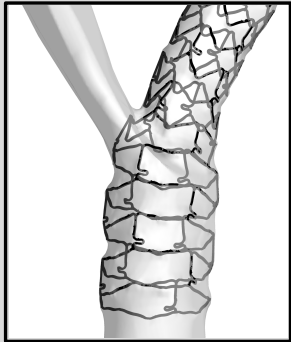


Process or principles of patient-specific fluid dynamics simulations

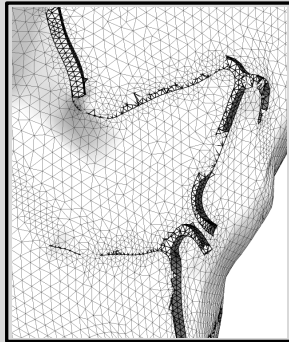
Claudio Chiastra

Politecnico di Milano, Milan, Italy

Geometry



Meshing



Analysis setup

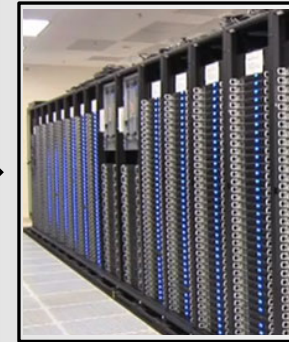
- Physical model (governing equations)

$$\rho \frac{\partial \mathbf{v}}{\partial t} + \rho(\mathbf{v} \cdot \nabla) \mathbf{v} = -\nabla p + \mu \nabla^2 \mathbf{v} + \mathbf{f}^B$$

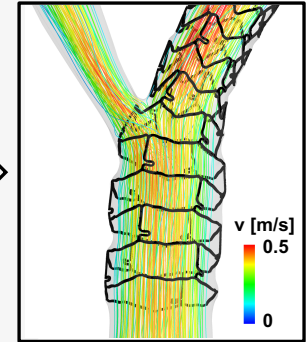
$$\frac{\partial \rho}{\partial t} + \nabla \cdot (\rho \mathbf{v}) = 0$$

- Fluid properties
- Boundary conditions
- Solver settings

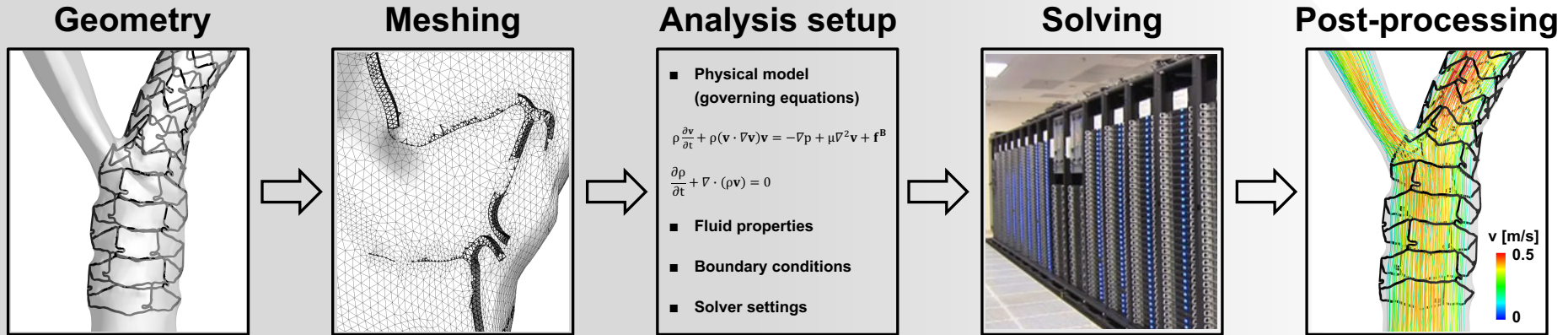
Solving



Post-processing



PATIENT-SPECIFIC ANALYSIS



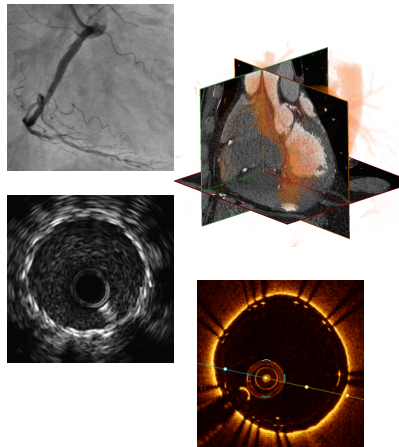
Patient's imaging data

■ **Angiography**

■ CT

■ **IVUS**

■ OCT



Patient-specific boundary conditions

■ **HR**

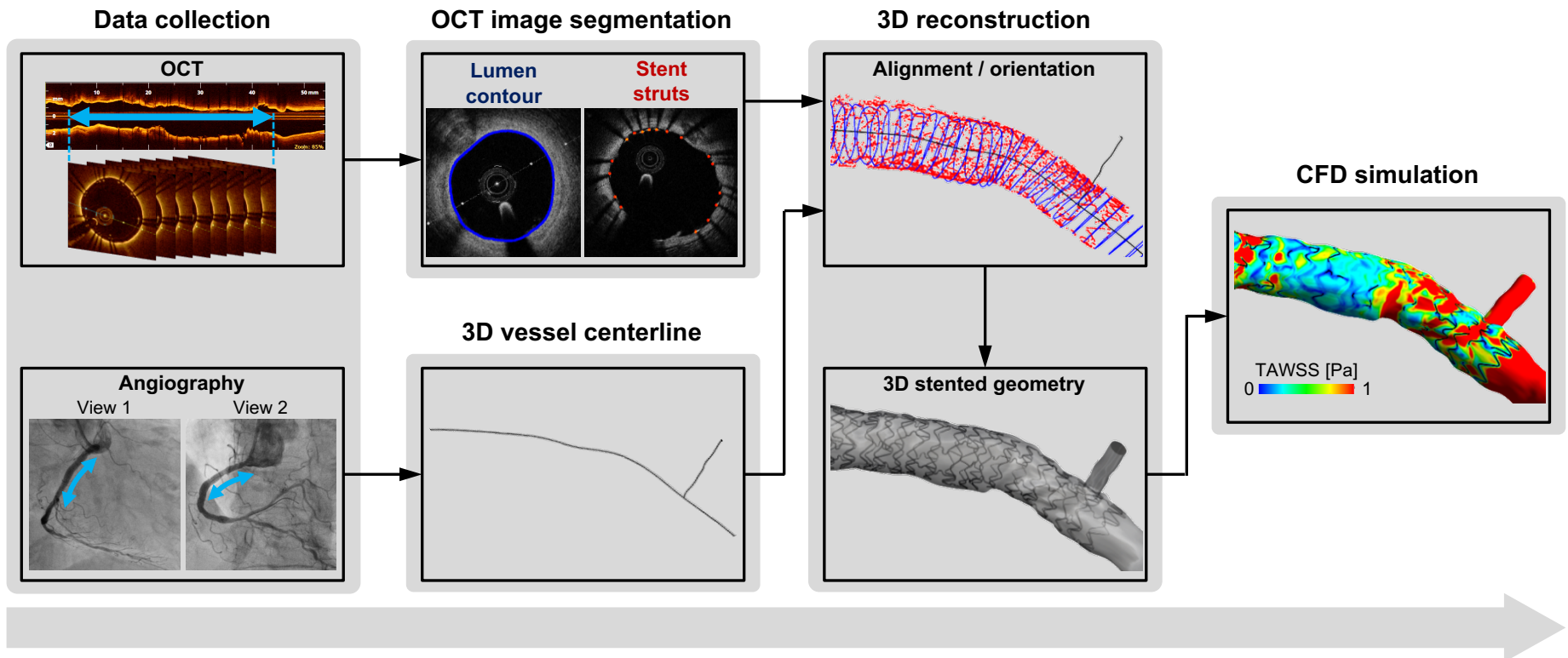
■ **Velocity / flow-rate (Doppler, frame count method)**

