

Blood Flow Induced Cooling Effect in Radio Frequency Ablation for Hepatic Carcinoma

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Importance of RFA Simulation

Medical Background

Hepatic Tumors

- Liver common location for carcinoma (both primary and metastatic)
- > 1 000 000 new cases per year worldwide

Classical Therapy Forms

- Chemo therapy: often not effective

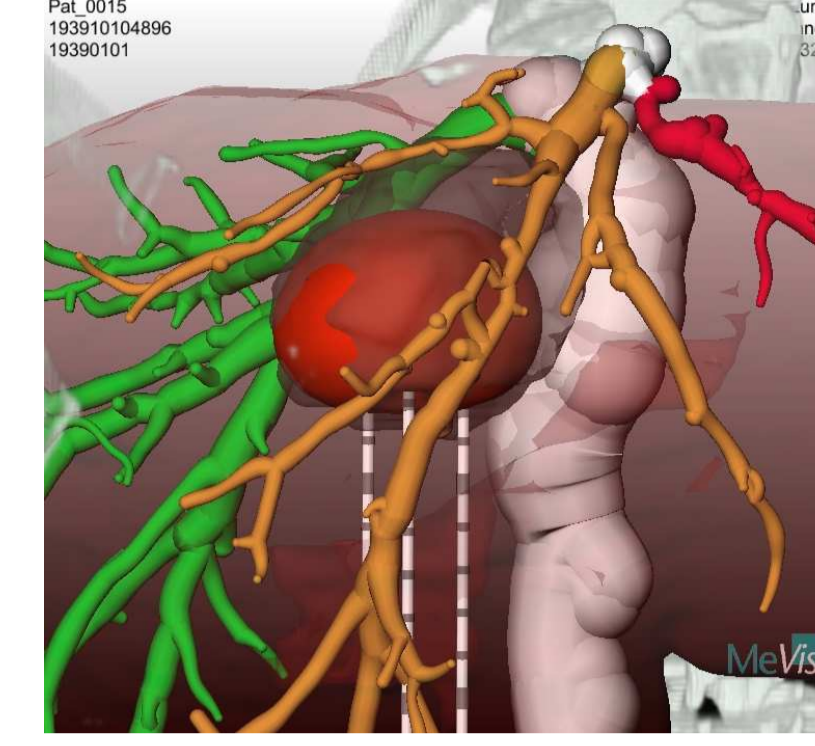
- Surgical resection:
 - Only in $\approx 25\%$ applicable
 - Extensive and expensive

Minimally Invasive Therapy Forms

- Radio Frequency Ablation (RFA)
- Laser Induced Thermo Therapy (LITT)
- Hyperthermia
- Cryotherapy

Principle of RFA

- Probe(s) inserted into the tissue
- Connected to an electric generator (≈ 500 kHz)
- Heat is produced (Joule's law)
- Cell proteins coagulate

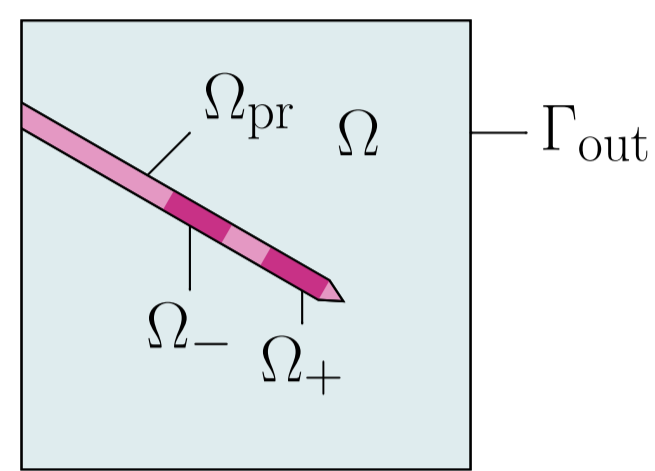


Value of Numerical Simulation

- Planning of intervention (currently only by experience)
- Decision for either therapy
- Physician's training

