Computation of wall shear stress from 3D reconstructions of coronary arteries from optical coherence tomography images Keyana Komilian, Kaylyn Crawford, David Molony, Habib Samady

Introduction

- Wall shear stress (WSS) is the tangential force of blood flow on the lumen wall.
- Areas of high wall shear stress within coronary arteries have been associated with increased plaque vulnerability and greater risk of a cardiac event (Kumar et al., 2018).
- Optical coherence tomography (OCT) is the highest resolution intracoronary imaging technique. This allows for clearer identification of vulnerable plaque.
- Using OCT images to create 3D models of coronary arteries, the aim of this study is to better understand WSS patterns.

Methods

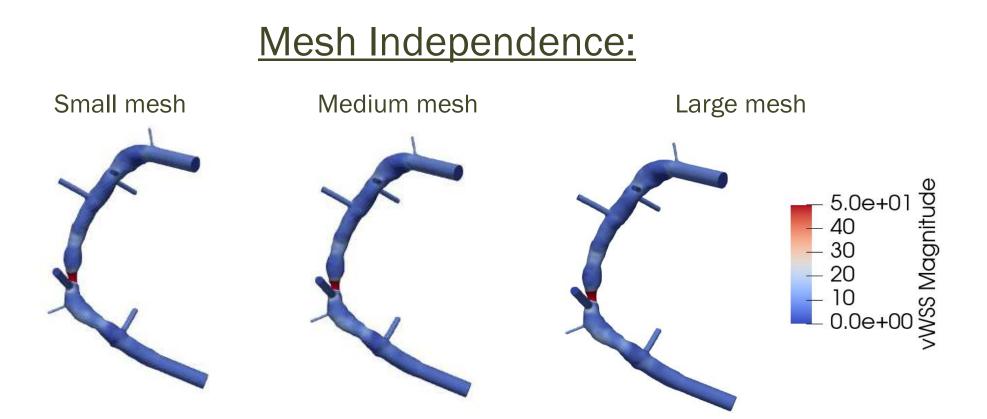
- Angiography and optical coherence tomography (OCT) images from patients (n=63) enrolled in the Shear-Stent study were used to create a 3D reconstruction of coronary arteries.
- Reconstructed vessels (n=63) were meshed using SimVascular and steady flow simulations were performed (n=34). Inflow boundary conditions were determined by the following empirical relationship that accounted for the inlet area.

