

Applied Mathematics and Informatics Program

# **Mathematical Model in Acute Cardiac Ischemia Evaluation**

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## ABSTRACT

This abstract will be written once the paper is more finished.

**Keywords:** acute cardiac ischemia, ECG, mathematical modeling

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I also thank ...

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# 1 INTRODUCTION

## 1.1 Important Points

### 1.1.1 background and purpose

- ischemia and similar diseases are some of the most deadly and common diseases
- when it comes to ischemic heart disease (IHD), rapid decision making is important
- ECG is one of the most widely used diagnostic tools
- reading an ECG is very difficult, which leads to different results among different physicians
- to develop software that analyzes 12-lead ECG to detect IHD
- this could reduce the time it takes to diagnose IHD, which is crucial
- detect changes during myocardial ischemia, some of those remain invisible to physicians

### 1.1.2 goals

- create a 12-lead ECG analysis tool to diagnose IHD
- we will mathematically model the changes of the ECG compared to at-rest, nominal ECGs

### 1.1.3 questions, problematic, rationale

- the ECG is the most widely used method to assess heart conditions
- the QRST-wave complex changes when ischemia is present, enabling its detection
- a mathematical model could make the analysis of ECGs easier for doctors and speed up their diagnosis
- the model needs to work well for this to be possible
- such a tool would remove some of the problems that normally exist (mentioned above)

### 1.1.4 background, literature review

- heart disease is a significant medical issue
- one of the most deadly ones
- middle income countries like KG are hit harder
- health expenditure in KG is also one of the lowest
- IHD is the main killing disease
- for most treatment methods, the longer the treatment is delayed, the lower the chances of survival become
- if the necessary infrastructure is nonexistent, treatment times cannot be reduced to acceptable levels
- basically, in Kyrgyzstan most modern and good methods do not work because of the missing infrastructure and economic limits
- computers can help to analyze an ECG, which makes diagnosis easier

### 1.1.5 methods

- get 100 digitized ECGs from healthy volunteers
- from this a good model of healthy and stressed ECGs should be created
- maybe use FFT for the analysis
- use a Maplesoft Signal Processing Tool for wave analysis

## 1.2 Reference list

1. European Society of Cardiology: Cardiovascular Disease Statistics 2019. On behalf of the Atlas Writing Group European Heart Journal (2020) 41, 12\_85.
2. Gruntzig, A. Transluminal dilatation of coronary-artery stenosis. Lancet 1978, 311, 1093.
3. Sigwart, U.; Puel, J.; Mirkovitch, V.; Joffre, F.; Kappenberger, L. Intravascular stents to prevent occlusion and restenosis after transluminal angioplasty. N. Engl. J.Med. 1987, 316, 701–706.
4. Stefanini, G.G.; Holmes, D.R., Jr. Drug-eluting coronary artery stents. N. Engl. J.Med. 2013, 368, 254–265.
5. Pinto DS, Frederick PD, Chakrabarti AK, Kirtane AJ, Ullman E, Dejam A, Miller DP, Henry TD, Gibson CM, National Registry of Myocardial Infarction Investigators. Benefit of transferring ST-segment-elevation myocardial infarction patients for percutaneous coronary intervention compared with administration of onsite fibrinolytic declines as delays increase. Circulation 2011;124(23):2512–2521.
6. Armstrong PW, Gershlick AH, Goldstein P, Wilcox R, Danays T, Lambert Y, Sulimov V, Rosell Ortiz F, Ostojic M, Welsh RC, Carvalho AC, Nanas J, Arntz HR, Halvorsen S, Huber K, Grajek S, Fresco C, Bluhmki E, Regelin A, Vandenberghe K, Bogaerts K, Van de Werf F, STREAM Investigative Team. Fibrinolysis or primary PCI in ST-segment elevation myocardial infarction. N Engl J Med 2013;368(15):1379–1387.
7. Barbarash OL, Kashtalap VV. The place of pharmacoinvasive management in patients with ST-elevation acute coronary syndrome in Russia. Kardiologiia. 2014;54(9):79-85. (In Russ).
8. 2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation. The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC). European Heart Journal (2018) 39, 119–177
9. 2015 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation. European Heart Journal (2016) 37, 267–315
10. Navarese, E. P., Gurbel, P. A., Andreotti, F., Tantry, U., Jeong, Y. H., Kozinski, M., et al. (2013). Optimal timing of coronary invasive strategy in non-ST-segment elevation acute coronary syndromes: a systematic review and meta-analysis. Ann. Intern. Med. 158, 261–270.
11. Milasinovic, D., Milosevic, A., Marinkovic, J., Vukcevic, V., Ristic, A., Asanin, M., et al. (2015). Timing of invasive strategy in NSTEMI-ACS patients and effect on clinical outcomes:

- a systematic review and metaanalysis of randomized controlled trials. *Atherosclerosis* 241, 48–54.
12. Neumann FJ, Sousa-Uva M, Ahlsson A, Alfonso F, Banning AP, Benedetto U, Byrne RA, Collet JP, Falk V, Head SJ, Juni P, Kastrati A, Koller A, Kristensen SD, Niebauer J, Richter DJ, Seferovic PM, Sibbing D, Stefanini GG, Windecker S, Yadav R, Zembala MO. 2018 ESC/EACTS Guidelines on myocardial revascularization. *Eur Heart J* 2019;40:87\_165.
  13. A Validated Prediction Model for All Forms of Acute Coronary Syndrome: Estimating the Risk of 6-Month Postdischarge Death in an International Registry. Kim A. Eagle, MD; Michael J. Lim, MD; Omar H. Dabbous, MD, MPH; et al. *JAMA*. 2004;291(22):2727-2733.
  14. TIMI Risk Score for ST-Elevation Myocardial Infarction: A Convenient, Bedside, Clinical Score for Risk Assessment at Presentation. An Intravenous tPA for Treatment of Infarcting Myocardium Early II Trial Substudy. David A. Morrow, MD; Elliott M. Antman, MD; Andrew Charlesworth, BSc; Richard Cairns, BSc; Sabina A. Murphy, MPH; James A. de Lemos, MD; Robert P. Giugliano, MD, SM; Carolyn H. McCabe, BS; Eugene Braunwald, MD. *Circulation*. 2000;102:2031-2037.
  15. 2019 ESC Guidelines for the diagnosis and management of chronic coronary syndromes. The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC). *European Heart Journal* (2020) 41, 407\_477
  16. Hakeem A, Ghosh B, Shah K, Agarwal S, Kasula S, Hacıoglu Y, Bhatti S, Ahmed Z, Uretsky B. Incremental prognostic value of post-intervention Pd/Pa in patients undergoing ischemia-driven percutaneous coronary intervention. *JACC Cardiovasc Interv* 2019;12:2002–2014.
  17. Jeremias A, Davies JE, Maehara A, Matsumura M, Schneider J, Tang K, Talwar S, Marques K, Shammas NW, Gruberg L, Seto A, Samady H, Sharp A, Ali ZA, Mintz G, Patel M, Stone GW. Blinded physiological assessment of residual ischemia after successful angiographic percutaneous coronary intervention: the DEFINE PCI study. *JACC Cardiovasc Interv* 2019;12:1991–2001.
  18. Myers, P.D., Scirica, B.M. & Stultz, C.M. Machine Learning Improves Risk Stratification After Acute Coronary Syndrome. *Sci Rep* 7, 12692 (2017). <https://doi.org/10.1038/s41598-017-12951-x>
  19. Goto S, Kimura M, Katsumata Y, Goto S, Kamatani T, Ichihara G, et al. (2019) Artificial intelligence to predict needs for urgent revascularization from 12-leads electrocardiography in emergency patients. *PLoS ONE* 14(1): e0210103. <https://doi.org/10.1371/journal.pone.0210103>
  20. Kudenchuk PJ, Maynard C, Cobb LA, Wirkus M, Martin JS, Kennedy JW, Weaver WD. Utility of the prehospital electrocardiogram in diagnosing acute coronary syndromes: the Myocardial Infarction Triage and Intervention (MITI) Project. *Journal of the American College of Cardiology*.1998; 2(1):17–27.
  21. J.Z.Hemsey, K. Dracup, K. Fleischmann, C.E. Sommargren, and B.J.Drew. Pre-hospital 12-Lead ST-Segment Monitoring Improves the Early Diagnosis of Acute Coronary Syndrome. *Electrocardiol*. 2012 May ; 45(3): 266–271. doi:10.1016/j.jelectrocard.2011.10.004

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### 1.3 Advice from Imanaliev

1. Search for the recent advancements in published papers
2. Search for the advancements in software of the related problems
3. Study the Fourier Transform and Fast Fourier Transforms, and their representation on chosen software
4. Comparison of the different transforms for the related problem
5. Scan of the paper based verified cardiograms and digitalising
6. Comparison of the scanned graphs with the verified graphs
7. Adjustment of the software parameters
8. Error estimate
9. Analysis of the results with doctors
10. Real time method probation
11. Adjustment of the parameters
12. Thesis preparation and submission
13. Scientific Paper preparation and submission
14. Distribution of the results in media and analysis of references
15. Adjustment of the parameters

### 1.4 Content requirements

#### 1.4.1 Introduction

- short, verbal problem statement
- rational relevance of the selected topic
- formulates goals and objectives of the project
- refer to some information
- maybe a brief description of the main results

#### 1.4.2 Literature Review

- overview of the current state of the problem
- based on analysis of literary sources
- don't summarize sources, just give the important information they contain
- don't just call it "Literature Review", call it something like "Mathematical models and methods of magnetotelluric monitoring"