A Mathematical Model of RF Ablation

Simplified Overview



- σ, ρ, c, λ material parameters

Electric Potential $\varphi(t, x)$

$$-\nabla \cdot (\sigma \nabla \varphi) = 0 \quad \Omega \setminus \overline{\Omega_{\pm}}$$

$$\varphi = \pm 1 \quad \overline{\Omega_{\pm}}$$

$$n \cdot \nabla \varphi = \frac{n \cdot (s-x)}{|s-x|^2} \Gamma_{\text{out}}$$

Temperature $T(t, x)$

$$\rho c \partial_t T - \nabla \cdot (\lambda \nabla T) = \sigma |\nabla \varphi|^2 \quad \Omega \setminus \overline{\Omega_{\text{pr}}}$$

$$T = T_{\text{body}} \quad \overline{\Omega_{\text{pr}}}$$

$$n \cdot \nabla T = 0 \quad \Gamma_{\text{out}}$$

Further Aspects

Tissue Damage

Chemical reaction: Arrhenius [1] formalism:

$$D(t, x) = \int_{t_0}^t A_A \exp\left(\frac{-E_A}{RT(s, x)}\right) ds$$

Scaling of Electric Power

- Electric generator reacts nonlinearly on tissue impedance changes

Evaporation of Cell Water

Dry-out $\Rightarrow \sigma \rightarrow 0 \Rightarrow$ Steady state

Non-Const. Material Parameters

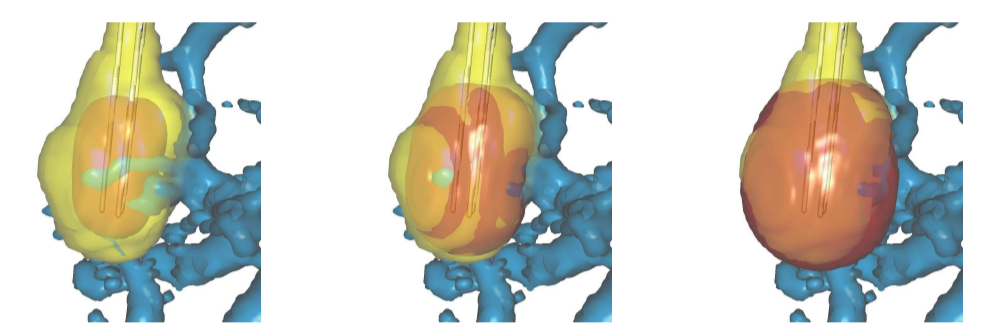
Tissue-dependent • State-dependent • Uncertain

Blood Flow

Heat is transported away \Rightarrow Cooling effect

Comparison to a Real Ablation

We thank P. Pereira and D. Schmidt from the University Hospital of Tübingen for the CT data set.



Modeling of Cooling due to Blood Flow

Standard Models

Pennes [2]

$$\partial_t(\rho c T) - \nabla \cdot (\lambda \nabla T) = Q_{\text{pc}} + \nu(T_{\text{blood}} - T)$$

- Derived using mathematical homogenization under certain assumptions [3]

Weighted Pennes

$$\partial_t(\rho c T) - \nabla \cdot (\lambda \nabla T) = Q_{\text{pc}} + \nu(x)(T_{\text{blood}} - T)$$

- $\nu(x)$ large inside vessels, small outside vessels

Jain [4]

$$\partial_t(\rho c T) - \nabla \cdot (\lambda(x) \nabla T) = Q_{\text{pc}}$$

- $\lambda(x)$ large inside vessels, small outside vessels

Dirichlet Boundary Condition

$T \equiv T_{\text{body}}$ on large vessels

- Change of computational domain for T
- Cannot respect thrombus formation

Alternative Ideas

Advection term

$$\partial_t(\rho c T) - \nabla \cdot (\lambda \nabla T) + \vec{v} \cdot \rho c \nabla T = Q_{\text{pc}}$$

- \vec{v} difficult to determine, in particular at branch points
- Difficult to solve since $|\vec{v}|$ large (≈ 9 cm/s)
- Thrombus formation might lead to inconsistent \vec{v} (i.e. $\nabla \cdot \vec{v} \neq 0$)

