

IMAGING VIGNETTE

ADVANCED

CLINICAL VIGNETTE

# Virtual Simulated Implantation of an Adult-Sized Left Ventricular Assist Device in a Pediatric Patient



Dilachew A. Adebo, MD,<sup>a</sup> Santosh C. Uppu, MD,<sup>a</sup> Avichal Aggarwal, MD,<sup>a</sup> Jorge D. Salazar, MD,<sup>b</sup> Damien J. LaPar, MD<sup>b</sup>

## ABSTRACT

There is very limited experience with simulated virtual implantation of left ventricular assist devices (LVADs) to assess device fitness in pediatric patients. In this clinical vignette, we report the case of a 9-year-old male patient with dilated cardiomyopathy who underwent successful placement of an LVAD after virtual simulated implantation was performed. **(Level of Difficulty: Advanced.)** (J Am Coll Cardiol Case Rep 2022;4:239-240) © 2022 The Authors. Published by Elsevier on behalf of the American College of Cardiology Foundation. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

## BACKGROUND

As relatively smaller ventricular assist devices become more widely available, clinicians are increasingly interested in using these devices in pediatric patients.<sup>1,2</sup> However, clinicians have very limited experience in the assessment of chest fit of adult-sized ventricular assist devices for pediatric patients.<sup>3</sup>

## CLINICAL VIGNETTE

A 9-year-old male patient with a history of in utero enteroviral infection, dilated cardiomyopathy with mitral valve regurgitation, and severely depressed left ventricular systolic function underwent mitral valve annuloplasty at 3 years of age. Because of progressive worsening of mitral valve regurgitation, he underwent mitral valve replacement with a mosaic bioprosthetic mitral valve at 8 years of age. Progressive worsening of heart failure symptoms developed, and he required ventricular assist device placement at 9 years of age. His weight was 27 kg, his height was 131 cm, and his body surface area was 0.99 m<sup>2</sup>.

The patient underwent cardiac computed tomography (CT) in preparation for the ventricular assist device placement. Virtual simulated implantation of an adult-sized left ventricular assist device (LVAD) using a

---

From the <sup>a</sup>Division of Pediatric Cardiology, Children's Heart Institute, University of Texas Medical School at Houston, Houston, Texas, USA; and the <sup>b</sup>Division of Cardiothoracic Surgery, Children's Heart Institute, Memorial Hermann Hospital, University of Texas Health McGovern Medical School, Houston, Texas, USA.

The authors attest they are in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines, including patient consent where appropriate. For more information, visit the [Author Center](#).

Manuscript received November 8, 2021; accepted November 29, 2021.

### ABBREVIATIONS AND ACRONYMS

CT = computed tomography

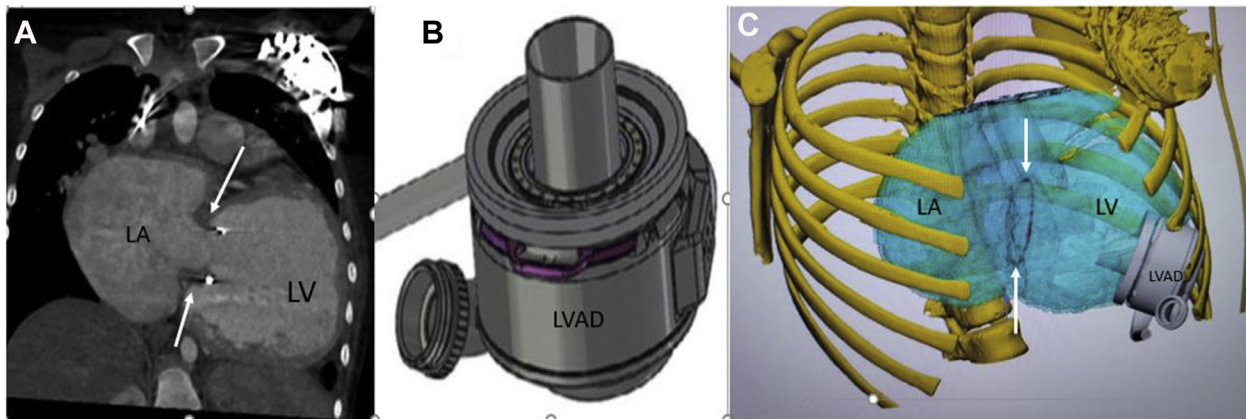
LVAD = left ventricular assist device

segmented cardiac CT image was performed (Figure 1). The patient then underwent LVAD (HeartMate3, Abbott) placement without any complications. The patient did well postoperatively and is waiting for heart transplantation at the time of this report.

In conclusion, virtual simulated implantation of an LVAD using segmented cardiac CT imaging provides a more accurate assessment of device positioning in the chest of a pediatric patient.

This case report was waived by the Institutional Review Board of Children's Memorial Hermann Hospital.

**FIGURE 1** A 9-Year-Old Male Patient With Dilated Cardiomyopathy and Mitral Valve Regurgitation After Prosthetic Mitral Valve Replacement



(A) Cardiac computed tomography coronal reconstructed image, (B) schematic illustration of the left ventricular assist device (LVAD), and (C) simulated implantation of the ventricular assist device to a segmented cardiac computed tomography image of the patient showing a good size fit with the assist device far away from atrioventricular valve annulus (arrows). LA = left atrium; LV = left ventricle.

### FUNDING SUPPORT AND AUTHOR DISCLOSURES

The authors have reported that they have no relationships relevant to the contents of this paper to disclose.

**ADDRESS FOR CORRESPONDENCE:** Dr Dilachew A. Adebo, Division of Pediatric Cardiology, Department of Pediatric Cardiology and Radiology, University of Texas Medical School at Houston, 6410 Fannin, Suite 425, Houston, Texas 77030, USA. E-mail: [dilachew.a.adebo@uth.tmc.edu](mailto:dilachew.a.adebo@uth.tmc.edu).

### REFERENCES

1. O'Connor MJ, Lorts A, Davies RR, et al. Early experience with the Heartmate 3 continuous-flow ventricular assist device in pediatric and congenital heart disease patients: a multi-center registry analysis. *J Heart Lung Transplant*. 2020;39:573-579.
2. Conway J, Miera O, Adachi I, et al. Pediatric VAD Investigators. Worldwide experience of a durable centrifugal flow pump in pediatric patients. *Semin Thorac Cardiothorac Surg*. 2018;35:679-681.
3. Davies RR, Hussain T, Tandon A. Using virtual reality simulated implantation for fit-testing pediatric patients for adult ventricular assist devices. *JTCVS Tech*. 2021;6:134-137.

**KEY WORDS** cardiac assist devices, computed tomography, 3-dimensional imaging