The cerebro-spinal fluid as a Biomechanical marker in SCI

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Spine Biomechanics Canal components characterization Canal components characterization

Spine Biomechanics



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Context: Biomechanical role of the cerebro-spinal fluid

Spinal cord injury (SCI)

250,000 and 500,000 injuries: 10.5

new/100.000 pers/year Kumar et al., 2018

Societal issue

Associated cost: 0.1-2.19 million € (UK, Spain) 33 % tetraplegia, paraplegia Pronostic marker, quality of life

Decompression surgery

To restore CSF pulsation or SC

decompression

Mechanisms associated to SCI



Treatements of SCI

Stem cells, Electrostimulation, early mobilisation

SCI fact 2016, World Health Organisation, Witiw et

Fehlings, 2015

Cerebro spinal fluid (CSF)



Cerebro spinal fluid (CSF)

- Newtonian Fluid
- Pulsation indexed on cardiac cycle
- Components of the SC canal

Rational for CSF Biomechanical role in SCI

CSF Biomarker - primary or cellular cascades ASIA Score : 89% Prediction in 72h post injury

Hypothesis: The CSF has a role in the restoration or alteration of the SCI patients.

Question: How to create a CSF biomechanical marker at the patient's bedside?

Morphology of the subarachnoidal canal

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14 A A A A A A A A A A A A A A A A A A A	Normalized Balance between the O	toritoid process of	C1 and the inte	nor enoptime of C i						
TABLE 4. Summary Table of	f the Main Results f	or Each Ir	ndex							
Morphological Parameters	Main Position-dependent Evolution									
CSS CSA	Significant decrease from CI to C3 superior endplate. From C3 to C7, low variation									
SC CSA	and oscillating phase around 157 mm ² in neutral and 162 mm ² in flexion positions. Significantly lower in flexion than in neutral surine position									
OR	After the superior C3 endplate (0.33-neutral; 0.35-flexion), the flexion OR decreases [aster than in neutral position.									
CR	The CR index decreased steadily between C2 dens and to C7 inferior endplate for both posters. The CR for the flexion case is systematically lower.									
AP eccentricity index	Same location for the both postures before C3 vertebra. After C3, in flexion the SC is									
	Spinal cord centered (shift of 3% from the center of the canal) in the canal for the both performance.									
LR eccentricity index	Spinal cord centere postures.	d (shift of 33	autione							

Findings

- Poisson effect Spinal cord morphology change
- Normal ranges and 3D characterization

Next to be published:

- Degenerative Cervical Myelopathy. Frebourg et al., 2021. Sudres et al.
- Traumatic Spinal Cord Injury. Berriot et al., CMBBE. Berriot et al.

PhD Student P. Sudres, 2021

Collaboration CRMBM, V. Callot.

Meningeal tissues characterization - Uniaxial

Meninges - literature

Uniaxial characterization - Tensile mostly DAC - Dura matter and Archnoïd complex Differences between orientation and species

Uniaxial tensile test

Swine model Pre-load 0.5 N and 2 N for the DAC Preconditioning 30 cycles Load 0.2 mm/s

Collaboration, ETS, Y. Petit





Results

Differences between spinal locations in DAC not in PM Uncertainty measurements (Monte Carlos) Preservation method: Flash frozen (ok DAC - PM dft).

Sudres, Evin et al., 2021

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Meningeal tissues characterization - Biaxial

Biaxial Methodology - literature

De Kegel et al., 2017, Shetye et al., 2014.

Biaxial tensile test System

Costumed made system

- 4 step motors Zaber and 4 load cells
- HBM/ National Instrument LabView program
- Pre-load 0.01N.
- 0.05 mm/s on 7mm .

Collaboration, CEMEF, Y. Tillier Bi-photon microscopy - Collagen type II Collaboration, INT Constitutive models comparison



Quasi-static biaxial tensile test

Constitutive model and micro-structure

$$\begin{split} W_{Ani,GOH} &= C_{10}(I_1-3) + C_{20}(I_1-3)^2 \\ &+ \frac{k_1}{2k_2} \left[e^{k_2 \left\{ k_1(l_1-3) + (l_1-3\kappa_1)(l_4-1) \right\}^2} - 1 \right] \\ &+ \frac{k_3}{2k_4} \left[e^{k_4 \left\{ k_2(l_1-3) + (l_1-3\kappa_2)(l_4-1) \right\}^2} - 1 \right] \end{split}$$

Image: Image:

Evin et al, 2022, Acta Biomat.