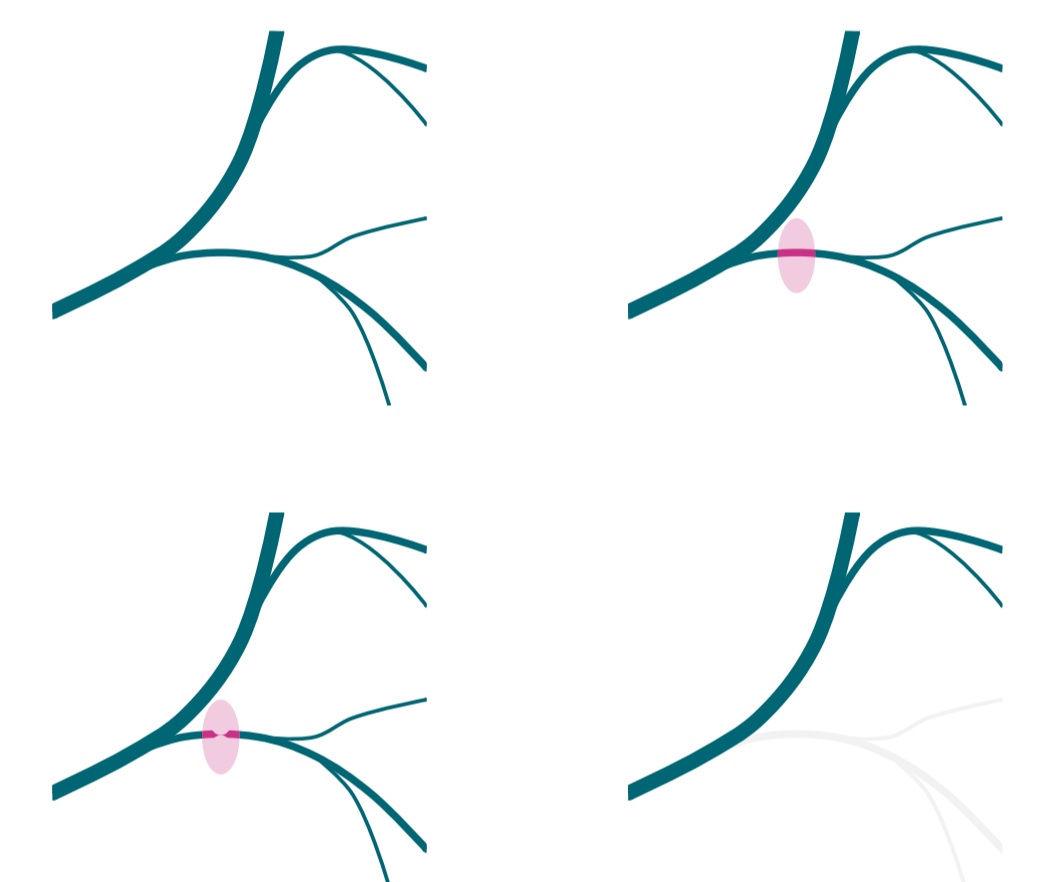
Navier–Stokes Equations for \vec{v}

- Much too slow

Current Work

- Combination of Dirichlet boundaries and Navier–Stokes
- Perform preliminary simulation experiments:
 - Navier–Stokes on simple geometries
 - Find simple model for thrombus formation
 - Based on $\nabla T \cdot n$ on vessel boundary, vessel size, time
- For main simulation:
 - Dirichlet conditions for T

- Measure $\nabla T \cdot n$ on vessel boundary, apply simple model
- When thrombus is formed, disable Dirichlet condition on whole vessel subtree

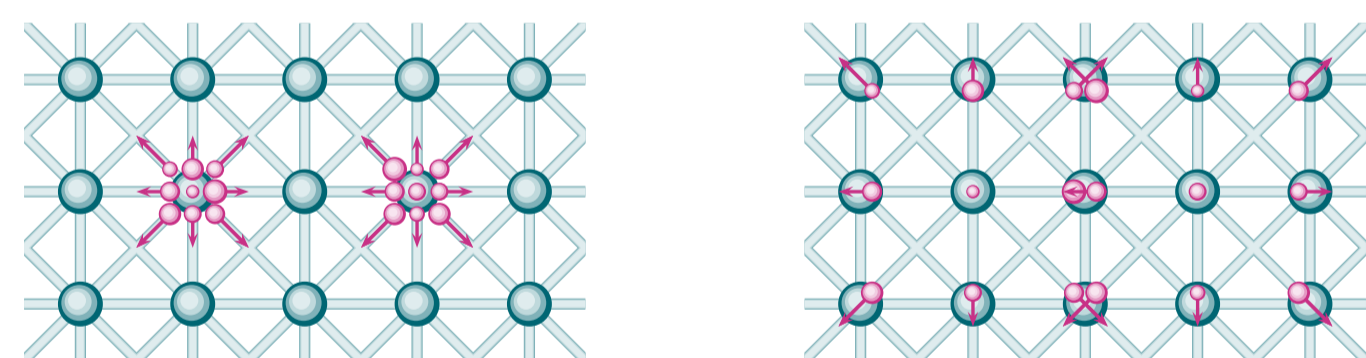


Numerical Simulation of Blood Flow and Thrombus Formation with a Lattice–Boltzmann Scheme

