablation generator **56** and are measured by respective current measurement circuits that are disposed within body electrode receivers **60**, sometimes referred to herein as "patch measurement circuits". The body electrode receivers **60** are typically incorporated in the control unit **48**. Alternatively,

they may be affixed to the body surface electrodes **42**. Catheter electrodes are represented as measurement electrodes **62** (circles) and a dual-purpose electrode **64** (ellipse). The dual-purpose electrode **64** functions as an ablation electrode and also serves as one of the measurement electrodes.

The body surface electrodes **42** are connected to the body electrode receivers **60** via a patch box **66**, which protects the system from ablation and defibrillation currents. Typically the system is configured with six body electrode receivers **60**. The patch box parasitic impedances **68** ( $Z$ ), are measured during production and thus known a priori. These impedances are discussed below.

Typically, although only two measurement electrodes **62** are shown for convenience, about 80 measurement electrodes are used for impedance measurements. Typically there are one or two ablation electrodes. The coordinates of a catheter inside the body are determined in the positioning system by passing currents between electrodes on the catheter and the body surface electrodes **42**.

The control unit **48** may also control an ablation circuit, comprising ablator **54**, and the dual-purpose electrode **64**. The ablator **54** is typically disposed externally to the control unit **48** and incorporates the ablation generator **56**. It connects with the ablator body surface electrode **58** and to an ablator filter **70**, which in this example is shown within the control unit **48**. However this location is not essential. A switch **72** configures the ablator circuit for different modes of operation as described below. Voltage measurement circuitry is provided for determining the output of the catheter electrode transmitters **52**. It will be noted from inspection that the ablation circuit is connected to one of the catheter electrode transmitters **52**.

Reference is now made to FIG. 3, which is a block diagram of aspects of the processor **22** in accordance with an embodiment of the invention. Typically the processor **22** is located in the console **24** (FIG. 1), but it can be remote or distributed among several sites. The processor **22** may use a tracking module, such as tracking module **74**, to convert signals from the above-noted location-sensing devices to location coordinates in a 3-dimensional frame of reference defined by the field generating coils **28** (FIG. 1). The processor **22** is linked to a graphics processor **76**. The graphics processor **76** is a parallel processing unit that usually has approximately 2,000 processors. Functions of the graphics processor **76** are described below.

Reference is now made to FIG. 4, which is a flow chart of a method for identifying an earliest local activation time (LAT) in electrical propagation through regions of the heart in accordance with an embodiment of the invention. The process steps are shown in a particular linear sequence in FIG. 4 and the other flowcharts herein for clarity of presentation. However, it will be evident that many of them can be performed in parallel, asynchronously, or in different orders. Those skilled in the art will also appreciate that a process could alternatively be represented as a number of interrelated states or events, e.g., in a state diagram. Moreover, not all illustrated process steps may be required to implement the method.

At initial step **78** the heart is catheterized conventionally with a multi-electrode mapping catheter. Catheters such as the PentaRay® NAV or Navistar® Thermocool® catheters, available from Biosense Webster, are suitable for initial step **78**. The electrodes of the catheter are placed in galvanic contact with respective locations in one of the atria.

At step **80** the positions of the electrodes in the catheter are determined. One method of making the determination is

the creation of a current position map (CPM). The CPM is generated using catheter **14** (FIG. 1), with an electrode (giving currents at a position) and a magnetic sensor (not shown) giving magnetic signals at the position together cooperatively with the ACL circuit **40** (FIG. 2).

Next, at step **82** atrial electrical activity is recorded concurrently with the multiple electrodes of the catheter, each now having a respective known location in a reference coordinate system. Depolarization is initially detected, where possible, using conventional methods such as the maximum  $-dV/dt$  deflection. The teachings of commonly assigned U.S. Pat. Nos. 9,101,333, 9,629,567, 9,554,718 and application Ser. No. 15/086,220 may be employed to more precisely identify and record atrial electrical activity, all of which are herein incorporated by reference. In the case of atrial LATS, ventricular far-field activity can be excluded using the methods taught in commonly assigned U.S. Pat. No. 9,706,937, which is herein incorporated by reference.

Next, at step **84** an annotated electroanatomic map is prepared, using the processor **22** (FIG. 3). Functional electroanatomic maps, e.g., electrical activation maps may then be prepared, according to the methods disclosed in U.S. Pat. Nos. 6,226,542, and 6,301,496, and in commonly assigned U.S. Pat. No. 6,892,091, whose disclosures are herein incorporated by reference. The above-noted CARTO 3 System is capable of generating such maps from catheter electrode readings.

Next, at step **86** a region of interest on the electroanatomic map prepared in step **84** is chosen. This may be done interactively with the operator **16** (FIG. 1). Alternatively, a region of interest may be chosen automatically based on analysis of the characteristics of the annotations, for example a region having an activation time interval of corresponding to a QRS complex in a body surface electrocardiogram, or regions having complex fractionated electrograms (CFAE), as explained in commonly assigned U.S. Patent Application Publication No. 2007/0197929 by Porath et al., which is herein incorporated by reference.