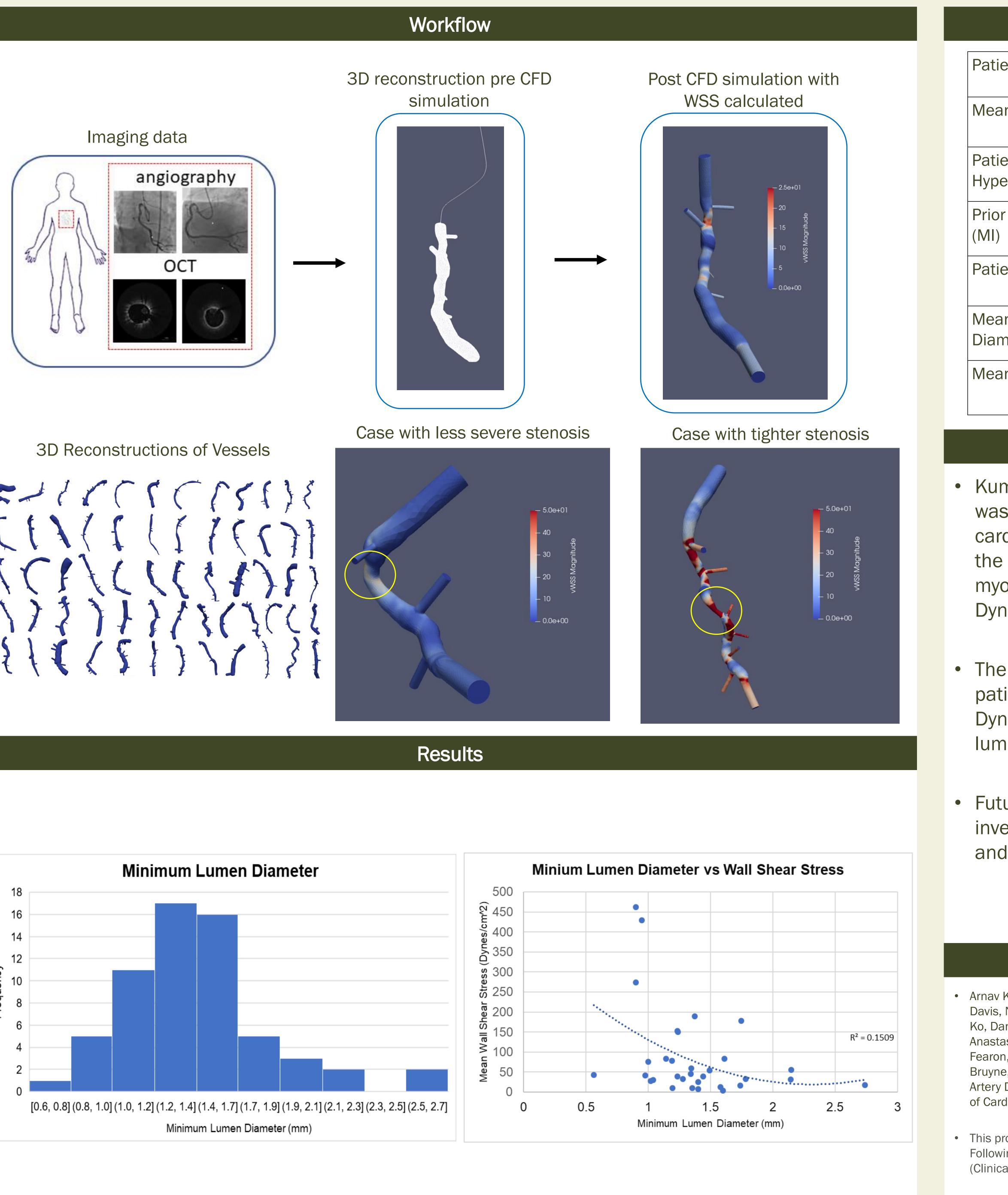
$$Q = \left(1.43 * \frac{2\sqrt{A/\pi}}{100}^{2.55}\right) * 10^6$$

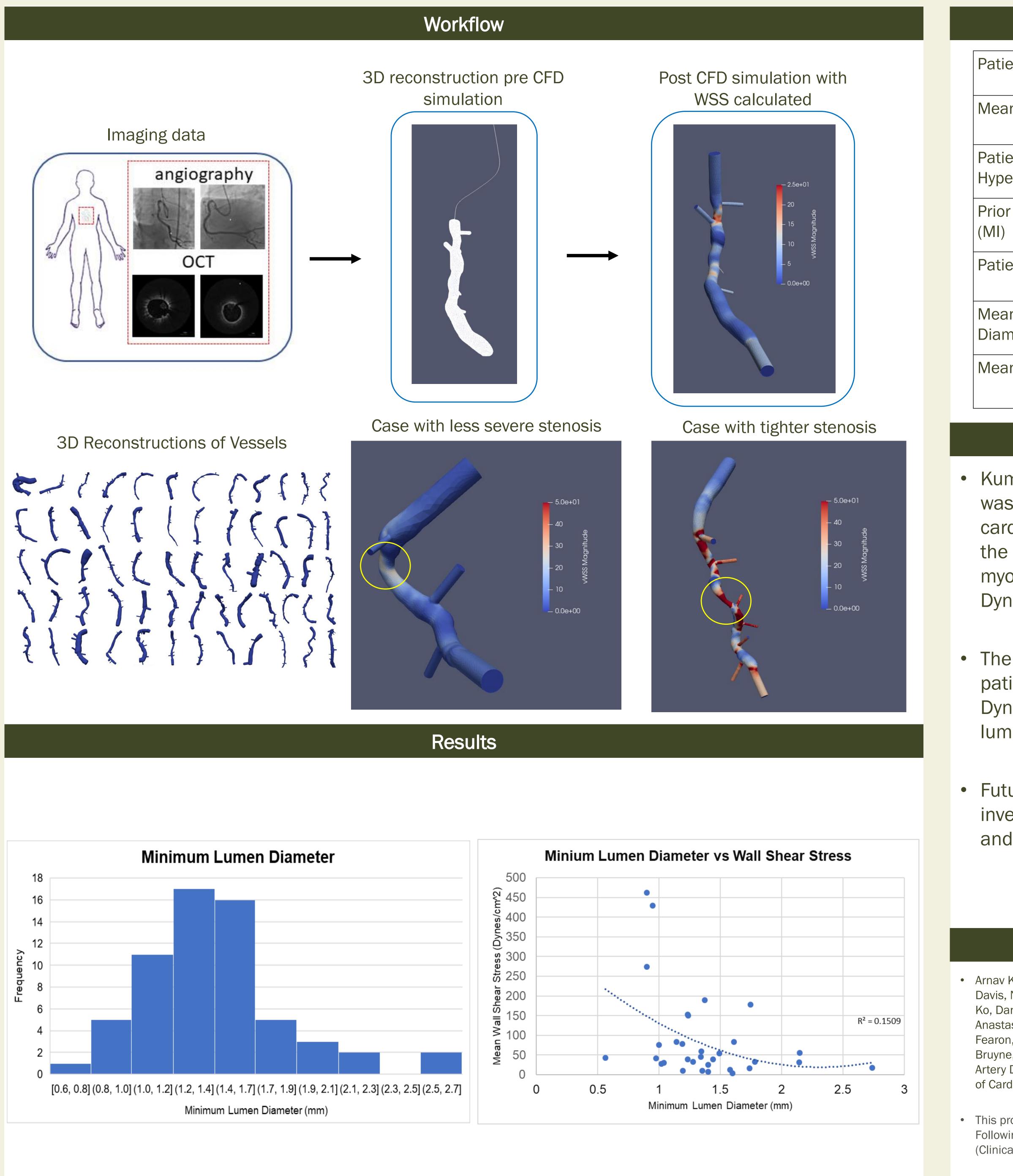
 Outflow resistance boundary conditions were determined by splitting the total resistance between each branch, as shown in the following formula.

