

A large-scale 3D micromechanical computational myocardium model

TACCSTER 2021 • September 23-24, 2021

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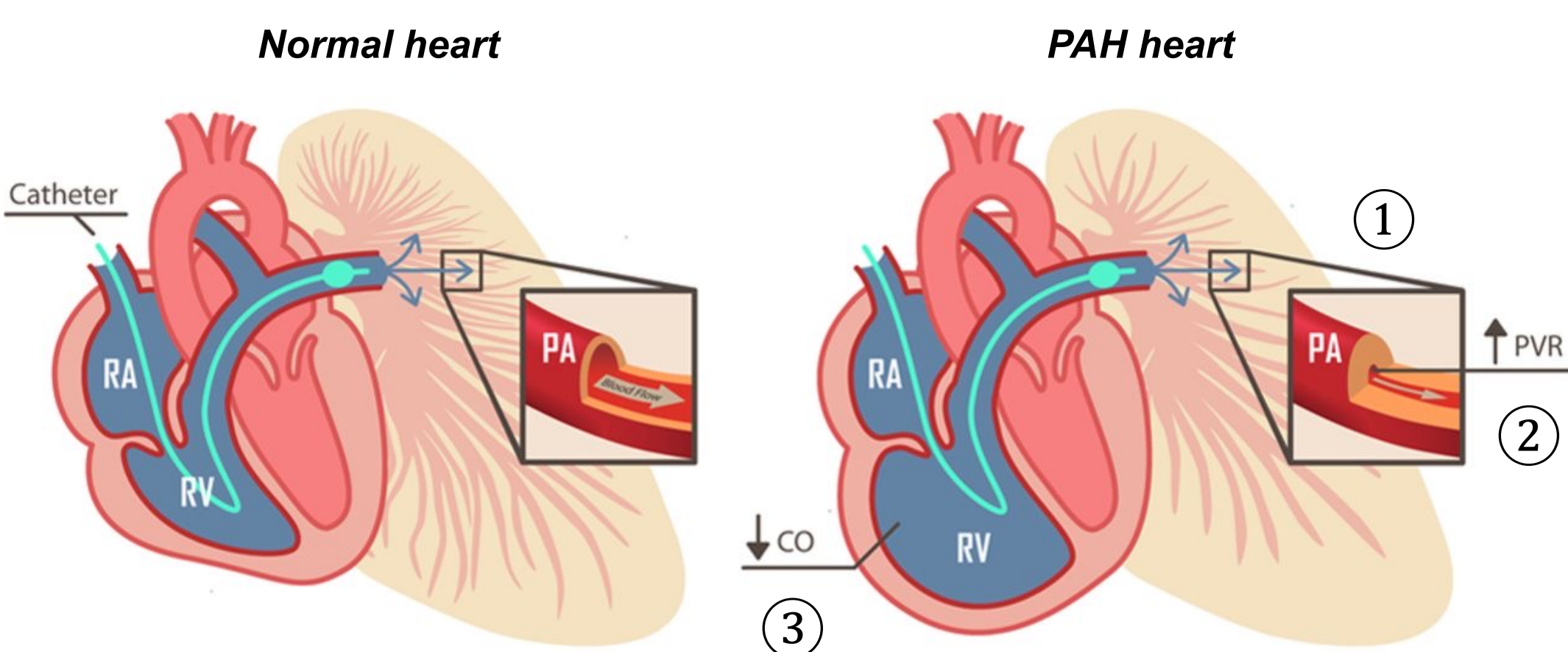
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Pulmonary arterial hypertension (PAH)

PAH: Pressure overload in the right ventricle (RV) that causes maladaptive growth and remodeling of the RV free wall (RVFW) [1]

- 1 Stenosis of pulmonary artery (PA)
- 2 Increased pulmonary vascular resistance (PVR)

