



Centre for Biomedical and Healthcare Engineering LGF CNRS UMR 5307

Prof. Stéphane Avril



Pointwise identification of material properties in soft biological tissues and applications to thoracic aneurysms

Where do I come from?



LYON-SAINTE-TIENNE

Historical site

Founded in 1816

PARIS



**RHONE-ALPS
AREA**

ESB 2016
JULY 10-13 2016
CITÉ DES CONGRÈS, LYON, FRANCE





- **Created by Royal Decree in 1816**
- **Graduate & Post-graduate School of Engineering**
- **Ranked in the top ten French engineering schools (out of 240)**
- **French Ministry of Industry**
- **Mission:**
 - **Contribute to companies' competitiveness**
 - **Educate highly qualified managers with strong technical and scientific skills**
 - **Develop applied research to meet the needs of industry**



- **1,570 students, 15% foreign students**
- **4 campuses**
- **175 PhD students**
- **415 publications per year**
- **5 research laboratories**
 - Chemical engineering
 - Material sciences
 - Mathematics and computer science
 - Microelectronics
 - Biomedical and healthcare engineering

Center for Biomedical and Healthcare Engineering

Centre Ingénierie et Santé



Campus with hospital, medical school, prevention center, college of engineering and companies manufacturing medical devices



Healthcare engineering



Soft tissue biomechanics and prosthesis

23 permanent staff
37 postgraduate students and postdocs

Personalized medicine Prevention

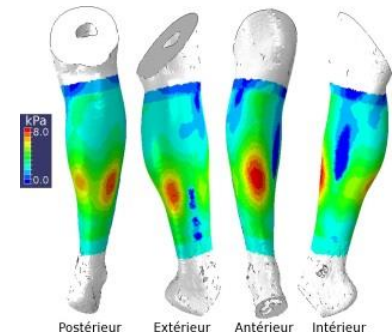
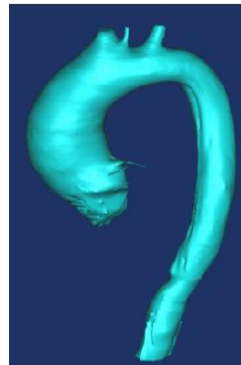


Biomaterials and inhaled nanoparticles





The aim is to employ biomechanical models to adapt the treatments of cardiovascular and osteoarticular diseases to each patient





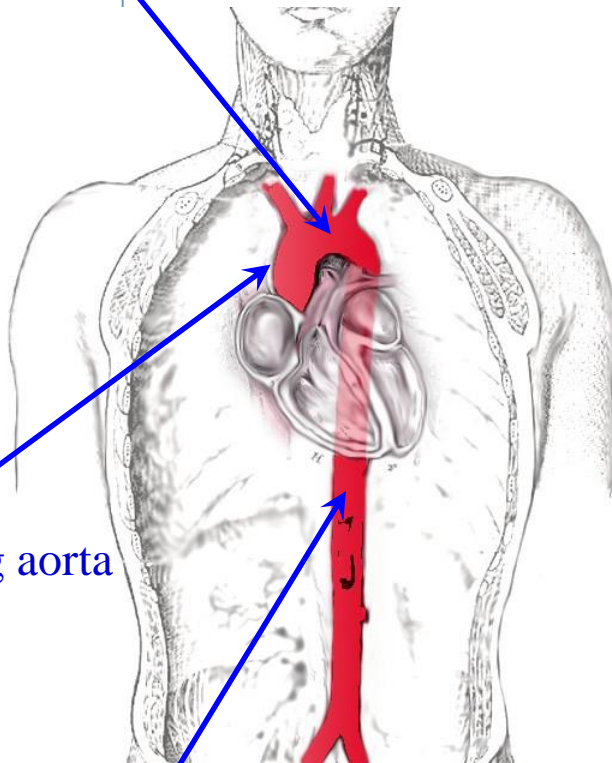
Recent contribution to ATAA biomechanics



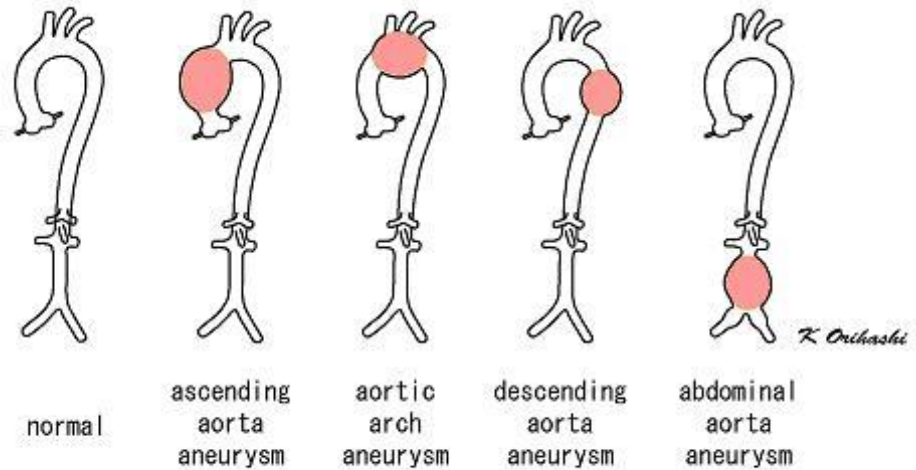
arch of aorta

ascending aorta

descending aorta
(thoracic aorta and abdominal aorta)



▶ a local dilation of the aorta due to aortic wall weakening



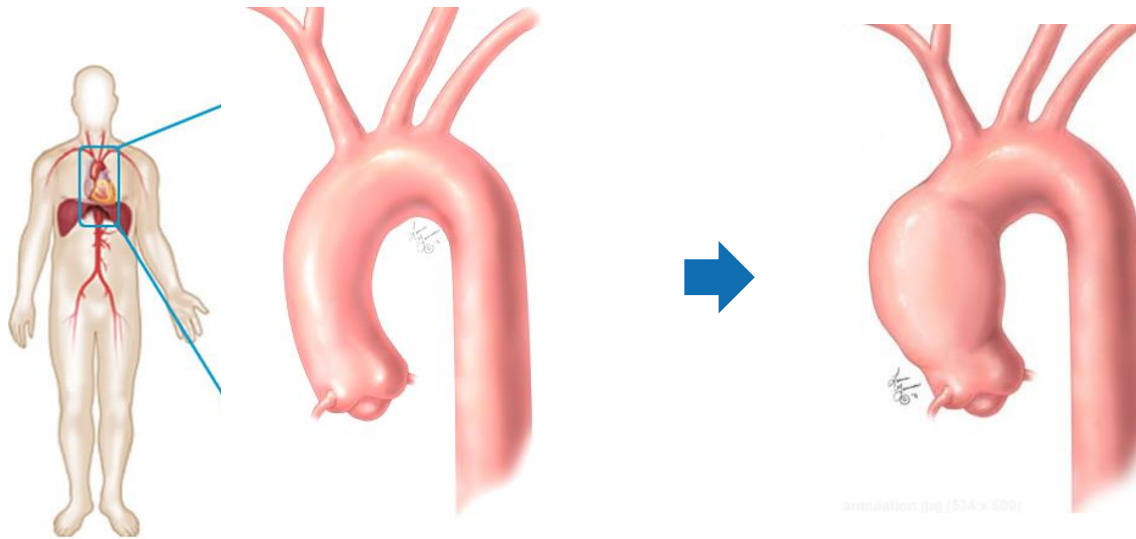
Various aortic aneurysms

- ➡ aneurysm rupture
- ➡ a fatal medical emergency



Ascending thoracic aortic aneurysm (ATAA):

“Permanent localized dilatation of the aorta having at least a 50% increase in diameter compared to the expected normal diameter of the aorta” (*Johnston et al., 1991*)



Healthy Ascending
Thoracic Aorta

Ascending Thoracic
Aortic Aneurysm (ATAA)

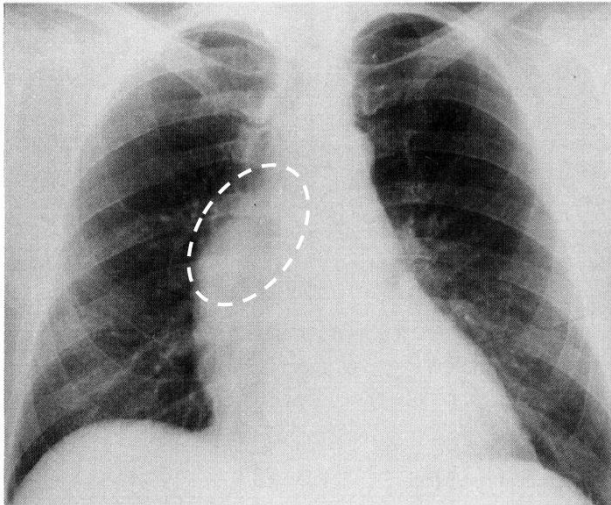
(<http://www.ucaorta.org>)

Major public health issue:

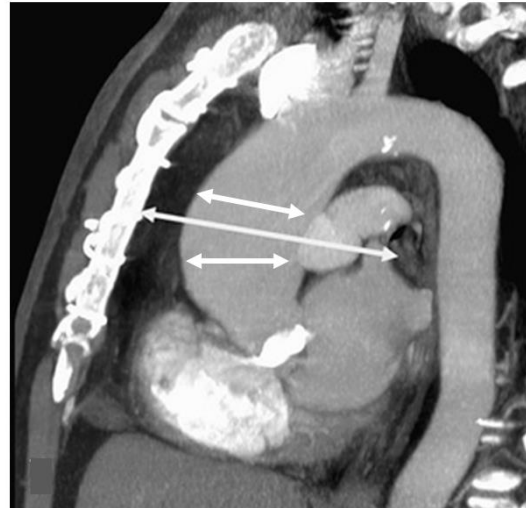
- Approximately 6 cases per 100 000 persons every year (*Clouse 1998; Isselbacher 2005*)
- Approximately 35 000 cases every year in Europe and 15 000 in the U.S.A.



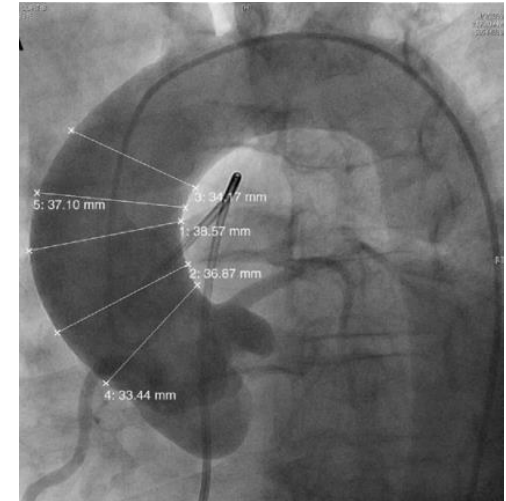
(Sullivan et al., 1988; Evangelista, 2010; Elefteriades et al., 2010)



X-ray



MRI



Aortogram

- Spontaneous detection
- Morphological measurements
- Diameter criterion (>55 mm)



“Small aneurysms can also rupture”

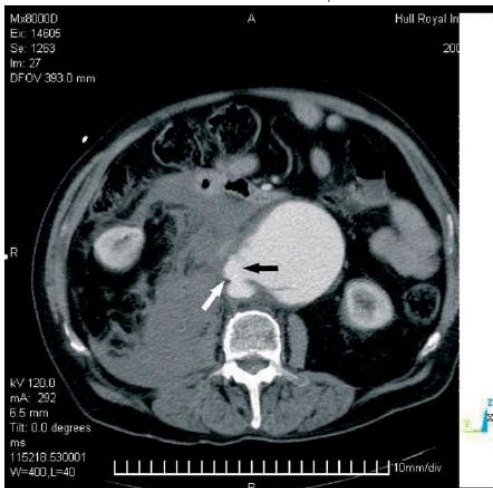
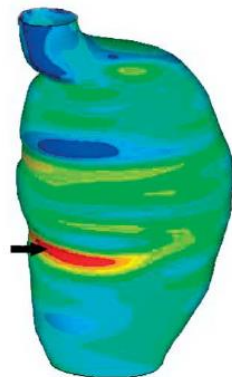
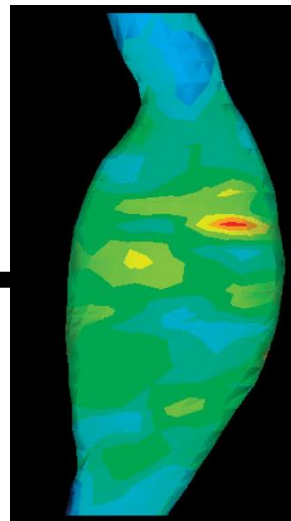
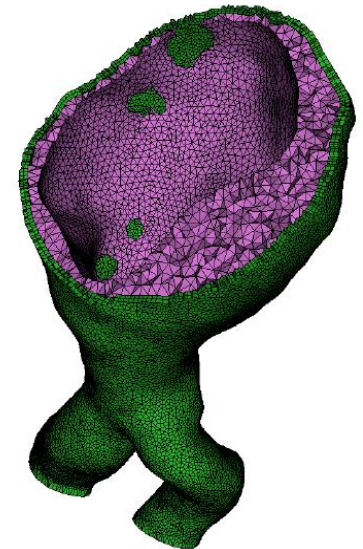
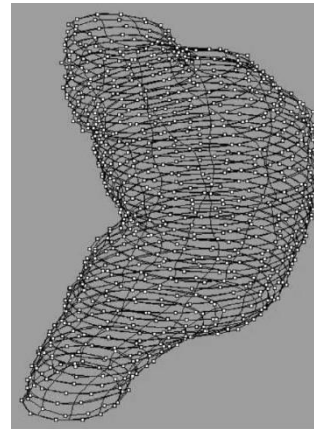
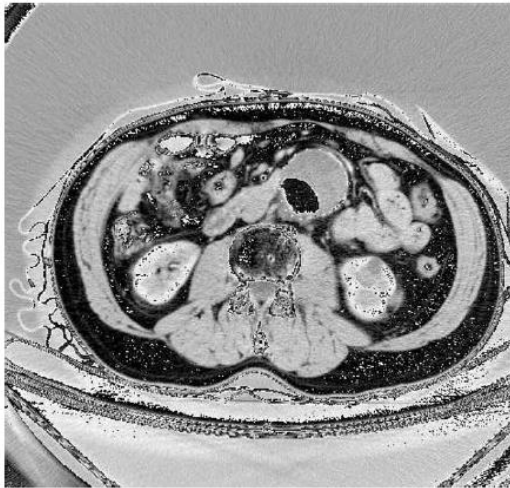
(Nicholls et al., 1998)

“Bigger aneurysms may never rupture” *(Elefteriades et al., 2010)*

The morphological measurements are not always reliable

We need to create new tools based on the biomechanical properties of the aneurysm to help surgeons to make decisions of intervention

Quantify the risk of rupture for each patient...



