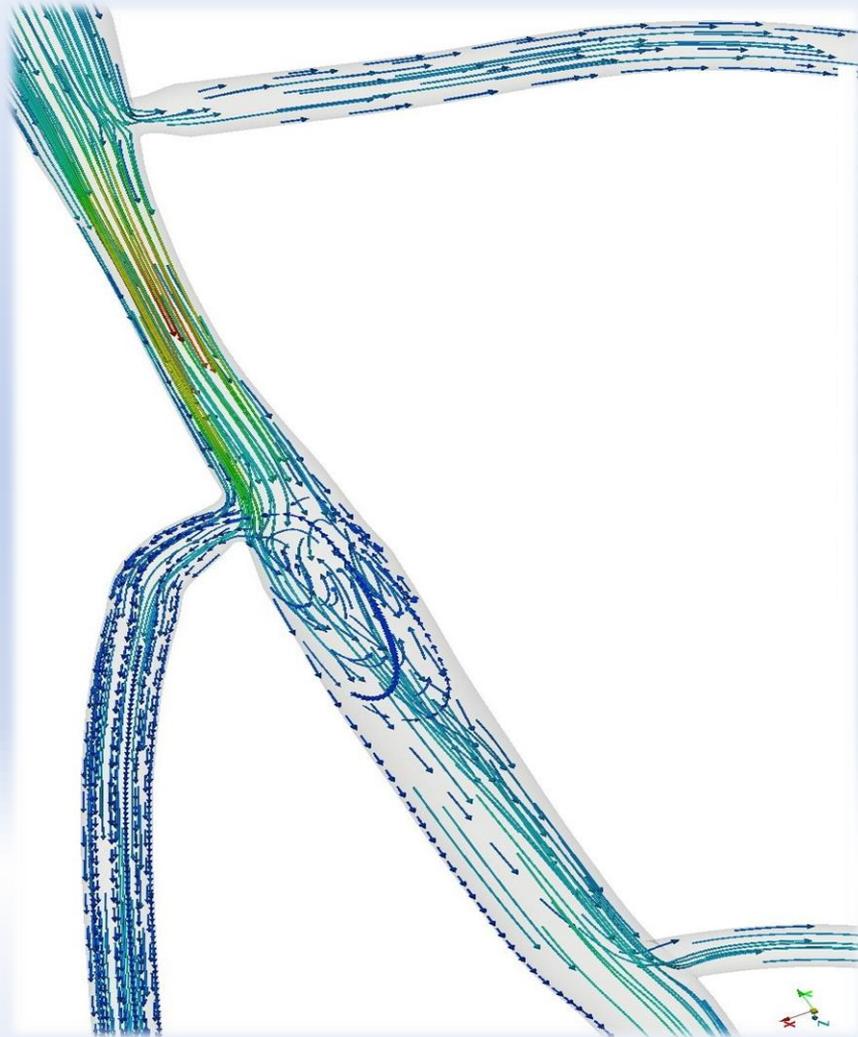


Numerical simulation of blood flow in LAD models with different degrees and location of stenosis.



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**CITY UNIVERSITY
LONDON**

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Motivation

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Results and
discussion

1. Outline

➤ Solution:

Description of the problem

Case setup

Results

➤ Pre and Post processing:

ANSA & Python scripts for geometry modification

μ ETA and BETA scripts for result processing

Coronary Artery Disease (CAD)

- CAD is the formation of plaques on the walls of Coronary artery (CA)
- Complications: Angina, Myocardial infarction
- World's leading cause of death

Blocked CA with subsequent
thrombus formation

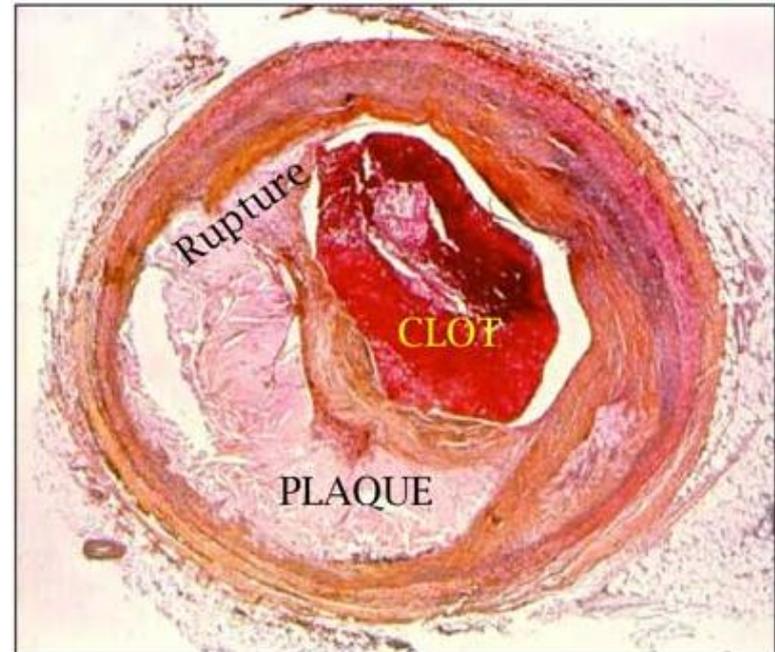


Image: Panaceaia or Hygeia- Atherosclerosis
<http://medicalmyths.wordpress.com/atherosclerosis/>

Assessment and Treatment

- **Decision on revascularization/medical treatment: Symptoms, Electrocardiogram, burden of stenosis**
- **Complications in patients who undergo medical treatment/possible unnecessary surgery risk**

Image: Encyclopedia Britannica



Impact of flow

Statistical correlation between location of stenosis and complications-Physical mechanisms