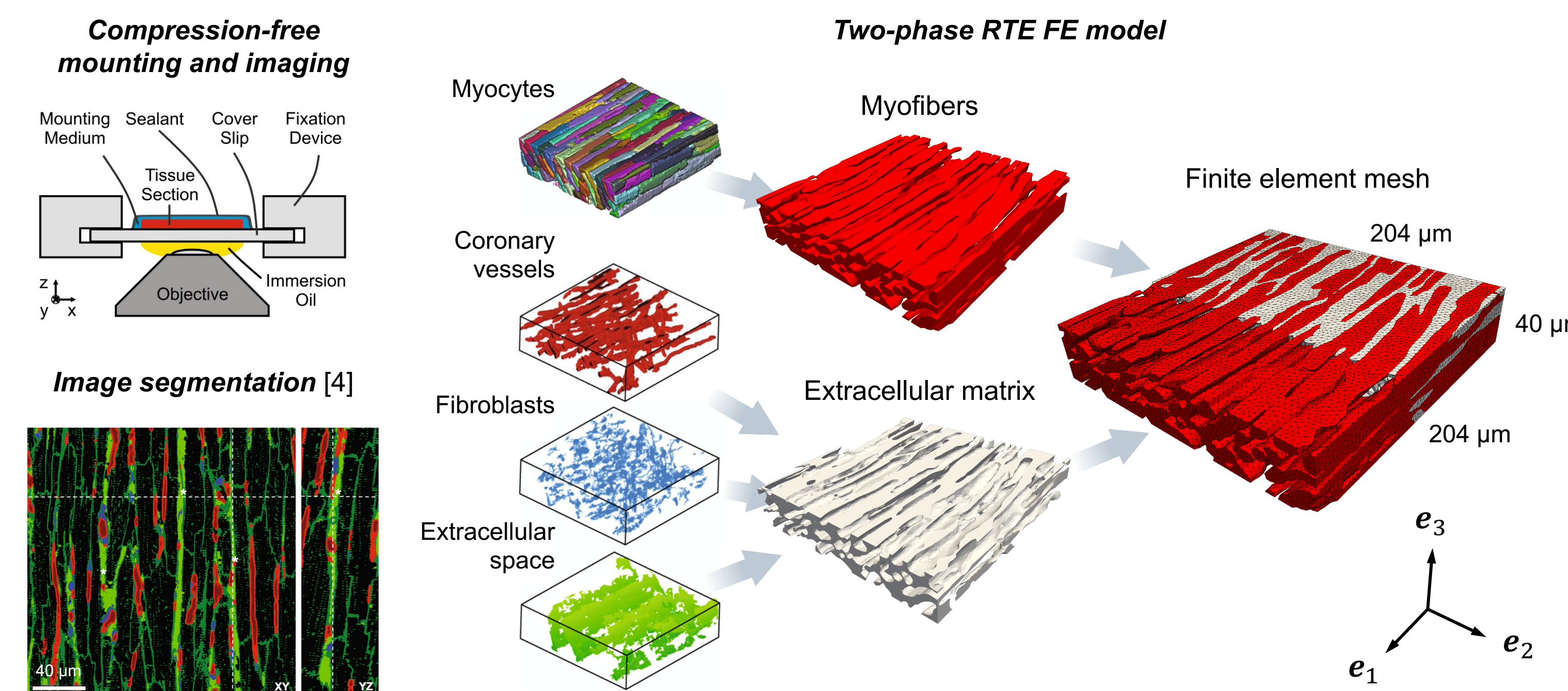
PAH negatively impacts cardiac function via ventricular dysfunction and reduction in cardiac output (CO) ③



Finite element model of representative tissue element (RTE)

Finite element (FE) model generation: Semi-automatic segmentation approaches used to reconstruct myocytes, coronary vessels, fibroblasts, and extracellular space in confocal microscopy dataset of rabbit myocardium [4]

Tetrahedral mesh of 1.1×10^6 elements constructed from “myofiber” and combined “extracellular matrix” (ECM) phase



Constitutive modeling: Myofibers and ECM modeled with hyperelastic, anisotropic constitutive forms (ψ_{myo} , ψ_{ECM})

