

# Personalized Computational Hemodynamics

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- M.Olshanskii
- A.Danilov
- A.Lozovskiy
- V.Salamatova
- A.Liogky

research team based at INM RAS, MIPT, Sechenov University

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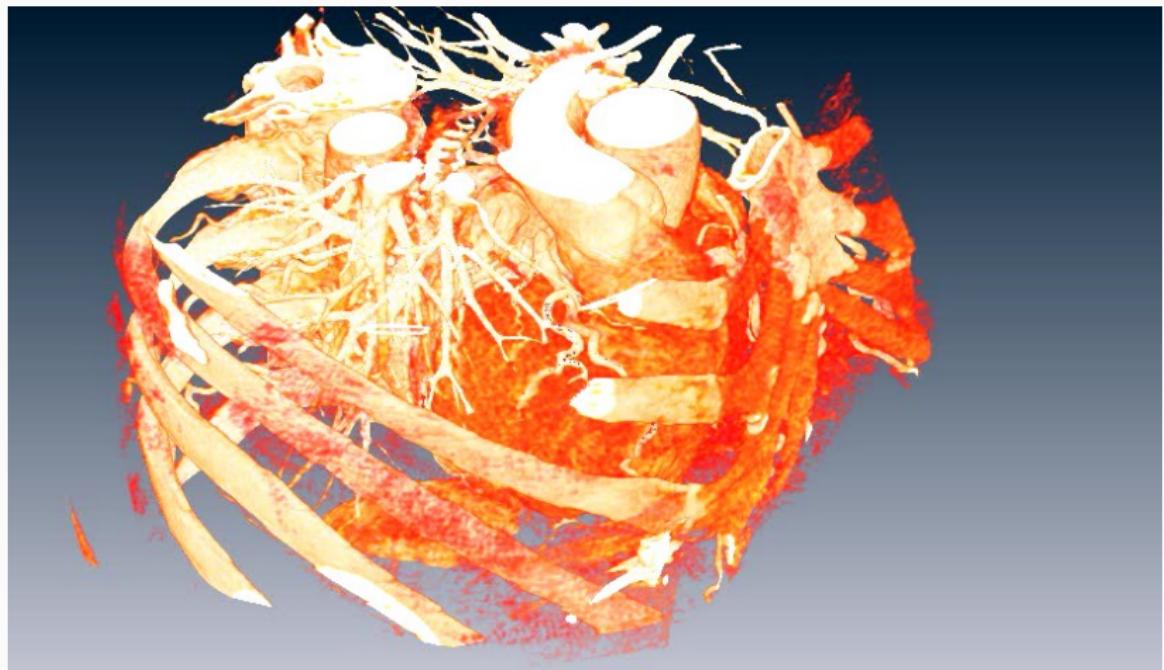
## Financial support

- RSF 2014-2021
- RFBR 2010-2018

# Personalized model of coronary hemodynamics

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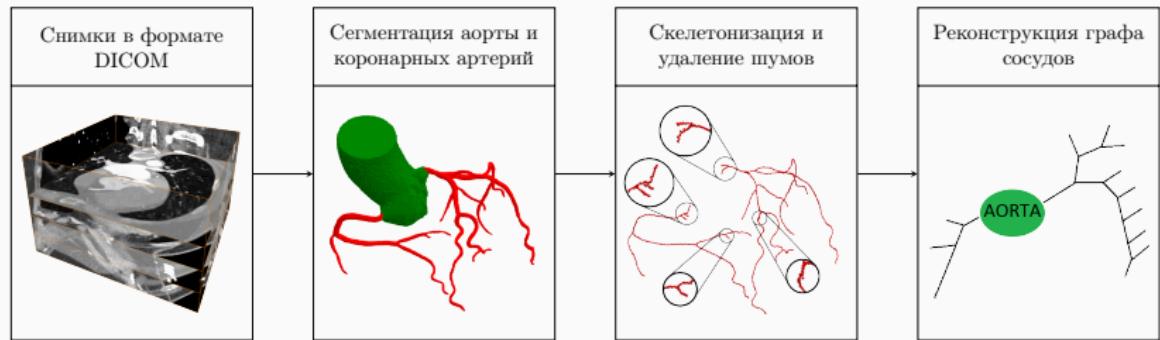
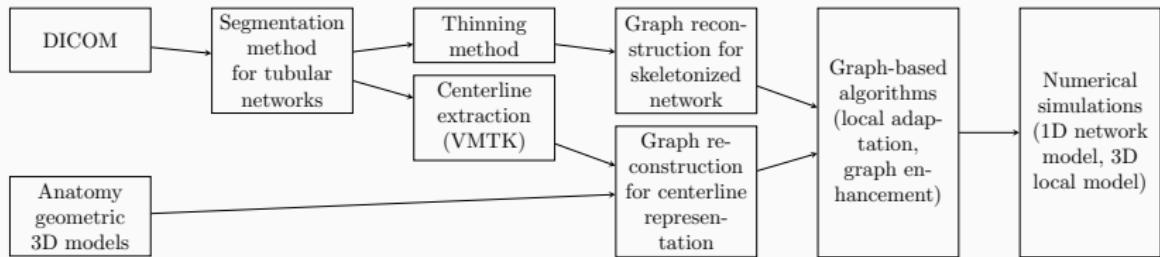
## Segmentation of blood vessels



Coronary arteries

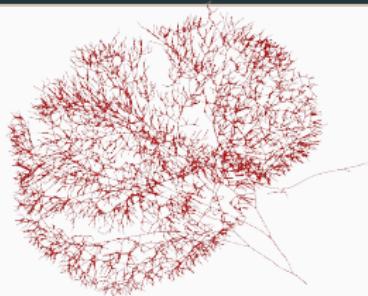
# Segmentation and skeletonization

R.Pryamonosov, A.Danilov



Technological chain

# Skeletonization efficiency



Skeletons of a coronary tree and of a micro-CT of vascular corrosion cast of rabbit kidney provided by J. Alastruey, Department of Bioengineering, King's College London, UK

	Case 1	Rabbit kidney
Resolution	$512 \times 512 \times 248$	$2000 \times 1989 \times 910$
Distance map	0.20 sec	58.12 sec
Thinning	0.79 sec	526.98 sec
False twigs cleaning	0.15 sec	16.61 sec
Graph construction	0.13 sec	12.27 sec
Skeleton segments	22	4302

# 1D hemodynamic equations

A.Kholodov, S.Simakov,

A.Favorski, S.Mukhin, N.Sosnin

A.Quarteroni,L.Formaggio,E.Toro,...