Constitutive modelling

Name Ogden	Nb of par. 2	Parameters		Model used for the matrix-based material Wmatrix> number of fibers population isotropic modified	Ref.	Strain Energy function					
Reduced GOH	3	$C_{it}(MPa) = \underbrace{B}_{i}(MPa) = \underbrace{B}_{i}(\cdot)$					Ogden model (n=1) matrix based NH model, and ĸ=1/3 (maximum dispersion),	[32]	$W_{fibres} = \frac{r}{\beta^2} [\lambda_{11}^2 + \lambda_{22}^2 + \lambda_{33}^2 - 3]$ $W_{retener} = C_{rel}(I, -3) + \frac{k_1}{2} [\rho^{k_2(kI_1-1)^2} - 1]$		
Ani. GOH	5	C _{ce} (MPa)	k:(MPa)	<u>k</u> ₂ (-)	≝ (-)	B (rad)		matrix based NH model, 1 fibers population	[32]	$W_{ARI,GOH} = C_{10}(I_1 - 3) + \frac{k_1}{2k_2} [e^{k_2(\kappa I_1 + (1 - 3\kappa)I_4 - 1)^2} - 1 \\ + e^{k_2(\kappa I_1 + (1 - 3\kappa)I_4 - 1)^2} - 1]$	
Trans. Iso Gasser	6	C _{in} (MPa)	C _{ar} (MPa)	k _i (MPa)	<u>k</u> ₁(-)	<u>₩</u> (-)	B (rad)	matrix based Yeoh model, 1 fibers population	[14]	$ \begin{split} W_{TIG} &= C_{10}(I_1 - 3) + C_{20}(I_1 - 3)^2 + \\ \sum_{l=4,6}^{l} \frac{k_1}{2k_2} [e^{k_2(k(I_1 - 3) + (I_1 - 3k)(I_l - 1))^2} - 1] \end{split} $	
Ani. Gasser	10	C _{ce} (MPa)	Coe(MP8)	k _i (MP8) k _i (MP8)	<u>k</u> ₂ (-) <u>k</u> ₃ (-)	<u>¥</u> ₁(-)	(rad) ¥ (rad)	matrix based Yeoh model, 2 <u>fibers</u> populations	[14]	$\begin{split} W_{anlocaser} &= C_{10}(I_1 - 3) + C_{20}(I_1 - 3)^2 \\ &+ \frac{k_1}{2k_1} \left[e^{k_2 (k_1(I_1 - 3) + (I_1 - 2k_1)(I_1 - 1))^2} - 1 \right] \\ &+ \frac{k_2}{2k_2} \left[e^{k_1 (k_2 (I_1 - 3) + (I_1 - 2k_2)(I_2 - 1))^2} - 1 \right] \end{split}$	
Mooney-Rivlin Fibers strengthening	6	C _{in} (MPs)	C _{ill} (MPs)	k,(MPa)	k ₂(·)	<u>R</u> (-)	B (rad)		[38]	$\begin{split} & \text{For } \lambda_d \leq 1, W_2 = 0 \\ & \text{For } 1 < \lambda_d \leq \lambda_d^2, W_{21} = k_2 \left(e^{-k_1 (\lambda_d - 1)} - 1 \right) \\ & \text{For } \lambda_d^* < \lambda_d , W_{22} = k_1 \lambda_d + k_2. \end{split}$	

Optimization

Matlab function "Isqcurvefit".

Trust region reflective algorithm.

Morphology of the subarachnoidal canal Canal components characterization Cerebro-Spinal Fluid Numerical simulation

DAC modeling

Mechanical Strain/stress



- 96.8 to 122.5 MPa vs 44.3 to 58.6 MPa
- Significant differences in thoracic and lombar DAC between orientations
- Transversely isotropic and anisotropic Gasser models (r²=0.99 and RMSE:0.4 and 0.3 MPa)

Microscopy



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PM modeling

Mechanical Strain/stress



- 20.2 to 31.9 MPa vs 6.7 to 15.6 MPa
- Significant differences in cervical and thoracic PM between orientations
- Slightly significant difference between spinal level in circumferential thoracic PM
- Transversely isotropic and anisotropic Gasser models ($r^2=1$ and RMSE:0.06 and 0.07 MPa) modelling

Microscopy

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Meningeal tissues characterization - to be continued

Limitations of the previous study

Coefficient identification unicity and initial parameter influence Number of tested conditions

Protocol improvement

5 conditions (ratio 1:1, 1:2, 1:4, 2:1, 4:1) Laville [...] Tillier, 2020 MOOPI Roux, Tillier et al. 2021

11 Macaque samples (PM and DAC) 6 conditions: 132 tests

De Kegel et al., 2017, Shetye et al., 2014.



Preliminary results



Nerves roots and ligaments characterization

PhD Student A. Berriot Collaboration ETS, E. Wagnac.



Singh et al, 2006, Tamura et al, 2017

Uniaxial characterization

- Mach-1 (Biomomentum, Montréal, Canada)
- 17N load Cell
- Bi-linear piece-wise fitting

Particularities

- Cervical spine and nerve types
- Ogden material model (1st to 3rd).

Submitted to JoB and continued (denticulae ligaments)

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Cerebro-Spinal Fluid Numerical simulation

Master Internship Lugdivine Leblond





Simulations

- AcuSolve Altair Suite
- Sensitivity analysis 40y. old male
- Patient-specific morphology 11 patients
- Boundary conditions not MRI based

Taking into account Fluid-structure interaction

- Explicit vs Implicit solver
- Solver dependency
- Approach dependency

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Of mice and men



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