

ARTERIAL HEMODYNAMICS IN PATENT DUCTUS ARTERIOSUS
STENTING

FARA LYANA BINTI JAMALRUHANORDIN

UNIVERSITI TEKNOLOGI MALAYSIA

ARTERIAL HEMODYNAMICS IN PATENT DUCTUS ARTERIOSUS
STENTING

FARA LYANA BINTI JAMALRUHANORDIN

UNIVERSITI TEKNOLOGI MALAYSIA

ARTERIAL HEMODYNAMICS IN PATENT DUCTUS ARTERIOSUS
STENTING

FARA LYANA BINTI JAMALRUHANORDIN

A project report submitted as partial fulfilment of the
requirement for the award of degree of
Master of Science (Biomedical Engineering)

Faculty of Biosciences and Medical Engineering
Universiti Teknologi Malaysia

JULY 2015

ABSTRACT

Cyanotic congenital heart disease (CHD) is the condition when insufficient blood transported throughout the whole body due to anomalies of blood vessels or heart. Hence, the procedure of maintaining the patency of ductus arteriosus were introduced where the stent is implanted at ductus arteriosus that should be closed naturally within 48 hours after the birth. The main purpose of this study is to investigate the hemodynamic effect of patent ductus arteriosus (PDA) after different types of stent design were implanted. Three different types of commercial stent design were used in this study: Closed Cell V stent, Palmaz-Schatz stent and Type One stent. The hemodynamic effect were investigated numerically via computational fluid dynamics by using ANSYS 14.0 software. Three hemodynamics variables were analysed in this study which are wall shear stress (WSS), oscillatory shear index (OSI) and relative residence time (RRT). Each stent affect the hemodynamic within PDA differently. The higher percentage of TAWSS exposed in range of 0.5 Pa to 2 Pa is better shown by Closed Cell V stent with 25.4%. Type One stent shown a good result in OSI which has high percentages exposed below 0.2 with the value of 34%. Palmaz-Schatz stent present a preferable results in both WSS low, 1.2% (low the better) and RRT within range of 10 Pa⁻¹ at 97.7%. Thus, this study can be useful in stent selection for PDA stenting.

ABSTRAK

Penyakit jantung kongenital sianotik adalah apabila keadaan salur darah atau jantung yang tidak normal menyebabkan darah tidak mencukupi untuk menyalur ke seluruh badan. Oleh itu, stent diletakkan pada ductus arteriosus untuk memastikan ia sentiasa terbuka walaupun ia sepatutnya tertutup dengan semulajadi dalam tempoh 48 jam selepas kelahiran. Tujuan utama kajian ini dijalankan adalah untuk menyiasat kesan hemodinamik pada ductus arteriosus terbuka (*patent ductus arteriosus*) selepas stent diletakkan. Tiga jenis bentuk stent komersial yang berbeza digunakan dalam kajian ini iaitu stent *Closed Cell V*, stent *Palmaz-Schatz* dan stent *Type One*. Kesan hemodinamik disiasat secara berangka melalui *computational fluid dynamics* dengan menggunakan perisian ANSYS 14.0. Tiga pemboleh ubah hemodinamik digunakan dalam kajian ini iaitu tegasan ricih dinding, indeks ayunan ricih dan masa tinggal relatif. Hemodinamik dalam *ductus arteriosus* terbuka berbeza dipengaruhi oleh stent yang berbeza. Stent *Closed Cell V* menunjukkan peratusan yang tinggi dalam TAWSS (0.5 Pa hingga 2 Pa) iaitu 25.4%. Nilai OSI di bawah 0.2 adalah terbaik yang ditunjukkan oleh stent *Type One*. Stent *Palmaz-Schatz* pula menunjukkan keputusan yang lebih baik untuk WSS low dan RRT dengan peratusan 1.2% dan 97.7%. Maka, kajian ini boleh digunakan untuk pemilihan stent bagi prosedur peletakan stent pada *ductus arteriosus* terbuka.