Mass and momentum balance

$$\begin{aligned}\partial S_k / \partial t + \partial(S_k u_k) / \partial x &= 0, \\ \partial u_k / \partial t + \partial\left(u_k^2/2 + p_k/\rho\right) / \partial x &= f_{fr}(S_k, u_k),\end{aligned}$$

$k$  is index of the tube,  $t$  is the time,  $x$  is the distance along the tube,  $\rho$  is the blood density (constant),  $S_k(t, x)$  is the cross-section area,  $u_k(t, x)$  is the linear velocity averaged over the cross-section,  $p_k(S_k)$  is the blood pressure,  $f_{fr}$  is the friction force

# 1D hemodynamic equations

A.Kholodov, S.Simakov, A.Favorski, S.Mukhin, N.Sosnin A.Quarteroni,L.Formaggio,E.Toro,...

At the vessels junctions the Poiseuille's pressure drop and mass conservation

$$\begin{aligned} p_k(S_k(t, \tilde{x}_k)) - p_{node}^l(t) &= \varepsilon_k R_k^l S_k(t, \tilde{x}_k) u_k(t, \tilde{x}_k), k = k_1, k_2, \dots, k_M, \\ \sum_{k=k_1, k_2, \dots, k_M} \varepsilon_k S_k(t, \tilde{x}_k) u_k(t, \tilde{x}_k) &= 0, \end{aligned}$$

$\varepsilon = 1$ ,  $\tilde{x}_k = L_k$  for incoming tubes,  $\varepsilon = -1$ , and  $\tilde{x}_k = 0$  for outgoing tubes,  $R_k^l$  is the hydraulic resistance

# 1D hemodynamic equations

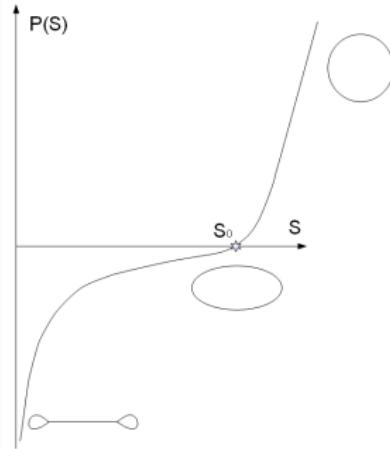
A.Kholodov, S.Simakov,

A.Favorski, S.Mukhin, N.Sosnin

A.Quarteroni,L.Formaggio,E.Toro,...

Elasticity of the tube wall:

$$p_k(S_k) - p_{*k} = \rho c_k^2 f(S_k)$$



Vassilevski Yu., Salamatova V., Simakov S. On the elasticity of blood vessels in one-dimensional problems of hemodynamics.

*Computational Mathematics and Mathematical Physics*, V.55, No.9, p.1567-1578, 2015.

# Coronary hemodynamics

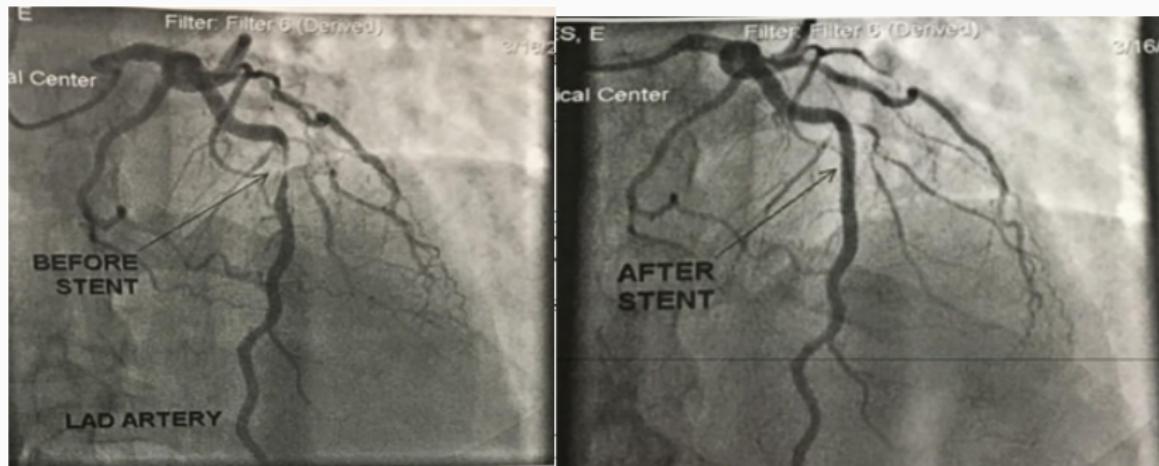
Ischemic heart disease is caused by

- pathology of microvasculature (therapy)
- pathology of coronary arteries (revascularization)

# Coronary hemodynamics

Ischemic heart disease is caused by

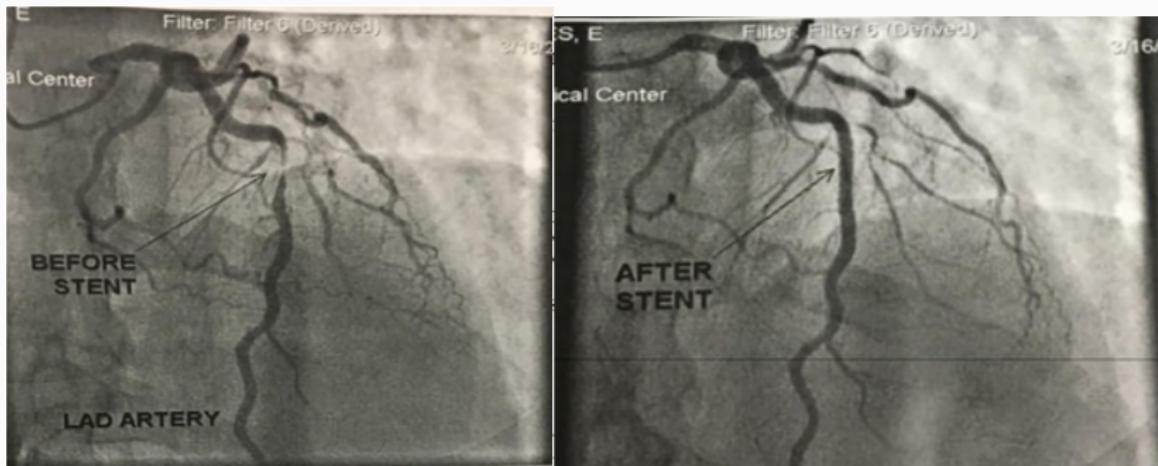
- pathology of microvasculature (therapy)
- pathology of coronary arteries (revascularization)