■ **Pressure**

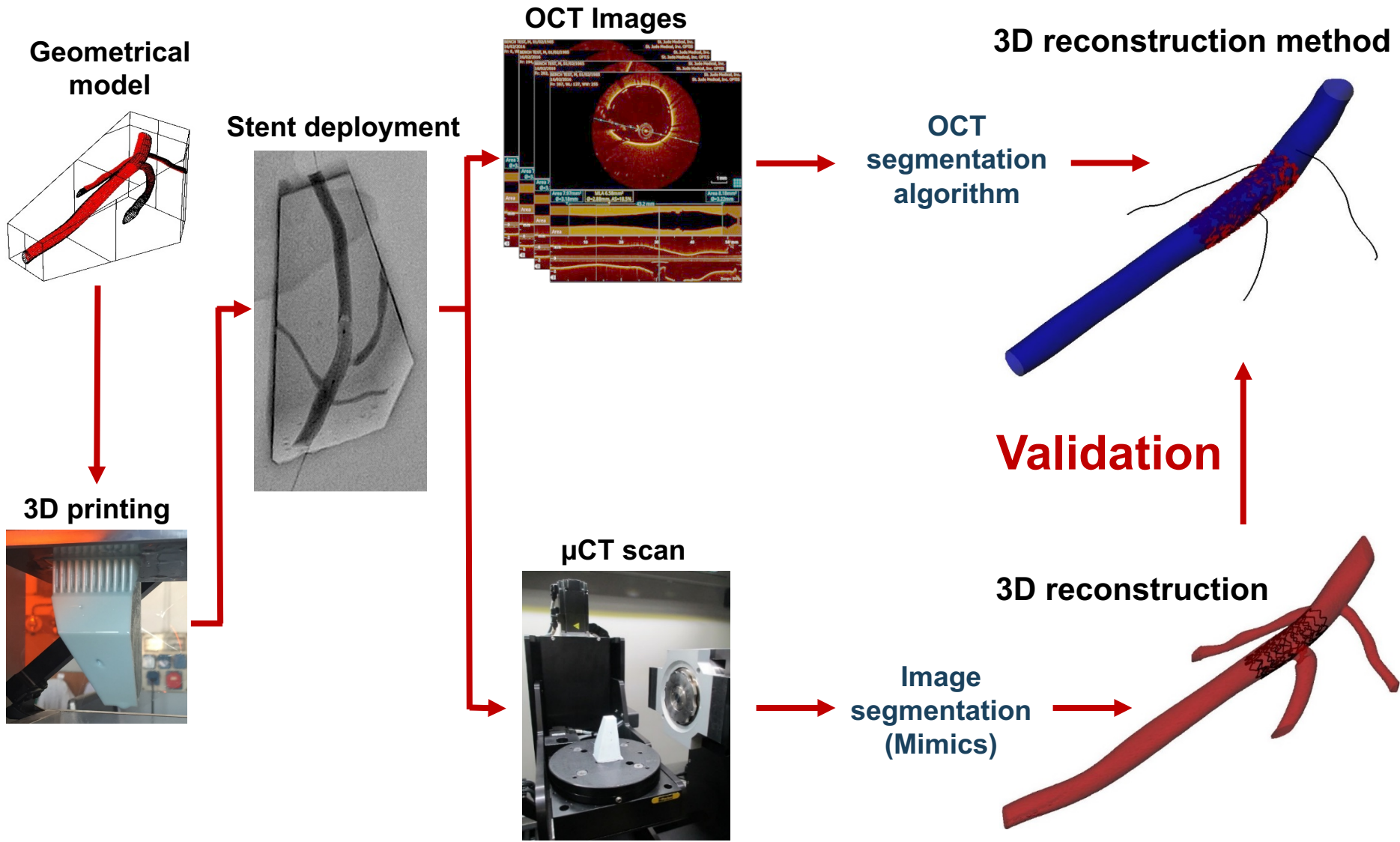


Patient-specific modeling: our approach

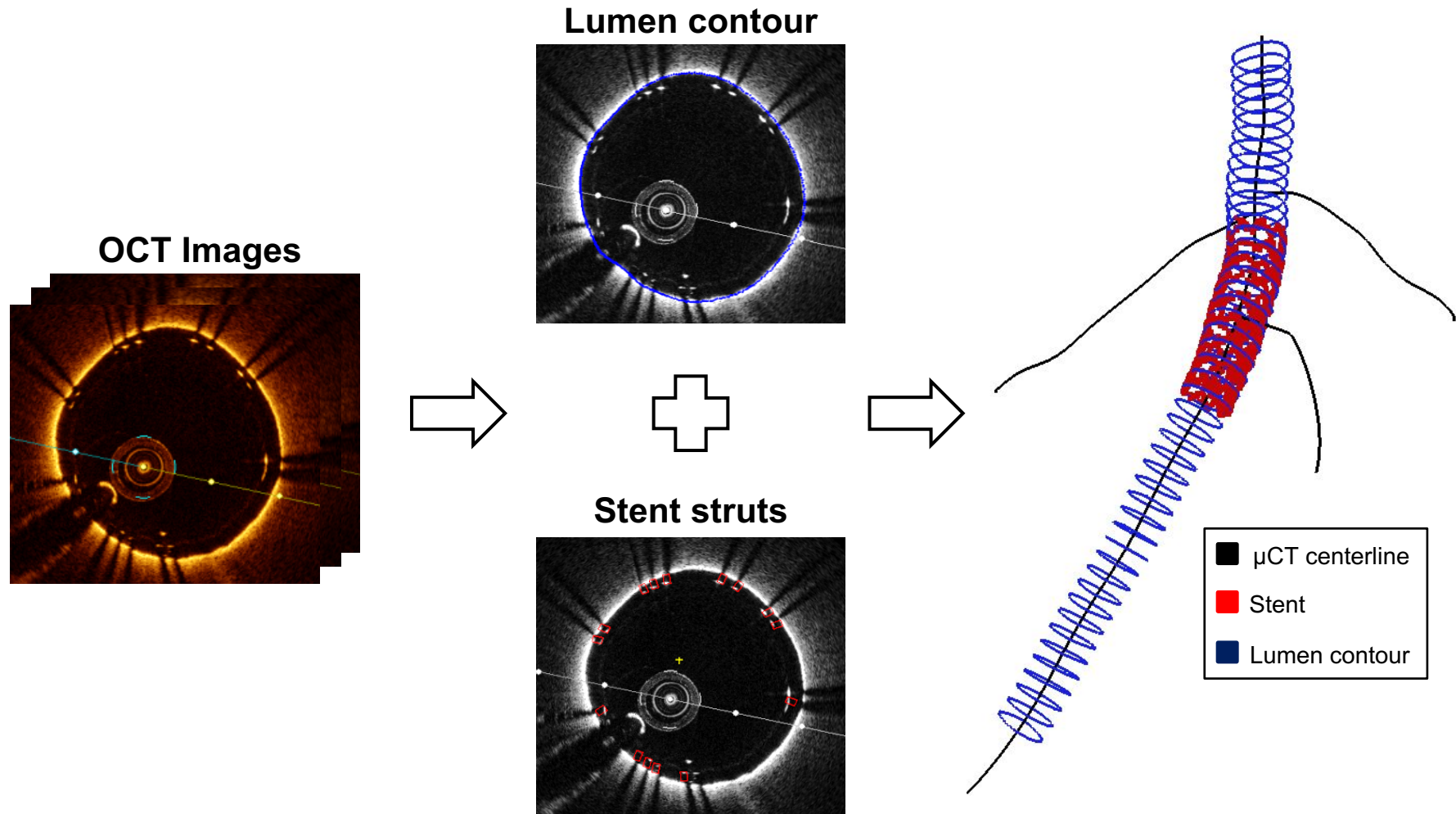
Development of a **semi-automatic method** for the **reconstruction** of **patient-specific stented coronary arteries** from **OCT** images for **fluid dynamics** analyses