[McGloughlin T. Biomechanics and mechanobiology of aneurysms. 2012, Springer

www.vascops.com

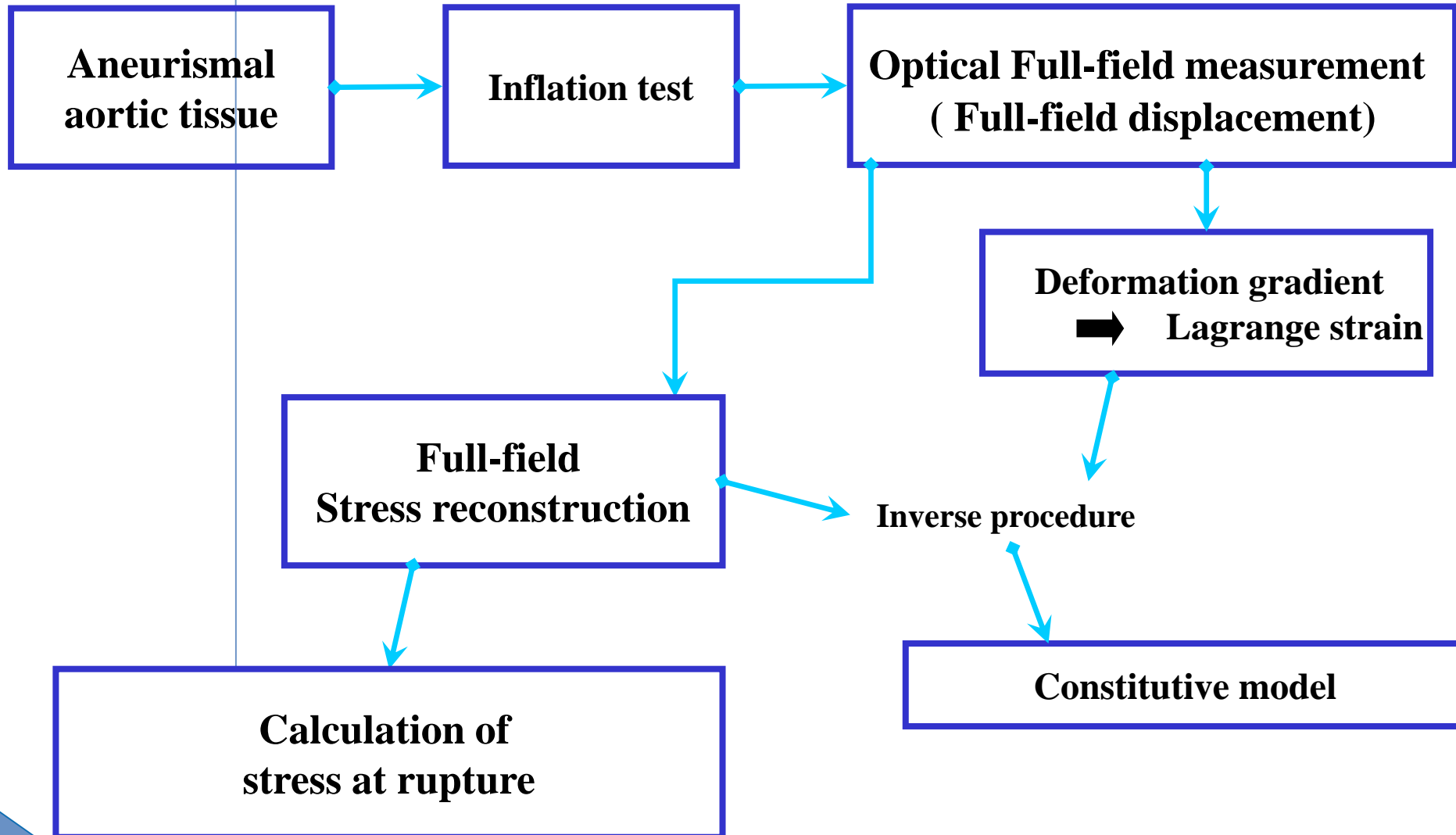


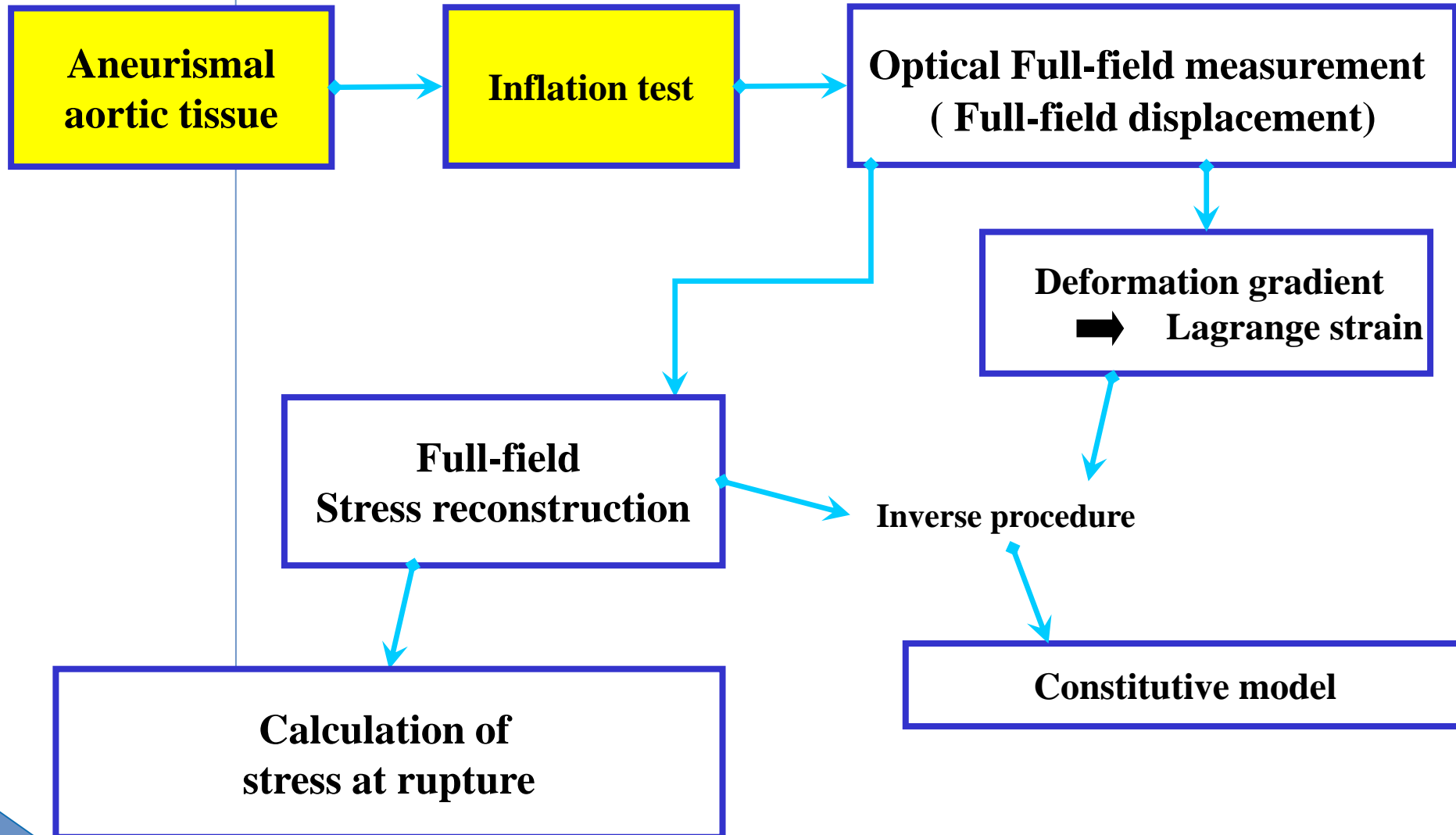
Quantify the risk of rupture for each patient???



Lack of local analyses

Where and how does the rupture initiates?

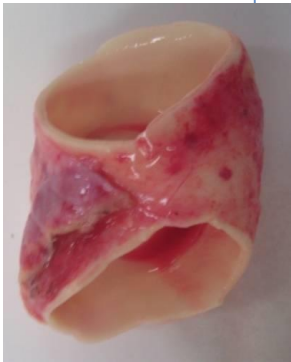






Circumferential

Axial

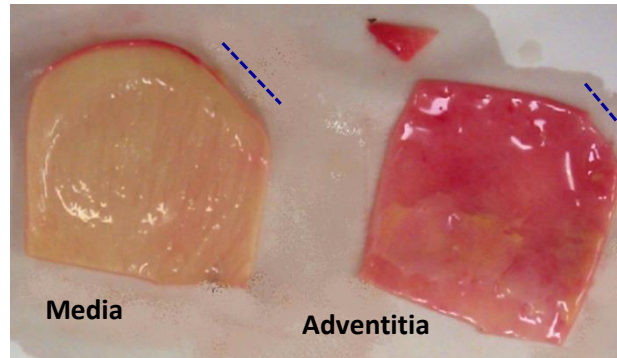


I) Aneurysm excised specimen.



Circumferential

Axial

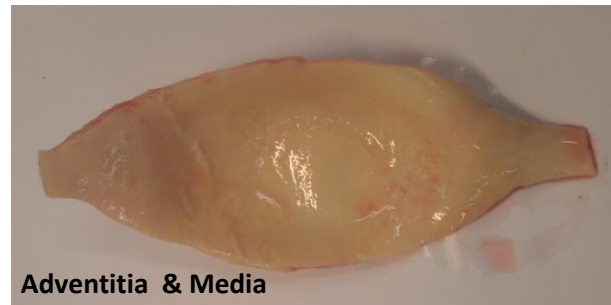


II) Separation of Media and Adventitia.