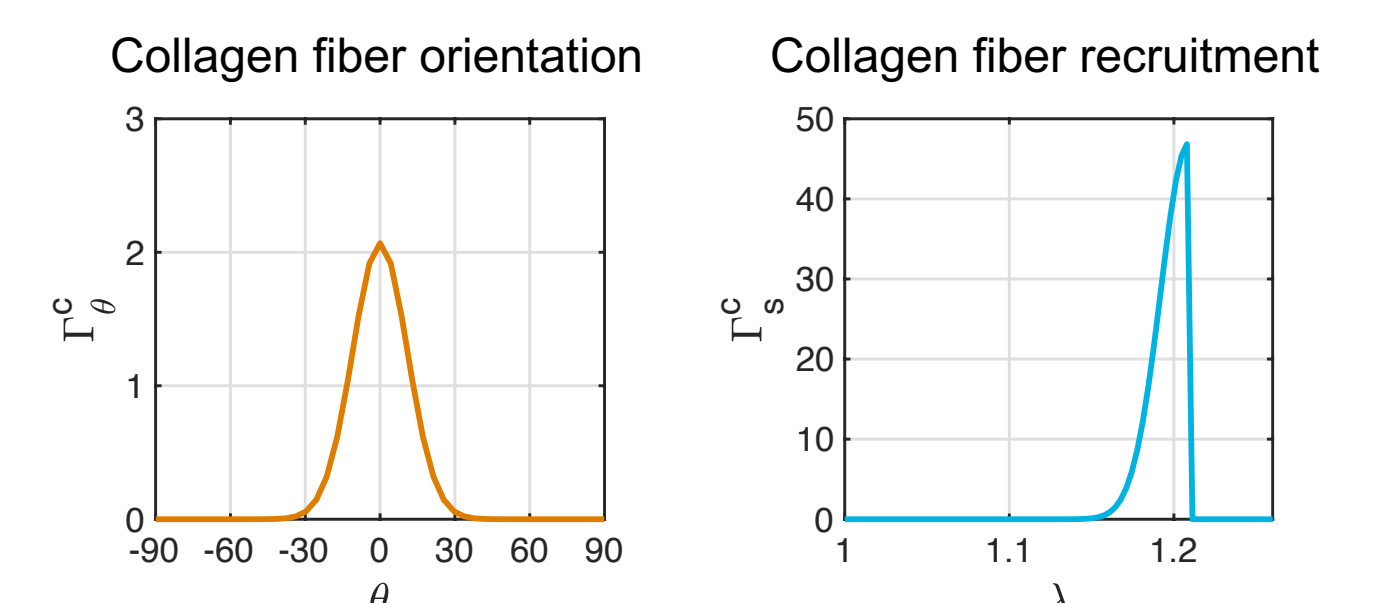
Collagen fibers in ECM distributed by Γ_{θ}^c and are recruited gradually via Γ_{θ}^s when stretched beyond their slack stretch

Myofibers

$$\psi_{myo} = \frac{a}{2b} \{ \exp[b(I_1 - 3)] - 1 \} + \frac{a_f}{2b_f} \{ \exp[b_f(I_{4f} - 1)^2] - 1 \}$$

ECM

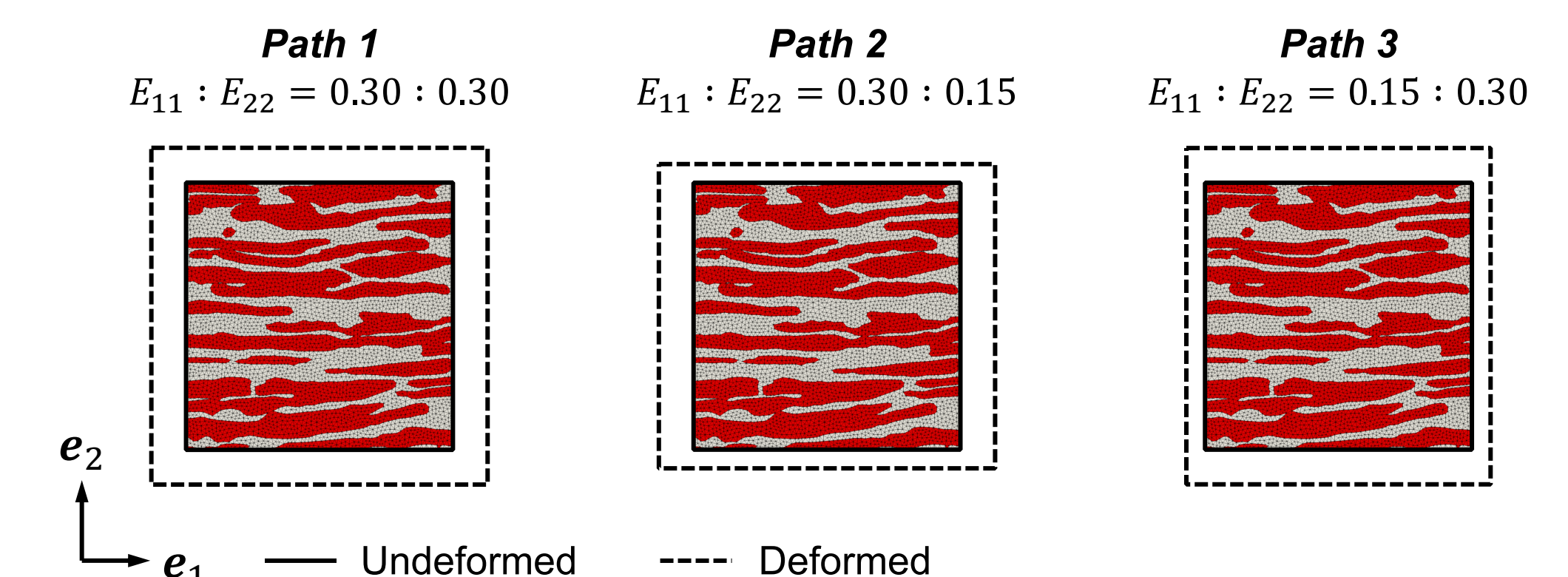
$$\psi_{ECM} = \frac{\mu_{col}}{2} (I_1 - 3) + \frac{\eta_{col}}{2} \int_{\theta} \Gamma_{\theta}^s(\theta) \int_1^{\lambda_{\theta}} \Gamma_{\theta}^c(\lambda_s) \left(\frac{\lambda_{\theta}}{\lambda_s} - 1 \right)^2 d\lambda_s d\theta$$