Validation of the reconstruction method



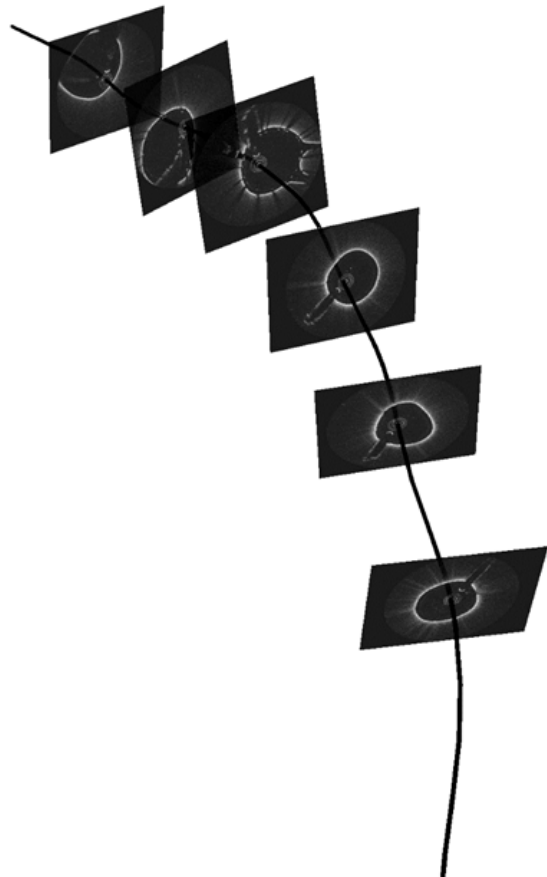
3D reconstruction method



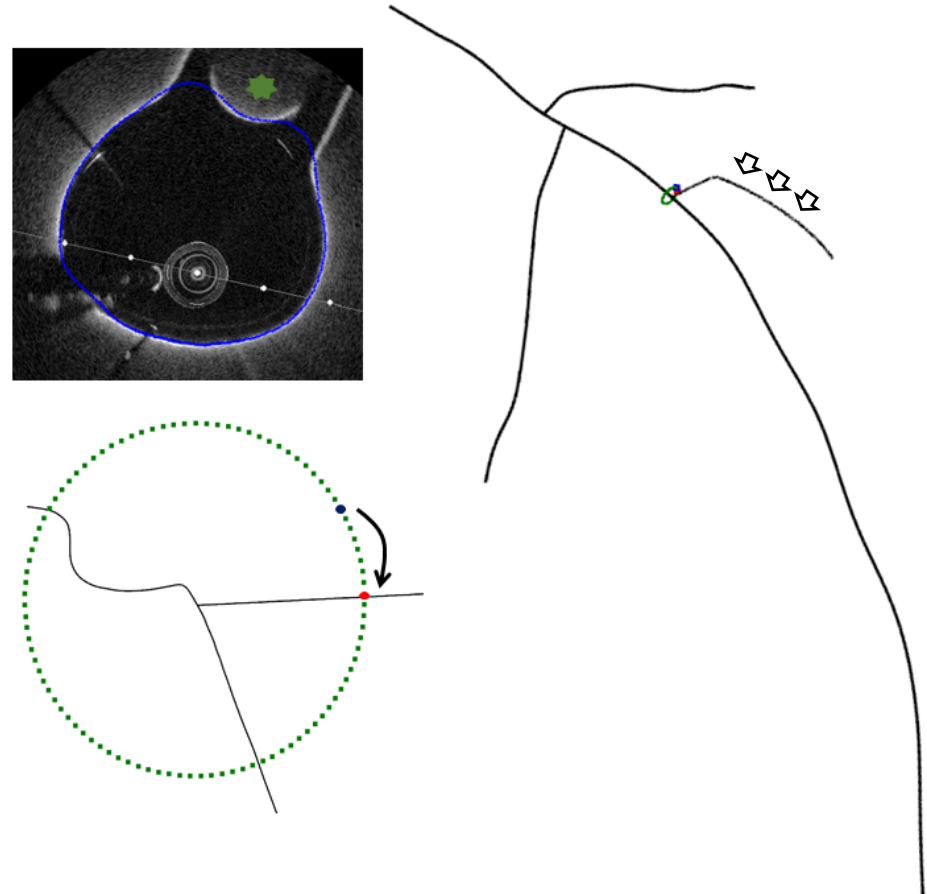
For details on the detection algorithms see: Chiastra et al. *PLoS ONE*, 2017
 Migliori et al. *Med Eng Phys*, 2017

OCT frames alignment / rotation

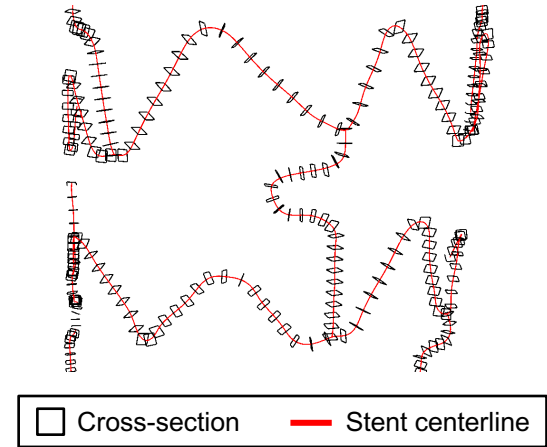
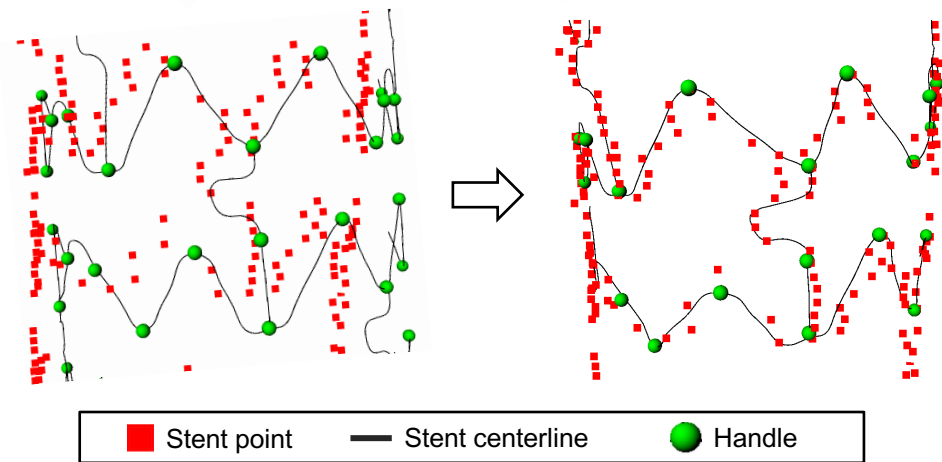
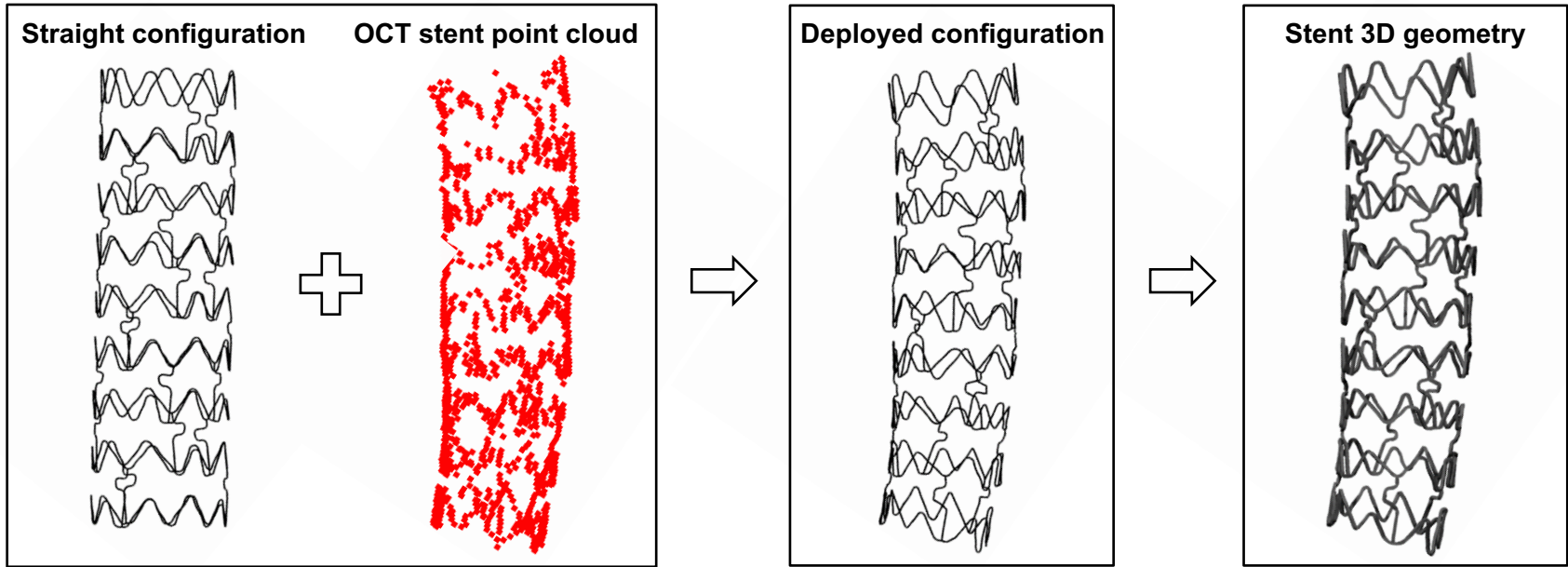
- **Alignment** of lumen contours and stent struts along the main branch centerline