Flow Simulation with LB Schemes

Idea of LB Schemes

- Uniform grid with 9 particle densities at each node
- Two-step scheme: Advection step plus collision step



- Navier–Stokes equations can be recovered via a Chapman–Enskog expansion

Details of My Implementation

- Extension to incompressible flow [5, 6]
- Extension to axisymmetric flow [7, 8]
- No-slip boundary condition at vessel wall via bounce-back rule
- In/outflow boundary condition via extrapolation method [9], but only first order [10]

Additional Equations

Heat Transfer

$$\partial_t(\rho c T) - \nabla \cdot (\lambda \nabla T) + \vec{v} \cdot \rho c \nabla T = Q_{\text{pc}} \quad \Omega$$

$$T = T_{\text{body}} \quad \Gamma_{\text{inflow}}$$

$$\vec{n} \cdot \nabla T = 0 \quad \Gamma_{\text{outflow}}$$

$$q = q(t, x) \text{ user-defined} \rightarrow \vec{n} \cdot \nabla T = q \quad \Gamma_{\text{shell}}$$

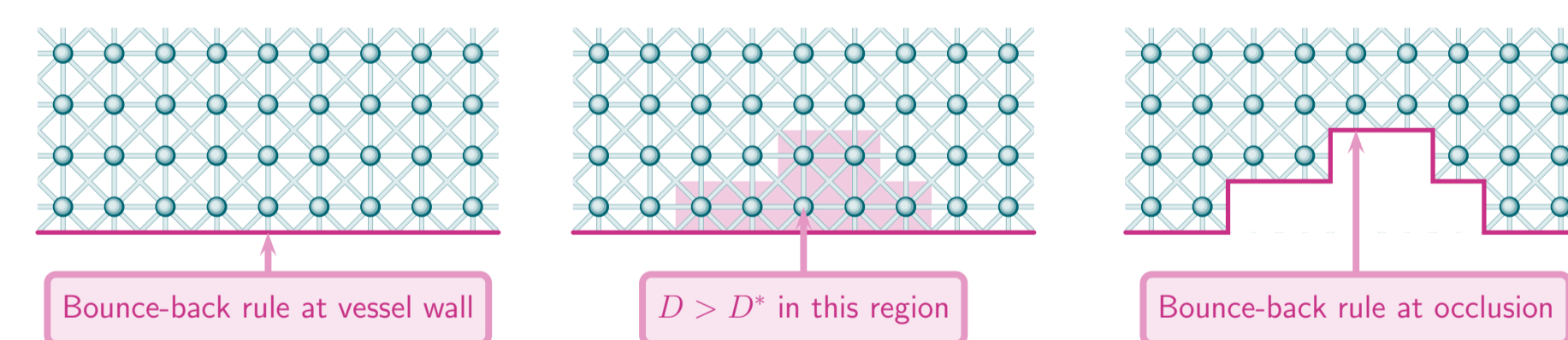
Damage

$$\partial_t D + \vec{v} \cdot \nabla D = A_A \exp\left(\frac{-E_A}{RT}\right) \quad \Omega$$

$$D = 0 \quad \Gamma_{\text{inflow}}$$

$$\vec{n} \cdot \nabla D = 0 \quad \Gamma_{\text{outflow}} \cup \Gamma_{\text{shell}}$$

Occlusion Formation



Features

- Pulsatile flow with prescribed flow profile (also with backflow), implemented via time dependent in/outflow boundary conditions
- Prescribed time and space dependent Neumann boundary conditions for T
- Automatic occlusion detection

