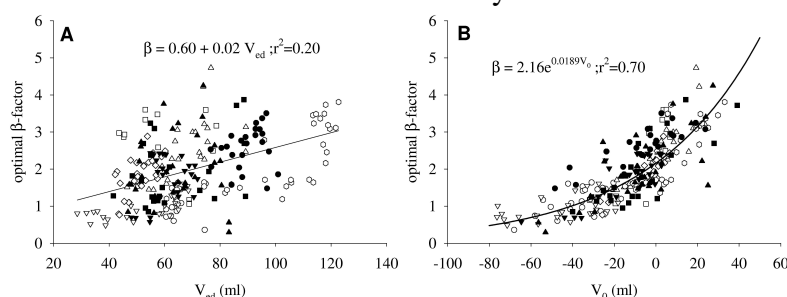


## Left Ventricular Preload-Adjusted Maximal Power: Clinically Useful Marker of LV Contractility?

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Maximal left ventricular (LV) hydraulic power output ( $PWR_{max}$ ), corrected for preload ( $V_{ed}$ : end-diastolic volume) as  $PWR_{max}/V_{ed}^{\beta}$  is an index of left ventricular (LV) contractility. While preload-adjusted maximal power (PAMP) is usually calculated with  $\beta=2$ , there is uncertainty about the optimal value of  $\beta$  ( $\beta = 1$  for normal and 2 for dilated LV). The aim of this work is to study the determining factors of  $\beta$ . The data set consisted of 245 recordings (steady state and vena cava occlusion) in 10 animals in an ischemic heart pig model. The occlusion data yielded: (i) the slope ( $E_{es}$ ;  $2.01 \pm 0.77$  mmHg/ml;  $0.71$ - $4.16$  mmHg/ml) and intercept ( $V_0$ ;  $-11.9 \pm 22.6$  ml;  $-76$  to  $39$  ml) of the end-systolic PV relation; (ii) the optimal  $\beta$ -factor (assessed by fitting an exponential curve through the  $V_{ed}$ - $PWR_{max}$  relation) was  $1.94 \pm 0.88$  ( $0.29$  to  $4.73$ ). The relation of  $\beta$  with  $V_{ed}$  was weak ( $\beta = 0.60 + 0.02 V_{ed}$ ;  $r^2 = 0.20$ ). In contrast, we found an excellent exponential relation between  $V_0$  and  $\beta$  ( $\beta = 2.16e^{0.0189V_0}$ ;  $r^2 = 0.70$ ). PAMP, calculated from the steady state data, was  $0.64 \pm 0.40$  mWatt/ml<sup>2</sup> (range  $0.14$ - $2.83$ ) with a poor correlation with  $E_{es}$  ( $r=0.30$ ;  $P<0.001$ ). An alternative formulation of PAMP as  $PWR_{max}/(V_{ed}-V_0)^2$ , incorporating  $V_0$ , yielded  $0.47 \pm 0.26$  mWatt/ml<sup>2</sup> (range  $0.09$ - $1.42$ ) and was highly correlated with  $E_{es}$  ( $r=0.89$ ;  $P<0.001$ ). In conclusion, we have demonstrated that in our animal model, preload-adjusted maximal power poorly correlates with the slope of the end-systolic PV relation. Moreover, the  $\beta$ -factor, optimally used for preload correction, is not constant, but varies with the intercept of the end-systolic PV relation. This limits the clinical applicability of PAMP as an index of LV contractility.



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