- **Twist angle error estimation** through the side branch centerline

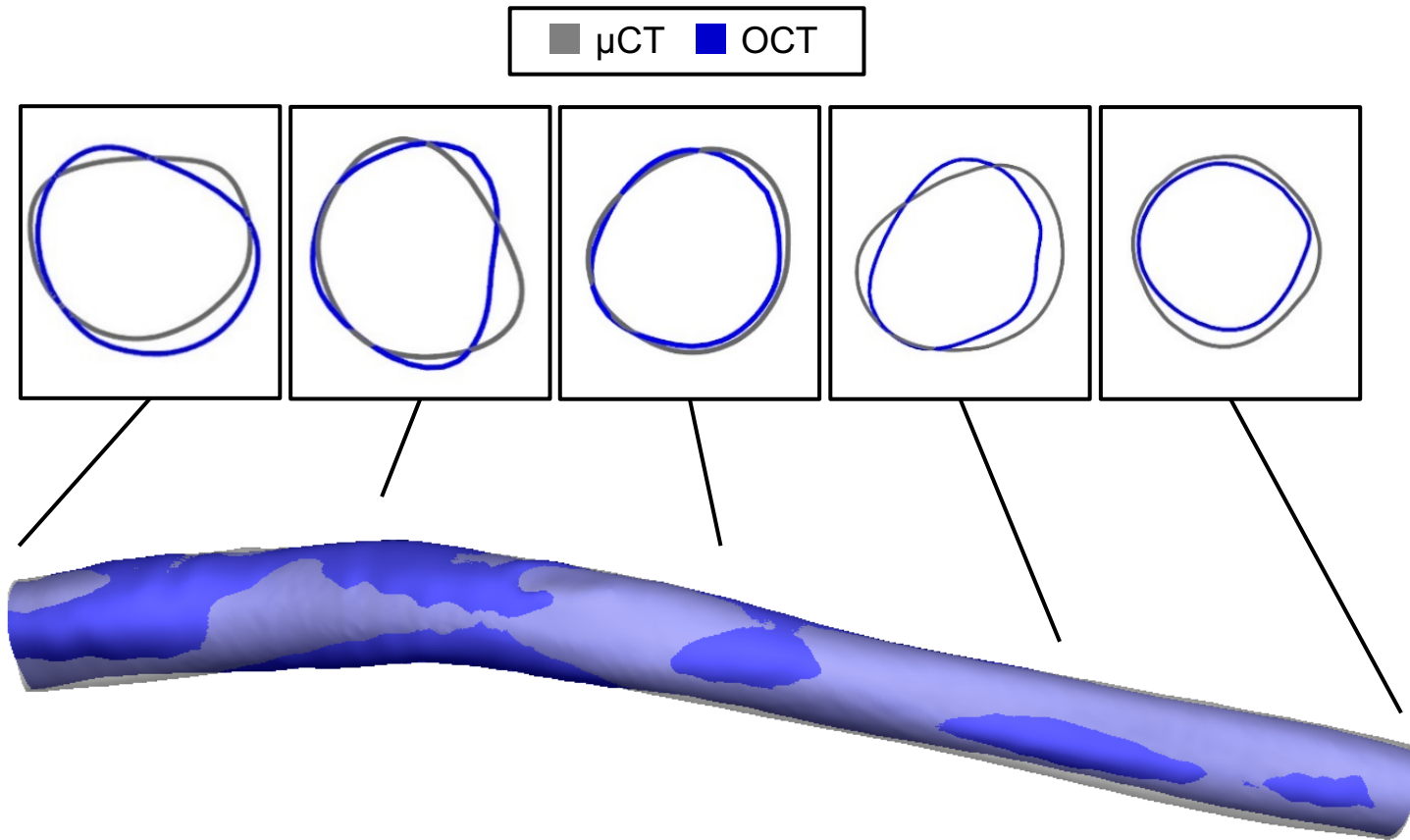


Stent reconstruction



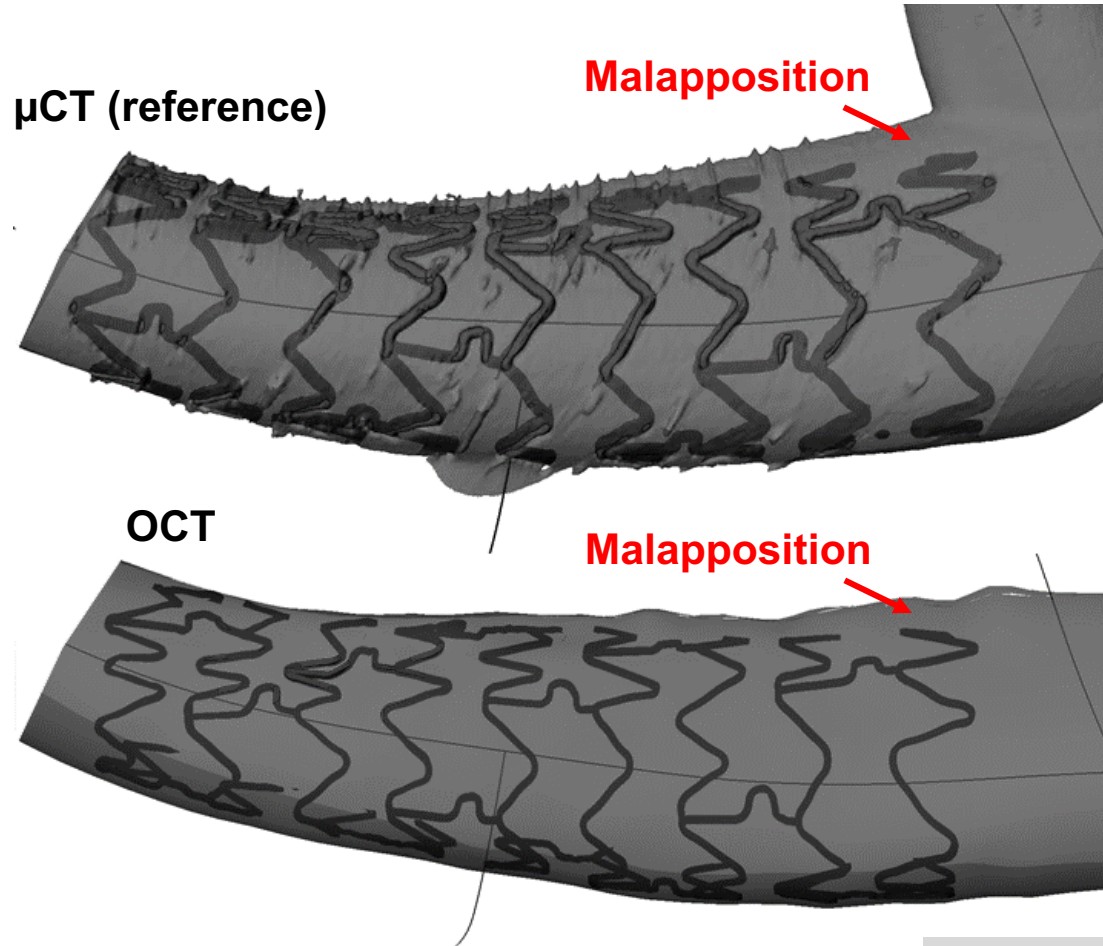
Validation: lumen reconstruction

- Good replication of lumen cross-sections
- Twist error angle at the extremities
- Relative error for the lumen volume: 7.1%



Validation: stent reconstruction

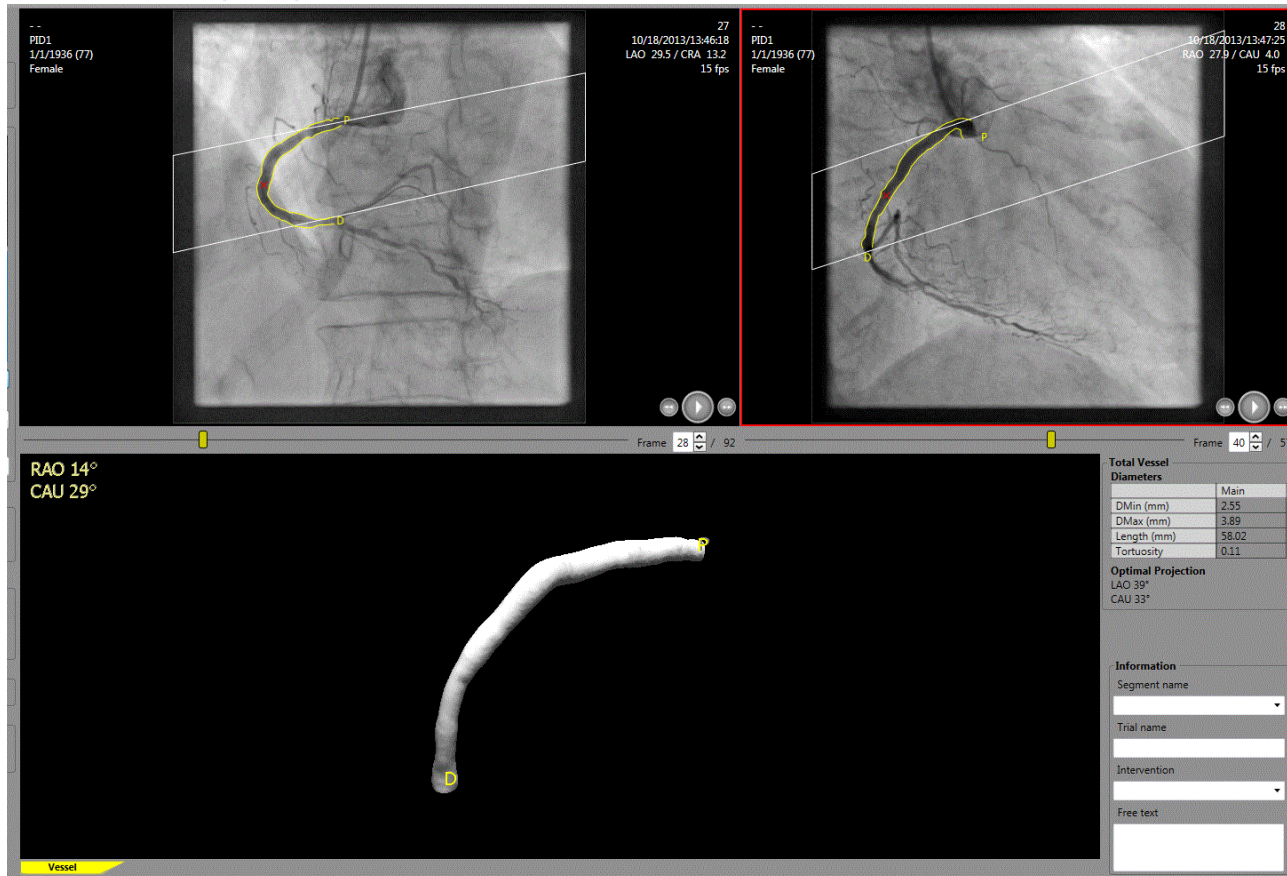
- Good replication of stent design
- Regions of complete overlapping between stent reconstructions
- Distances between the two geometries (first 3 quartiles): 130 μm ; 195 μm ; 270 μm