TABLE OF CONTENTS

CHAPTER	TITLE	PAGE
	DECLARATION	ii
	DEDICATION	iii
	ACKNOWLEDGEMENT	iv
	ABSTRACT	v
	ABSTRAK	vi
	TABLE OF CONTENTS	vii
	LIST OF TABLES	x
	LIST OF FIGURES	xi
	LIST OF ABBREVIATIONS	xiii
	LIST OF SYMBOLS	xiv
	LIST OF APPENDICES	xv
1	INTRODUCTION	1
	1.1 Problem statement	2
	1.2 Hypothesis	2
	1.3 Significant of study	3
	1.4 Objectives	3
	1.5 Scope of research	3
	1.6 Thesis structure	4
2	LITERATURE REVIEW	5
	2.1 Overview	5
	2.2 Blood circulation	5
	2.3 Congenital Heart Diseases (CHD)	7

2.4	Patent ductus arteriosus	11
2.5	Morphology of PDA	12
2.5.1	Origin of PDA at aorta and insertion at pulmonary artery	12
2.6	Patent Ductus Arteriosus (PDA) stenting	14
2.6.1	Indication of PDA stenting	15
2.6.2	Complications	15
2.7	Stent background	16
2.8	Summary	17
3	METHODOLOGY	18
3.1	Overview	18
3.2	Flow chart	19
3.3	Stent design development	20
3.4	PDA morphology selection	20
3.5	Assembles of PDA and stents	21
3.6	Numerical solution – computational fluid dynamic (CFD)	22
3.6.1	Meshing	22
3.6.2	Boundary condition	23
3.7	Hemodynamic parameters	25
3.7.1	Time-averaged wall shear stress (TAWSS)	25
3.7.2	Oscillatory shear index (OSI)	26
3.7.3	Relative residence time (RRT)	27
4	RESULT AND DISCUSSION	28
4.1	Overview	28
4.2	Grid independent test	29
4.3	Time-averaged wall shear stress (TAWSS)	30
4.4	Oscillatory shear index (OSI)	34
4.5	Relative residence time (RRT)	36

5	CONCLUSION	38
	5.1 Conclusion	38
	5.2 Recommendation	39
	REFERENCES	40
	Appendix A	44

LIST OF TABLES

TABLE NO.	TITLE	PAGE
2.1	The informations of stents	16
3.1	Stents characteristic	21
3.2	PDA morphology	22
3.3	Blood properties	26
4.1	Contour of time-averaged wall shear stress	35
4.2	Contour of oscillatory shear index (OSI)	37
4.3	Contour of RRT	40

LIST OF FIGURES

FIGURE NO.	TITLE	PAGE
2.1	The different between (a) Fetal circulation (b) Blood circulation at birth	6
2.2	The most common CHD state by American Heart Association (2013). (a)Tetralogy of Fallot (TOF) (b) Transposition of The Great Arteries (TGA) (c) Atrioventricular Septal Defect (AVSD) (d) Coarctation of Aorta (e) Hypoplastic Left Heart Syndrome (HLHS)	8
2.3	Types of congenital heart diseases (CHD)	10
2.4	The comparison between (a) normal heart and (b) heart with patent ductus arteriosus (PDA)	11
2.5	Both picture shown patent ductus arteriosus (PDA) is arise from proximal descending aorta	12
2.6	(a) “Vertical duct” arising from below the aortic arch. (b) PDA arising opposite the origin of the subclavian artery. (c) PDA arising from the opposite the brachiocephalic trunk.	13
2.7	PDA arising from the right subclavian artery	14
3.1	Flow chart of study	18
3.2	Assembly of PDA and stent	21
3.3	Meshing of model	22
3.4	Inlet and outlet boundary conditions	23
3.5	Inlet velocity for aorta and pulmonary artery	24

3.6	CT scan image of PDA	47
3.7	Surface of aorta and pulmonary artery	48
3.8	CAD model	49
4.1	Line A along PDA	30
4.2	Velocity vs length along Line A	31
4.3	Percentage of time-averaged wall shear stress (TAWSS)	32
4.4	Percentage of low wall shear stress (WSS_{low})	33
4.5	Percentages of oscillatory shear index (OSI)	36
4.6	Percentage of relative residence time (RRT)	38