## REFERENCES

- [1] Dr. Rahul Kher and Shivang Gohel, "Abnormality classification of ECG signal using DSP processor," 2016, Retrieved from [https://www.researchgate.net/publication/299441676\\_Abnormality\\_classification\\_of\\_ECG\\_signal\\_using\\_DSP\\_processor](https://www.researchgate.net/publication/299441676_Abnormality_classification_of_ECG_signal_using_DSP_processor).
- [2] S. Goto, M. Kimura, Y. Katsumata, S. Goto, T. Kamatani, G. Ichihara, S. Ko, J. Sasaki, K. Fukuda, and M. Sano, "Artificial intelligence to predict needs for urgent revascularization from 12-leads electrocardiography in emergency patients," *PLoS ONE*, vol. 1, no. 14, 2019, <https://doi.org/10.1371/journal.pone.0210103>. DOI: 10.1371/journal.pone.0210103.
- [3] J. Parak and J. Havlik, "ECG signal processing and heart rate frequency detection methods," 2011, Retrieved from [https://www.researchgate.net/publication/266281892\\_ECG\\_Signal\\_Processing\\_and\\_Heart\\_Rate\\_Frequency\\_Detection\\_Methods](https://www.researchgate.net/publication/266281892_ECG_Signal_Processing_and_Heart_Rate_Frequency_Detection_Methods).
- [4] A. K. M Fazlul Haque, Md. Hanif Ali, M Adnan Kiber, and Md. Tanvir Hasan, "Automatic feature extraction of ECG signal using fast fourier transform," 2009, Retrieved from [https://www.researchgate.net/publication/295813369\\_Automatic\\_Feature\\_Extraction\\_of\\_ECG\\_Signal\\_Using\\_Fast\\_Fourier\\_Transform](https://www.researchgate.net/publication/295813369_Automatic_Feature_Extraction_of_ECG_Signal_Using_Fast_Fourier_Transform).
- [5] B. V. P Prasad and V. Parthasarathy, "Detection and classification of cardiovascular abnormalities using FFT based multi-objective genetic algorithm," *Biotechnology & Biotechnological Equipment*, vol. 32, no. 1, pp. 183–193, 2018, Retrieved from <https://www.tandfonline.com/doi/full/10.1080/13102818.2017.1389303>. DOI: 10.1080/13102818.2017.1389303.
- [6] S. Bera, B. Chakraborty, and J. Ray, "A mathematical model for analysis of ECG waves in a normal subject," *Measurement*, vol. 38, pp. 53–60, 2005, Retrieved from [https://www.researchgate.net/publication/223280187\\_A\\_mathematical\\_model\\_for\\_analysis\\_of\\_ECG\\_waves\\_in\\_a\\_normal\\_subject](https://www.researchgate.net/publication/223280187_A_mathematical_model_for_analysis_of_ECG_waves_in_a_normal_subject). DOI: 10.1016/j.measurement.2005.01.003.
- [7] P. D. Myers, B. M. Scirica, and C. M. Stultz, "Machine learning improves risk stratification after acute coronary syndrome," 2017, Retrieved from <https://www.nature.com/articles/s41598-017-12951-x>. DOI: 10.1038/s41598-017-12951-x.
- [8] Yun Liu, BS, Zeeshan Syed, PhD, Benjamin M. Scirica, MD, MPH, David A. Morrow, MD, MPH, John V. Guttag, PhD, and Collin M. Stultz, MD, PhD, "ECG morphological variability in beat space for risk stratification after acute coronary syndrome," *J Am Heart Assoc.*, 2014, Retrieved from <https://www.ahajournals.org/doi/10.1161/JAHA.114.000981>. DOI: 10.1161/JAHA.114.000981.
- [9] F. Ieva, A. M. Paganoni, D. Pigoli, and V. Vitelli, "Multivariate functional clustering for the morphological analysis of electrocardiograph curves," *Journal of the Royal Statistical Society. Series C (Applied Statistics)*, vol. 62, no. 3, pp. 401–418, 2013, <https://www.jstor.org/stable/24771812>.

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- [10] P. W. Armstrong, D. G. Watts, D. C. Hamilton, M. A. Chiong, and J. O. Parker, "Quantification of myocardial infarction: Template model for serial creatine kinase analysis," *Circulation*, vol. 60, no. 4, pp. 856–865, 1979, Retrieved from <https://www.ahajournals.org/doi/10.1161/01.CIR.60.4.856>. DOI: 10.1161/01.CIR.60.4.856.
- [11] G. D. Clifford, "Signal processing methods for heart rate variability," 2002, Retrieved from <http://www.ibme.ox.ac.uk/research/biomedical-signal-processing-instrumentation/prof-l-tarassenko/publications/pdf/gdcliffordthesis.pdf>.