

# Noninvasive Assessment of Atrial Fibrillation Complexity Using Tensor Decomposition Techniques

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Experimental Results

- Introduction
- Experimental Results

### Atrial Fibrillation

Introduction

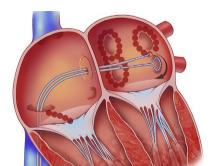
- Atrial Fibrillation (AF) is the most common sustained cardiac arrhythmia encountered in clinical practice.
  - In the EU, the number of adults with AF will double from 2010 to 2060<sup>1</sup>.



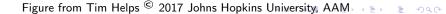
 The complex electrophysiological mechanisms underlying AF are not completely understood.

<sup>&</sup>lt;sup>1</sup>Krijthe et al., "Projections on the number of individuals with atrial fibrillation in the European Union, from 2000 to 2060," Eur Heart J. 2013.





- Noninvasive techniques to assess AF electrophysiological complexity can help guide step-wise CA in real time.
  - Impact of pulmonary vein isolation (PVI) and other widely used techniques on atrial activity (AA) complexity.



### **BSS Model**

The ECG data matrix can be modeled as:

$$\mathbf{Y} = \mathbf{MS} \in \mathbb{R}^{K \times N} , \qquad (1)$$

where  $\mathbf{M} \in \mathbb{R}^{K \times R}$  is a mixing matrix and  $\mathbf{S} \in \mathbb{R}^{R \times N}$  is the source matrix.

$$=\begin{bmatrix}m_{1,1}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{K,1}&\ldots&m_{K,R}\end{bmatrix}\times \alpha \begin{bmatrix}m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\ddots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots\\m_{1,R}&\ldots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots\\m_{1,R}&\ldots&m_{1,R}\\\vdots&\vdots\\m_{1,R}&\ldots&\dots&\vdots\\m_{1,R}&\ldots$$

Experimental Results

- 2 Methods
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# Matrix Approach

- Nondipolar Component Index (NDI)<sup>2</sup>
  - PCA applied to TQ Intervals
  - AA is represented by the 3D subspace spanned by its first 3 PCs

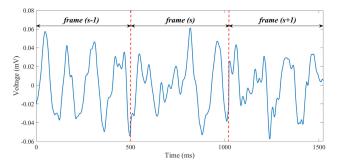


Figure from M. Meo et al., 2018.



<sup>&</sup>lt;sup>2</sup>M. Meo et. al, "Noninvasive assessment of atrial fibrillation complexity in relation to ablation characteristics and outcome," *Frontiers in Physiology*, 2018.

# Nondipolar Component Index (NDI)

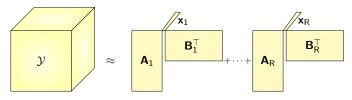
• Compute PCA on the preprocessed ECG

$$\mathbf{Y}_{TQ} = \mathbf{U}\mathbf{\Sigma}\mathbf{V}^T \tag{2}$$

The proportion of power not explained by the 3 dominant PCs

$$NDI = 1 - \frac{\sum_{l=1}^{3} \sigma_l^2}{\sum_{l=1}^{L} \sigma_l^2}.$$
 (3)

- ullet The ECG data can be modeled as a 3rd-order tensor  ${\mathcal Y}$  via row-Hankelization.
  - Tensor decompositions factorize data as a sum of simpler tensors.



 Block Term Tensor Decomposition (BTD) based on Hankel structure<sup>3</sup>.

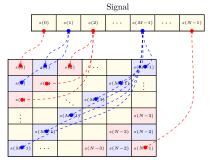
 $<sup>^3</sup>$ De Lathauwer, "Blind separation of exponential polynomials and the decomposition of a tensor in rank- $(L_r,L_r,1)$  terms," *SIAM J. Matrix Anal. Appl.*, 2011.