# Coronary hemodynamics

Ischemic heart disease is caused by

- pathology of microvasculature (therapy)
- pathology of coronary arteries (revascularization)



Indication for revascularization

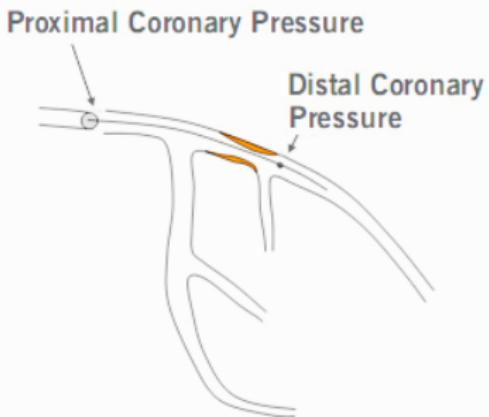
- before 2014: Vascular occlusion factor (relative lesion cross-sectional area)  $VOF > 0.5$
- after 2014: Fractional flow reserve  $FFR < 0.8$

2014 ESC/EACTS Guidelines on myocardial revascularization. Eur.Heart J., 2014 35 (37)

# Fractional flow reserve (FFR)

$$FFR = \frac{\text{Distal Coronary Pressure}}{\text{Proximal Coronary Pressure}}$$

(During Maximum Hyperemia)



Clinical practice: endovascular intervention, expensive transducer

Pijls NH, Sels JW. Functional measurement of coronary stenosis. *J Am Coll Cardiol*, 2012 **59** (12)

Kopylov Ph., Bykova A., Vassilevski Yu., Simakov S. Role of measurement of fractional flow reserve (FFR) in coronary artery atherosclerosis. *Therapeutic archive*, 2015 **87** (9)

## Virtual/Computed fractional flow reserve (vFFR/cFFR)

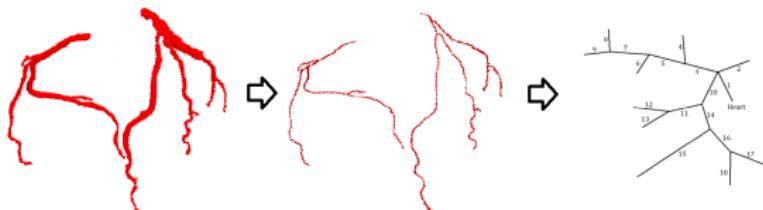
- Hemodynamic simulation based on personalized data:
  - Computed Tomographic Coronary Angiography (DICOM)
- $FFR = \frac{\bar{P}_{dist}}{P_{aortic}}$
- Advantages of vFFR
  - non-invasivity
  - physiological significance of each of multiple lesions
  - virtual stenting
  - applicability to any segment of the coronary tree

# Computation of virtual fractional flow reserve

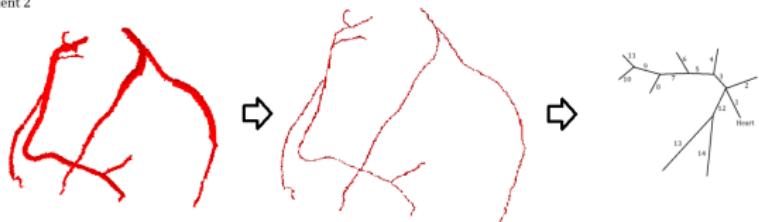
T.Gamilov, S.Simakov

the 1D equations may be adopted to coronary hemodynamics

Patient 1



Patient 2

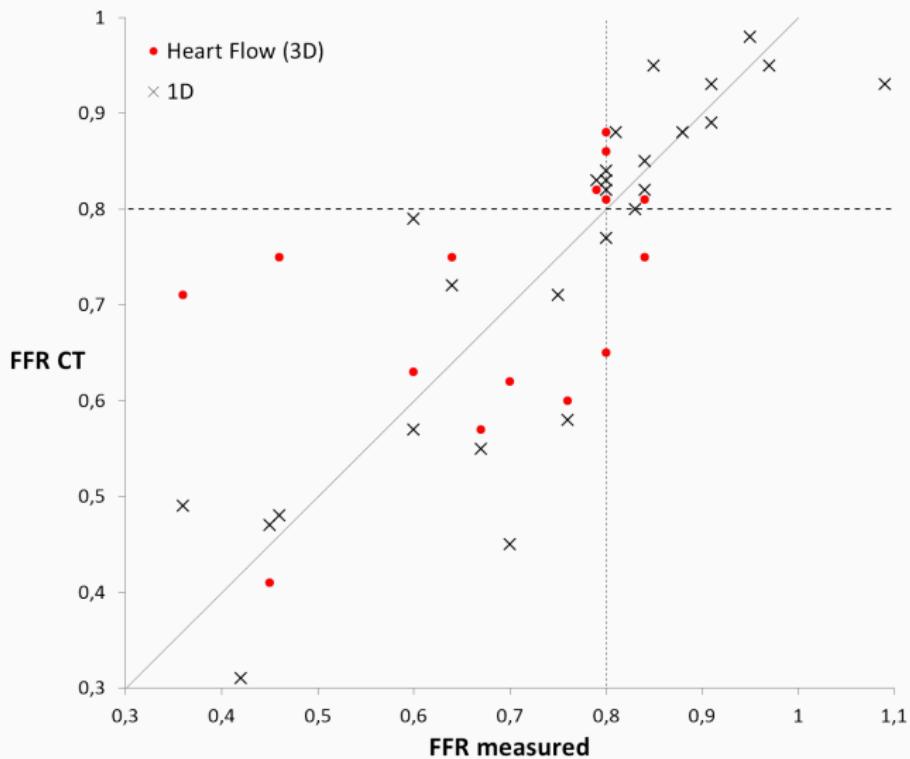


reconstructed arterial part based on two anonymous patient-specific data sets

T.Gamilov, Ph.Kopylov, R.Pryammonosov, S.Simakov. Virtual Fractional Flow Reserve Assesment in Patient-Specific Coronary Networks by 1D Hemodynamic Model. *Russ. J. Numer. Anal. Math. Modelling*, 2015 **30** (5)

