

Experimental model of arteriovenous malformation in vitro using biological grafts

Aurelia Mihaela Sandu^{1,2}, A. Giovani^{1,2}, M.R. Gorgan^{2,3}

¹PhD student, University of Medicine and Pharmacy “Carol Davila”, Bucharest

²Fourth Department of Neurosurgery, Emergency Clinical Hospital Bagdasar Arseni, Bucharest

³University of Medicine and Pharmacy “Carol Davila”, Bucharest

Abstract: Introduction: Brain arteriovenous malformations (AVMs) represent a serious health problem all around the world. Experimental models help to better understand the pathophysiology of these lesions. Experiment: We performed an experimental model of AVM using biological grafts, arteries and veins harvested from chicken wings at the elbow joint. We used 14 vessels and we performed 20 end-to-end anastomoses to create a nidus with a single feeding artery and a single draining vein. The system was irrigated with colored solution. The experiment was done according with law in force regarding experimental research activity. Conclusions: Experimental models allow us to understand the hemodynamics and predict the outcome of brain AVMs in humans. This experimental model is a useful tool in understanding the hemodynamic properties of brain AVMs. It is very useful in vascular anastomosis training.

Key words: arteriovenous malformations, biologic grafts, chicken wings, experimental model

Introduction

Vascular malformations of the brain represent a serious health problem.(8;29) Brain arteriovenous malformations (AVMs) are not very frequently encountered, having an incidence of 0.89-1.34 cases/100.000 inhabitants/year (3;4;20) and a prevalence of 0.02-0.2% (1;2;20;31;34). Although they are no common pathology, brain AVMs represent a continuous and prolific field of research (8-10;27-29), because social impact of this disease is high. They become clinically manifest in

young and active people, mean age at diagnosis varying from 29 to 33 years.(25;29) Brain AVMs carry high morbidity and mortality. They are the most common cause of spontaneous hemorrhagic stroke in young people.(7;11) Hemorrhagic stroke has devastating consequences, being a major cause of mortality, morbidity and long-term neurological deficits. Thus, after AVMs rupture with intraparenchymatal hemorrhage, mortality reaches 10% and morbidity accounts for 30-50%.(11;14;16) Other clinic forms

specific to brain AVMs are with seizures and neurological deficits.

Brain AVMs are composed by a network of dysplastic vessels (dilated arteries, arterialized veins, interconnected through shunts), from which arterial blood flows from arteries directly into draining veins, without any capillary bed.(11;21;32;35) AVMs have complex hemodynamic effects, impairing normal brain blood flow.

The aim of this article is to make an experimental in vitro model of brain AVM, using biological grafts.

Experiment

We used vessels (arteries and veins) harvested from chicken wings, at the elbow joint. Short chicken wing anatomy is summarized below. Surprisingly, chicken wing anatomy resembles human upper limb anatomy. Bones are represented by humerus, radius, ulna, carpal bones, metacarpals, alula and phalanges. Muscles of the arm are biceps and triceps and of the forearm are radialis longus and ulnaris muscles. At the elbow joint humeral artery bifurcates into radial and ulnar arteries. Radial and ulnar veins join into brachial vein.

We harvested 14 vessels (arteries and veins) from the elbow joint, at the point where they bifurcate. So all vessels were "Y" shaped. After harvesting, vessels were kept in a normal saline solution. We performed 20 end-to-end anastomoses, under operating microscope, using microsurgical instruments, according to the scheme shown in figure 1. Anastomoses were done according to the classical principals of vascular surgery. Two sutures were placed

on the lateral sides, joining the two vascular ends together. The posterior wall of the anastomosis was sewed first, using a prolene 11-0 continuous suture, followed by suturing of the anterior wall in the same fashion.

This model mimics an AVM nidus with a single feeding artery and single draining vein. The afferent artery was catheterized using an intravenous cannula and the system was irrigated with colored solution (normal saline and blue ink) in a pulsatile fashion.

The experiment was done according with law in force regarding experimental research activity.

