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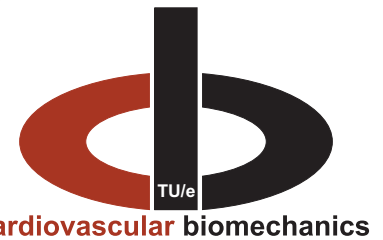
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Modeling coronary hemodynamics in health and disease

Arjen van der Horst, Frits Boogaard, Marcel van 't Veer, Marcel Rutten, Frans van de Vosse



Introduction

Background Miniaturized sensors on guide wires are now able to directly assess epicardial coronary artery disease.

Problem To quantify microvascular disease from epicardial hemodynamics, a model of the vessels and cardiac muscle is required.

Aim To couple a 1D wave propagation model to a structural based heart contraction model, able to describe coronary hemodynamics in health and disease.

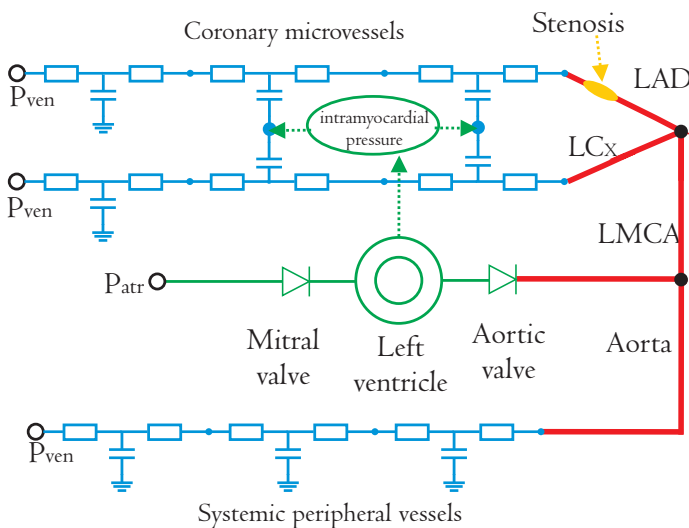


Fig. 1 Schematic representation of the model. The different colors represent the different parts.

Methods

The model consists of the following parts (Fig. 1):

1. A **one-fiber heart contraction model** [1] for the left ventricle and the two valves.
2. A **1D wave propagation model** [2] with a velocity profile that depends on the Womersley parameter (Fig. 2, left).
3. **Windkessel elements** to model the coronary microvessels and peripheral circulation.
4. A **stenosis element** [2] that takes the viscous and unsteadiness contribution into account (Fig 2, right).

The model is tested for a normal and two pathological situations, i.e. a stenosis in the LAD and hypertrophic cardiomyopathy (HCM).

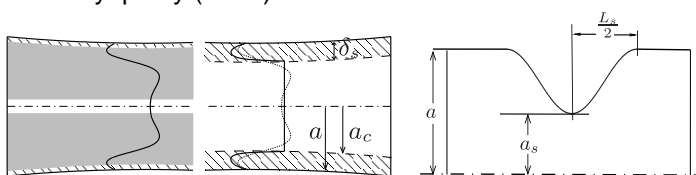


Fig. 2 The approximate velocity profile (left) and the shape of the axisymmetric stenosis element (right).

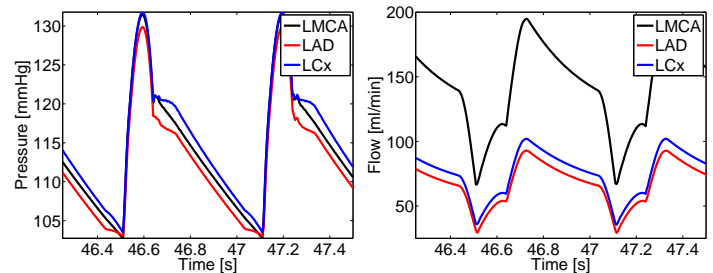


Fig. 3 Pressure and flow relations in the left coronary arteries obtained with the model.

Results

Stable and physiologic solutions were obtained in both normal (Fig. 3) and pathological situations (Fig. 4). The general shape of the simulated pressure signal distal to a severe stenosis was similar to measurements from the clinic (Fig. 4(a,b)). In the HCM-heart simulation the characteristic exacerbated retrograde flow in systole was also captured by the model (Fig. 4(c-f)).

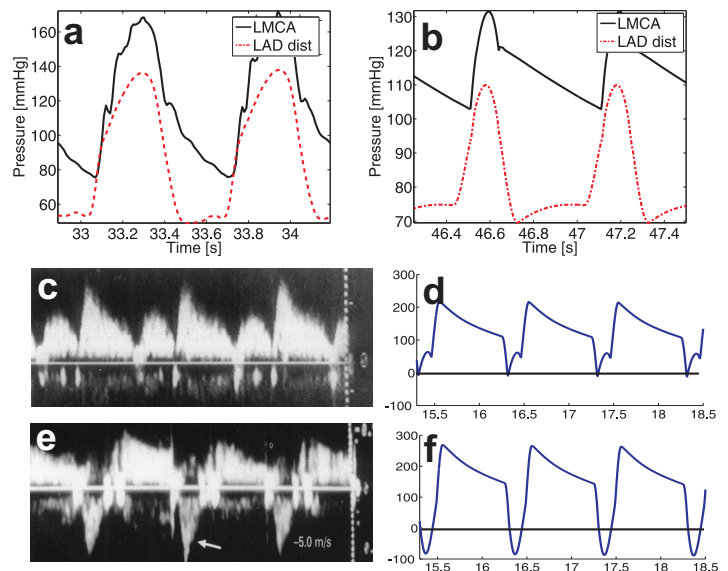


Fig. 4 Coronary pressures gradients measured distal and proximal to a stenosis measured in the clinic (a) and simulated (b). Coronary flow in a normal (c,d) and HCM (e,f) heart, measured in a human [3] (c,e) and simulated (d,f).

Conclusion

A relatively simple structural-based heart contraction model has been successfully coupled to a 1D wave propagation model. The 1D continuous representation of the epicardial vessels enables the evaluation of hemodynamic indices measured during hyperaemia in the catheterization laboratory, e.g. FFR, HSR, IHDVPS, and h-MRV.

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- 3 Crowley, J.J., et al. (1997), *Heart*, **77**, 558-563.