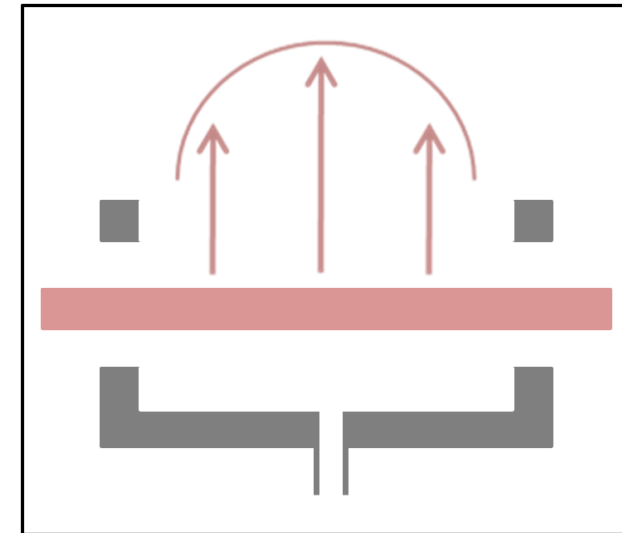


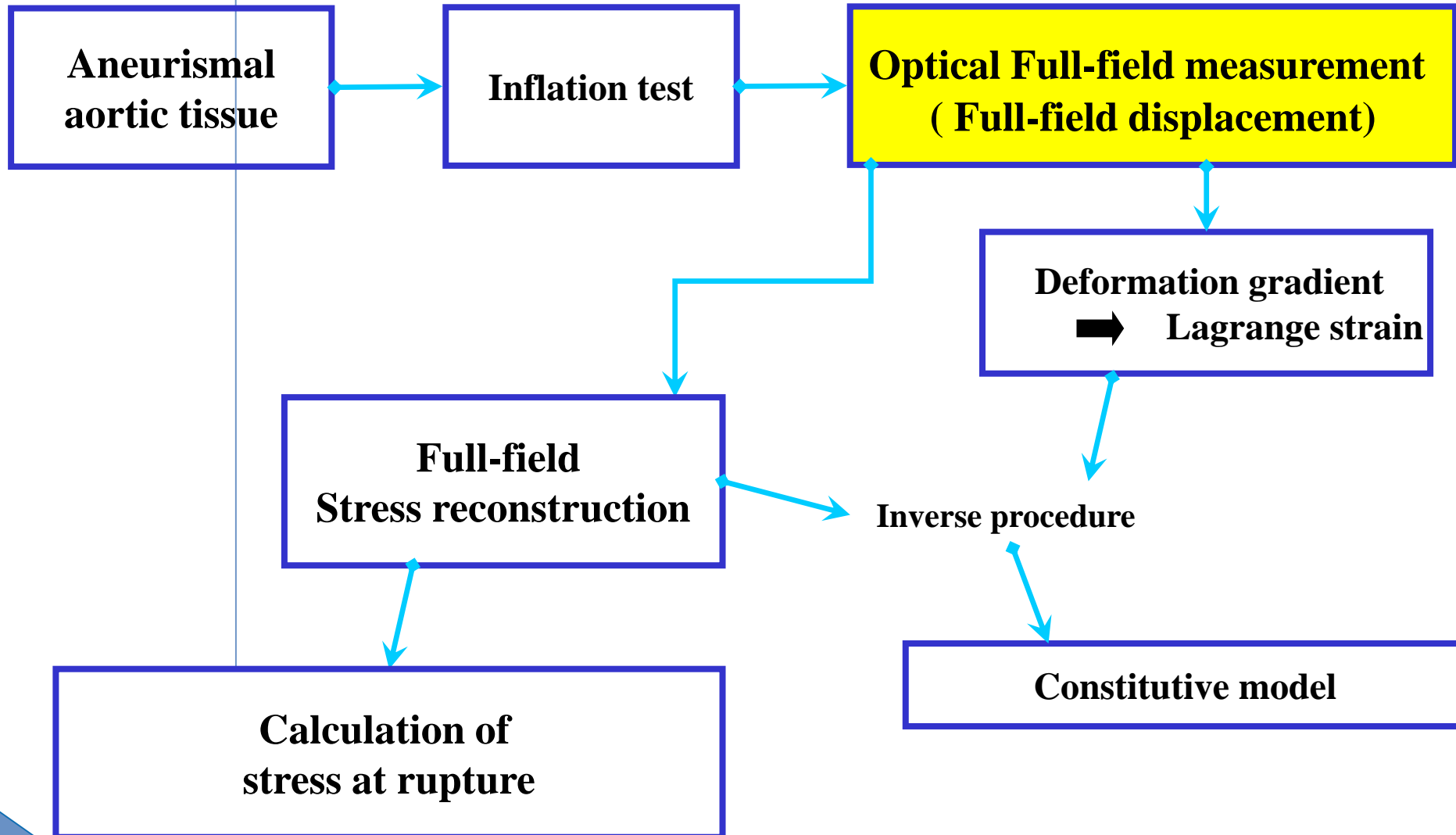
Circumferential

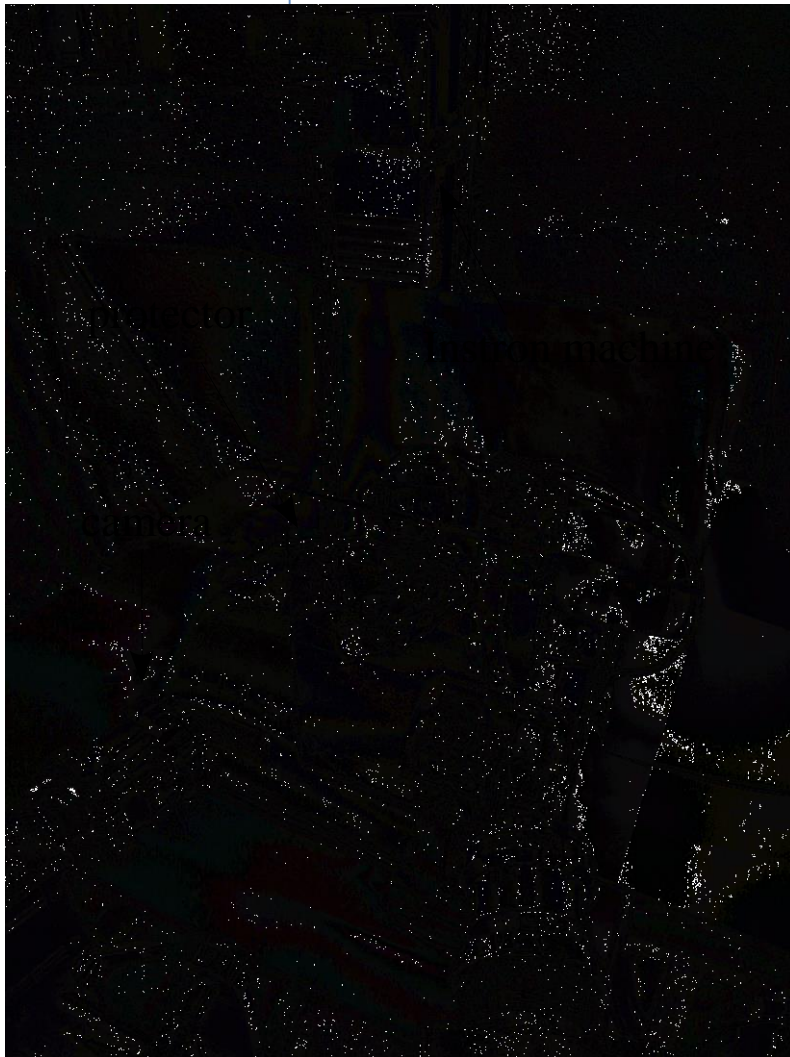
Axial



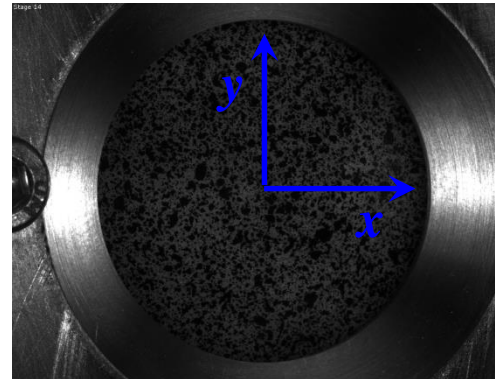
II) Media and Adventitia.