Planar biaxial simulations:

Equibiaxial (1) and non-equibiaxial (2,3) deformations, assuming perfect bonding

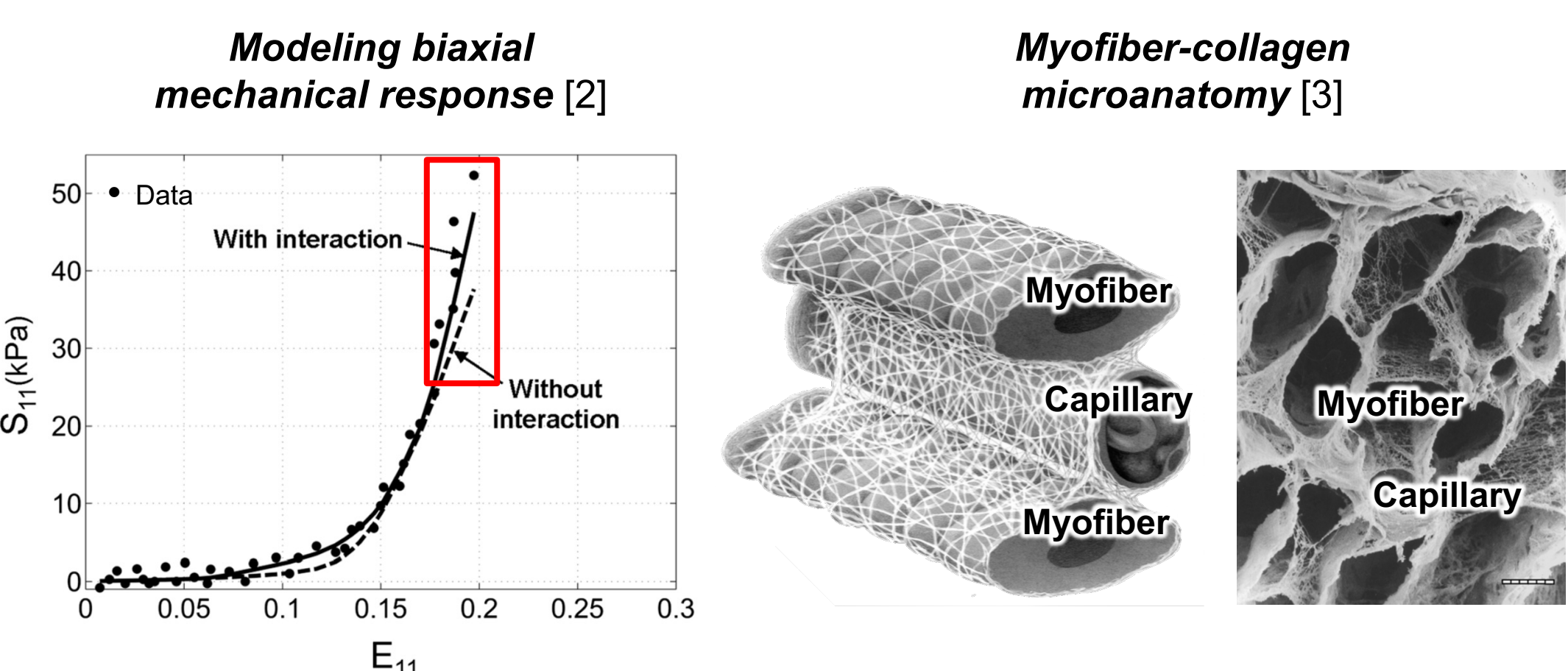
Simulations performed on Stampede2 supercomputer at the Texas Advanced Computing Center