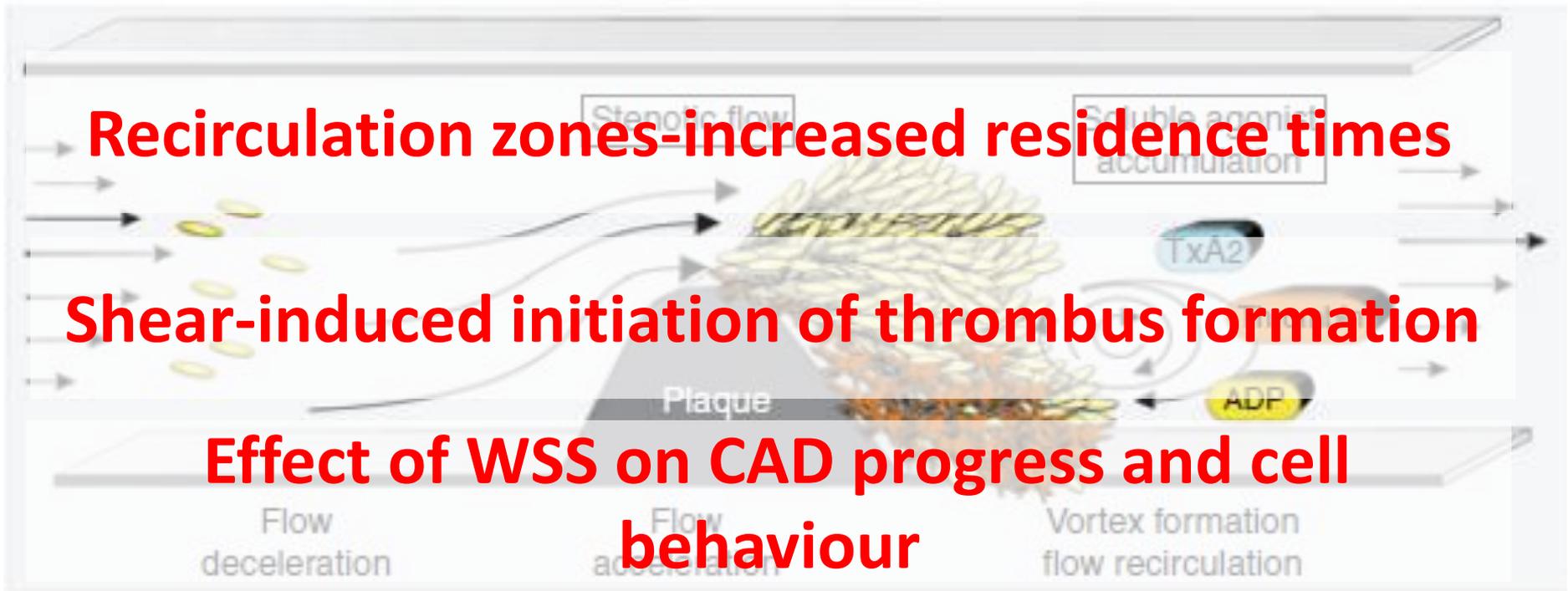
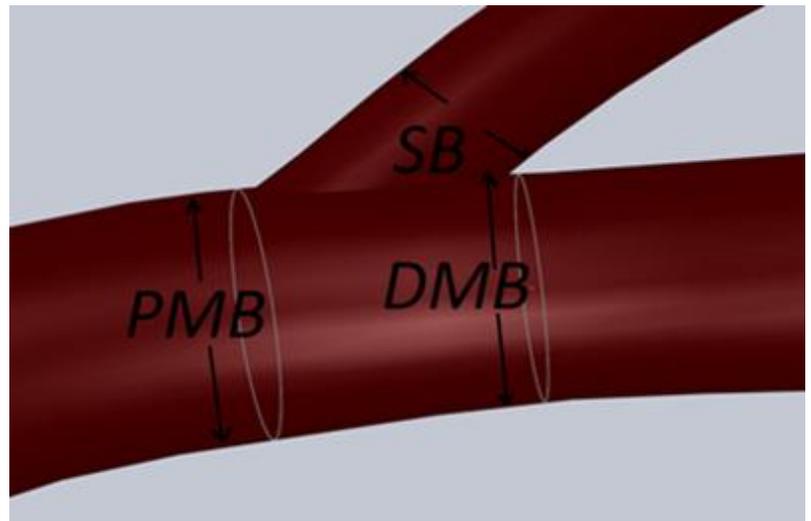
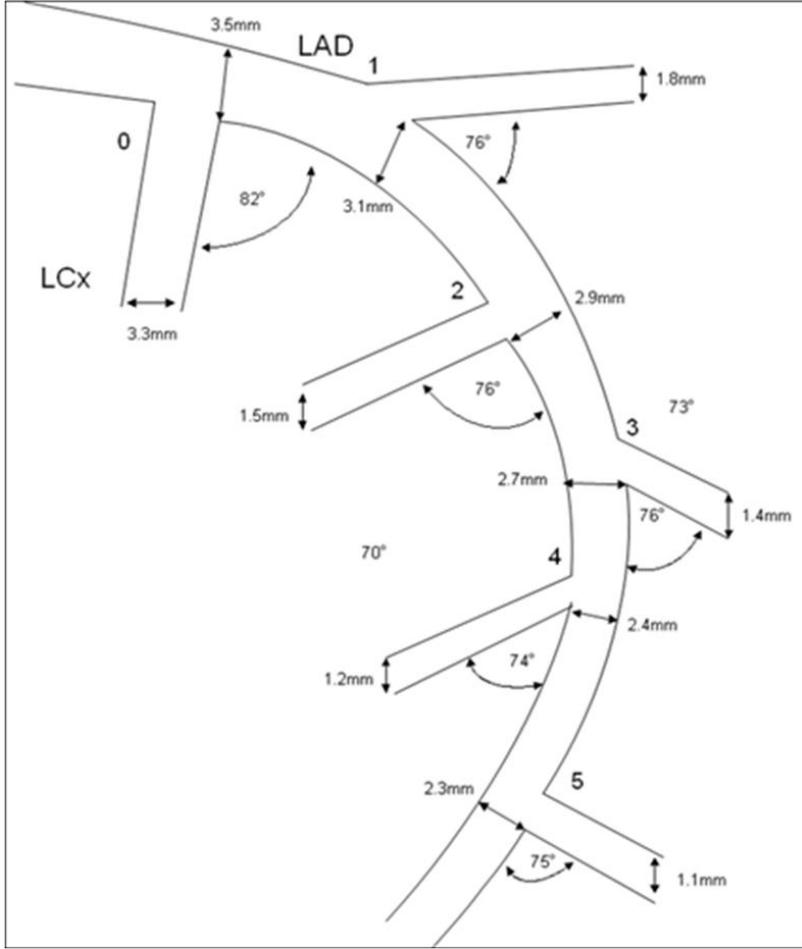


Image: Jackson et al 2009 , Dynamics of platelet thrombus formation

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Geometry reconstruction



Construction of an averaged LAD geometry based on statistical data.