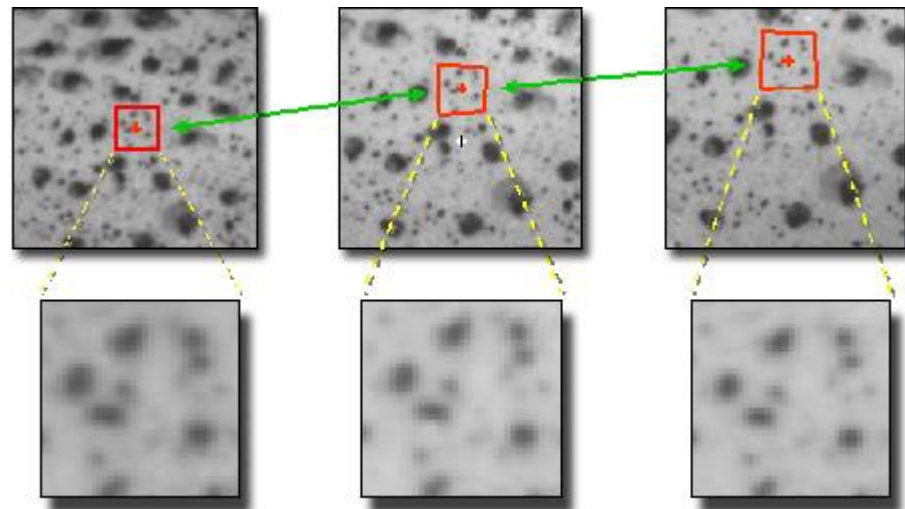




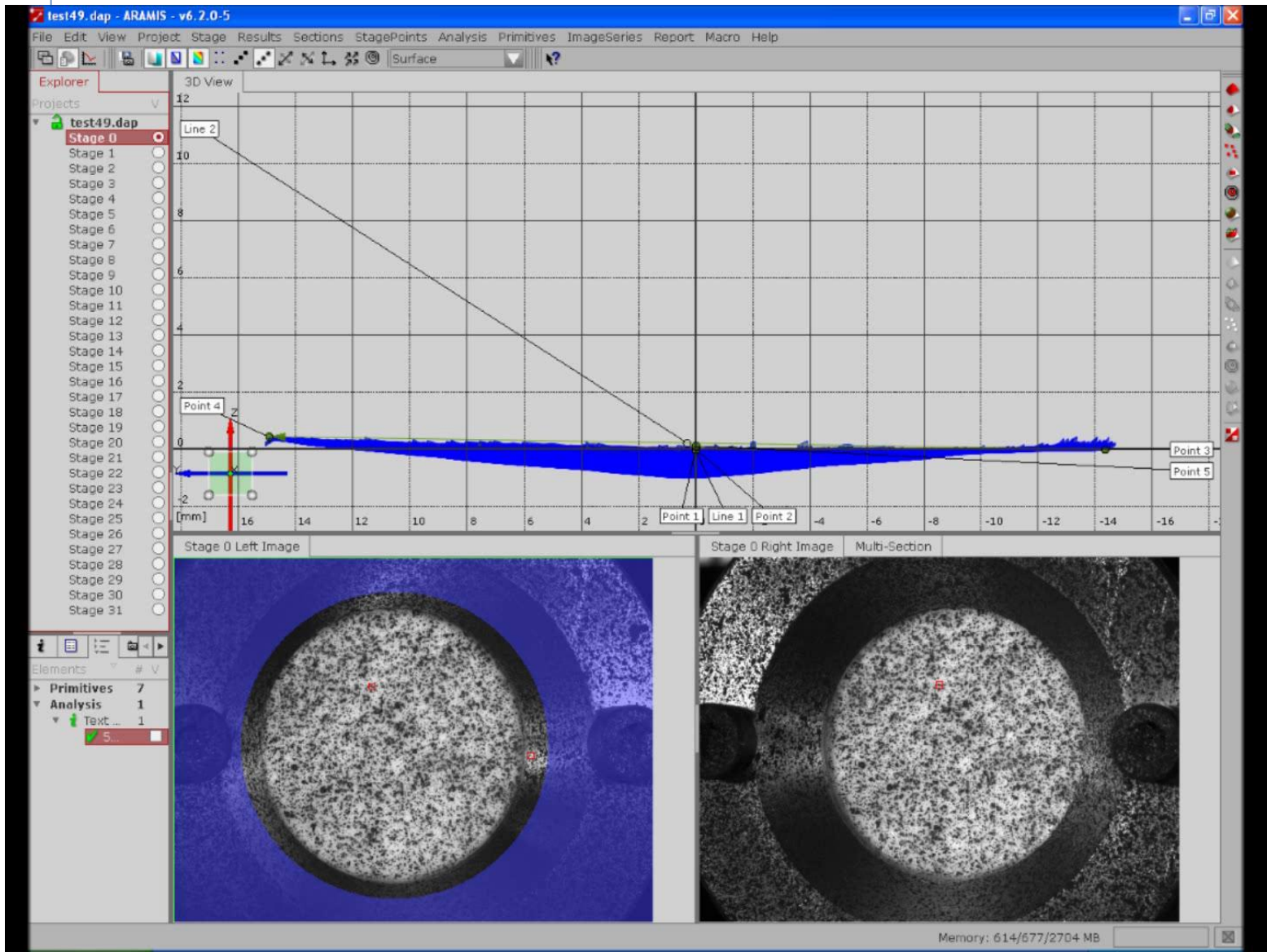
Undeformed



Deformed

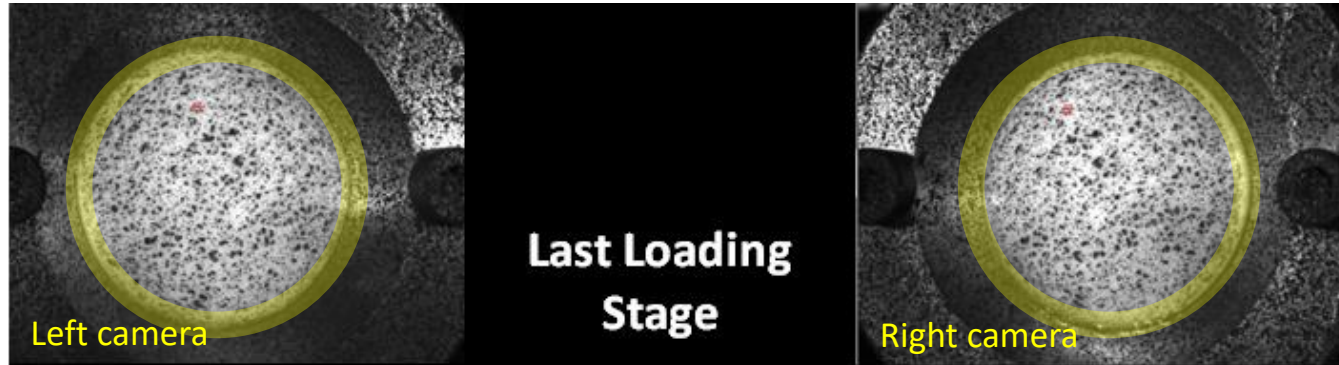


tracks the gray value pattern
in each subset during deformation

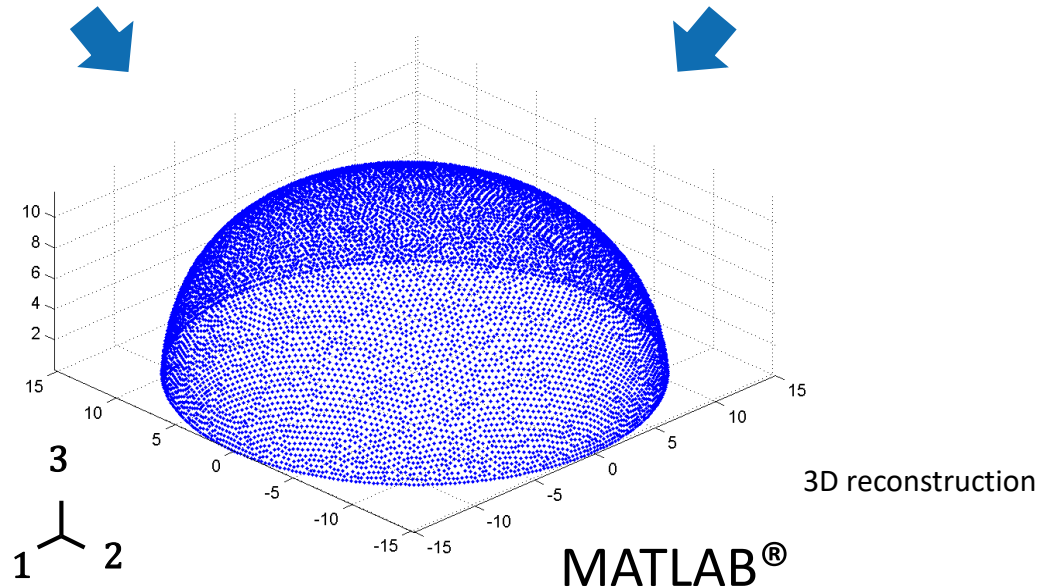


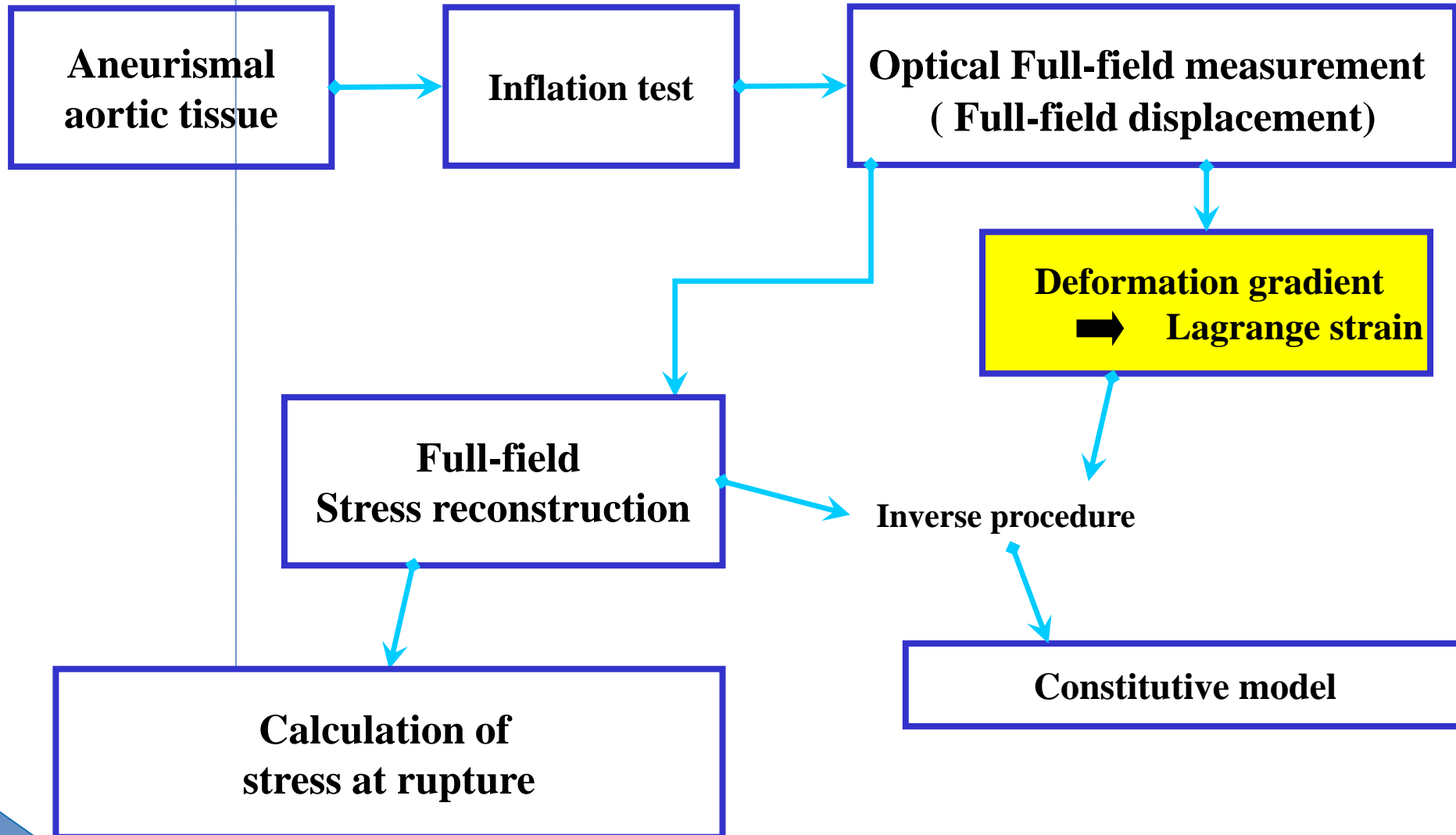


DIC system (Aramis®)



Export 3D coordinates for every data point







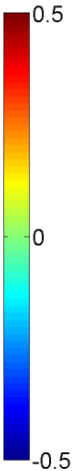
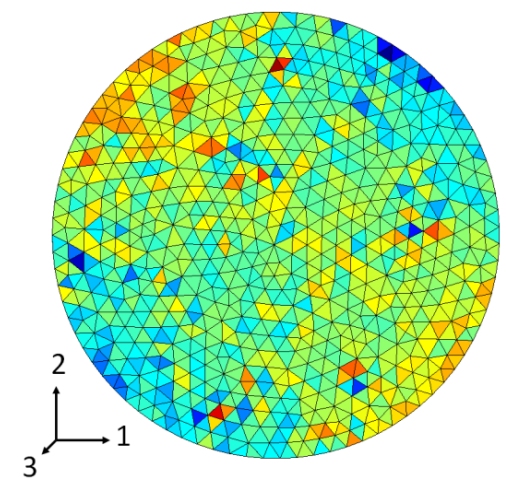
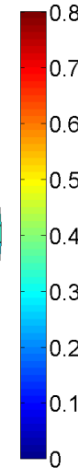
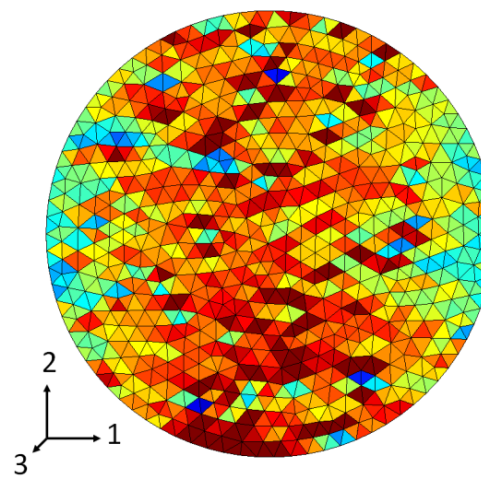
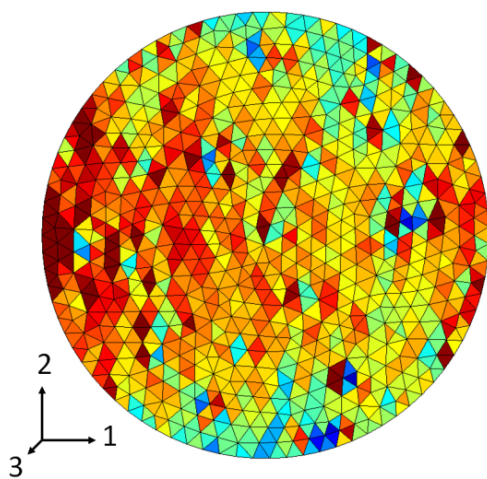
Green-Lagrange strain tensor

$$E = \frac{1}{2} (F^T F - I) = \begin{bmatrix} E_{11} & E_{12} \\ E_{21} & E_{22} \end{bmatrix}$$