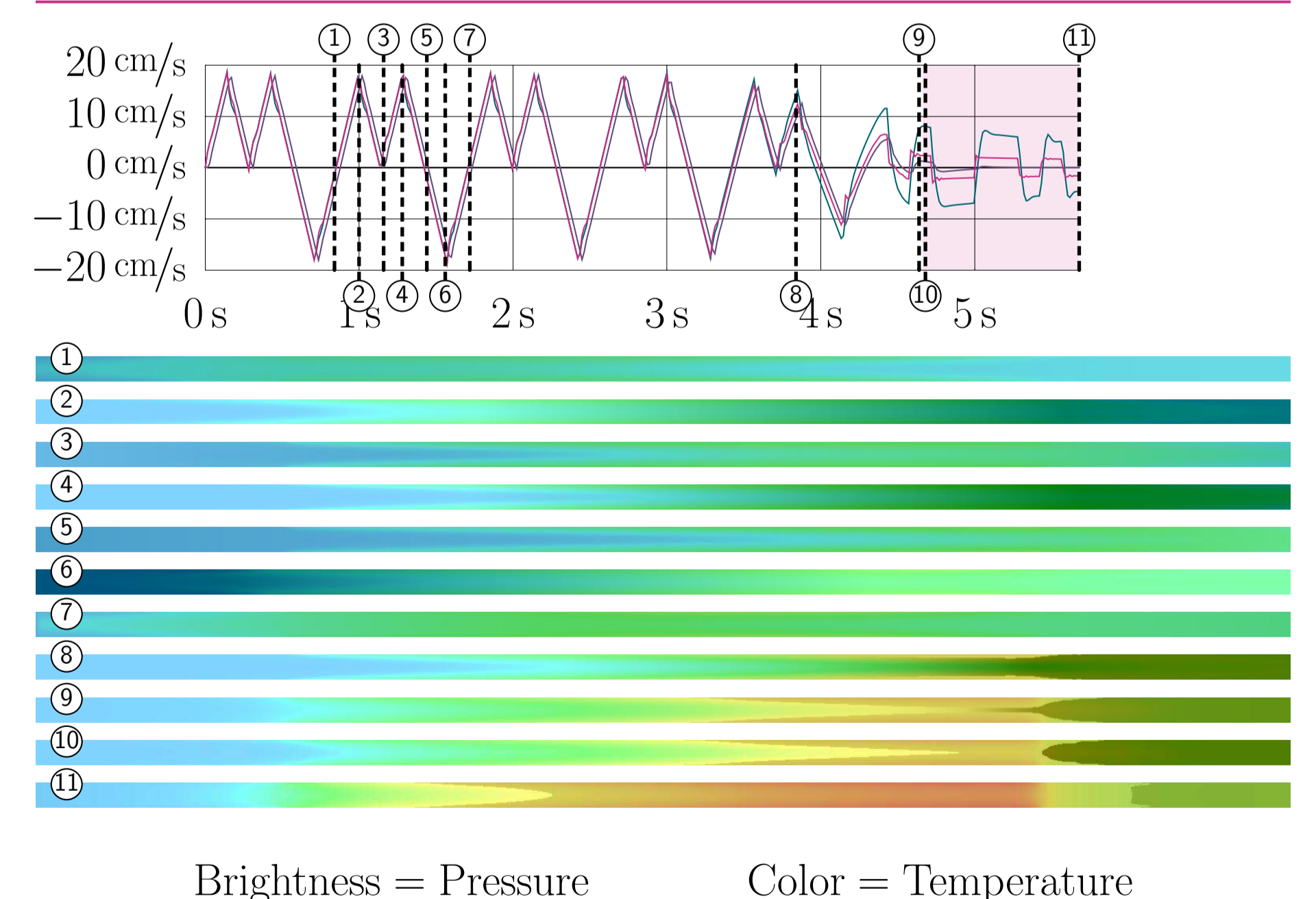
Runtimes (on a Standard Linux Cluster)

# CPUs	1	2	4	8	16	24	32
Runtime (s)	4395	2154	1319	682	347	231	176
Speedup	1.00	2.04	3.33	6.44	12.67	19.03	24.97

Open Questions

- Applicability of overall model
- Clinically relevant flow velocities and pulsatility profiles [11, 12]
- Arrhenius parameters of blood
- Viscosity of blood, Non-Newtonianity (Fung [11]: apparent viscosity is 4.0 cp above 0.1 mm diameter)
- Turbulent flow – sensible spatial resolution
- Consideration of non-rigid vessel wall
- Stopping criterion if no occlusion occurs

First Numerical Results



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