Migliori, Chiastra et al. *Med Eng Phys*, 2017

- Right coronary artery
- 3.5x28 mm Xience Prime (Abbott Vascular) + post-dilation

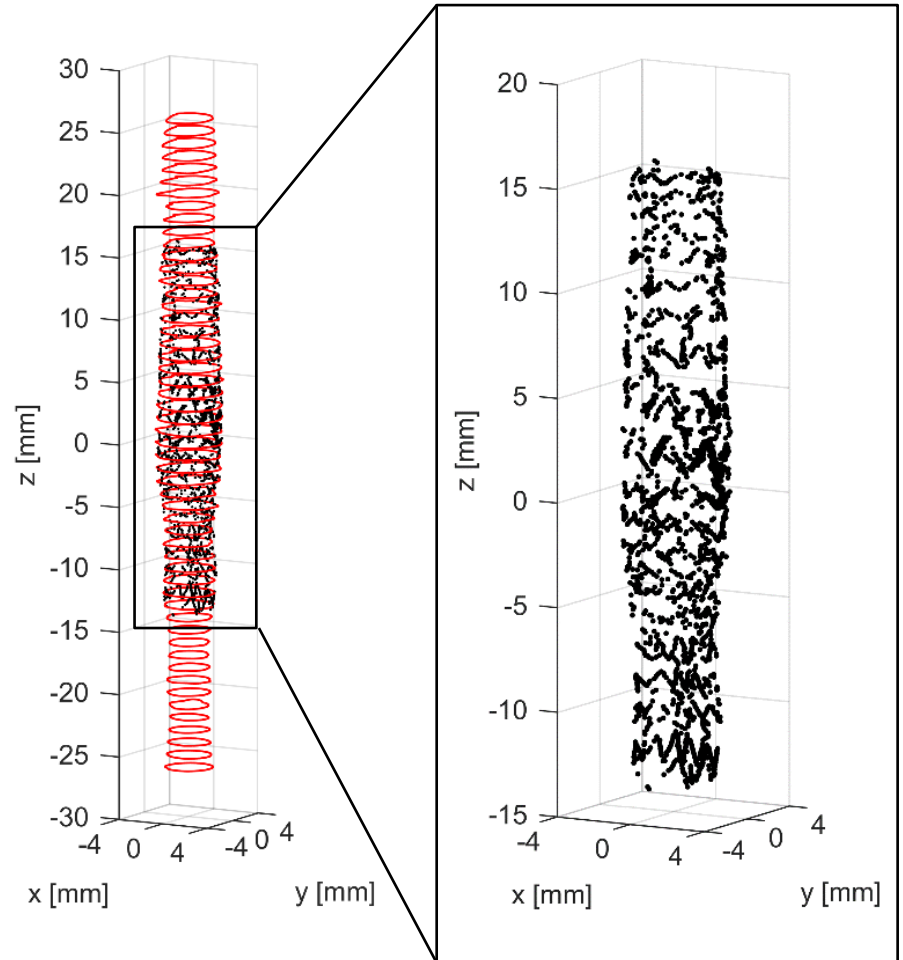
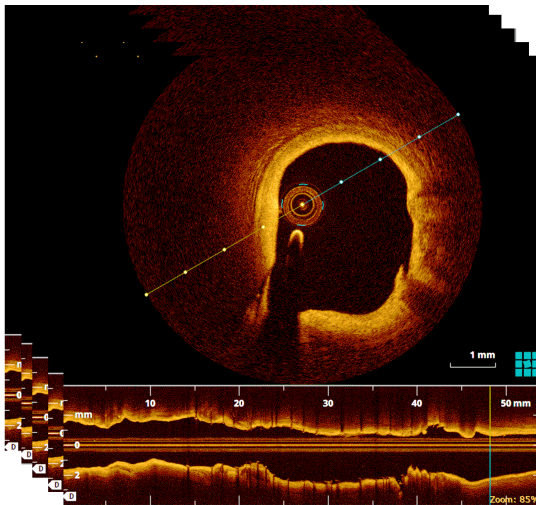
Angiographic views for centerline extraction



Pie Medical CAAS

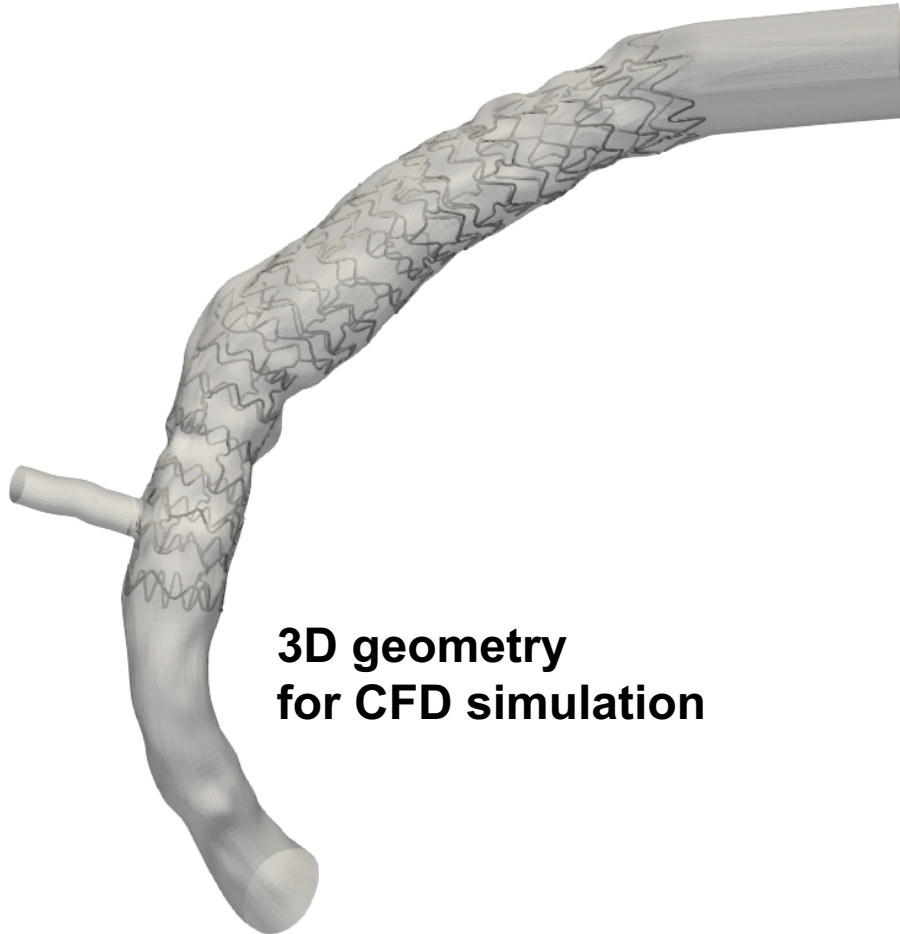
- Right coronary artery
- 3.5x28 mm Xience Prime (Abbott Vascular) + post-dilation