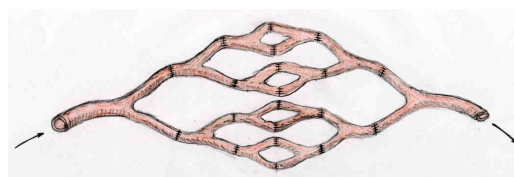


Figure 1 - Schematic view of the experimental model of AVM



Figure 2 - Part of experimental model of AVM



Figure 3 - Final view of the experimental model of AVM



Figure 3 - Experimental model of AVM irrigated with colored solution, by catheterizing the afferent vessel with an intravenous cannule

Discussions

Over the time, researchers from the field of medicine, tried to build experimental models of brain AVMs.(5;6) Experimental models can be true or virtual. True experimental models can be built in vitro or in vivo. Grafts used to recreate the network of a brain AVM can be synthetic (Dacron or Goretex) or biological.

True in vivo models were done in experimental animals. Massoud et al performed an experimental AVM in swine, using a side-to-side carotid-jugular anastomosis and ipsilateral endovascular occlusion of occipital artery, external carotid artery and muscular branch of the ascending pharyngeal in the pig's neck, with subsequent forming of a rete mirabilis, mimicking a nidus, with feeding artery and draining veins.(22-24)

Qian et al. performed an in vivo experimental AVM model in sheep, making a side-to-side carotid-jugular anastomosis, jugular vein ligation above the arteriovenous fistula and ligation of common carotid artery proximal to the anastomosis.(26)

Schumacher et al. designed an experimental model in dogs, performing a bilateral high-flow carotid to external jugular vein fistula, which was later occluded with a coated stent on one side, whereas the contralateral side remained patent.(30)

Other experimental models in animals were performed in rats. Herman et al. performed an anastomosis between common carotid artery and external jugular vein, accompanied by occlusion of the sagittal sinus and of the vein draining the transverse sinus.(15)

Experimental models were used not only to design an anatomical network of vessels with specific hemodynamic properties, but also to explain consequences secondary to associated AVMs, such as normal perfusion pressure breakthrough.(12)

Animals models proved to be faithful copy of brain AVMs.(33) Animal models of AVMs can be used to apply several therapies, such as radiosurgery or endovascular embolization.(6)

Also virtual models of brain AVMs were designed for research purposes. Computer and biomathematical models were used to imitate a brain AVM and its consequences.(13;36) Computer and biomathematical experimental models are a theoretical method of investigating AVM. Hademenos et al. constructed an electrical networks based on the biomathematical AVM model, in order to provide an accurate rendering of transnidial and intranidal hemodynamics.(13) Computer models are useful for pathophysiological studies. The advantage of these models is the flexibility, which cannot be found in an intact system.(36) The disadvantage is that they are dependent on the assumptions made by their constructors.(36)

Kerber et al. performed an experimental model of brain AVM using an open pore cellulose sponge and a wax wire, 4.5-6.5 in diameter, simulating single draining vein and one to three wax wires, 2.6 mm in diameter, simulating feeding arteries, attached to the sponge with adhesive elastomer.(18)

Inagawa et al. created an artificial nidus model, using one milliliter syringe, in which they put small beads, 2.5x4.5 mm in size,

which was connected through tubes to a active, pulsatile flow circuit.(17)

Human placenta was used as an ex vivo vascular model in research because its vessels resemble brain AVM.(19)

Conclusions

Experimental models allow us to understand the hemodynamics and predict the outcome of brain AVMs in humans. This experimental model is a useful tool in understanding the hemodynamic properties of brain AVMs. It is very useful in vascular anastomosis training.

Acknowledgement

This paper was co-financed from the European Social Fund, through the Sectorial Operational Programme Human Resources Development 2007-2013, project number POSDRU/159/1.5/S/138907 "Excellence in scientific interdisciplinary research, doctoral and postdoctoral, in the economic, social and medical fields - EXCELIS", coordinator The Bucharest University of Economic Studies.

Correspondence

Aurelia Mihaela Sandu, address: Emergency Clinical Hospital Bagdasar-Arseni, No. 10-12, Berceni Street, Sector 4, Bucharest; e-mail: aurasandu@gmail.com; tel. 0724.263.023

References

1. Al-Shahi R, Bhattacharya JJ, Currie DG, Papanastassiou V, Ritchie V, Roberts RC, Sellar RJ & Warlow CP. (2003). Prospective, population-based detection of intracranial vascular malformations in adults: the Scottish Intracranial Vascular Malformation Study (SIVMS). *Stroke* 34, 1163-1169.