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Listing 1

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For each annotation in map
  If current annotation is in selected area  If LAT <= Earliest LAT then
    If LAT = Earliest LAT then
      add current annotation to
        set of earliest annotations
    else
      delete set of earliest annotations
      add current annotation to new set
        of earliest annotations
    end if
  end if
end if

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Next, at step **88** the processor **22** (FIG. 3) processor performs an automatic inspection within the selected area, (which could also be the entire map). The pseudocode in Listing 1 illustrates one way of identifying a set of earliest annotations.

Then at final step **90** the processor marks on the map each member of the set of earliest annotations. The set may have one or more members. The graphical indications of the set becomes immediately apparent to the operator **16**, who may then navigate the catheter using the current position map developed in step **80** to perform a more detailed mapping in a smaller region that includes one or more members of the set of earliest annotations.

EXAMPLE

Reference is now made to FIG. 5, which is a simulated 3-dimensional surface of a heart chamber **92** in accordance

with an embodiment of the invention. Mapping was conducted according to the procedure described with respect to FIG. 4. Annotations are shown as small circles, indicated representatively by annotations 94. A region 96 was selected for automatic inspection, and a collection of three earliest annotations having the same LAT, which are graphically shown by indicators 98.

It will be appreciated by persons skilled in the art that the present invention is not limited to what has been particularly shown and described hereinabove. Rather, the scope of the present invention includes both combinations and sub-combinations of the various features described hereinabove, as well as variations and modifications thereof that are not in the prior art, which would occur to persons skilled in the art upon reading the foregoing description.

The invention claimed is:

1. A method, comprising the steps of:  
 inserting a probe into a heart of a living subject, the probe having a plurality of electrodes;  
 receiving location signals from the electrodes indicative of the respective locations of the electrodes in a reference coordinate system;  
 determining respective locations of the electrodes relative to the reference coordinate system using the location signals;  
 receiving electrogram signals from the electrodes indicative of the electrical activity of the heart at the respective locations;  
 annotating activation times at the respective locations by analysis of the electrogram signals;  
 generating an activation map of electrical propagation waves from the activation times using a processor;  
 selecting a region of the activation map;  
 determining earliest LAT locations by the processor, comprising:  
 automatically analyzing the activation map by identifying earliest ones of the activation times in the selected region; and  
 graphically indicating the earliest ones of the activation times on the activation map.
2. The method according to claim 1, wherein the region comprises all of the activation map.
3. The method according to claim 1, wherein generating an activation map comprises modeling the heart as a simulated 3-dimensional surface.
4. The method according to claim 1, wherein the region is selected by a human operator.
5. The method according to claim 1, wherein the region is selected automatically.
6. The method according to claim 1 wherein determining respective locations of the electrodes comprises preparing a current position map of the electrodes.
7. An apparatus, comprising:  
 a probe having a plurality of electrodes and adapted for insertion into a heart of a living subject; and  
 a processor, which is configured to receive location signals from the electrodes indicative of the respective

locations of the electrodes in a reference coordinate system and to perform the steps of:

- determining locations of the electrodes relative to the reference coordinate system using the location signals;
- receiving electrogram signals from the electrodes indicative of the electrical activity of the heart at the respective locations;
- annotating activation times at the respective locations by analysis of the electrogram signals;
- generating an activation map of electrical propagation waves from the activation times;
- in a selected region of the activation map automatically analyzing the activation map by identifying earliest ones of the activation times in the selected region; and  
 graphically indicating the earliest ones of the activation times on the activation map.
8. The apparatus according to claim 7, wherein the region comprises all of the activation map.
9. The apparatus according to claim 7, wherein generating an activation map comprises modeling the heart as a simulated 3-dimensional surface.
10. A computer software product including a non-transitory computer-readable storage medium in which computer program instructions are stored, which instructions, when executed by a computer, cause the computer to perform the steps of:  
 receiving location signals from a plurality of electrodes in a heart, the location signals indicative of the respective locations of the electrodes in a reference coordinate system;  
 determining a current position map of the electrodes to define respective locations of the electrodes relative to the reference coordinate system using the location signals;  
 receiving electrogram signals from the electrodes indicative of the electrical activity of the heart at the respective locations;  
 annotating activation times at the respective locations by analysis of the electrogram signals;  
 generating an activation map of electrical propagation waves from the activation times;  
 selecting a region of the activation map;  
 determining an earliest LAT locations by automatically identifying earliest ones of the activation times in the selected region; and  
 graphically indicating the earliest ones of the activation times on the activation map.
11. The computer software product according to claim 10, wherein the region comprises all of the activation map.
12. The computer software product according to claim 10, wherein generating an activation map comprises modeling the heart as a simulated 3-dimensional surface.
13. The computer software product according to claim 10, wherein the region is selected by a human operator.
14. The computer software product according to claim 10, wherein the processor is instructed to select the region automatically.

\* \* \* \* \*

专利名称(译)	自动显示最早的LAT点		
公开(公告)号	<a href="#">US10441188</a>	公开(公告)日	2019-10-15
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[标]申请(专利权)人(译)	韦伯斯特生物官能(以色列)有限公司		
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摘要(译)

心脏导管插入术是通过将多电极探针插入活体受试者的心脏中，准备电极的当前位置图以定义电极的各个位置并记录来自电极的电描记图来进行的。通过分析电描记图并生成激活图，可以在各个位置标注激活时间。选择激活图的区域，并识别所选区域中最早的激活时间。最早的激活时间以图形方式表示。