# Computation of virtual fractional flow reserve

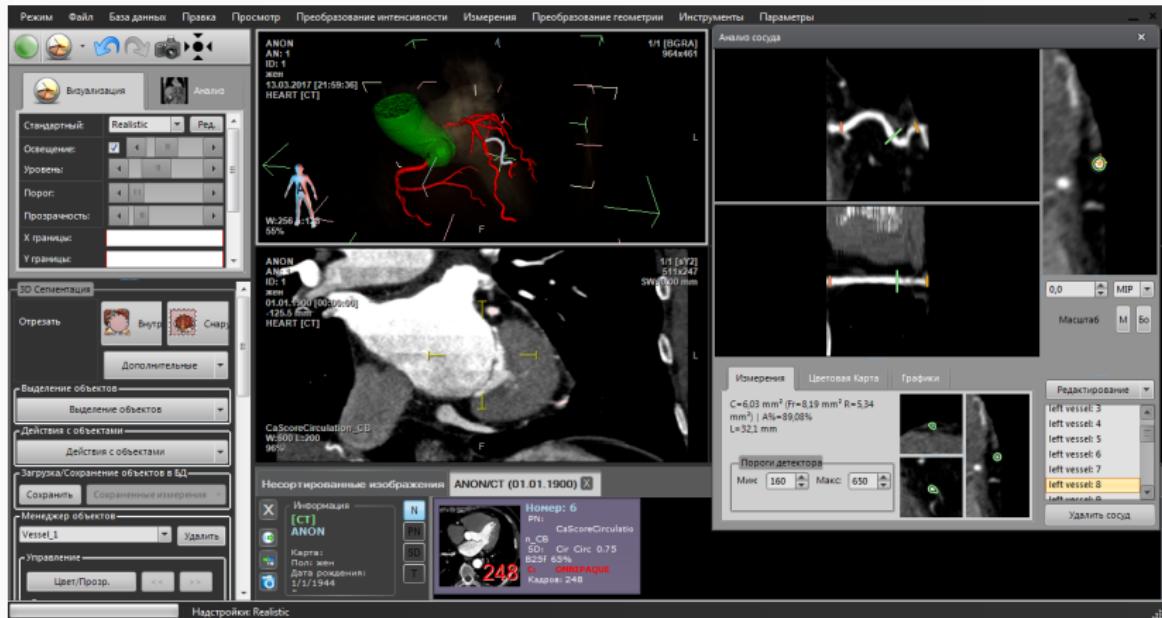
T.Gamilov, S.Simakov



# FFR<sub>CT</sub> within Multivox toolbox

Medical computer systems, Lomonosov Moscow State Univ.

T.Gamilov, R.Pryamonosov, A.Danilov



# Personalized model of blood flow in human ventricles

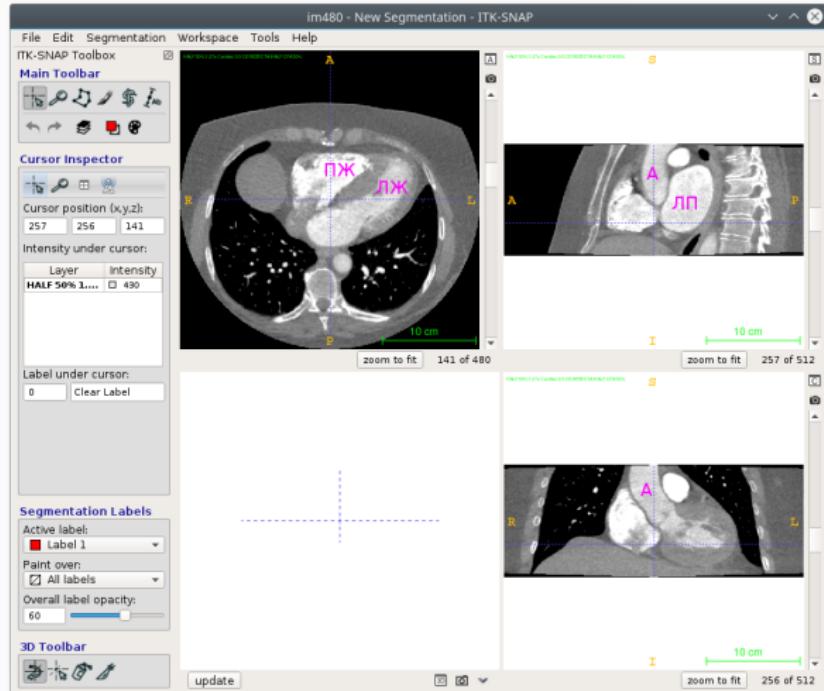
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## Dynamic left ventricle model

- Aim: hemodynamic modeling in heart ventricles
- Dynamics: ventricle walls reconstructed from ceCT images
- Data: ceCT, 100 images, 1.27 seconds
- Resolution:  $512 \times 512 \times 480$ , raw data – 24 Gb
- Patient: anonymized, female, 50 years old
- Problem: generation of dynamic mesh from ceCT images