E_{11}

E_{22}

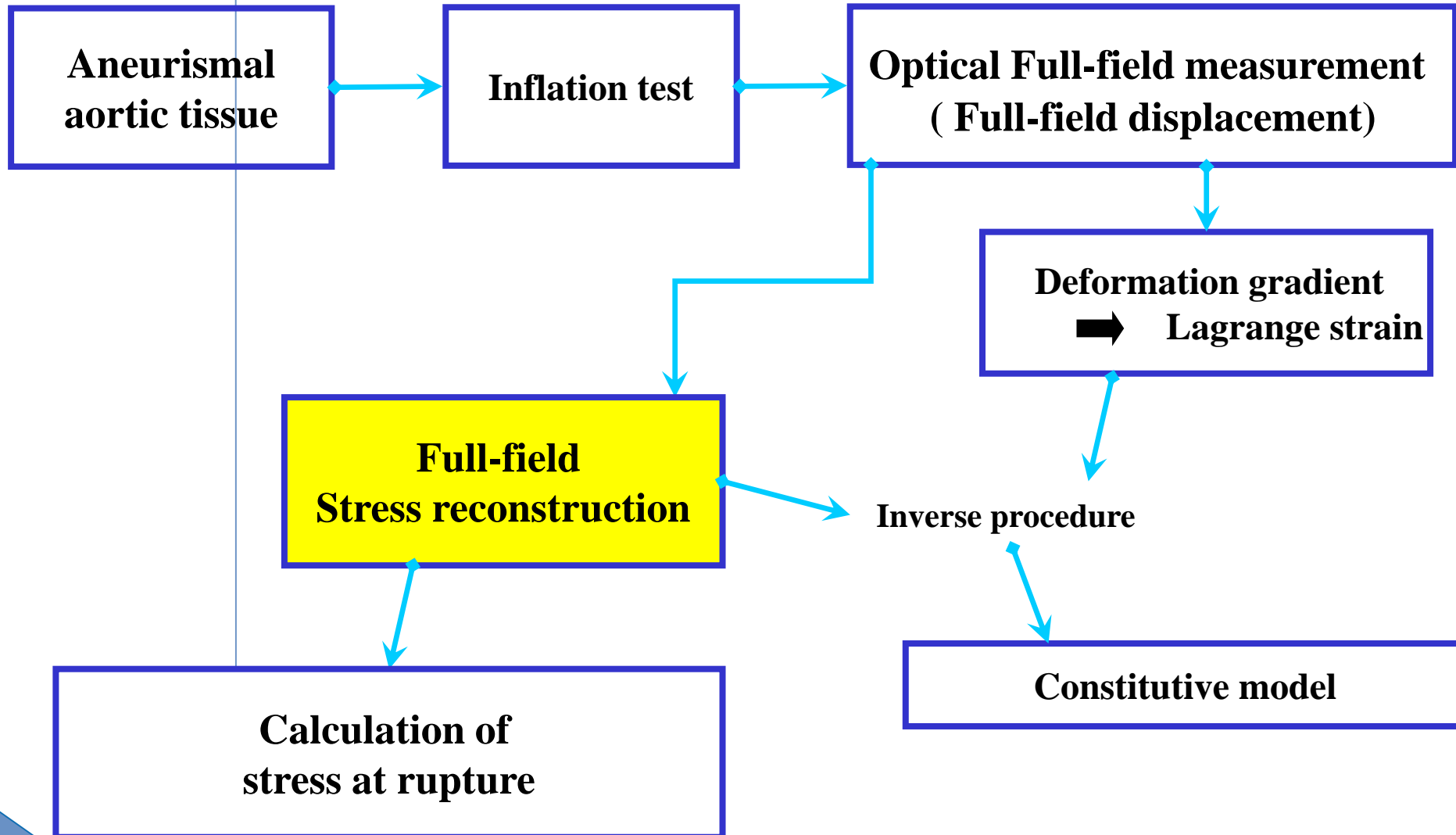
E_{12}

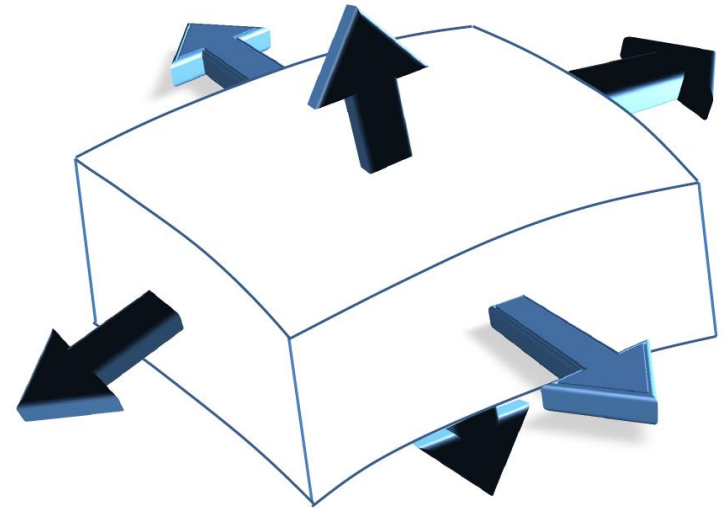
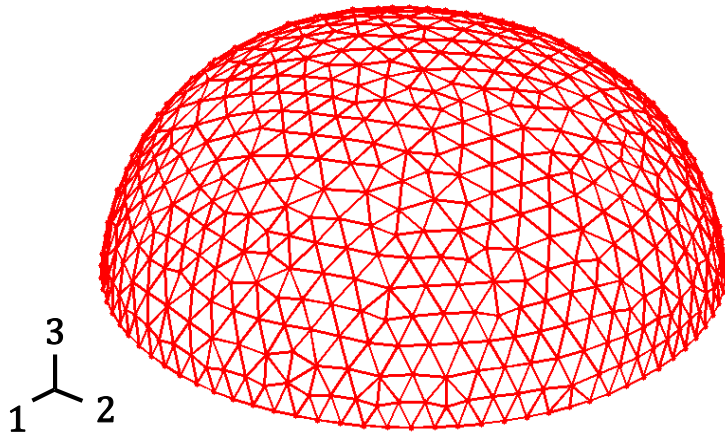


Global least-squares approximation

$$U = \text{Arg min}_U \sum_{i \in \Omega} (u_{ap}(\underline{x}_i) - \tilde{u}(\underline{x}_i))^2$$

Differentiation of the shape functions





$$\operatorname{div}(\boldsymbol{\sigma}) + f = 0$$

$$[A] \cdot [\boldsymbol{\sigma}] = [B]$$

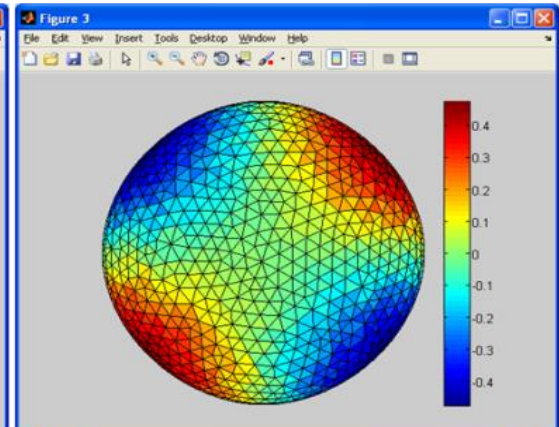
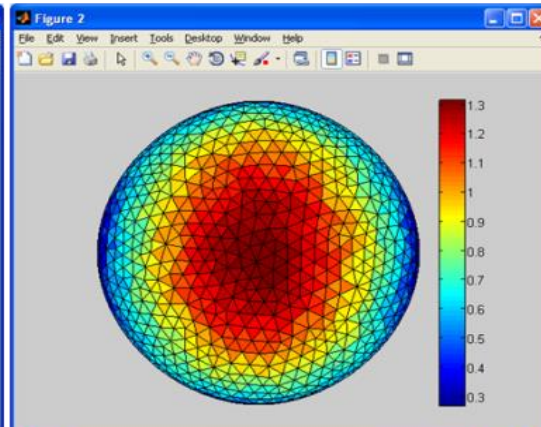
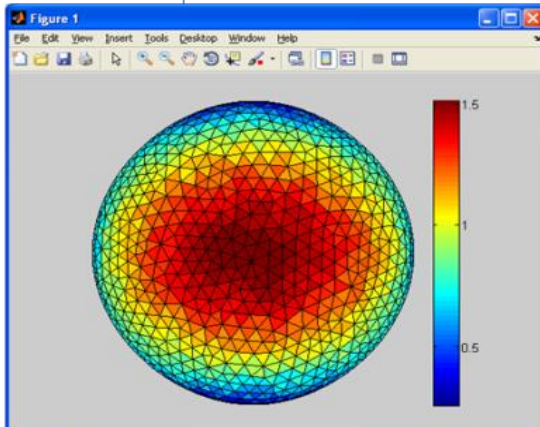


sigma_11

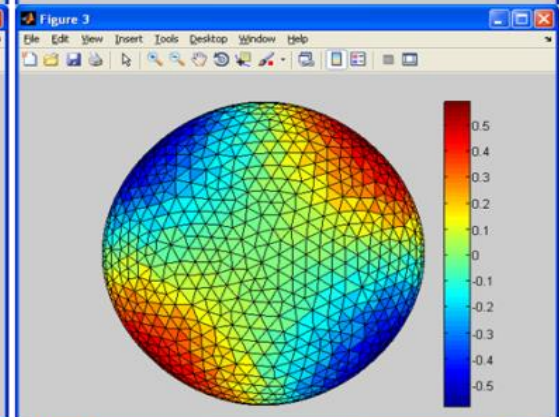
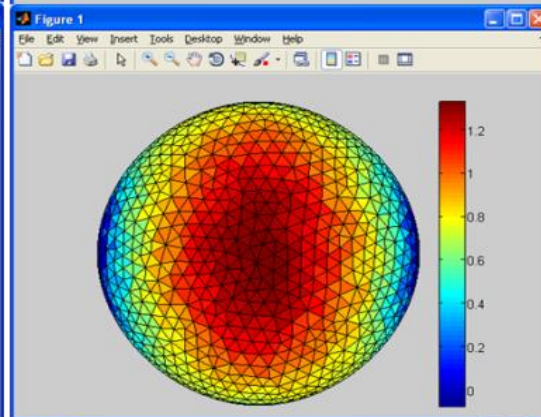
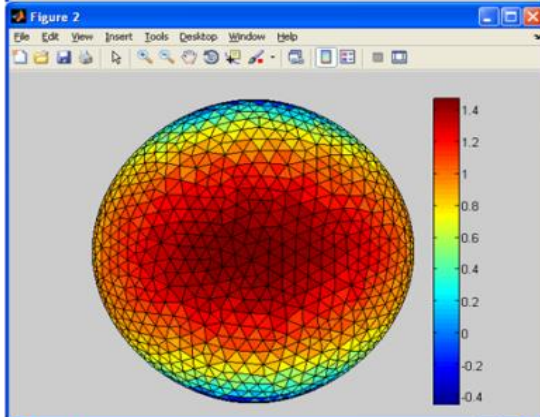
sigma_22

sigma_12

a)

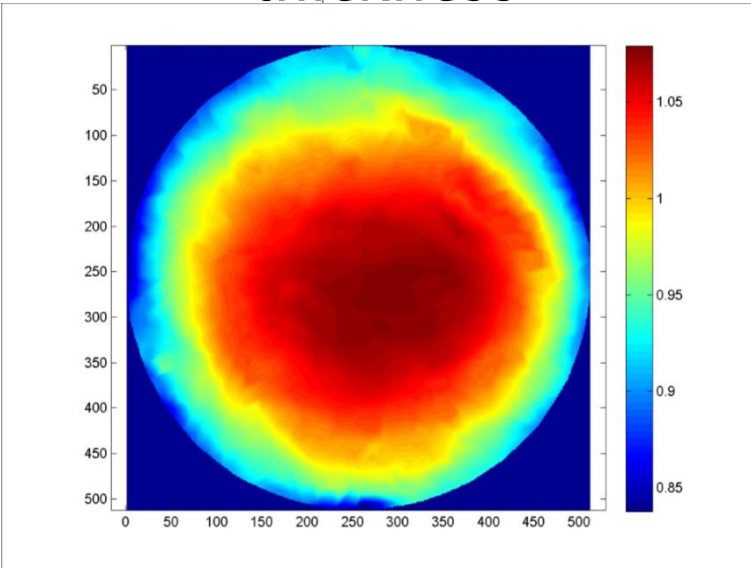


b)