OCT Images

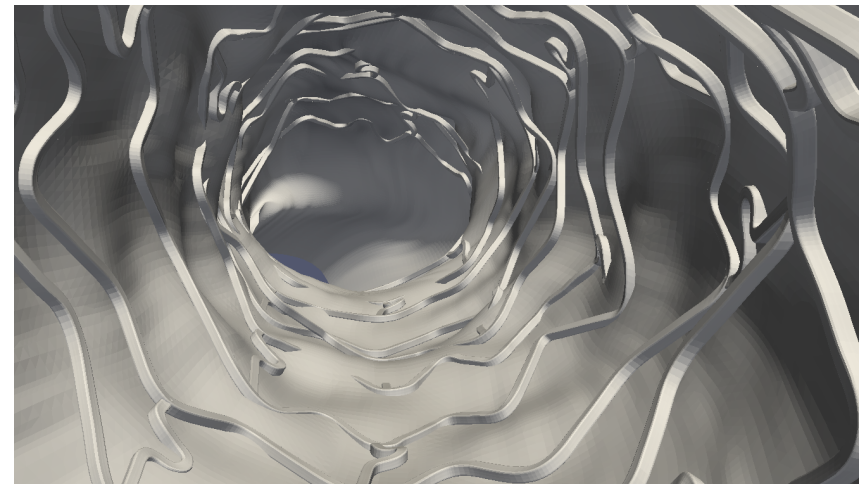
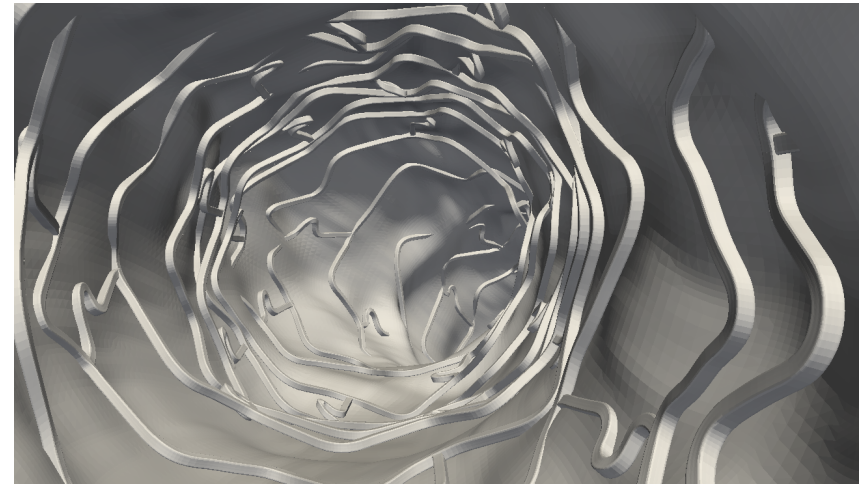


Application to *in vivo* cases: an example

- Right coronary artery
- 3.5x28 mm Xience Prime (Abbott Vascular) + post-dilation