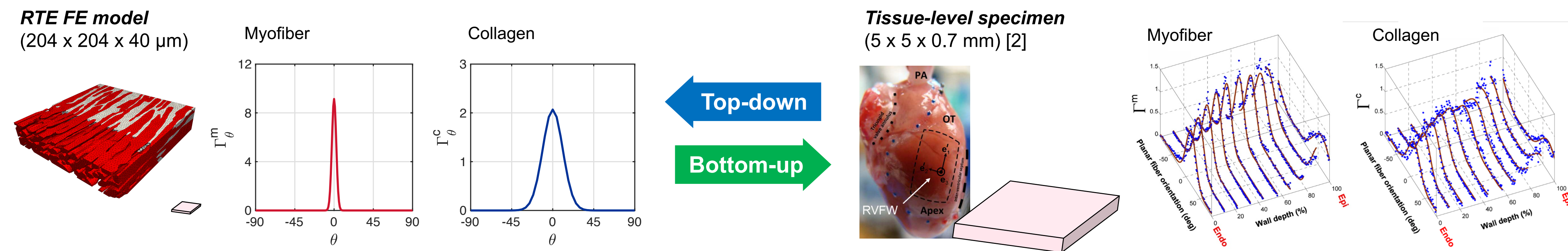
Modeling RVFW mechanical behavior

Computational modeling of RVFW mechanics: Allows for investigation of factors influencing onset, progression, and reversibility of post-PAH remodeling

Myofiber-collagen interaction: Modeling interaction is necessary to fully describe RVFW mechanical properties, hypothesized to arise from network of collagen fibers at the microanatomical scale