### BTD-Hankel Model

#### Low-rank Hankel Structure

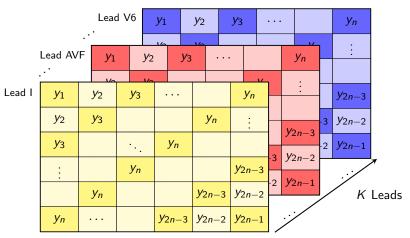
- The signal s(n) is represented by an all-pole model (4)
- A Hankel matrix has a rank equal to the number of poles (L)

$$s(n) = \sum_{l=1}^{L} c_l z_l^n, \quad 0 \le n \le N - 1$$
 (4)

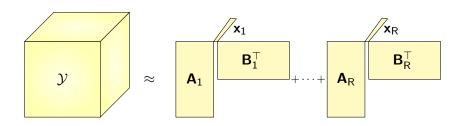


# Tensor Approach

ullet Stack each Hankel matrix in the 3rd-mode of the tensor  ${\cal Y}.$ 



## BTD Approach



### Challenge

- Parameter estimation
  - $\bullet$  R,  $L_r$
- Factor estimation
  - A, B, X

# Classical BTD Approach

 $\bullet$  Fixed structure minimizing  $f(\mathbf{A},\mathbf{B},\mathbf{X})$  with prior knowledge of  $(R,L_r)$ 

$$f(\mathbf{A}, \mathbf{B}, \mathbf{X}) \triangleq \left\| \mathcal{Y} - \sum_{r=1}^{R} \left( \mathbf{A}_r \mathbf{B}_r^{\top} \right) \circ \mathbf{x}_r \right\|_F^2$$
 (5)

### Constrained Alternating Group Lasso (CAGL) Approach

- Non-fixed structure minimizing  $F(\mathbf{A},\mathbf{B},\mathbf{X})$  ensuring the Hankel structure
- Penalization term  $(\gamma)$  and  $g(\mathbf{A},\mathbf{B},\mathbf{X})$  limiting the multilinear ranks and number of blocks
- ullet Allows simultaneous estimation of  $(R,L_r)$  and model factors

$$F(\mathbf{A}, \mathbf{B}, \mathbf{X}) \triangleq f(\mathbf{A}, \mathbf{B}, \mathbf{X}) + \gamma g(\mathbf{A}, \mathbf{B}, \mathbf{X})$$
 (6)

# Constrained Alternating Group Lasso

$$g(\mathbf{A}, \mathbf{B}, \mathbf{C}) \triangleq \|\mathbf{A}\|_{2,1} + \|\mathbf{B}\|_{2,1} + \|\mathbf{C}\|_{2,1}$$
 (7)

- Structured low-rank approximation (SRLA)
- ullet Geometric properties of the mixed  $\ell_{2,1}$ -norm allows one to select the relevant low-rank blocks.
- The problem is nonconvex (and nonsmooth), but convex by blocks, so a block coordinate descent (BCD) approach is employed<sup>4</sup>.
- Cadzow's Algorithm ensures Hankel Structure:

$$\hat{\mathbf{H}}_r \approx \hat{\mathbf{A}}_r \hat{\mathbf{B}}_r^{\dagger} \tag{8}$$

<sup>&</sup>lt;sup>4</sup>Goulart et al., "Alternating group lasso for block-term tensor decomposition with application to ECG source separation", in IEEE Transactions on Signal Processing, vol. 68, pp. 2682-2696, 2020. 🛢 🕟 📳 📲 💉 🗨

## AF Complexity Index

### Signal Complexity

The more poles the signal contains, the more complex it can be considered

- The complexity index proposed in this work is based on the number of poles  $L_r$  contained in a signal.
- ullet The Hankel matrix  $(\hat{f H}_r)$  rank is equal to number of poles  $L_r.$

#### AA Hankel Matrix Rank

Compute  $rank(\hat{\mathbf{H}}_r)$  for the AA estimated block

#### Challenge

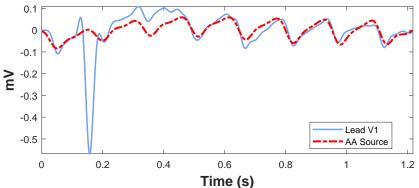
After performing CAGL, the automated AA source classification is still a problem

Experimental Results

• Spectral concentration (SC), dominant frequency (DF), kurtosis and visual inspection to evaluate AA extraction<sup>5</sup>.