# Segmentation of ceCT heart images and ML

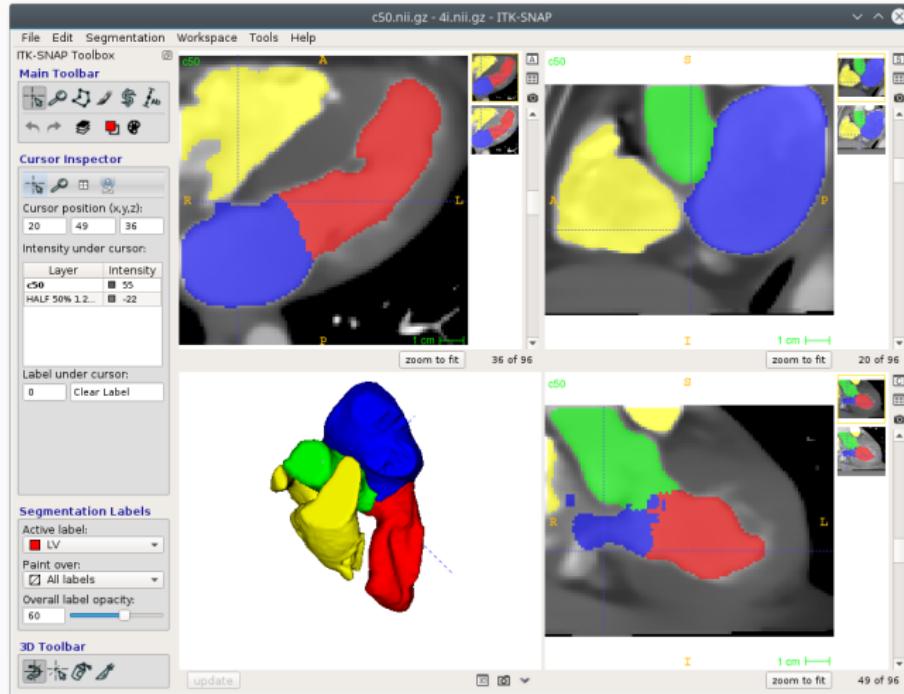
A.Danilov



Initial ceCT image 50

# Segmentation of ceCT heart images and ML

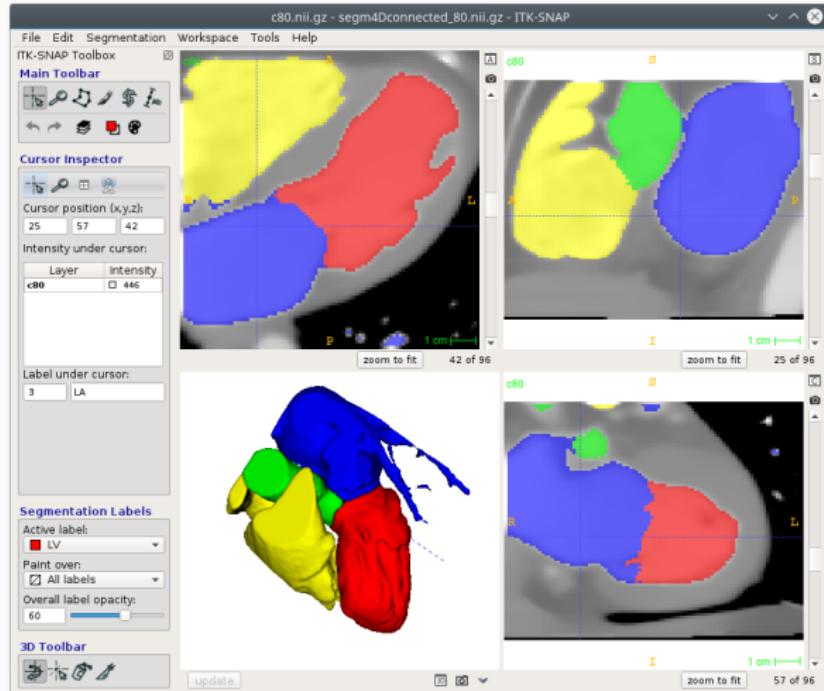
A.Danilov



Manual segmentation 50

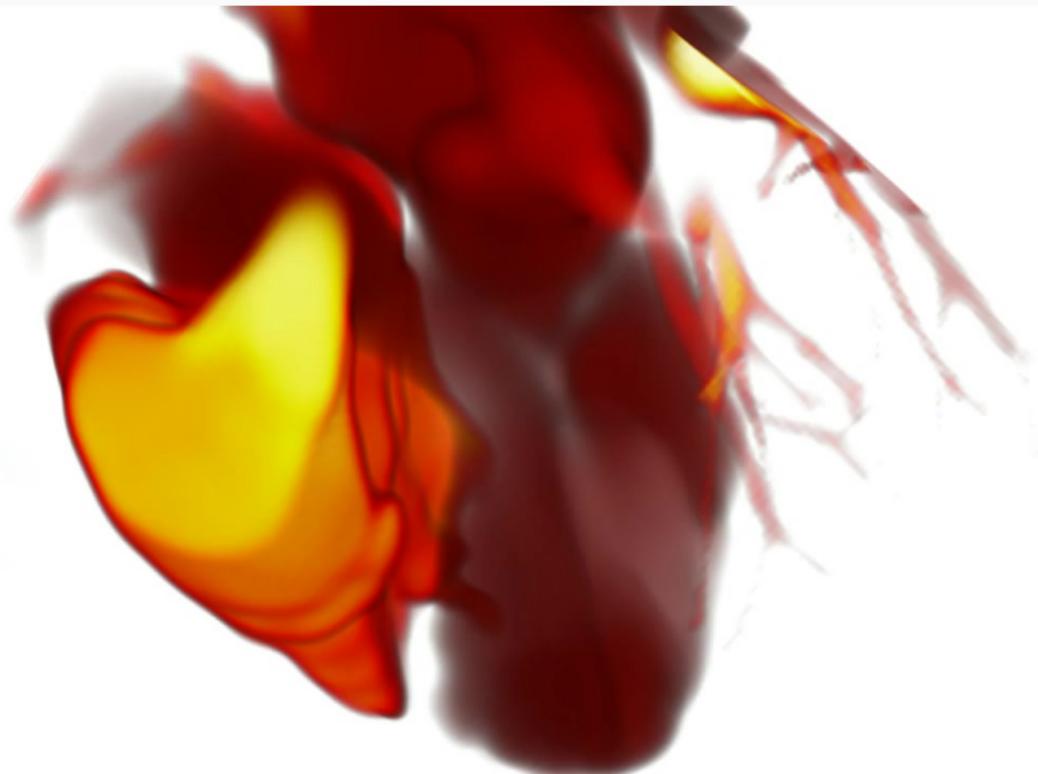
# Segmentation of ceCT heart images and ML

A.Danilov



Automatic segmentation 80

## Dynamic left ventricle model



# Incompressible fluid flow in a moving domain

Let  $\xi$  mapping  $\Omega_0$  to  $\Omega(t)$ ,  $F = \nabla \xi = I + \nabla u$ ,  $J = \det(F)$  be given