Tapering based on the formula

$$PMB = (DMB + SB) \times 0.678$$

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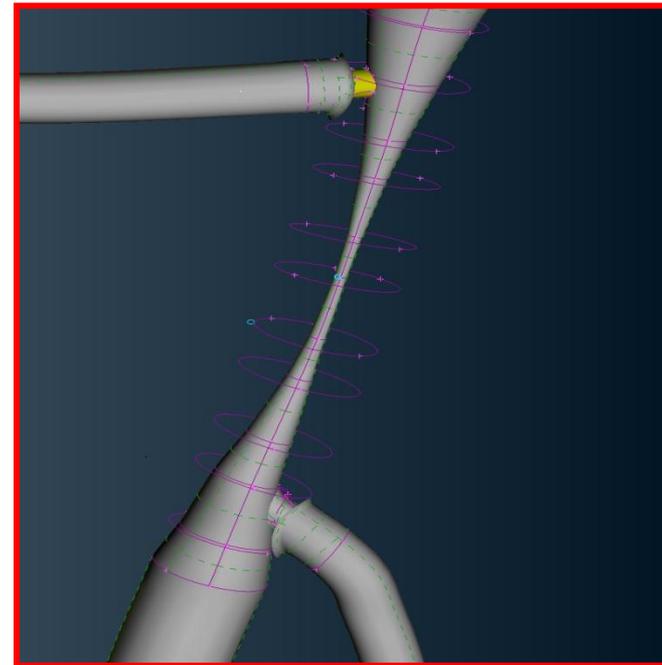
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Healthy and stenosed geometries

Normal geometry designed in Solidworks

Geometries with maximum stenosis (90%) designed in ANSA by introducing sinusoidal reduction of vessel diameter around the center of the stenotic lesion.



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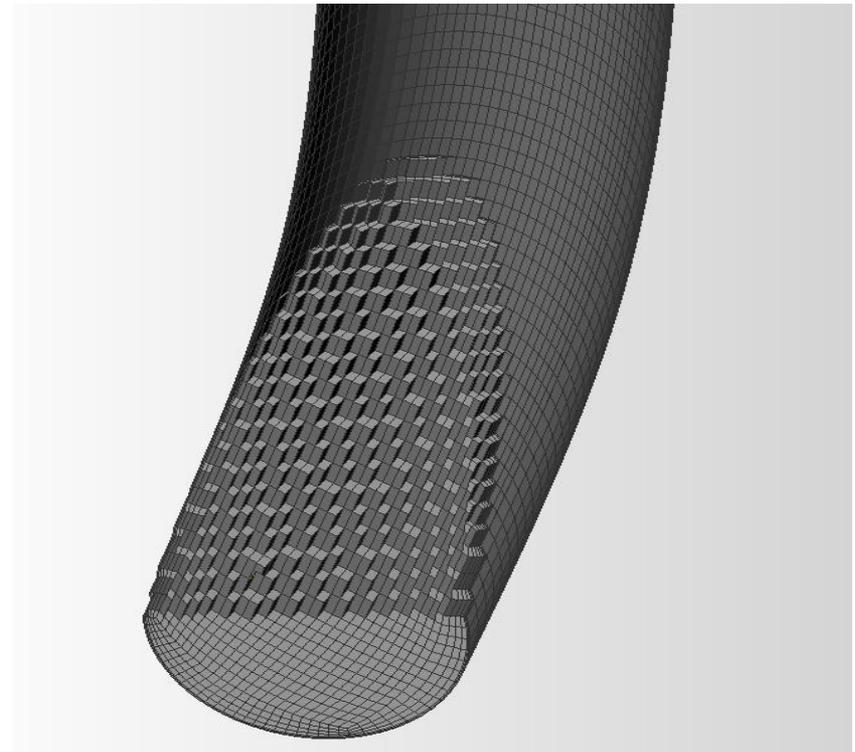
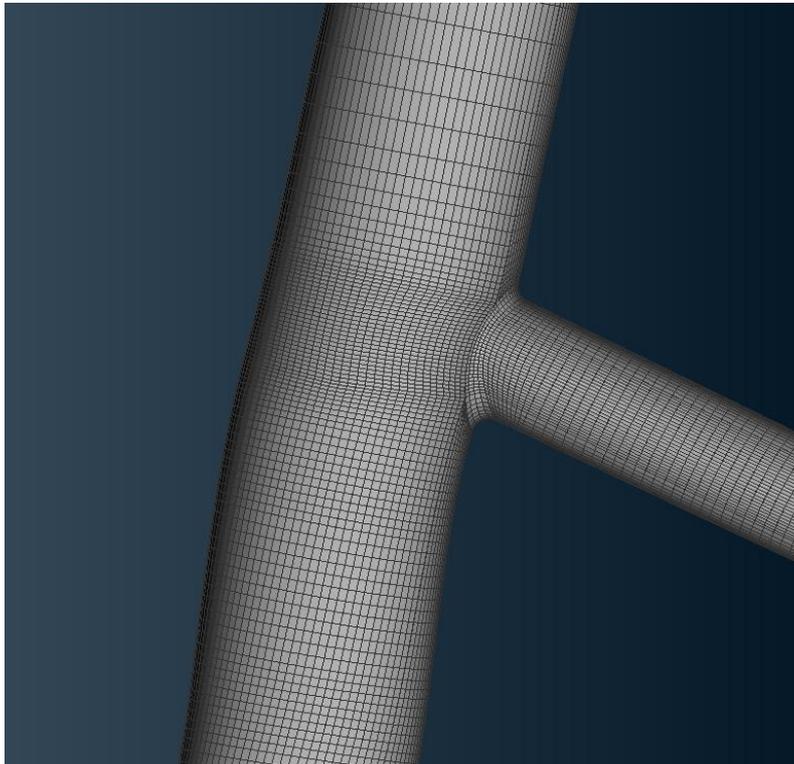
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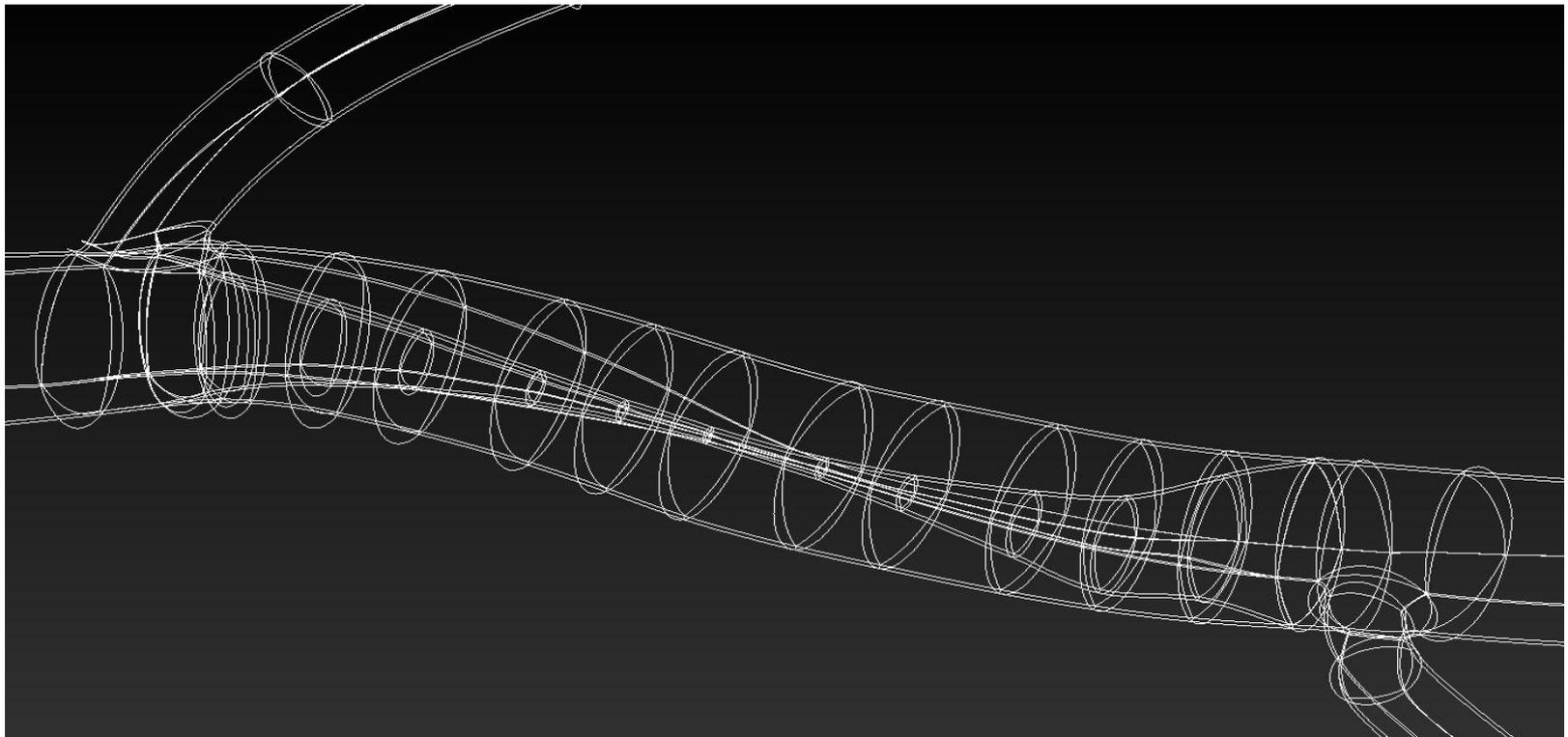
Pure Hexa-block Grid