LIST OF ABBREVIATION

ASD	-	Atrial septal defect
AVSD	-	Atrioventricular septal defect
CFD	-	Computational Fluid Dynamic
CHD	-	Congenital heart disease
CT	-	Computed tomography
c-TGA	-	Corrected Transposition of The Great Arteries
DS	-	Descending
GIT	-	Grid independent test
HLHS	-	Hypoplastic Left Heart Syndrome
IJN	-	Institut Jantung Negara
LPA	-	Left pulmonary artery
NIH	-	Neointimal hyperplasia
OSI	-	Oscillatory shear index
PAIVS	-	Pulmonary Atresia with Intact Ventricular Septal
PDA	-	Patent ductus atriosus
RRT	-	Relative resident time
TA	-	Tricuspid atresia
TAWSS	-	Time-averaged wall shear stress
TAWSSAG	-	Time-averaged wall shear stress angle gradient
TAWSSG	-	Time-averaged wall shear stress gradient
TGA	-	Transposition of The Great Arteries
TOF	-	Tetralogy of Fallot
VSD	-	Ventricular septal defect
WSS	-	Wall shear stress

LIST OF SYMBOLS

$\vec{\tau}$	-	Magnitude of WSS vector
μ	-	Blood viscosity
dt	-	Time step
r	-	Radial direction perpendicular to the arterial wall
T	-	Period of third cycle
u	-	Velocity
τ	-	Wall shear stress (WSS)

LIST OF APPENDICES

APPENDIX	TITLE	PAGE
A	PDA modeling	47

CHAPTER 1

INTRODUCTION

Patent ductus arteriosus is an abnormal condition where ductus arteriosus did not close naturally after the birth. However, in several conditions of congenital heart diseases, ductus arteriosus had to be subjected to intervention by opening it using wire mesh called stent as an alternative way to supply adequate amount of oxygenated blood to entire body. PDA stenting is a crucial procedure which acts as a first palliative treatment for neonates with cyanotic congenital heart diseases (CHD). This procedure is a temporary procedure between 6 to 12 months before neonates undergo conduit cavopulmonary angioplasty where right pulmonary artery are connected with superior vena cava to lessen the severity of cyanotic CHD.

The complications after the coronary stent surgical such as stent embolization, migration of the stent, protrusion, and acute stent thrombosis have led to the new development of the stent technology to overcome this problem.

Computational fluid dynamic (CFD) can be used to simulate the effect of stent design pattern on the arterial hemodynamic performance. There are several hemodynamic parameters such as wall shear stress (WSS), Low WSS, oscillatory shear indices (OSI) and relative residence time (RRT) being used to predict the development of re-stenosis [1].

Comparative study on stent design pattern effect on the arterial hemodynamic will provide comprehensive knowledge to develop a better design of stent. Thus, several types of stent design pattern will be used to predict the development of re-stenosis in PDA morphology.

1.1 Problem statement

Implantation of stent at PDA region contributes many complications especially re-stenosis [2], [3]. The development of restenosis can be affected by the arterial hemodynamic in clinical findings.

1.2 Hypothesis

Each type of stent design pattern has different effect on arterial hemodynamic performance. Thus, the prediction of re-stenosis can be predicted through the effect of stent design pattern using several hemodynamic variables using CFD.

1.3 Significant of study

The performance of hemodynamic has different effect depend on the stent design pattern. Thus, it is necessary to investigate the performance of the stent hemodynamic in order to predict the development of re-stenosis. The finding from this study may help with stent selection.

1.4 Objectives

1. To investigate the PDA hemodynamic effect for different types of stent design pattern

1.5 Scope of research

1. Only one PDA morphology was studied
2. Three different stent design pattern were used in the simulation
3. Steady and transient flow were considered

1.6 Thesis structure

This thesis consist of five chapter where chapter one is introduction and background of study then followed by chapter two with relevant literature review of study. An overall methodology was employed in this study is elaborated in chapter three. In chapter four, results obtained from analysis were discussed. Then, conclusion and recommendation from this study were presented chapter five.