# Incompressible fluid flow in a moving domain

Let  $\xi$  mapping  $\Omega_0$  to  $\Omega(t)$ ,  $F = \nabla \xi = I + \nabla u$ ,  $J = \det(F)$  be given

Dynamic equations

$$\frac{\partial v}{\partial t} = (J\rho_f)^{-1} \operatorname{div}(J\sigma_f F^{-T}) - \nabla v \left( F^{-1} \left( v - \frac{\partial u}{\partial t} \right) \right) \quad \text{in } \Omega_0$$

Fluid incompressibility

$$\operatorname{div}(JF^{-1}v) = 0 \quad \text{in } \Omega_0 \quad \text{or} \quad J\nabla v : F^{-T} = 0 \quad \text{in } \Omega_0$$

Constitutive relation for the fluid stress tensor

$$\sigma_f = -p_f I + \mu_f ((\nabla v) F^{-1} + F^{-T} (\nabla v)^T) \quad \text{in } \Omega_0$$

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Mapping  $\xi$  does not define material trajectories  $\rightarrow$  quasi-Lagrangian formulation

# Finite element scheme

## The scheme

Ani3D package, Lipnikov, Vassilevski et al.

- semi-implicit
- produces one linear system per time step
- first order in time (may be generalized to the second order)
- unconditionally stable (no CFL restriction) and 2nd order accurate, proved with assumptions:
  - $\inf_Q J \geq c_J > 0$ ,  $\sup_Q (\|F\|_F + \|F^{-1}\|_F) \leq C_F$
  - LBB-stable pairs (e.g.  $P_2/P_1$ )
  - $\Delta t$  is not large

A.Danilov, A.Lozovskiy, M.Olshanskii, Yu.Vassilevski. A finite element method for the Navier-Stokes equations in moving domain with application to hemodynamics of the left ventricle. *Russian J. Numer. Anal. Math. Modelling*, 32, 2017

A.Lozovskiy, M.Olshanskii, Yu.Vassilevski. A quasi-Lagrangian finite element method for the Navier-Stokes equations in a time-dependent domain. *CMAME*, 333, 2018

# 3D: left ventricle of a human heart

A.Danilov, A.Lozovskii

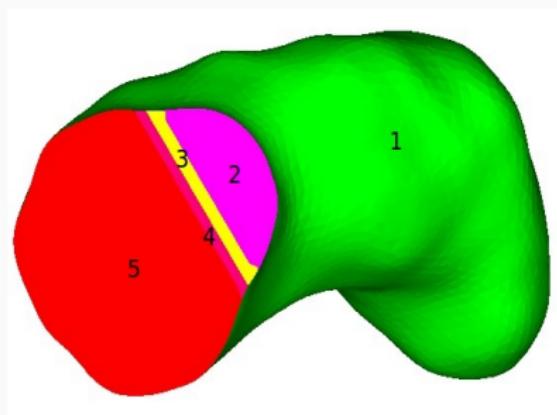


Рис. 1: Left ventricle

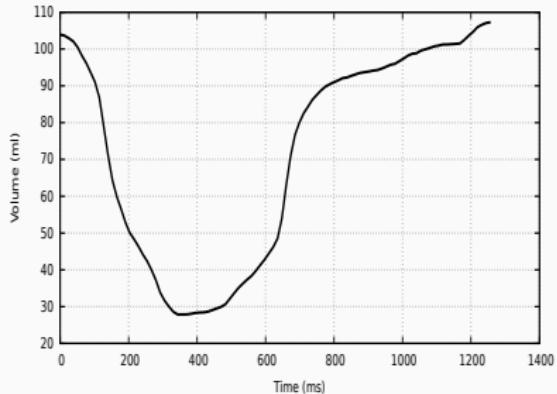
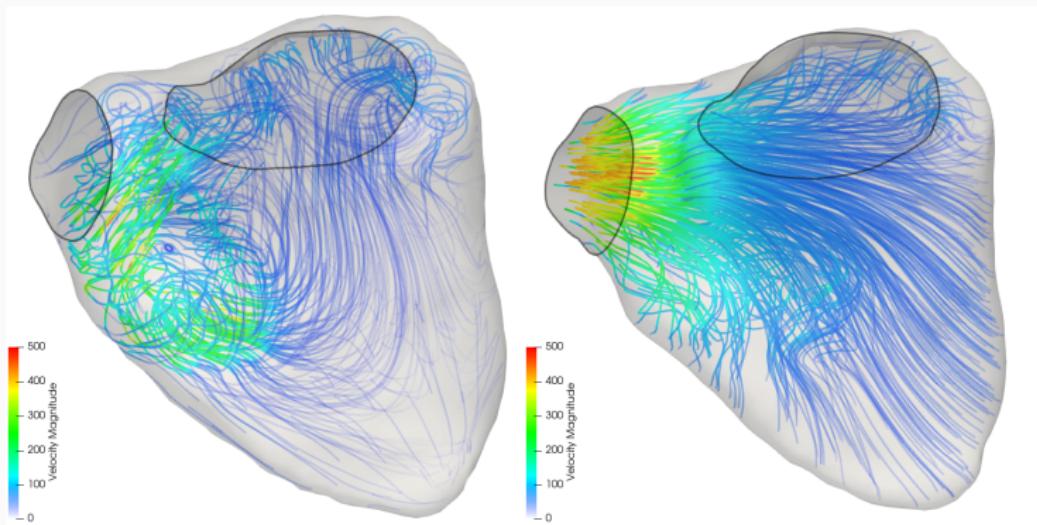


Рис. 2: Ventricle volume

The law of motion for the ventricle walls is known thanks to ceCT scans → 100 mesh files with time gap 0.0127 s →  $\mathbf{u}$  given as input

- 2 - aortic valve (outflow)
- 5 - mitral valve (inflow)