Hexablock mesh with boundary layers for normal geometry and geometries with maximum stenosis (90%)



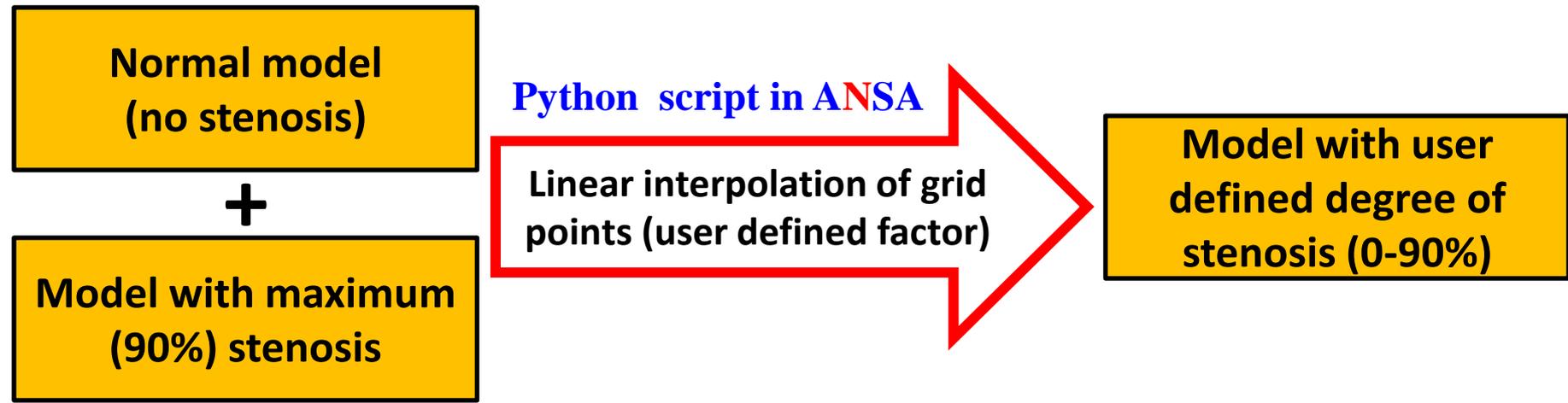
Hexa-block boxes

Identical mesh (nodes and ids) for normal and geometries with maximum stenosis





Construction of intermediate models



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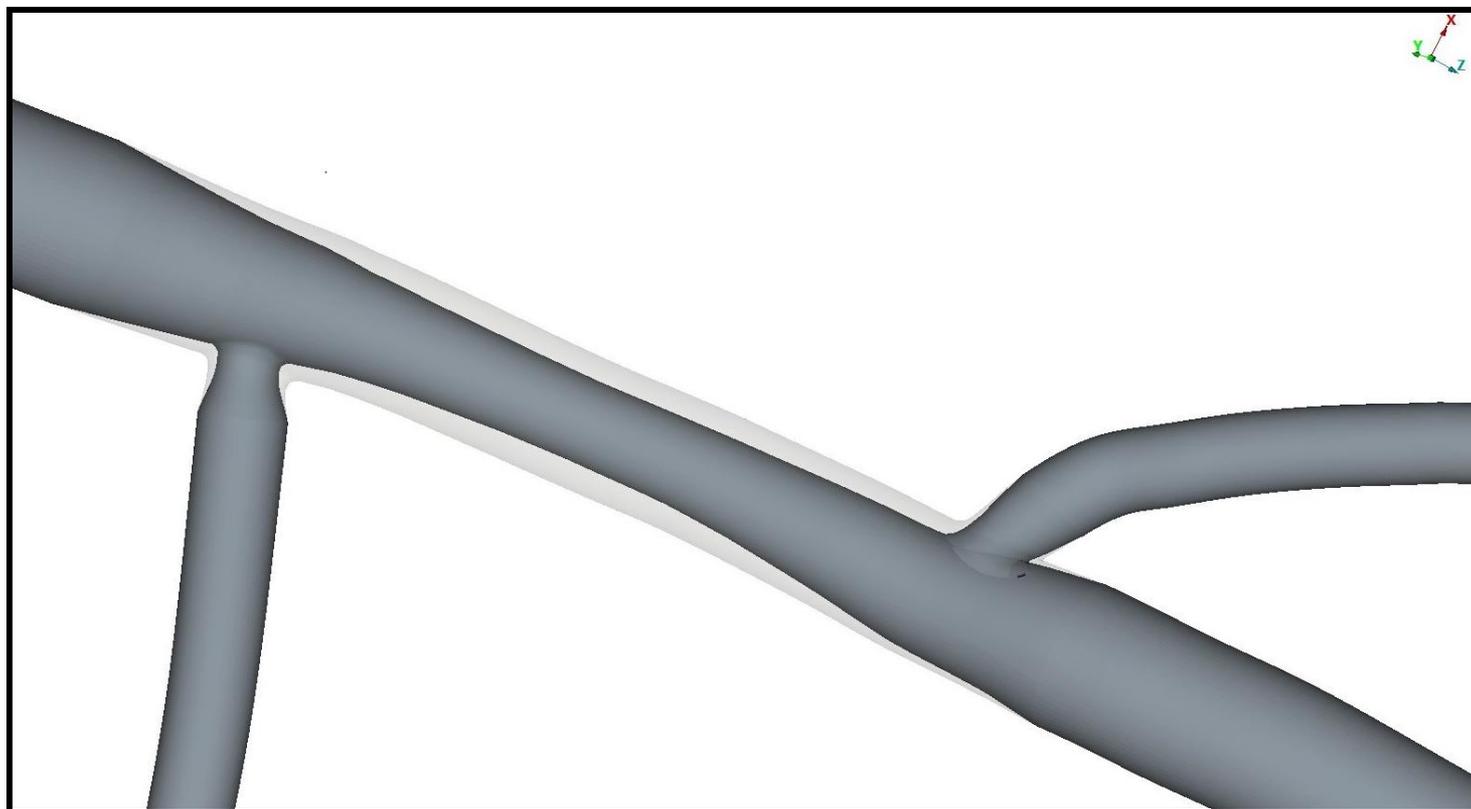
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Mesh modification

Geometries with stenosis between 0 and 90



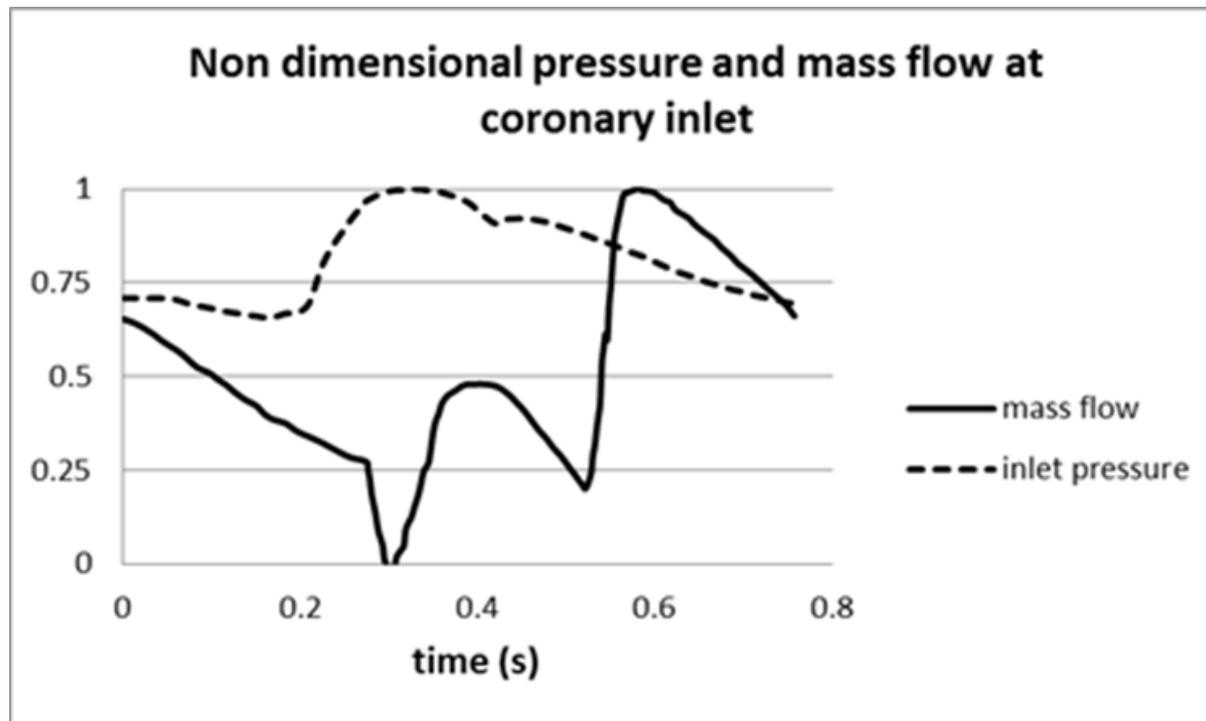
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The problem of boundary conditions for CA