REFERENCES

- [1] A. Setchi, A. J. Mestel, J. H. Siggers, K. H. Parker, M. W. Tan, and K. Wong, "Mathematical model of flow through the patent ductus arteriosus," *Journal of Mathematical Biology*. 2012.
- [2] M. Alwi, K. K. Choo, H. A. Latiff, G. Kandavello, H. Samion, M. D. Mulyadi, and K. Lumpur, "Initial Results and Medium-Term Follow-Up of Stent Implantation of Patent Ductus Arteriosus in Duct-Dependent Pulmonary Circulation," vol. 44, no. 2, 2004.
- [3] M. Alwi, K. Choo, N. A. M. Radzi, H. Samion, K. Pau, and C. Hew, "Concomitant stenting of the patent ductus arteriosus and radiofrequency valvotomy in pulmonary atresia with intact ventricular septum and intermediate right ventricle : Early in-hospital and medium-term outcomes," *J. Thorac. Cardiovasc. Surg.*, vol. 141, no. 6, pp. 1355–1361, 2011.
- [4] N. R. Colledge, B. R. Walker, and S. H. Ralston, *Davidson's Principles & Practice of Medicine*, 21st ed. Elsevier Limited, 2010.
- [5] J. E. Hall and A. C. Guyton, *Textbook of Medical Physiology*, 12th editi. Saunders Elsevier, 2011.
- [6] A. H. Association, "Statistical Fact Sheet 2013 Update Congenital Cardiovascular Defects Congenital Heart Defects," 2013.
- [7] M. of H. Malaysia, "Malaysia's Health," 2007.
- [8] K. R. Schumacher, "Tetralogy of Fallot," 2014. [Online]. Available: <http://www.nlm.nih.gov/medlineplus/ency/imagepages/18088.htm>. [Accessed: 15-Dec-2014].
- [9] "Transposition of The Great Arteries," *Pediatric Health Specialist*, 2011. [Online]. Available: http://pediatricheartspecialists.com/articles/detail/transposition_of_the_great_arteries. [Accessed: 25-Nov-2014].

- [10] “Facts about Atrioventricular Septal Defect (AVSD),” *Centers for Disease Control and Prevention*, 2014. [Online]. Available: <http://www.cdc.gov/ncbddd/heartdefects/avsd.html>. [Accessed: 05-Jan-2015].
- [11] “Coarctation of Aorta,” *Children’s Hospital of Wisconsin*. [Online]. Available: <http://www.chw.org/medical-care/herma-heart-center/conditions/coarctation-of-the-aorta/>. [Accessed: 21-Dec-2014].
- [12] S. C. Health, “Hypoplastic Left Heart Syndrome.” [Online]. Available: <http://www.stanfordchildrens.org/en/topic/default?id=hypoplastic-left-heart-syndrome-90-P01798>. [Accessed: 17-Dec-2014].
- [13] J. I. E. Hoffman, *Essential Cardiology Principle and Practice*, Second Edi. Humana Press Inc., 2005.
- [14] S. M. Gilboa, J. L. Salemi, W. N. Nembhard, D. E. Fixler, and A. Correa, “Mortality resulting from congenital heart disease among children and adults in the United States, 1999 to 2006,” *Circulation*, vol. 122, no. 22, pp. 2254–2263, 2010.
- [15] R. S. Boneva, L. D. Botto, C. a Moore, Q. Yang, a Correa, and J. D. Erickson, “Mortality associated with congenital heart defects in the United States: trends and racial disparities, 1979-1997.,” *Circulation*, vol. 103, no. 19, pp. 2376–2381, 2001.
- [16] C. A. Altman, “Congenital heart disease (CHD) in the newborn: Presentation and screening for critical CHD,” 2015. [Online]. Available: <http://www.uptodate.com/contents/congenital-heart-disease-chd-in-the-newborn-presentation-and-screening-for-critical-chd?topicKey=PEDS/5774&> [Accessed: 20-May-2015].
- [17] “Patent Ductus Arteriosus.” [Online]. Available: <http://www.childrenshospital.org/conditions-and-treatments/conditions/patent-ductus-arteriosus>. [Accessed: 17-Dec-2014].
- [18] D. E. Boshoff, I. Michel-behnke, and D. Schranz, “Stenting the neonatal arterial duct Fu tu of yr ig ht gs Lt d yr ig ht re gs Lt d,” pp. 893–901, 2007.
- [19] M. Alwi, “Stenting the ductus arteriosus : Case selection , technique and possible complications,” vol. 1, no. 1, 2008.
- [20] M. M. Djer, B. Madiyono, S. Sastroasmoro, S. T. Putra, I. N. Oesman, N. Advani, and M. Alwi, “Paediatrica Indonesiana,” vol. 44, no. 1, pp. 30–36, 2004.
- [21] P. Kumar, R. Datta, R. Nair, and G. Sridhar, “Stent implantation of patent ductus arteriosus in a newborn baby,” *Med. J. Armed Forces India*, vol. 67, no. 2, pp. 171–173, 2011.