<sup>&</sup>lt;sup>5</sup>De Oliveira and Zarzoso, "Source analysis and selection using block term 

### AA Source Estimation



- SC = 74.3%
- DF = 6.4 Hz
- Kurtosis = 177.0
- AA Hankel Matrix Rank = 33



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# Database and Experimental Setup

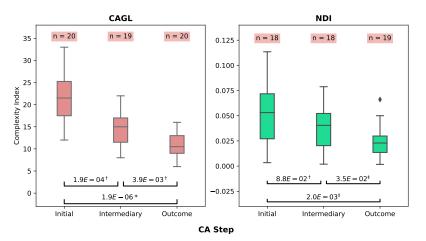
#### Database

- 20 patients suffering from persistent AF
- 59 ECG segments from 0.72 to 1.42 seconds

Cardiology Department of Princess Grace Hospital Center, Monaco

• Hankel-based BTD was implemented using CAGL.

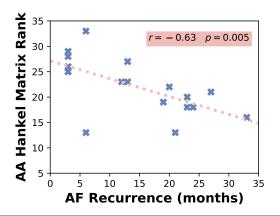
# Impact of CA step on AA complexity



- 20 patients undergoing various CA steps
- ullet 59 ECG segments (1.06  $\pm$  0.2 s)



# AF Recurrence vs. Complexity Before CA



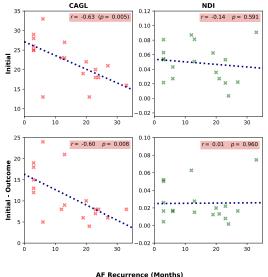
#### Relationship

A significant Pearson correlation between AF recurrence and the proposed index

• 18 patients with complete follow-up information



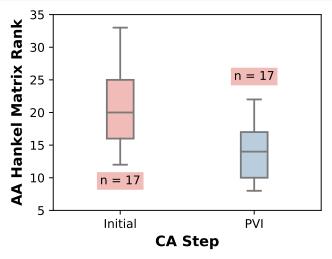
# AF Recurrence vs. Complexity Before CA







# Impact of PVI on AA complexity



- 17 patients undergoing PVI
- 34 ECG segments



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#### Conclusions

#### Contributions

- Jointly extract the AA signal and measure AF complexity via tensor decomposition
- Very short ECG recordings (1.06  $\pm$  0.20 s)
- Validation in 20 patients undergoing CA
  - Expected decreasing AF complexity throughout CA steps
  - Significant correlation with AF recurrence after CA

#### Clinical Impact

A potential tool to help guide CA in real time

#### Future Work

- Increase number of patients in the database
- Compare the proposed index with other state-of-the-art indices



### References

- [1] Krijthe *et al.*, "Projections on the number of individuals with atrial fibrillation in the European Union, from 2000 to 2060," *Eur Heart J.* 2013.
- [2] M. Meo *et al.*, "Noninvasive assessment of atrial fibrillation complexity in relation to ablation characteristics and outcome," *Frontiers in Physiology*, 2018.
- [3] De Lathauwer, "Blind separation of exponential polynomials and the decomposition of a tensor in rank- $(L_r, L_r, 1)$  terms," SIAM J. Matrix Anal. Appl., 2011.
- [4] Goulart *et al.*, "Alternating group lasso for block-term tensor decomposition with application to ECG source separation", in *IEEE Transactions on Signal Processing*, vol. 68, pp. 2682-2696, 2020.
- [5] De Oliveira and Zarzoso, "Source analysis and selection using block term decomposition in atrial fibrillation", in *Proc. LVA/ICA*, 2018.

### Previous Work

#### CinC 2020

**L. S. Abdalah**, P. M. R. de Oliveira, W. Freitas Jr, and V. Zarzoso, "Tensor-based noninvasive atrial fibrillation complexity index for catheter ablation," in Proc. Computing in Cardiology, vol. 47, Rimini, Italy, Sep. 2020.

#### **SBRT 2021**

**L. Abdalah**, W. Freitas Jr, P. M. R. de Oliveira, and V. Zarzoso, "Low-Rank Hankel Signal Model: Numerical Results," in Proc. Simpósio Brasileiro de Telecomunicações e Processamento de Sinais, vol. 39, Fortaleza, Brazil, Sep. 2021.

Thank You!