Coronary flow is determined by the downstream network



2. Flow distribution in healthy vessel

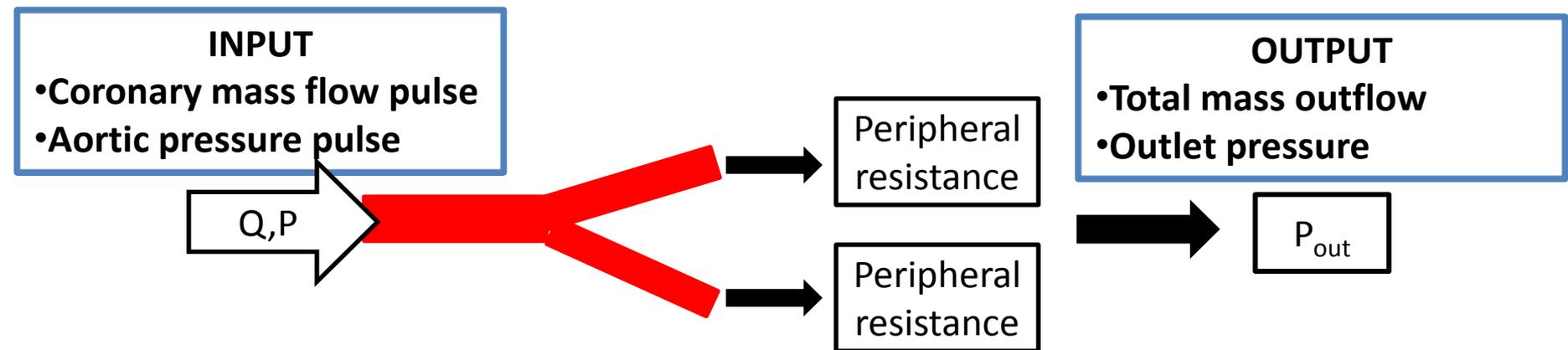
Assumption: constant wall shear stress
Flow rates are determined by the diameters

$$\tau_w = \frac{4\mu Q}{\pi r^3} \implies \dots \implies \frac{Q_1}{r_1^3} = \frac{Q_2}{r_2^3}$$

Flow simulation: Calculation of pressure on every outlet of the geometry



Flow distribution in stenosed vessel



- Use a determined pressure drop for the whole system
- Calculate peripheral resistance from healthy vessel
- Correct mass flow outlets for stenosed vessel

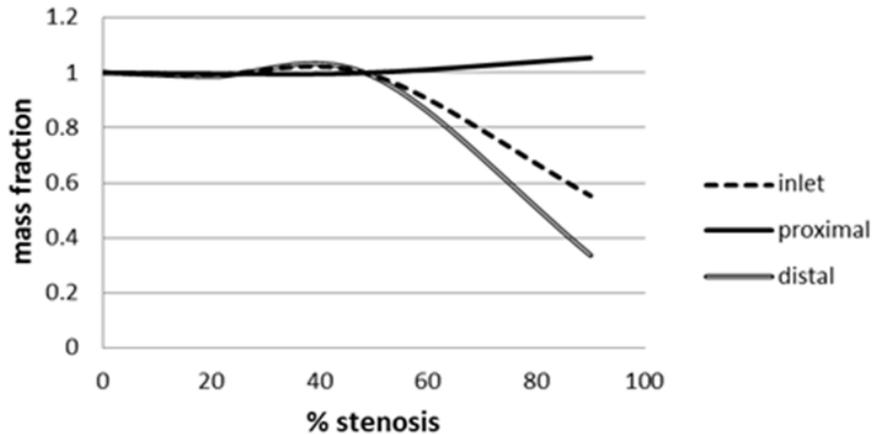
Simulation setup

- Rigid and stationary walls, no slip condition.
- Laminar flow (Reynolds numbers <100)
- Blood modelled as Newtonian fluid of viscosity of $\mu = 3.5 \cdot 10^{-3} Pa$ and density $\rho = 1.06 \cdot 10^3 kg/m^3$.
- Incompressible Navier-Stokes equations were used:

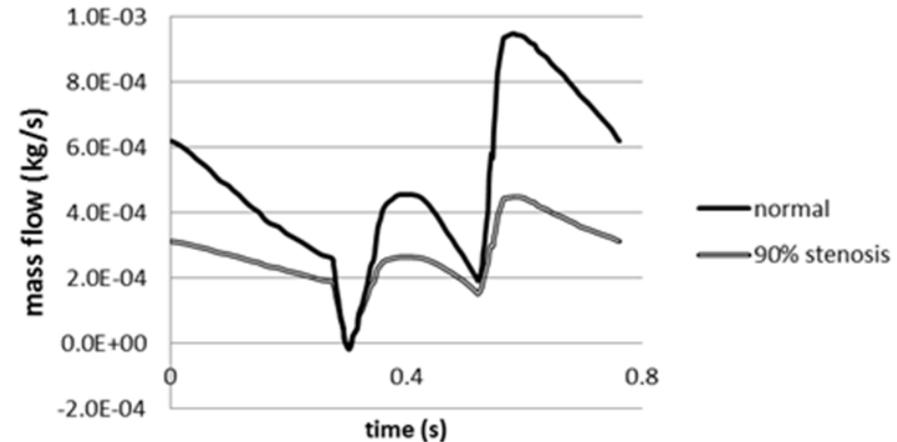
$$\rho \frac{\partial u}{\partial t} = -\nabla p + \mu \nabla^2 u + F,$$
$$\nabla u = 0$$