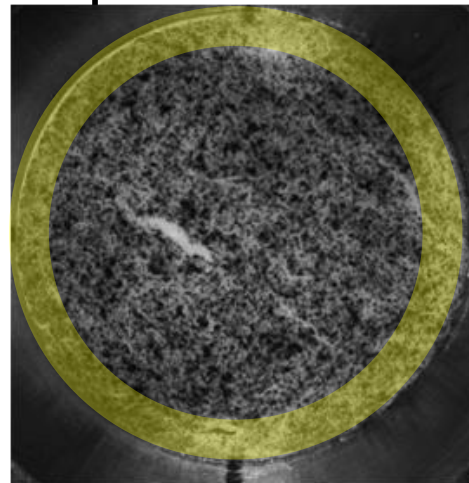




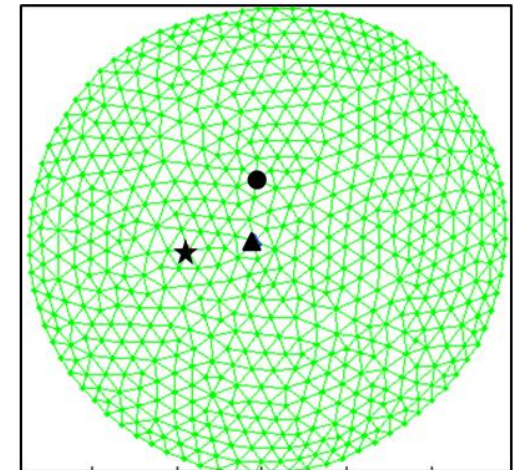
Local thickness



Rupture picture and

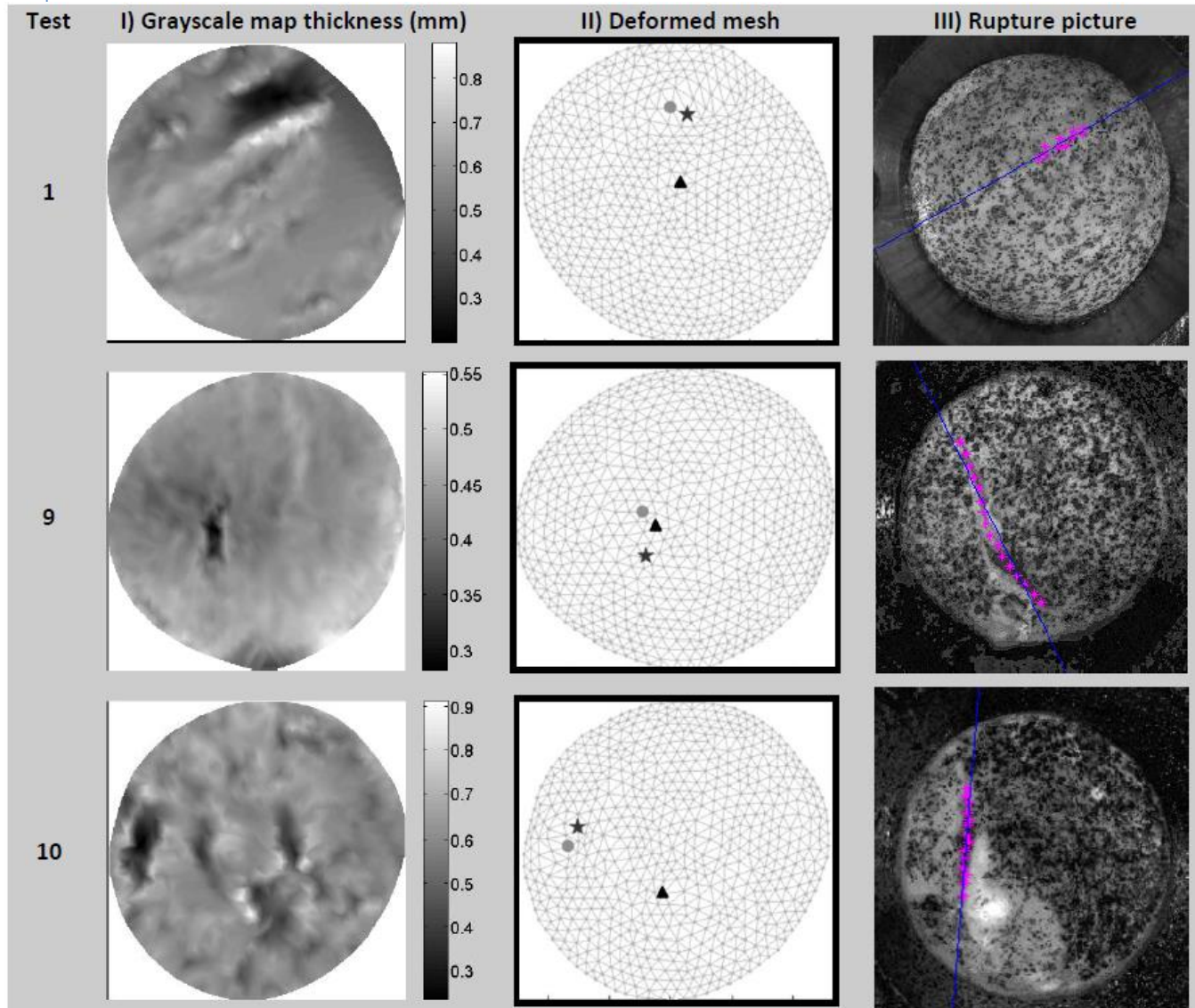


Mesh



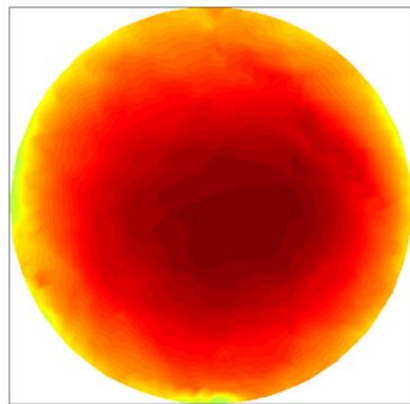
- = NodeMAX
- ▲ = NodeTOP
- ★ = NodeRUP

A. Romo, S. Avril, P. Badel, A Duprey, J.P. Favre. In vitro analysis of localized aneurism rupture. Journal of Biomechanics –2014, vol 47, N°3, pp 607–616.

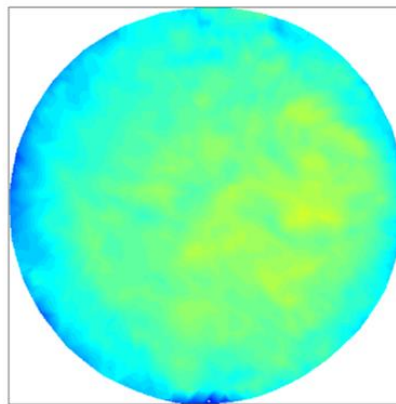
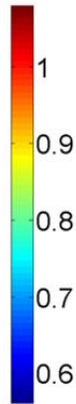




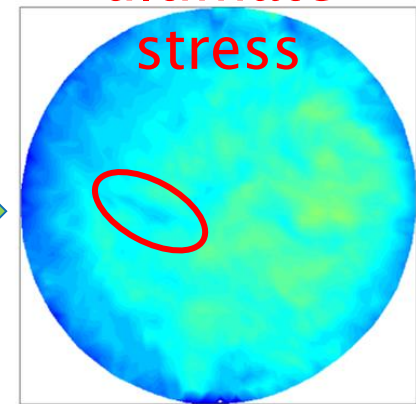
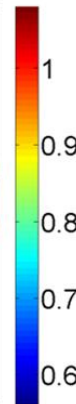
Thickness evolution (mm)



0.003 MPa

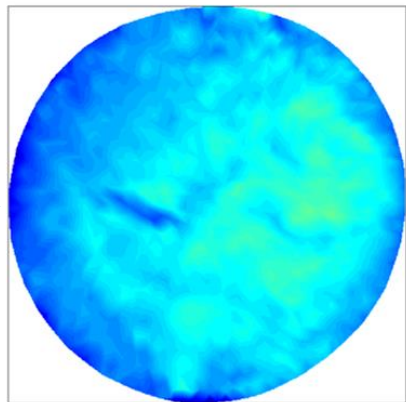
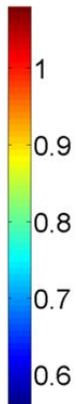


0.018 MPa

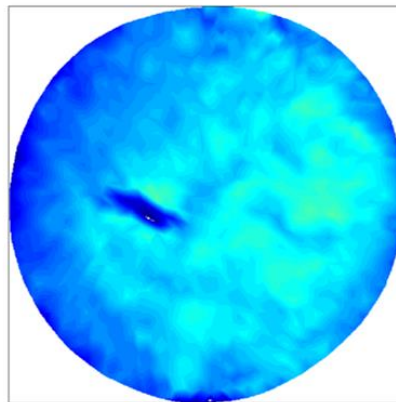
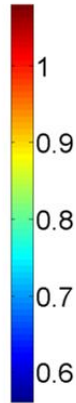


55% of the ultimate stress

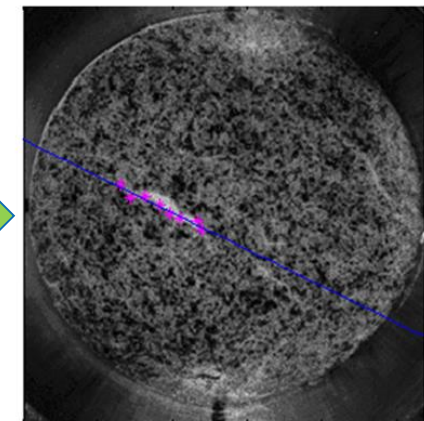
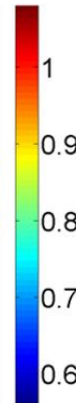
0.033 MPa



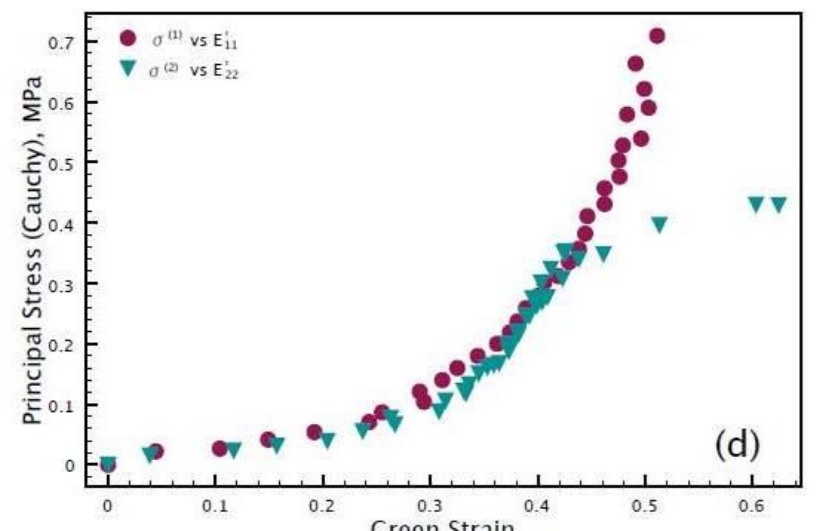
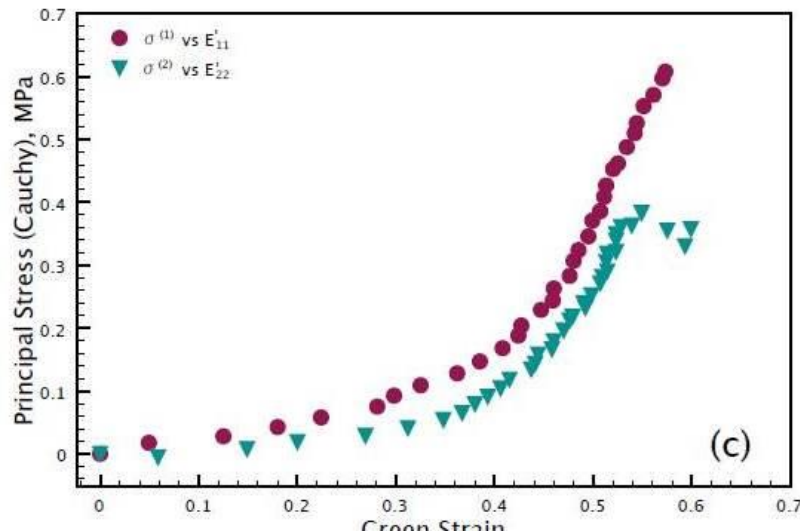
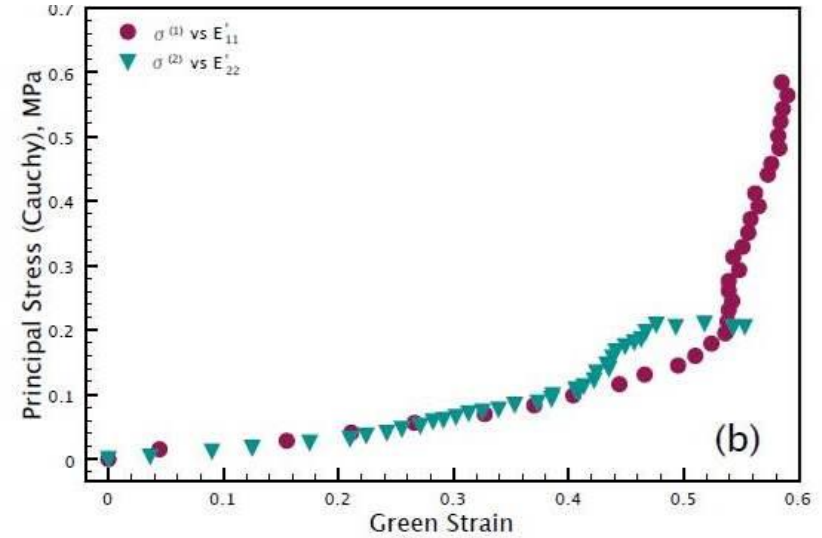
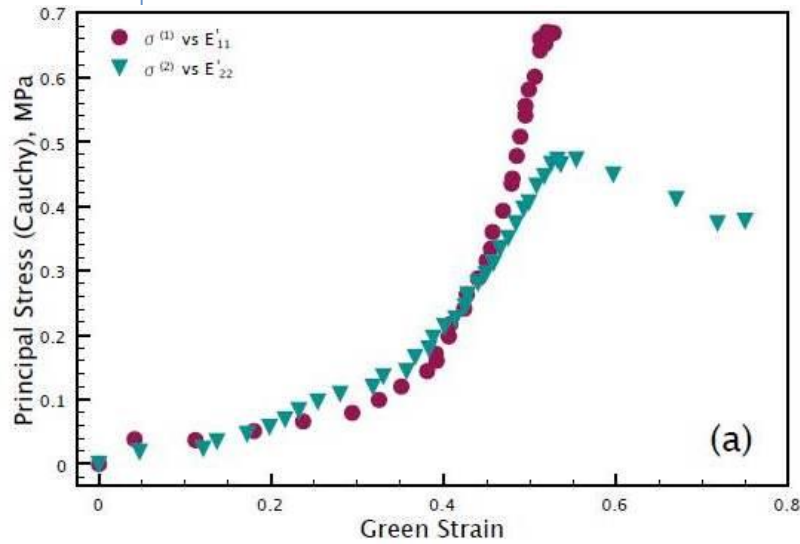
0.048 MPa