# 4D CT-based CFD simulation in the RV of a TGA patient

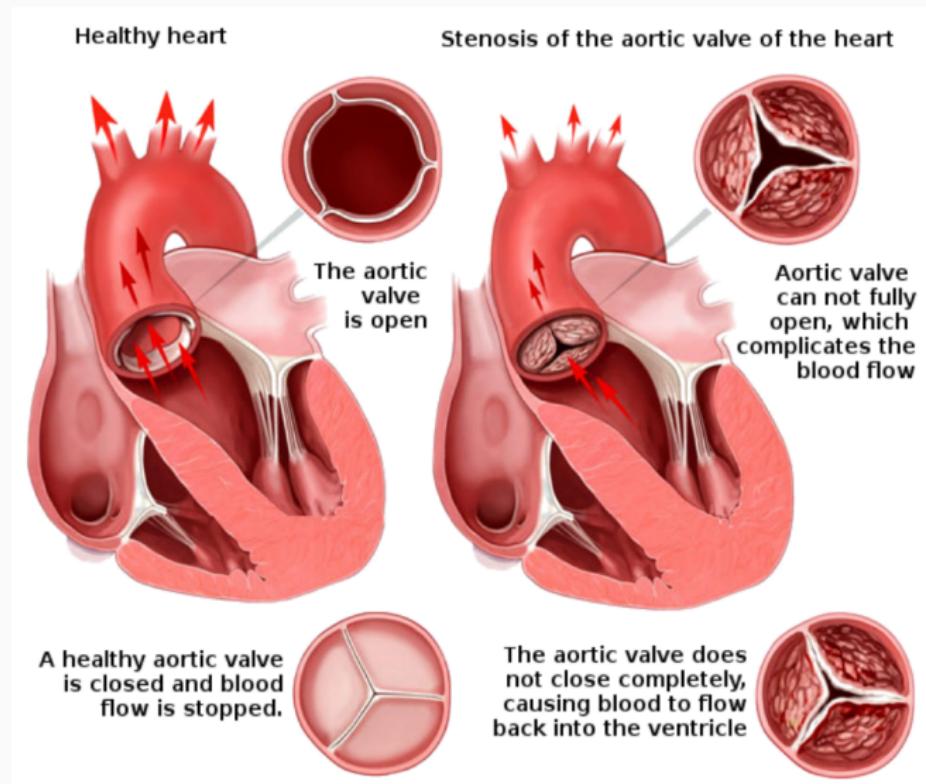


Yu.Vassilevski et al. A stable method for 4D CT-based CFD simulation in the right ventricle of a TGA patient. *Russian J. Numer. Anal. Math. Modelling*, 35, 2020

# Personalized model of aortic valve closure

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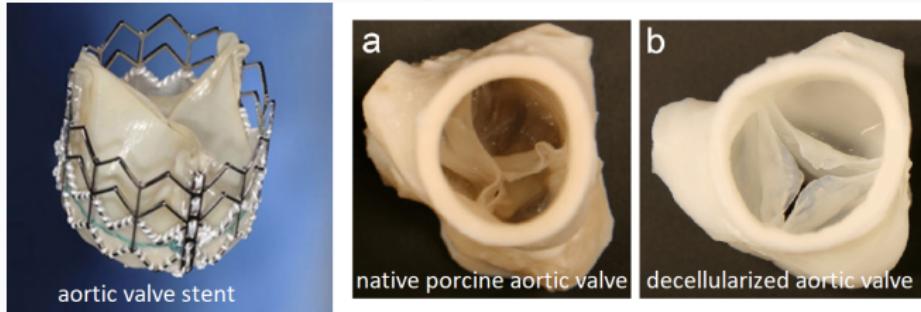
# Aortic valve replacement



# Aortic valve replacement

Surgical treatment of AVD:

- AV replacement using mechanical/biological aortic valve (decellularized aortic homografts)

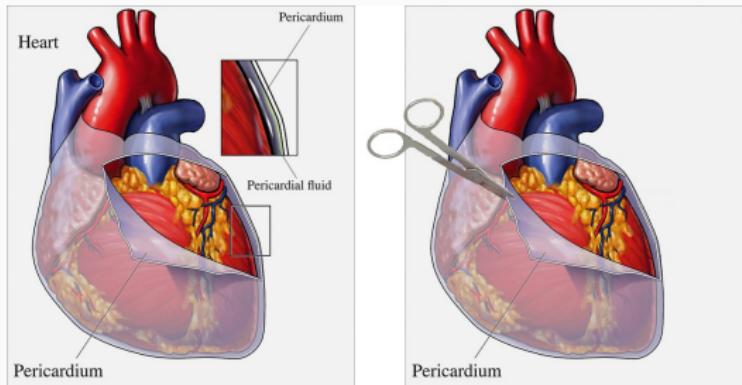


durability; problem of clotting; cost; problem of rejection

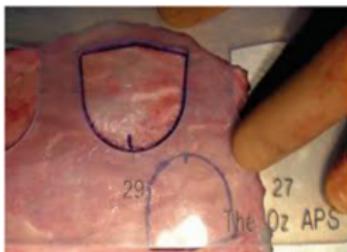
- AV cusps replacement by leaflets cut from auto-pericardium
  - no immune response
  - efficient, low-cost
  - all measurements and cuttings are made during operation

# Aortic valve replacement

The pericardium is a fluid filled sack that surrounds the heart and the roots of the great vessels.



'Future' leaflets are cut from chemically treated auto-pericardium

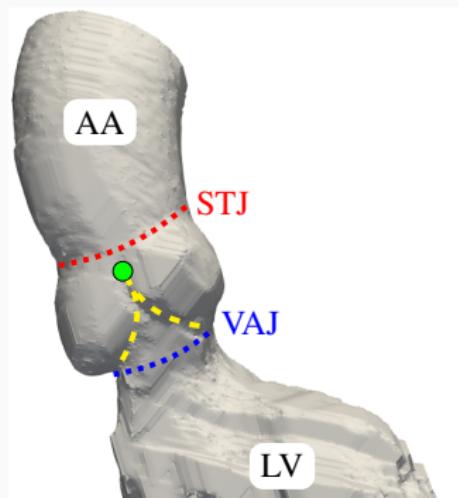


# Mathematical modeling of AV replacement

V.Salamatova, A.Liogky

Objectives of modeling:

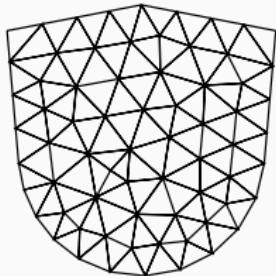
- degree of regurgitation
- coaptation zone (heights) [demand on computation time for real-time surgical planning system: the results within a few minutes on a personal computer.]