Flow rates for stenosed vessels

effect of stenosis on mass flow



inflow of normal and stenosed (90%) LAD

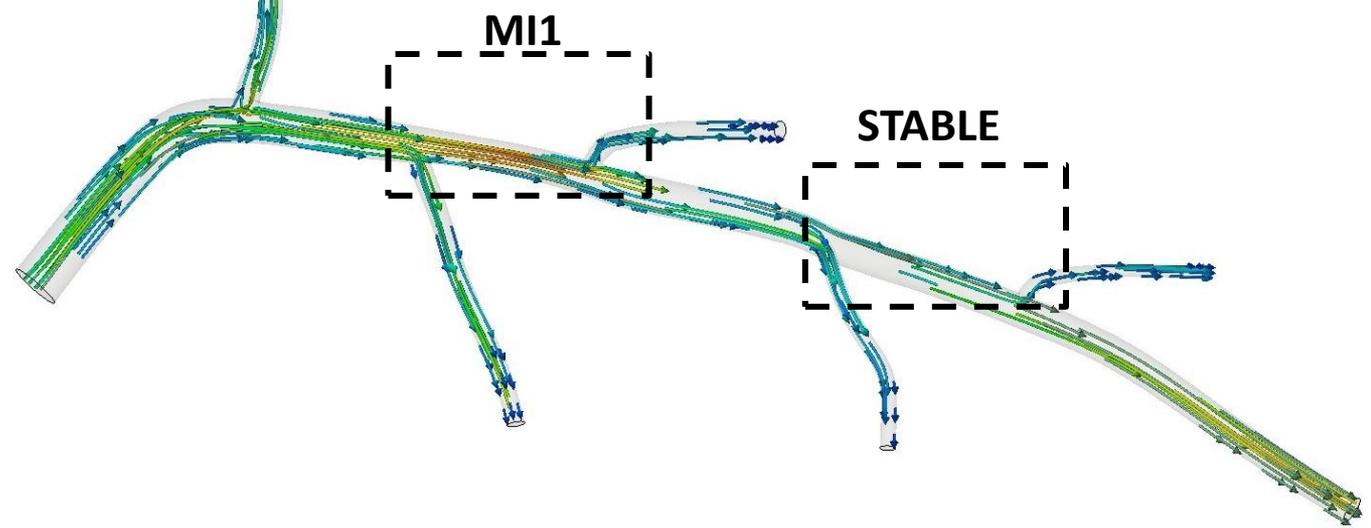
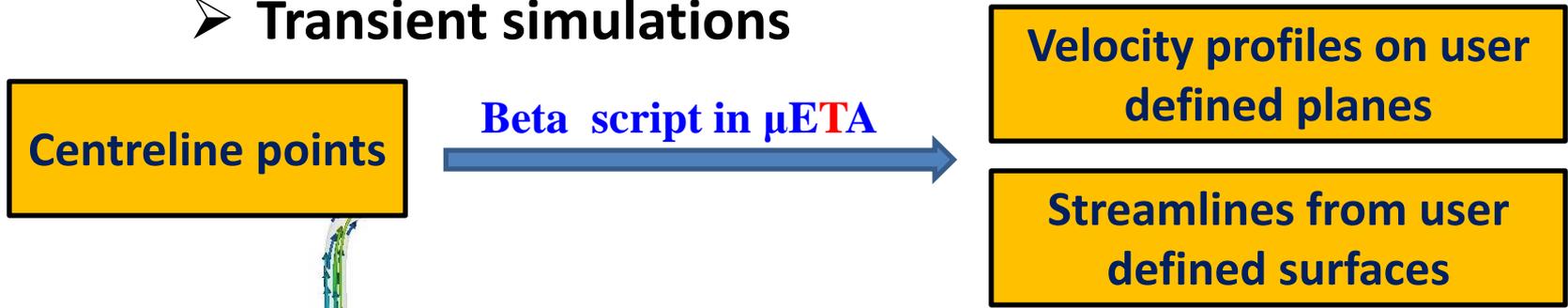


- Significant change only for the case of severe stenosis
- Differentiation of stenosis effect for proximal and distal side branches