Connecting RTE-level and tissue-level mechanics

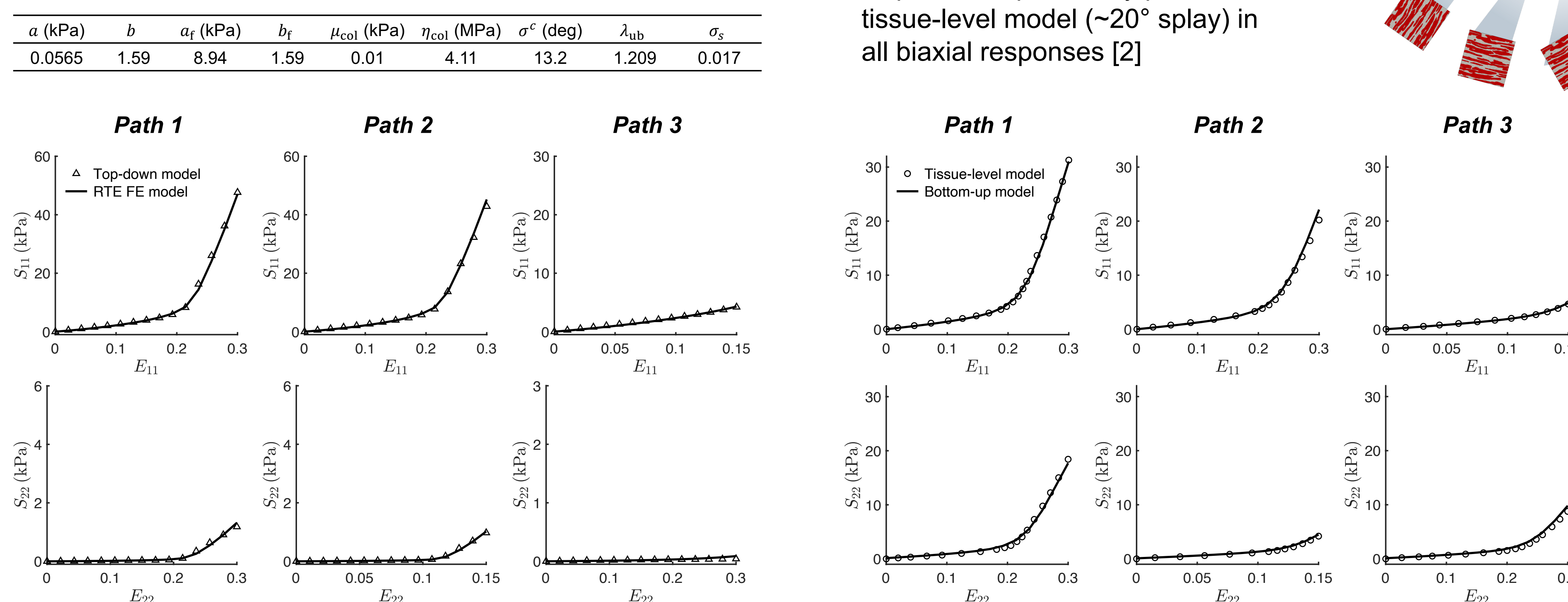


Top-down model: Derived from previous tissue-level model (Avazmohammadi et al. [2]), specialized for highly aligned (~3° splay) RTE fiber orientation distributions (Γ_{θ}^m , Γ_{θ}^c)

RTE FE model successfully fitted stress-strain predictions of top-down model under biaxial loading

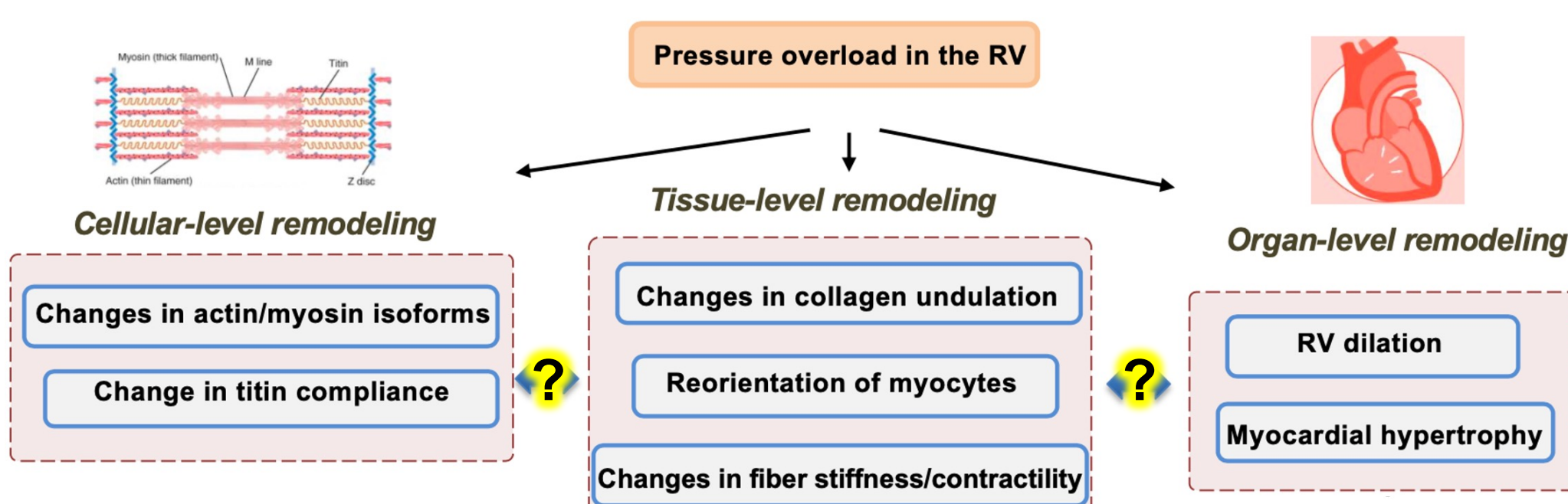
Bottom-up model: Represented bulk tissue behavior as effective response of $\sim 10^4$ rotated RTE model stress-strain responses

Reproduced previously predicted tissue-level model (~20° splay) in all biaxial responses [2]



Challenge

Improved knowledge of myofiber-collagen interaction is required to link between multiscale adaptations in PAH



Objective

Develop a high-fidelity micromechanical myocardium model to elucidate the role of myofiber-collagen microanatomy