# Mathematical modeling of AV replacement

V.Salamatova, A.Liogky

- Finding diastolic state of AV using simplified models



- leaflet is an oriented triangulated surface
- each node has a point mass at which forces due to pressure, elasticity and contacts are applied
- we search static equilibrium
- personalization, real-time simulation, mechanical prop.

$\mathbf{F}_i^e$  elastic force:

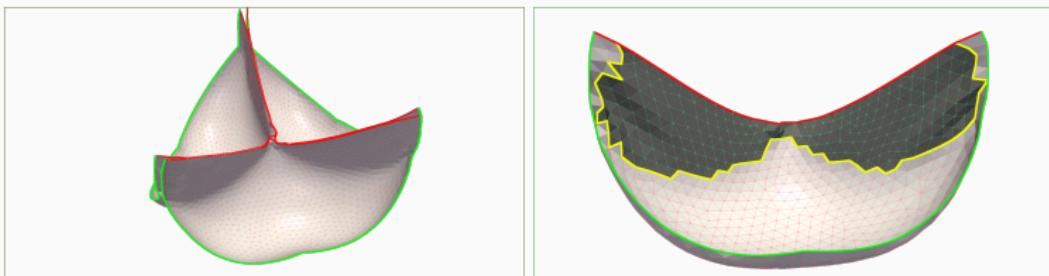
1. Mass-spring model (each edge is a spring with given stiffness)

$$\mathbf{F}_i^e = \sum_{e_{ij}} \mathbf{F}_{ij}, \quad \mathbf{F}_{ij} = k_{ij}(\|\mathbf{r}_j - \mathbf{r}_i\| - L_{ij}) \frac{\mathbf{r}_j - \mathbf{r}_i}{\|\mathbf{r}_j - \mathbf{r}_i\|}, \quad k_{ij} = \frac{E(\varepsilon, \alpha_0) H A_{ij}}{L_{ij}^2}$$

2. Hyperelastic nodal force (HNF)

$$\mathbf{F}_i^e = \sum_{T_P \in S_i} \mathbf{F}_i(T_P), \quad \mathbf{F}_i(T) = -A_T \frac{\partial U_d(\mathbf{r}_i, \mathbf{r}_j, \mathbf{r}_k)}{\partial \mathbf{r}_i},$$

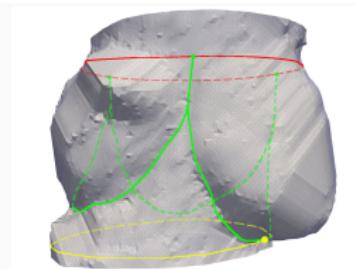
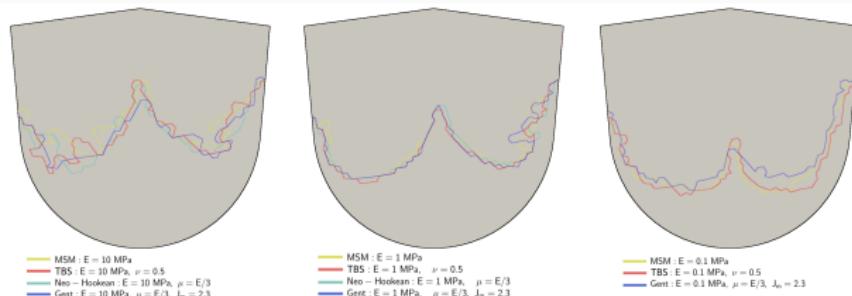
where discretized counterpart  $U_d(\mathbf{r}_i, \mathbf{r}_j, \mathbf{r}_k)$  of elastic potential  $U$  is known.

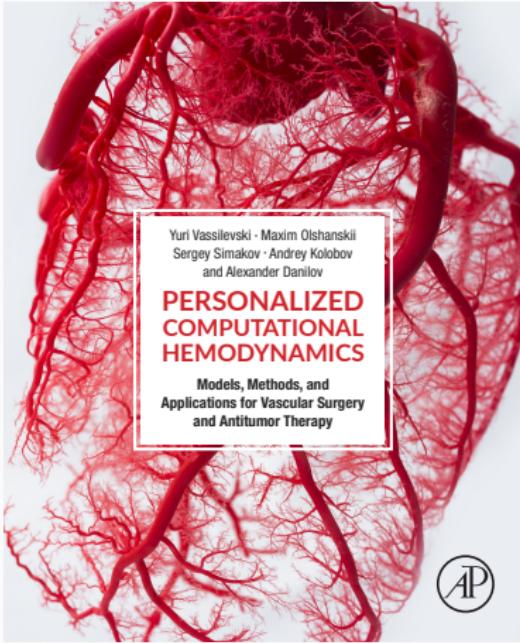


Model	$h_E$ , mm	$h_{c-c}$ , mm	$h_{avr}$ , mm	NCCA, %	CPU time, s
FSI, lin.el.	10.5	1.5	2.7	21	n/a
MSM	10.8	3.8	3.3	25	44
St-V-K (TBS)	10.8	3.1	2.9	24	58
neo-Hookean	10.4	3.0	2.5	21	136
Gent	10.8	3.4	3.1	24	203

# Coaptation profiles for different elastic models

Models and elastic modulus were varied





Y.Vassilevski, M.Olshanskii, S.Simakov,  
A.Kolobov, A.Danilov

**Personalized Computational  
Hemodynamics:  
Models, Methods, and Applications for  
Vascular Surgery and Antitumor Therapy**

Academic Press 2020

# Summer school at Sirius

- **What:** Summer school for students  
“Computational technologies, multidimensional data, modelling”  
(numerical algebra, numerical methods, mathematical modelling in Earth and life sciences)
- **When:** August 2 - August 22, 2021
- **Where:** Sochi
- **Organizers:** Sirius University and INM RAS
- **How:** apply before June 2 for full financial support via  
[inm.ras.ru](http://inm.ras.ru) or  
[sochisirius.ru/obuchenie/graduates/smena901/4333](http://sochisirius.ru/obuchenie/graduates/smena901/4333)

# Где этому научиться?

- Сеченовский Университет, каф.выс.мат, мех. и матмод.  
Механика и математическое моделирование
- МФТИ, школа ПМИ, каф. выч.тех.мод. в геоф. и биом.  
Прикладные математика и физика