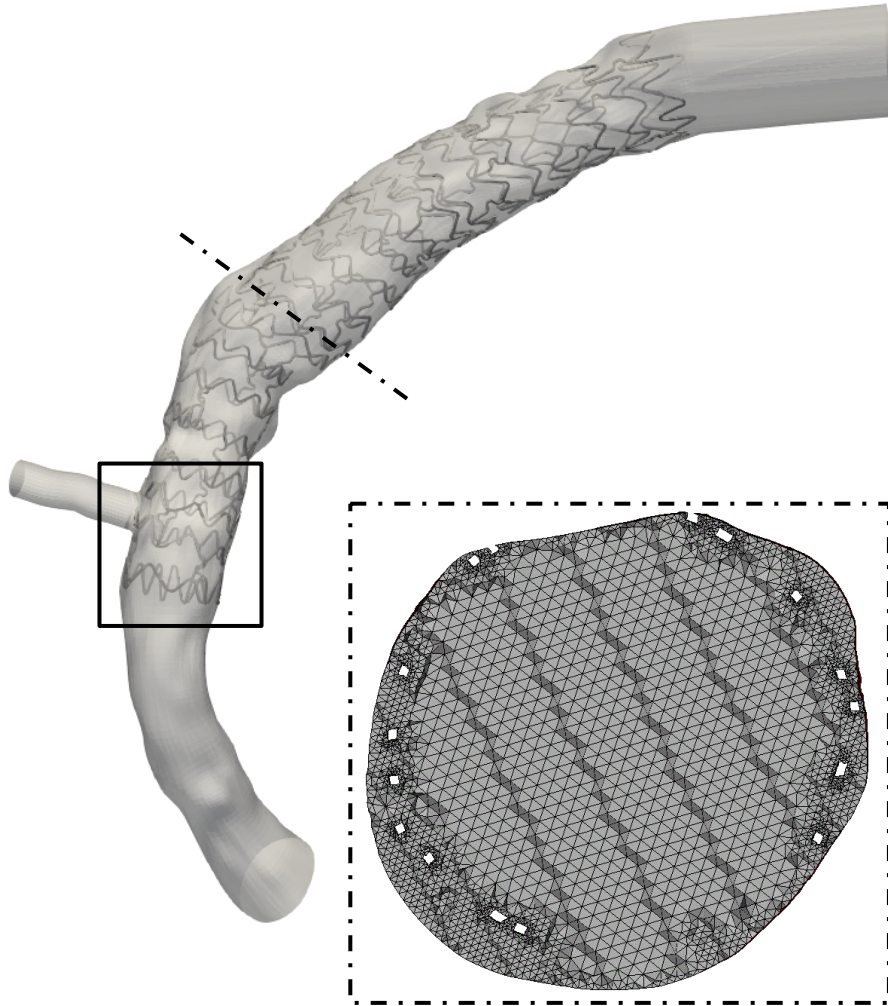


3D geometry
for CFD simulation



Application to *in vivo* cases: an example

- **Mesh:** 5,957,992 tetrahedral elements

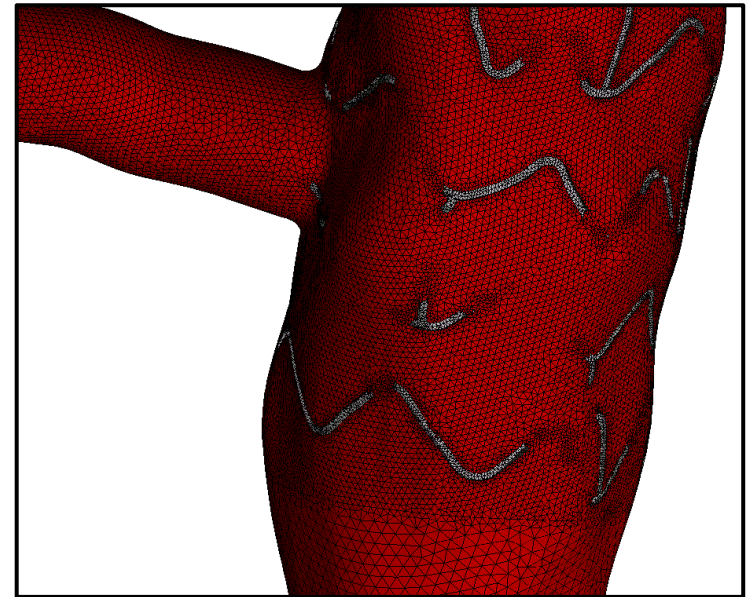


- **Boundary conditions**

- **Inlet:** flow-rate based on frame count ¹

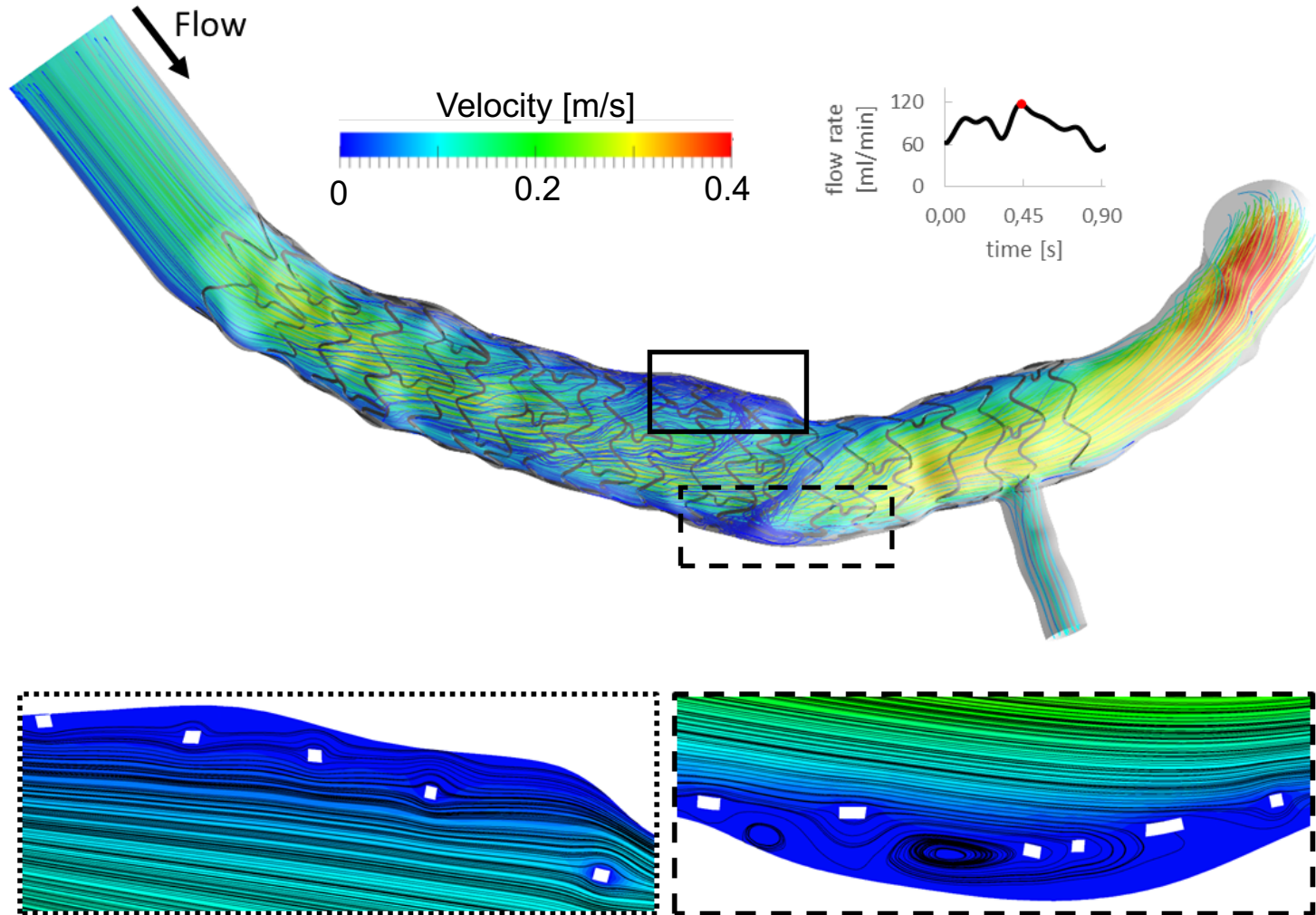
$$Q = \frac{15 \frac{\text{frame}}{\text{s}}}{\# \text{ frames}} \cdot V[\text{ml}] \cdot 60 \frac{\text{s}}{\text{min}}$$

- **Outlet:** flow-split based on scaling law ²
(MB = 94%, SB = 6%)

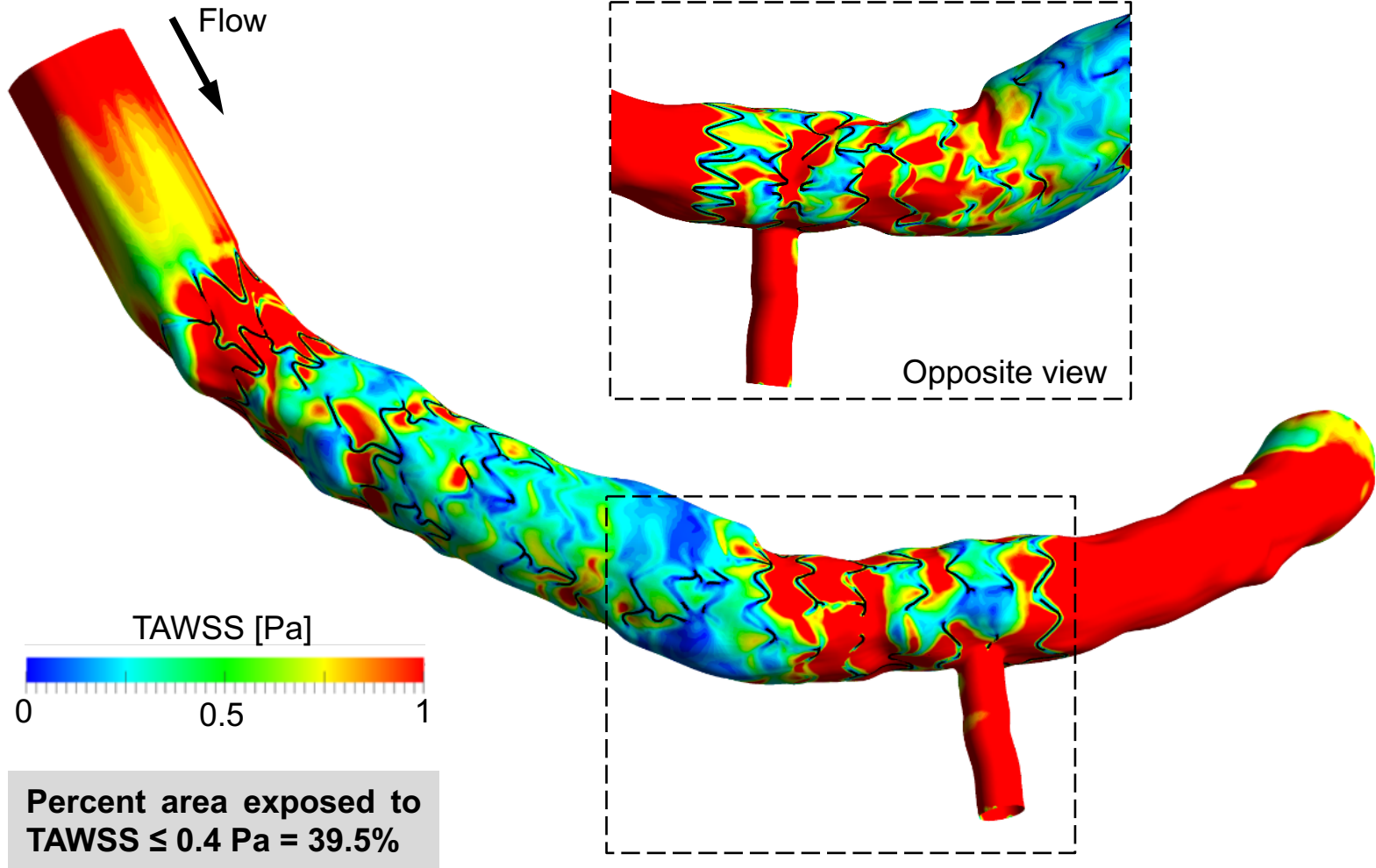


1. Sakamoto et al. *Am J Cardiol*, 2013
2. Van der Giessen et al. *J Biomech*, 2011

■ Results: velocity



■ Results: time-averaged wall shear stress



■ 3D reconstruction method of stented coronary bifurcation models from OCT for fluid dynamics simulations

- Able to reconstruct continuous 3D stent geometries with high accuracy
- Able to capture malapposed struts
- Able to reconstruct every type of coronary stent (i.e. with rectangular / circular cross-section)

■ Validation of the reconstruction method

- Good replication of the lumen and stent
- The more the landmarks, the less the twist angle error between OCT frames

■ Application of the reconstruction method patient-specific cases



EBC FORECAST

EBC FORECAST flow-chart

Patients with stable or unstable coronary artery disease involving a major bifurcation site and undergoing diagnostic or interventional invasive percutaneous coronary procedures with the use of optical coherence tomography (OCT) on the bases of operator's yield.