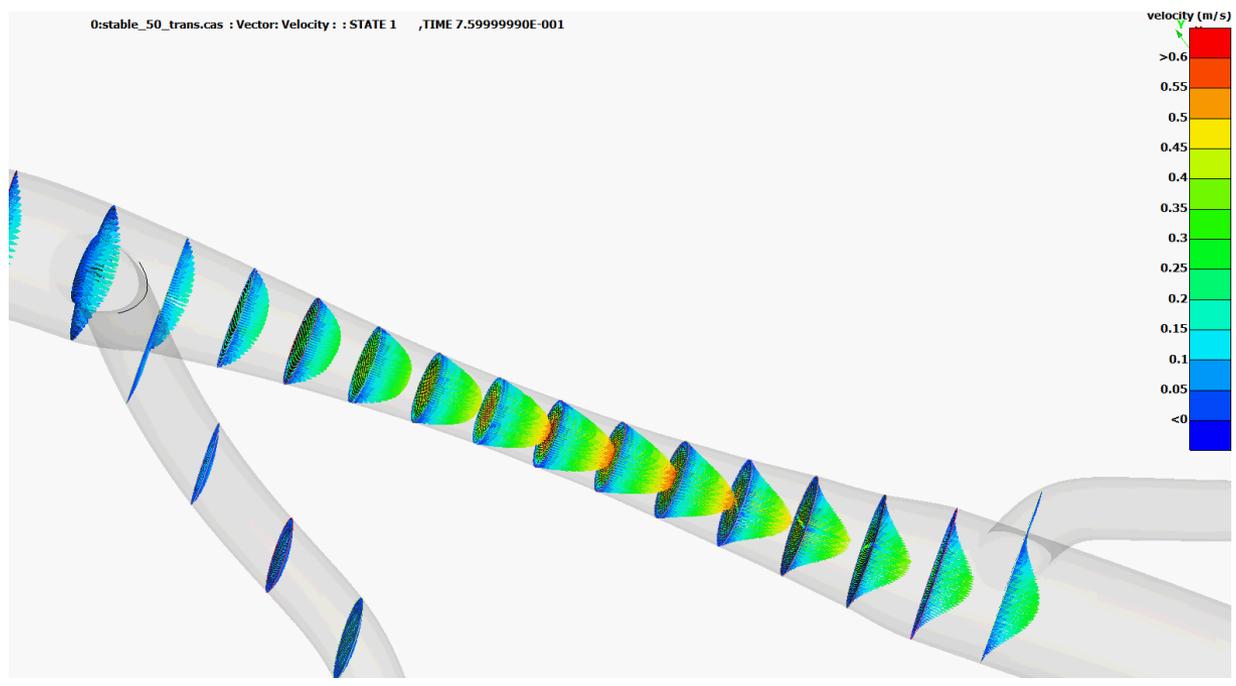
Results representation

- The geometry and flow is not XYZ oriented
- Transient simulations





Velocity profiles STABLE 50% stenosis



**Custom plane cuts
using the centreline
points :**

**Increased shear in
stenotic lesion**

**Disturbed velocity
profile distal the
stenosis**

Velocity profiles MI1 50% stenosis



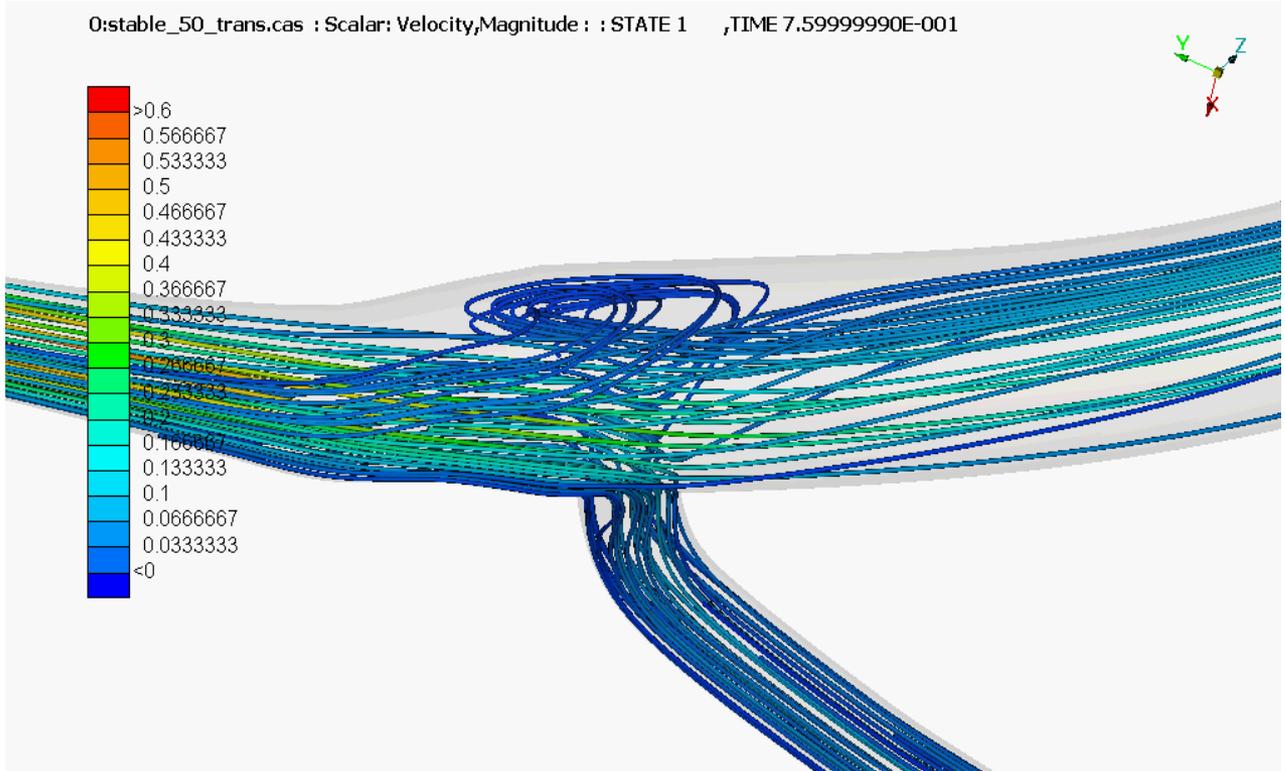
**Custom plane cuts
using the centreline
points :**

**Increased shear in
stenotic lesion**

**Disturbed velocity
profile distal the
stenosis**



Streamlines STABLE 50% stenosis

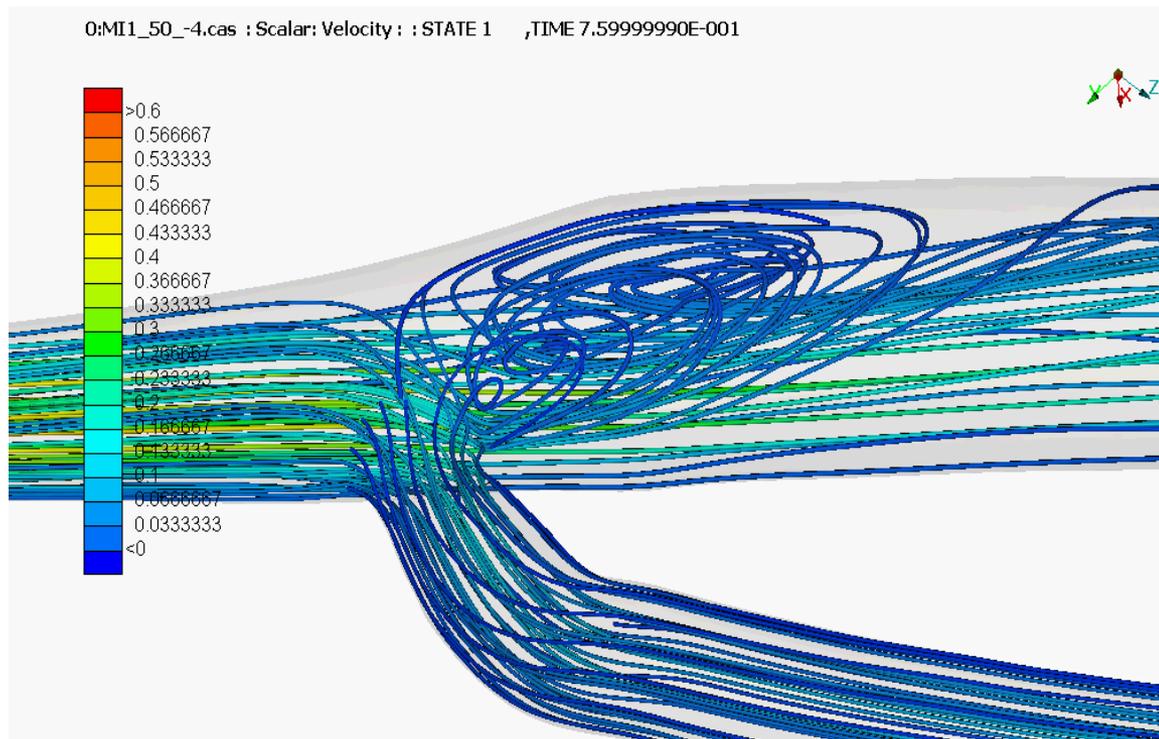


Velocity coloured streamlines downstream the stenosis:

Recirculation area (small part of heart cycle)

Small part of vortex streamlines lead into the side branch

Streamlines MI1 50% stenosis



Velocity coloured streamlines at the end of stenotic lesion

Recirculation area (considerable part of heart cycle)

Significantly more vortex streamlines lead into the side branch

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conclusions

- This study successfully demonstrated the ability of CFD to capture the effect of different location of stenosis on flow
- In the MI1 case the recirculation zone is larger both spatially and in time than in the STABLE case
- In the MI1 case part of recirculating flow appears to enter the side branch
- Modification of geometry using was made possible ANSA and Python scripting and reduced pre-processing time significantly.
- Consistent post processing and reporting of results using μ ETA and BETA scripting.

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Special thanks to **BETA** support team

Thank you

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3. ... a little more on the BETA script

Create hexa-block boxes with ogrid for NORMAL geometry (mesh 0)

Fitting created hexa-boxes on models with maximum stenosis (*not* ogrid)

Create ogrid for models with maximum stenosis

Export curves from mesh *and* ogrid of stenosed model

Fit original NORMAL mesh and ogrid on the exported curves (mesh 1)

From mesh 0 and mesh 1 using a script that interpolates the point coordinates we can obtain any intermediate geometry

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