

Patient-Specific Modeling of Flow and Fluid-Structure Interaction in a Cohort of Patients with Multiple Cerebral Aneurysms

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BACKGROUND

- Aneurysm progression: a complex interplay between biomechanics and clinical factors.
- Need to control **confounding risk factors** to uncover the underlying biomechanical principles.
- Growing and stable aneurysms in the same subject are affected equally by clinical risk factors: they act as **self-controls**.

COMPARATIVE ANALYSIS OF TWO PAIRS OF STABLE AND GROWING ANEURYSMS IN SAME SUBJECT

stable, patient 1

growing, patient 1



stable, patient 2

growing, patient 2

Normalized time-averaged wall shear stress (TAWSS)* 8.0 0.4 0.6 1.0

*Normalized with respect to time-averaged wall shear stress on parent vessel.

SELECTED REFERENCES

- Rayz & Cohen-Gadol, Hemodynamics of cerebral aneurysms: Connecting medical imaging and biomechanical analysis, Annu. Rev. Biomed. Eng., 2020.
- 2. Lan et al., A re-engineered software interface and workflow for the open-source SimVascular cardiovascular modeling package, J. Biomech. Eng., 2018.
- 3. Shidhore et al., Estimating external tissue support parameters with fluid-structure interaction models from 4D ultrasound of murine thoracic aortae, *Engineering with Computers*, submitted, 2022. 4. Shidhore et al., Comparative assessment of biomechanical parameters in subjects with multiple cerebral aneurysms using fluid-structure interaction simulations, J. Biomech. Eng., submitted, 2022.

Stable and growing aneurysms in the same patient act as self-controls, allowing us to uncover biomechanical parameters indicating aneurysm progression

• Growing aneurysms have lower time-averaged wall shear stress (TAWSS). But that's insufficient to determine their growth risk.





Pink: Baseline Blue: One-year follow-up Volumetric growth: 64.95%

Found unique cases of patients with a growing and a stable aneurysms that act as self-controls for clinical risk factors. Developed methodology to simulate coupled effect of wall compliance and flow on biomechanical parameters. Discovered that combined regions under low shear and low oscillating wall stress relate to aneurysmal growth. 3. We gratefully acknowledge the support of an award from the Kati Lorge Chair of Research of the Brain Aneurysm Foundation.

Oscillating arterial stress index (OStl) is proposed as a

Growing aneurysms exhibit larger combined regions



KEY TAKEAWAY

growing

- Uncovered relevance of the combination of wall shear and oscillating arterial stress.
- Low wall shear & fluctuating stress (specifically, TAWSS * < 0.1
- and OStI $< \cos 15^{\circ}$) \Rightarrow Replacement of degraded
- collagen fibers with remodeled weaker fibres.

COMPUTATIONAL FLUID–STRUCTURE INTERACTION MODEL

- surrounding tissue.







Fluid-structure interaction simulations, using SimVascular² (svFSI), of blood flow coupled with arterial 0.04 wall deformation e 20.0

OUTCOMES FROM THIS STUDY



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Has nonuniform vessel wall thickness due to arterial branching and aneurysmal disease.

Accounts for arterial wall prestress, as would be expected for *in vivo* state of the arterial wall.

Accounts for mechanical support from

MODELING WORKFLOW



Wall thickness (mm) 0.4 0.45 0.5 0.55 0.61

Arterial wall thickness determined with tapering and effect of wall shear (from rigid-wall simulation)^{3,4}