$$R_i = \frac{\Sigma_j A_j}{A_i} R_{tot}, \quad R_{tot} = \frac{P}{Q}$$

- Mean aortic pressure (P) was assumed to be 93.33 mmHg for all patients.
- Post processing was done using VTK.







Northeast Georgia Health System



Patient Population	
ent sex	50 male (79.4%), 13 female (20.6%)
an Patient Age	63.4 years (± 11.4)
ents with ertension	16 (25.4%)
r Myocardial Infarction	17 (26.9%)
ents with Diabetes	21 (33.3%)
n Minimum Lumen neter	1.44 mm (±0.4)
in Flow Rate	1.77 mL/s (±3.65)

Discussion

• Kumar et al., 2018 found that wall shear stress was higher in patients with major adverse cardiovascular events. This study found that the optimal threshold for WSS predicting a myocardial infarction (MI) was 4.71 Pa (47.1 Dynes/ cm^2).

 The results from this project show that 22% of patients have WSS values greater than 47.1 Dynes/ cm^2 at the location of the minimum lumen diameter within the analyzed vessel.

• Future directions for this project include investigating the relationship between WSS and plaque within the artery.

Acknowledgements

• Arnav Kumar, Elizabeth W. Thompson, Adrien Lefieux, David S. Molony, Emily L. Davis, Nikita Chand, Stephane Fournier, Hee Su Lee, Jon Suh, Kimi Sato, Yi-An Ko, Daniel Molloy, Karthic Chandran, Hossein Hosseini, Sonu Gupta, Anastasios Milkas, Bill Gogas, Hyuk-Jae Chang, James K. Min, William F. Fearon, Alessandro Veneziani, Don P. Giddens, Spencer B. King, Bernard De Bruyne, Habib Samady, High Coronary Shear Stress in Patients With Coronary Artery Disease Predicts Myocardial Infarction, Journal of the American College of Cardiology, 2018. https://doi.org/10.1016/j.jacc.2018.07.075.

• This project was supported by the Wall Shear Stress and Neointimal Healing Following PCI in Angulated Coronary Vessels (SHEAR-STENT) study (ClinicalTrials.gov Identifier: NCT02098876).

• Special thanks to Medtronic and all Shear Stent study collaborators