↓ Screening for FORECAST (inclusion/exclusion criteria)

Angiographically critical ($\geq 80 < 100$ %DS) or angiographically intermediate (30-80 %DS) lesion in the MV of a coronary bifurcated lesion located in a proximal or mid coronary segment. TIMI 3 on both MV and SB. MV visual diameter > 2.5 mm. SB visual diameter > 2.0 m

↓ Enrollment in the FORECAST study

Coronary angio + OCT planned in a FORECAST bifurcated lesion

← PCI performed

PCI deferred
(medical management) →

**BIFURCATION PCI
FORECAST ARM**

(N=200, main study arm with sample size estimation)

**BIFURCATION PLAQUE
FORECAST ARM**

(N=100, exploratory arm)

Post-PCI coronary
angio + OCT performed

Computational fluid dynamics
to assess **LOW SHEAR STRESS
AREA PERCENTAGE**

Baseline coronary
angio + OCT performed

Clinical follow-up up to
18-month to assess TBF

Clinical follow-up up to
18-month to assess TBF

Research team

➤ Gabriele Dubini



➤ Susanna Migliori



➤ Marco Bologna



➤ Luca Mainardi



➤ Eros Montin



➤ Lorenzo Genuardi



POLITECNICO
MILANO 1863

Gemelli
Fondazione Policlinico Universitario A. Gemelli
Università Cattolica del Sacro Cuore



➤ Francesco Migliavacca

➤ Claudio Chiastra

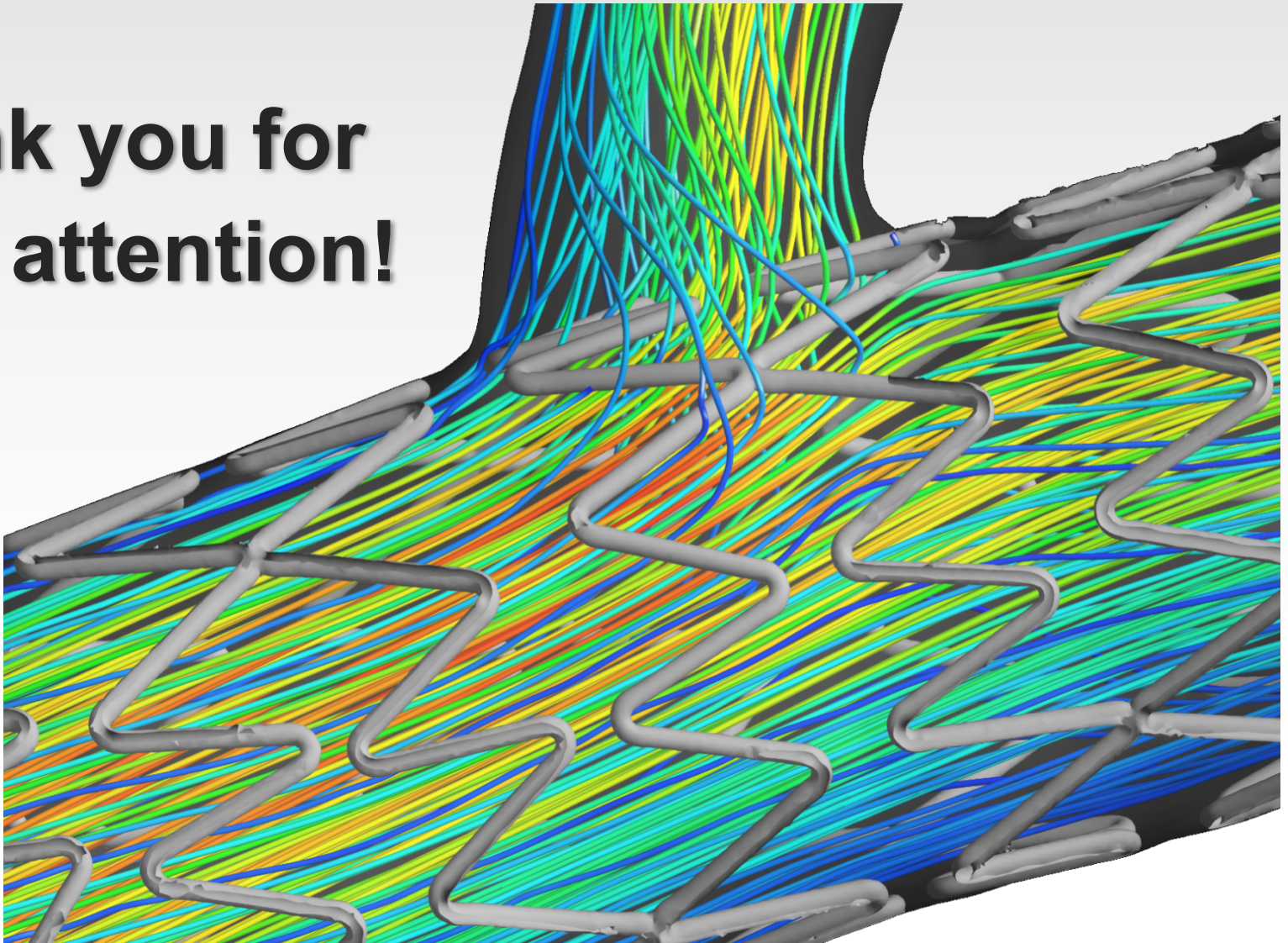
➤ Cristina Aurigemma

➤ Francesco Burzotta

H2020 Marie Skłodowska-461 Curie European Training Network
H2020-MSCA-ITN-2014 VPH-CaSE, www.vph-case.eu



**Thank you for
your attention!**



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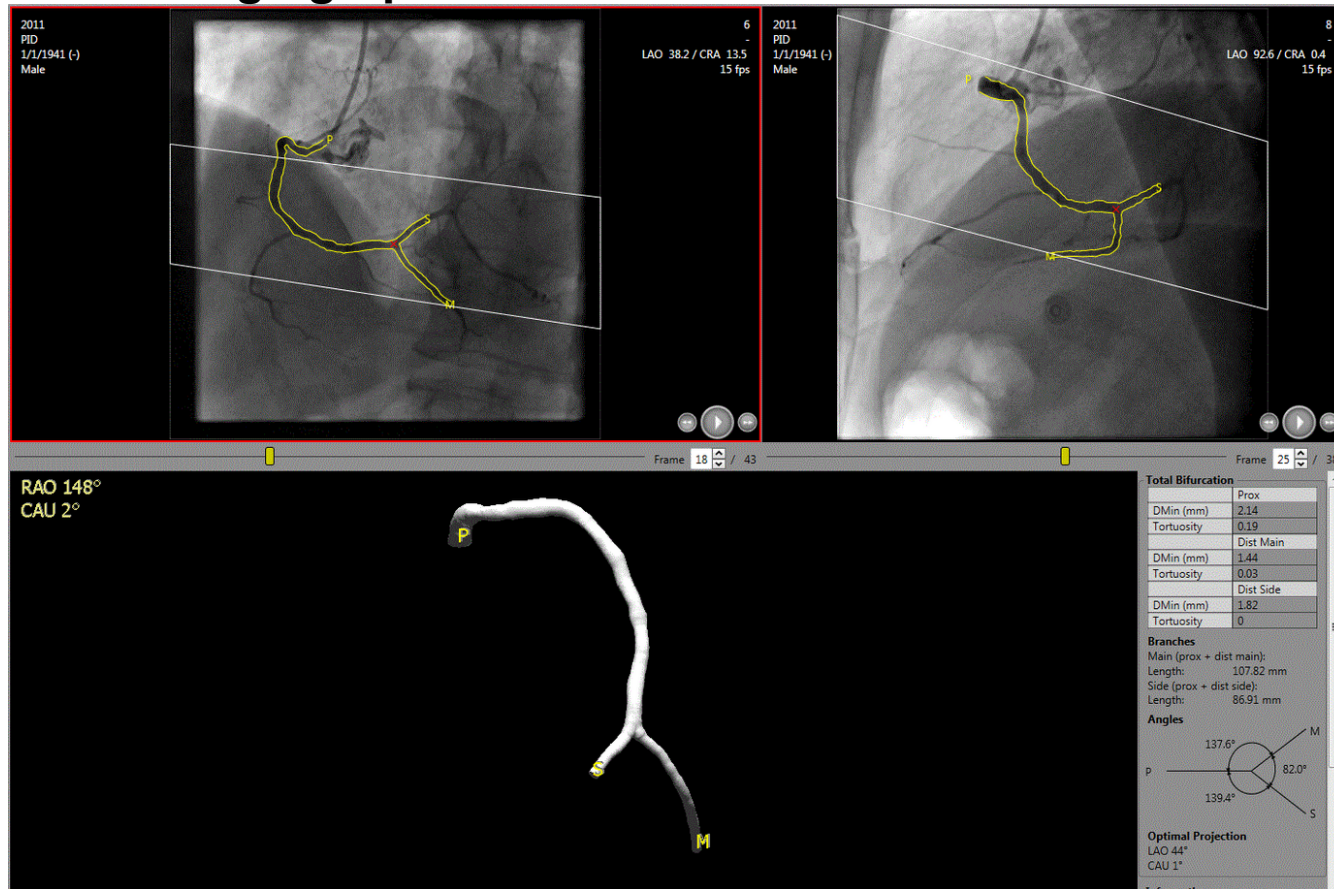
Clinical follow-up up to 18-month to assess TBF

Clinical follow-up up to 18-month to assess TBF



- Distal right coronary artery
- 3.5x24 mm **Nobori** (Terumo) + post-dilation

Angiographic views for centerline extraction



Pie Medical CAAS

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- 3.5x24 mm **Nobori** (Terumo) + post-dilation