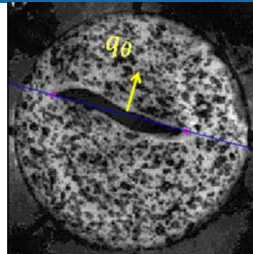


0.057 MPa

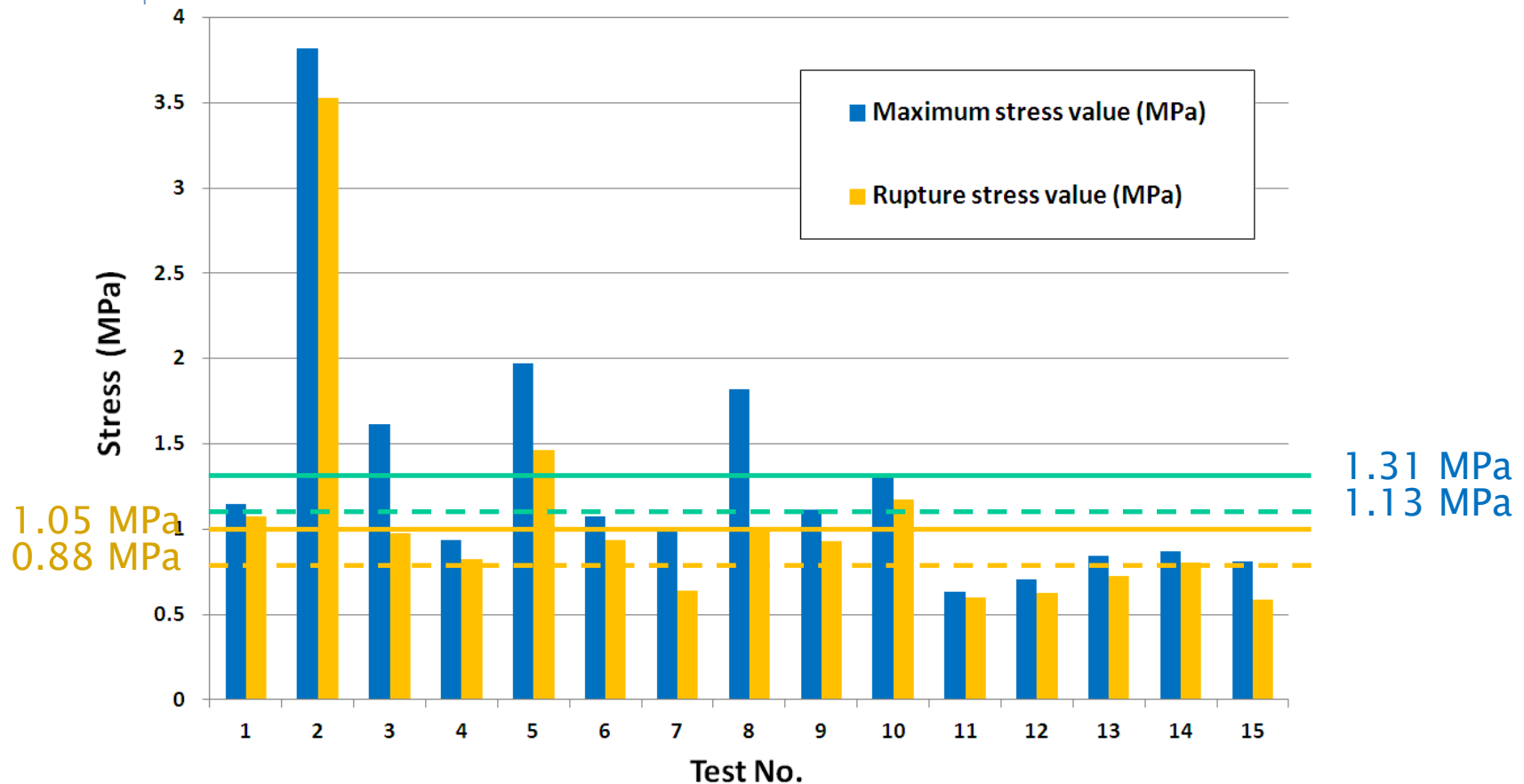


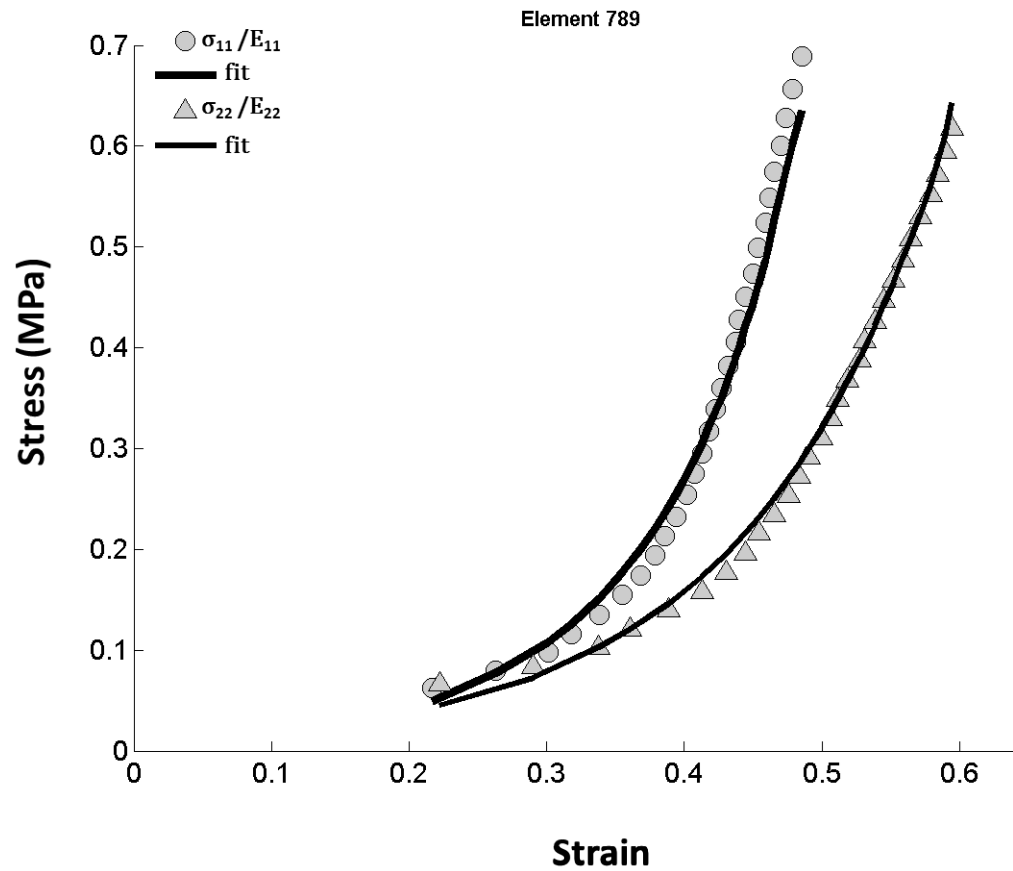
Rupture





$$\sigma^{Rup} = (\sigma \cdot \vec{q}_\theta) \cdot \vec{q}_\theta$$







Strain energy fonction:

$$\Psi = \Psi_g + \Psi_f$$

Isotropic behaviour

Anisotropic behaviour

Neo-Hookean parameter
fixed in 5 kPa

(Weisbecker et al. 2012)

Ground
substance
and elastin

Collag
en
fibers

**2nd Piola–Kirchhoff
stress tensor:**

$$S = S_g + S_f$$

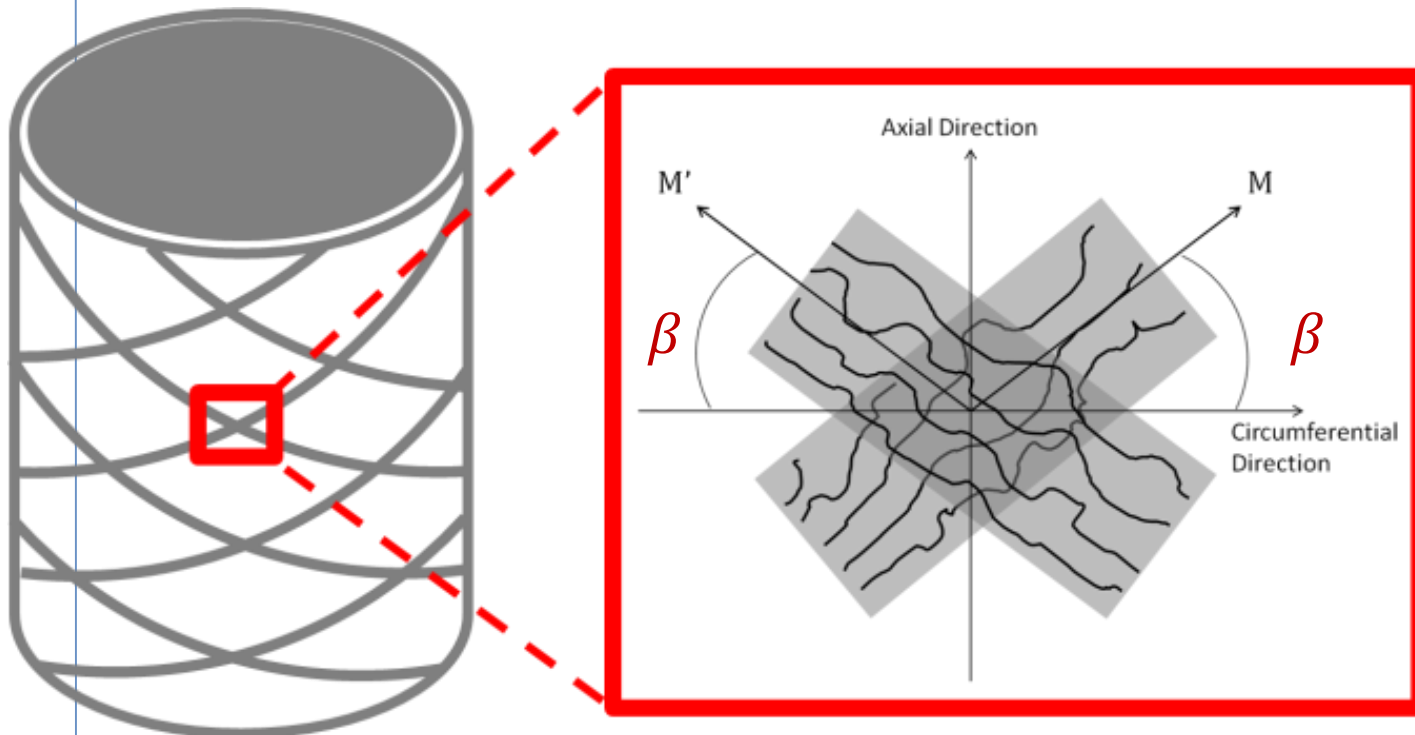
$$\sigma = F \cdot S_g \cdot F^T + F \cdot S_f \cdot F^T + cI$$

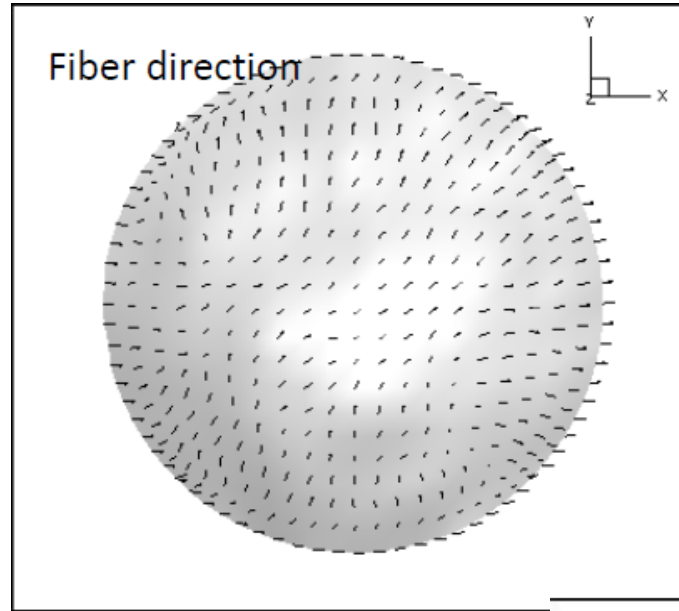
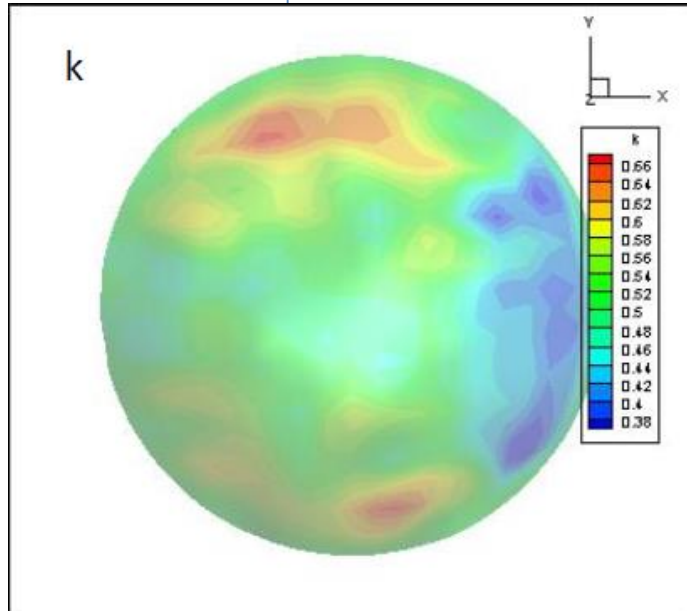
$$\sigma' = \sigma - F \cdot S_g \cdot F^T - cI = F \cdot S_f \cdot F^T$$



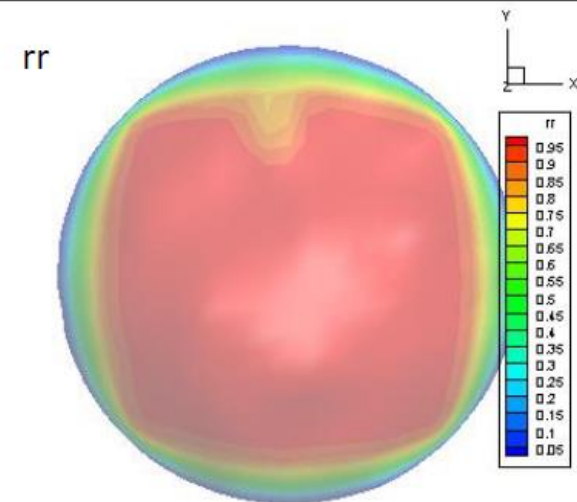
$$\Psi_f(I_4, I_6) = \frac{k_1}{2k_2} \sum_{i=4,6} \{ \exp[k_2(I_i - 1)^2] - 1 \},$$