- [22] M. Alwi, "Core Curriculum Management Algorithm in Pulmonary Atresia With Intact Ventricular Septum," vol. 686, no. December 2005, pp. 679–686, 2006.
- [23] D. G. Buys, "Stenting the arterial duct : practical aspects and review of outcomes," pp. 514–519.
- [24] L. Chung, A. J. Mohan, T. L. Soo, H. P. Ng, I. Pediatrik, H. K. Lumpur, and K. Lumpur, "Pattern of Congenital Heart Disease and Access to Tertiary Cardiac Care in Malaysia," vol. 55, no. 4, pp. 424–432.
- [25] E. Francis, "Palliative Stenting of Patent Ductus Arteriosus in Older Children and Young Adults With Congenital Cyanotic Heart Disease," vol. 1115, no. February 2012, pp. 1109–1115, 2014.
- [26] M. Alwi, "Stenting the patent ductus arteriosus in duct-dependent pulmonary circulation: techniques, complications and follow-up issues," *Futur. Cardiol.*, vol. 8, no. 2, pp. 237–250, 2012.
- [27] J. M. Jimenez and P. F. Davies, "Hemodynamically driven stent strut design," *Ann Biomed Eng*, vol. 37, no. 8, pp. 1483–1494, 2009.
- [28] M. Alwi, "C o n g e n i t a l," *Congenital Cardiology today*, pp. 1–5, Jul-2005.
- [29] H. Amoozgar, S. Cheriki, and M. Borzooee, "Short-term results of ductus arteriosus stent implantation compared with surgically created shunts," *Pediatr. Cardiol.*, no. 33, pp. 1288–1294, 2012.
- [30] M. Schneider, P. Zartner, and A. Sidiropoulos, "Stent implantation of the arterial duct in newborns with duct dependent circulation," *Eur Hear. J.*, no. 19, pp. 1401–1409, 1998.
- [31] I. Taib, M. R. A. Kadir, M. H. S. A. Azis, A. Z. Md Khudzari, and K. Osman, "Analysis of Hemodynamic Differences for Stenting Patent Ductus Arteriosus," *J. Med. Imaging Heal. Informatics*, vol. 3, no. 4, pp. 555–560, Dec. 2013.
- [32] G. Pennati, M. Belloti, and R. Fumero, "Mathematical modelling of the human foetal cardiovascular system based on Doppler ultrasound data," *Med. Eng. Phys.*, vol. 19, no. 4, pp. 327–35, 1997.
- [33] A. M. Malek and S. L. Alper, "and Its Role in Atherosclerosis," vol. 282, no. 21, pp. 2035–2042, 1999.
- [34] J. Murphy and F. Boyle, "Predicting neointimal hyperplasia in stented arteries using time-dependant computational fluid dynamics: A review," *Comput. Biol. Med.*, vol. 40, pp. 408–418, 2010.

- [35] F. Gao and H. Okada, "Hemodynamic Changes in Coronary Artery after Stent Implantation Based on Patient-specific Model," vol. 2, no. 2, pp. 98–102, 2013.
- [36] H. Hsiao, K. Lee, Y. Liao, and Y. Cheng, "Cardiovascular stent design and wall shear stress distribution in coronary stented arteries," vol. 7, no. 3, pp. 430–433, 2012.
- [37] F. Rikhtegar, F. Pacheco, C. Wyss, K. S. Stok, H. Ge, and R. J. Choo, "Compound Ex Vivo and In Silico Method for Hemodynamic Analysis of Stented Arteries," vol. 8, no. 3, 2013.
- [38] F. P. Glor, B. Ariff, a D. Hughes, L. a Crowe, P. R. Verdonck, D. C. Barratt, S. a McG Thom, D. N. Firmin, and X. Y. Xu, "Image-based carotid flow reconstruction: a comparison between MRI and ultrasound.," *Physiol. Meas.*, vol. 25, no. 6, pp. 1495–1509, 2004.
- [39] G. De Santis, B. Trachet, M. Conti, M. De Beule, U. Morbiducci, P. Mortier, P. Segers, P. Verdonck, and B. Verhegghe, "A Computational Study of the Hemodynamic Impact of Open- Versus Closed-Cell Stent Design in Carotid Artery Stenting," 2013.
- [40] Y. Hoi, Y. Q. Zhou, X. Zhang, R. M. Henkelman, and D. a. Steinman, "Correlation between local hemodynamics and lesion distribution in a novel aortic regurgitation murine model of atherosclerosis," *Ann. Biomed. Eng.*, vol. 39, no. 5, pp. 1414–1422, 2011.