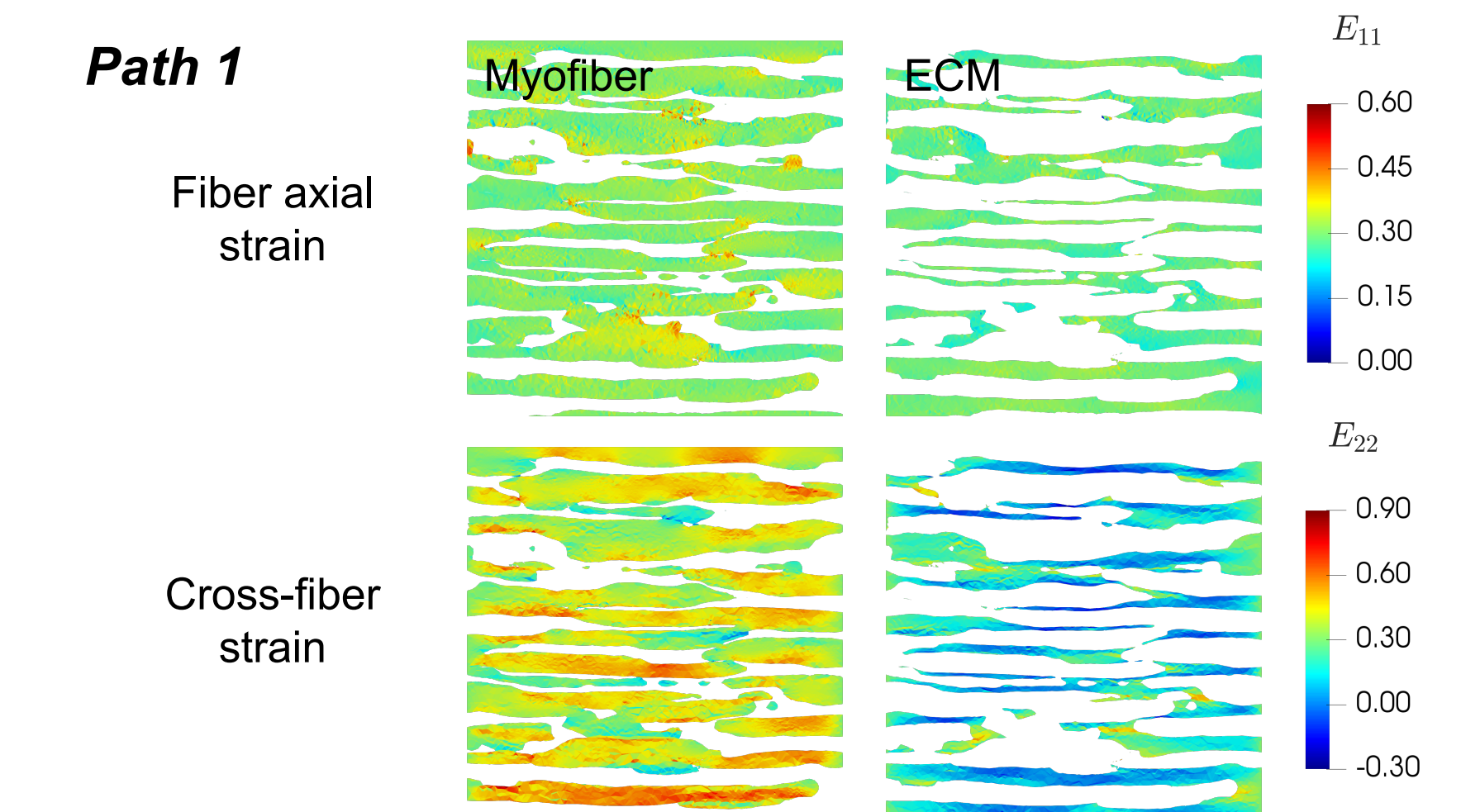
Summary & Ongoing Work

Key findings

Micromechanical myocardium model recapitulates RVFW mechanics top-down and bottom-up to link the tissue and sub-tissue scales

Cardiac microanatomy drives myofiber-collagen interactions essential in myocardial behavior

Ongoing Work: Compute stress-strain profiles at the sub-tissue scale to quantify the myocardium micro-environment in normal and diseased conditions



Acknowledgments & References

The authors thank Dr. Hossein Aghakhani for assistance in model implementation. Funding was provided by the NIH (R01 HL063954, K99 HL138288, R01 HL094464, T32 EB007507).

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