(Holzapfel et al., 2000)





Coefficients of determinations:

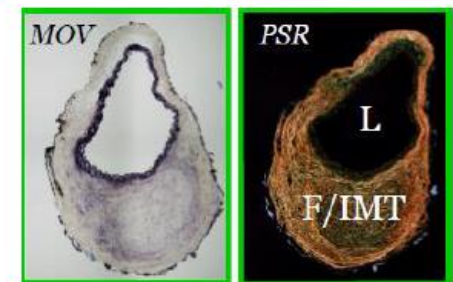
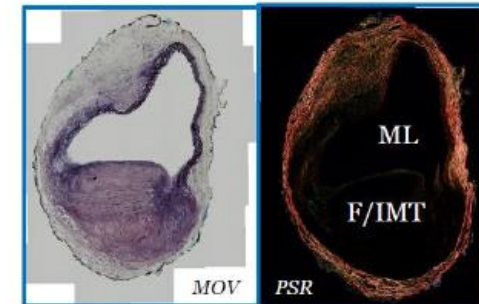
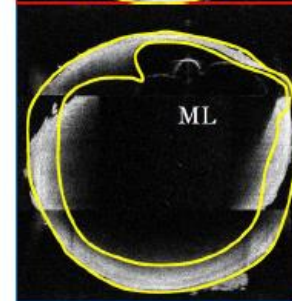
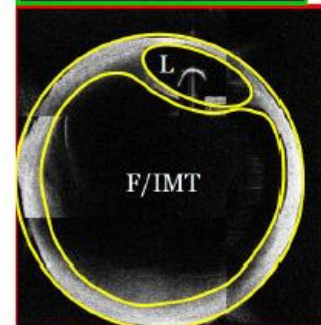
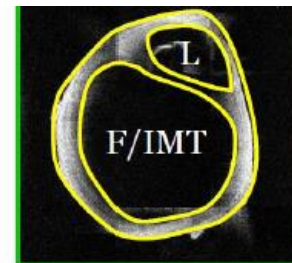
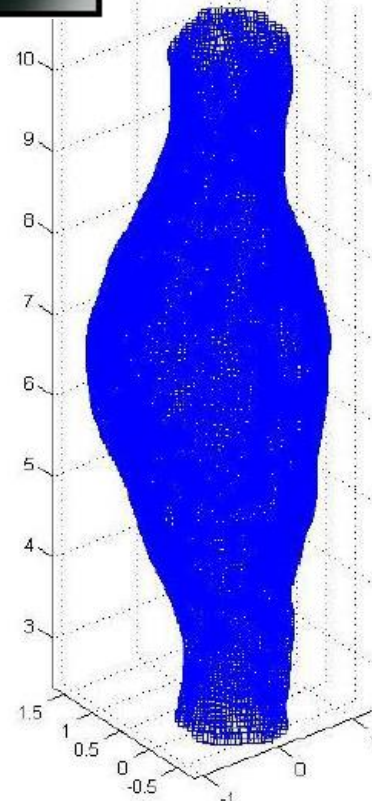
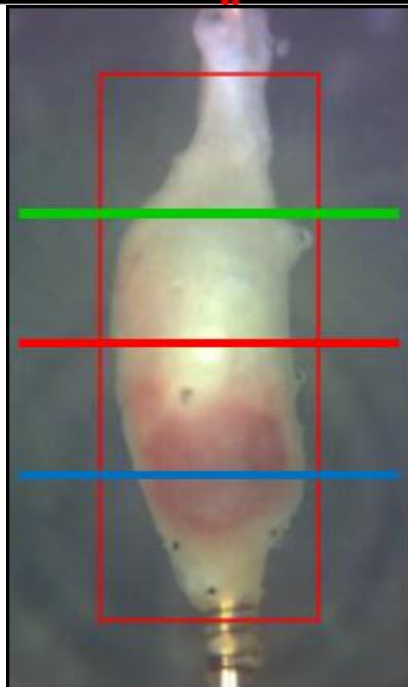




Conclusion and future directions

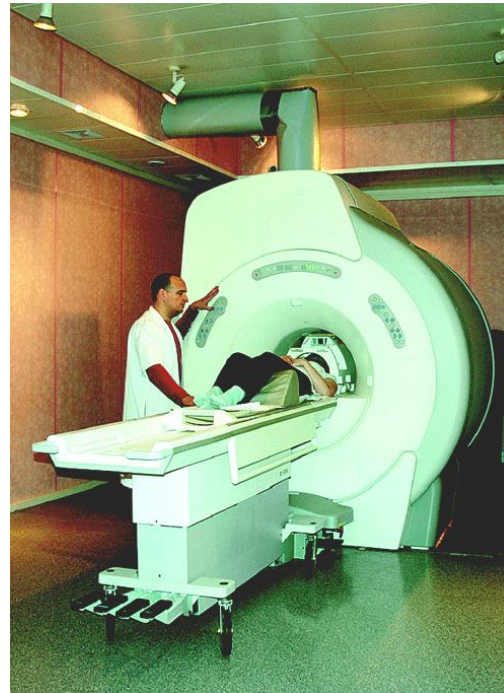
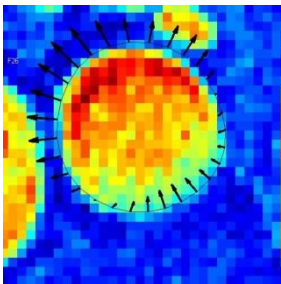
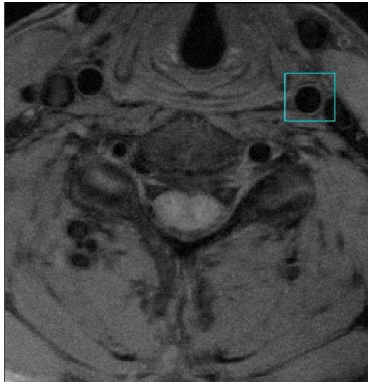


3D pointwise material property identification at different stages of aneurism growth

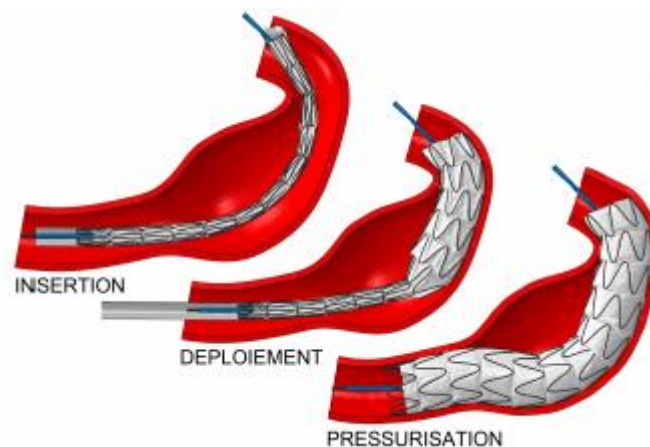
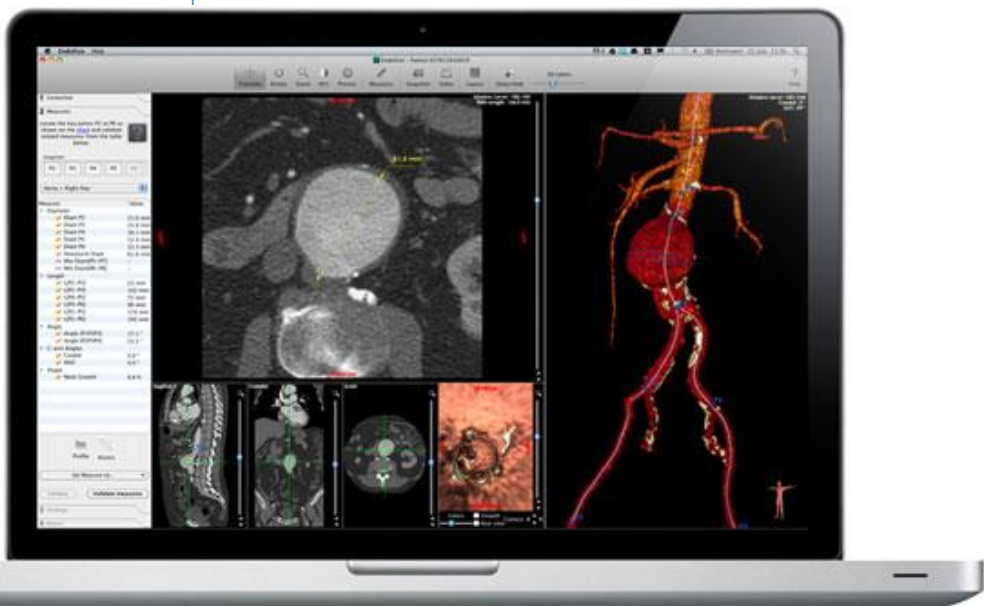
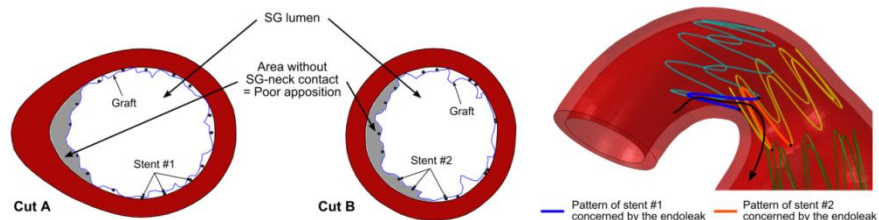
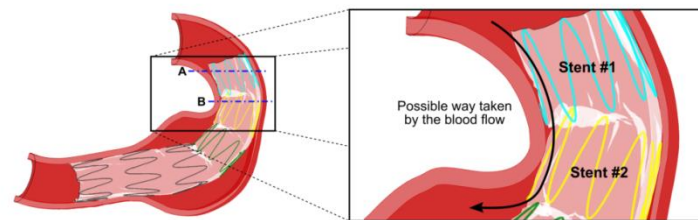
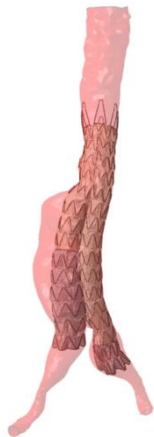


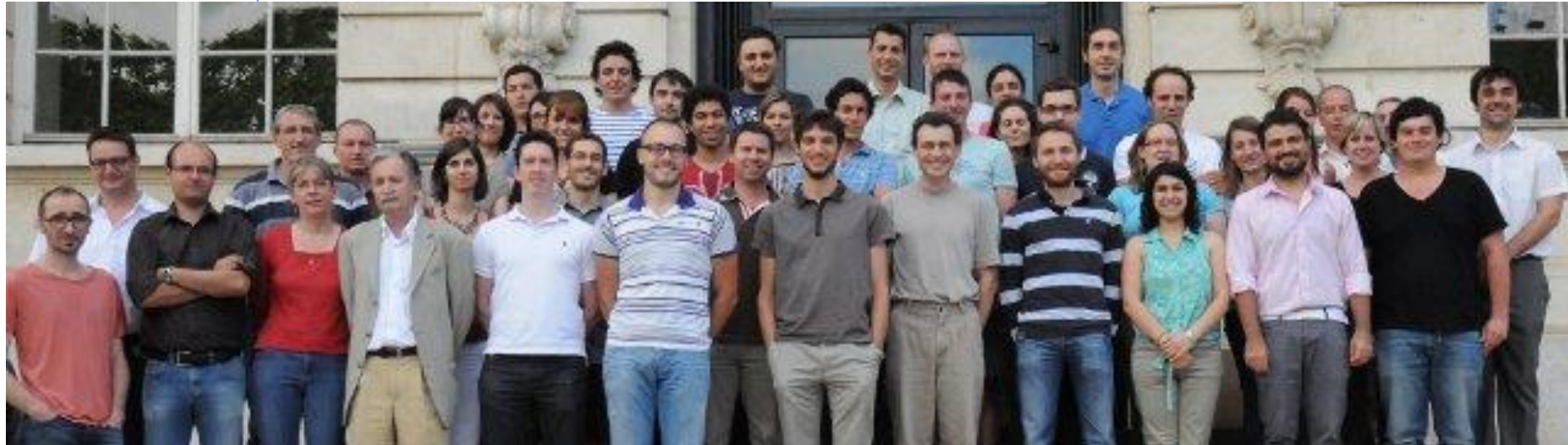


US elastography



S. Avril, F. Schneider, C. Boissier, ZY Li. In vivo velocity vector imaging and time-resolved strain rate measurements in the wall of blood vessels using MRI. *Journal of Biomechanics*, 2010, 44(5) pp 979-983.







**Advanced School on
Material parameter identification and inverse
problems in soft tissue biomechanics
Udine (Italy), October 12 – 16, 2015
Contact: avril@emse.fr**



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