2. Al-Shahi R & Warlow C. (2001). A systematic review of the frequency and prognosis of arteriovenous malformations of the brain in adults. *Brain* 124, 1900-1926.
3. ApSimon HT, Reef H, Phadke RV & Popovic EA. (2002). A population-based study of brain arteriovenous malformation: long-term treatment outcomes. *Stroke* 33, 2794-2800.
4. Berman MF, Sciacca RR, Pile-Spellman J, Stapf C, Connolly ES Jr, Mohr JP & Young WL. (2000). The epidemiology of brain arteriovenous malformations. *Neurosurgery* 47, 389-396.
5. Carvi Y & Nievas MN. (2005). Experimental cerebral arteriovenous fistulas. *Neurol Res* 27, 857-863.
6. Chen W, Choi Ej, McDougall CM & Su H. (2014). Brain arteriovenous malformation modeling, pathogenesis, and novel therapeutic targets. *Transl Stroke Res* 5, 316-329.
7. Choi JH & Mohr JP. (2005). Brain arteriovenous malformations in adults. *Lancet Neurol* 2005, 299-308.
8. Giovani A, Sandu A, Neașu A & Gorgan RM (2014). Surgical treatment and outcome of cerebral cavernomas – a 10 years' experience. *Rom Neurosurg* 21, 394-404.
9. Gorgan MR, Bucur N, Neașu A, Sandu AM, Brehar FM, Prună VM & Giovani A. (2014). Aspecte clinice și microchirurgicale în cavernoamele cerebrale (Clinical aspects and microsurgery in brain cavernomas. The XVII-th National Conference of Stroke (AVC) with international participation, 15-17 October 2014, Brașov, Romania. Abstract was published in *Rev Rom Stroke (AVC)* 17, 62-64.
10. Gorgan MR, Ciubotaru VG, Tătăranu LG, Tașcu A, Iliescu A, Bucur N, Neașu A, Brehar FM & Sandu AM. (2014). Our experience in a series of 277 brain AVMs, microsurgical treatment and outcome. The 40th Congress of the Romanian Society of Neurosurgery with International Participation, 25-27 September 2014, Bucharest, Romania. Abstract was published in *Rom Neurosurgery* 21, 525-526.
11. Greenberg MS. (2010). Vascular malformations. In Greenberg MS (Ed), *Handbook of neurosurgery* (1098-1142). New York: Thieme Medical Publisher.
12. Gutierrez-Gonzalez R, Perez-Zamarron A & Rodriguez-Boto G. (2014). Normal perfusion pressure breakthrough phenomenon: experimental models. *Neurosurg Rev* 37, 559-568.
13. Hademenos GJ, Massoud TF & Vinuela F. (1996). A biomathematical model of intracranial arteriovenous malformations based on electrical network analysis: theory and hemodynamics. *Neurosurgery* 38, 1005-1014.
14. Hartmann A, Mast H, Mohr JP, Koennecke HC, Osipov A, Pile-Spellman J, Duong DH & Young WL. (1998). Morbidity of intracranial hemorrhage in patients with cerebral arteriovenous malformation. *Stroke* 29, 931-934. 1998.
15. Herman JM, Spetzler RF, Bederson JB, Kurbat JM & Zabramaki JM. (1995). Genesis of a dural arteriovenous malformation in a rat model. *J Neurosurg* 83, 539-545.
16. Hillman J. (2001). Population-based analysis of arteriovenous malformation treatment. *J Neurosurg* 95, 633-637.
17. Inagawa S, Isoda H, Kougo H, Isogais S & Sakahara H. (2003). In-vitro simulation of NBCA embolization for arteriovenous malformation. *Interv Neuroradiol* 9, 351-358.
18. Kerber CW, Hecht ST & Knox K. (1997). Arteriovenous malformation model for training and research. *AJNR Am J Neuroradiol* 18, 1229-1232.
19. Kwok JC, Hunag W, Leung WC, Chan SK, Chan KY, Leung KM, Chu AC & Lam AK. (2014). Human placenta as an ex vivo vascular model for neurointerventional research. *J Neurointerv Surg* 6, 394-399.
20. Laakso A & Hernesniemi J. (2012). Arteriovenous malformations: epidemiology and clinical presentation. *Neurosurg Clin N Am* 23, 1-6.
21. Marciano FF, Vishteh AG, Apostolides PJ & Spetzler RF. (2000). Arteriovenous malformations – supratentorial. In Kaye AH, Black P (Eds), *Operative neurosurgery* (1079-1091). London: Harcourt Publishers Limited.
22. Massoud TF, Ji C, Guglielmi G & Vinuela F. (1996). Endovascular treatment of arteriovenous malformations with selective intranidal occlusion by detachable platinum electrodes: technical feasibility in a swine model. *AJNR Am J Neuroradiol* 17, 1459-1466.
23. Massoud TF, Ji C, Vinuela F, Guglielmi G, Robert J, Duckwiler GR & Gobin YP. (1994). An experimental arteriovenous malformation model in swine: anatomic basis and construction technique. *AJNR Am J Neuroradiol* 15, 1537-1545.
24. Massoud TF, Vinters HV, Chao KH, Vinuela F & Jahan R. (2000). Histopathologic characteristics of a chronic arteriovenous malformation in a swine model:

- preliminary study. *AJNR Am J Neuroradiol* 21, 1268-1276.
25. Ondra SL, Troupp H, George ED & Scawab K. (1990). The natural history of symptomatic arteriovenous malformations of the brain: a 24-year follow-up assessment. *J Neurosurg* 73, 387-391.
26. Qian Z, Climent S, Maynar M, Uson-Garallo J, Lima-Rodriguez MAV, Calles C, Robertson H & Castaneda-Zuniga WR. (1999). A simplified arteriovenous malformation model in sheep: feasibility study. *AJNR Am J Neuroradiol* 20, 765-770.
27. Sandu A & Gorgan M. (2015). Microsurgery and outcome in 277 brain AVMs, a common cause of hemorrhagic stroke in young people. The 9th World Congress on Controversies in Neurology (CONy), 26-28 March 2015, Budapest, Hungary.
28. Sandu AM. (2015). Electronic national registry of brain arteriovenous malformations - a useful tool in monitoring patients with cerebral vascular pathology. Congress of University of Medicine and Pharmacy Carol Davila, 28-30 May 2015, Bucharest, Romania.
29. Sandu AM, Ciubotaru VG, Tătăranu LG, Tașcu A, Bucur N, Neașu A & Gorgan MR. (2014). Clinical aspects, management and outcome of brain arteriovenous malformations - result with microsurgery first policy. *Rom Neurosurg* 21, 369-383.
30. Schumacher M & Schellhammer F. (1999). Experimental pseudo arteriovenous malformation. A model for training and research. *Interv Neuroradiol* 5, 213-217.
31. Soderman M, Andersson T, Karlsson B, Wallace MC & Edner G. (2003). Management of patients with brain arteriovenous malformations. *Eur J Radiol* 46, 195-205.
32. Spagmolo E. (2012). Surgical management of cerebral arteriovenous malformations. In Quinones-Hinojosa A (Ed), *Schmidek & Sweet operative neurosurgical techniques: indications, methods, and results (1003-1018)*. Philadelphia: Elsevier-Saunders.
33. Tu J, Karunanayaka A, Windsor A & Stoodley MA. (2010). Comparison of an animal model of arteriovenous malformation with human arteriovenous malformation. *J Clin Neurosci* 17, 96-102.
34. Weber F & Knopf H. (2006). Incidental findings in magnetic resonance imaging of the brains of healthy young men. *J Neurol Sci* 240, 81-84.
35. Yasargil MG. (1987). *Microneurosurgery. IIIA. AVM of the brain, history, embryology, pathological considerations, hemodynamics, diagnostic studies, microsurgical anatomy*. Stuttgart: Georg Thieme Verlag; New York: Thieme Medical Publishers, Inc.
36. Young WL, Gao E, Hedemenos GJ & Massoud TF. (2007). Use of modeling for the study of cerebral arteriovenous malformations. In Stieg PE, Batjer HH, Samson D (Eds): *Intracranial arteriovenous malformations (49-71)*. New York: Informa Health Care.