

Multiscale-in-Time Modeling of Myocardial Growth & Disease Progression

FEniCS conference

Marc Hirschvogel
King's College London

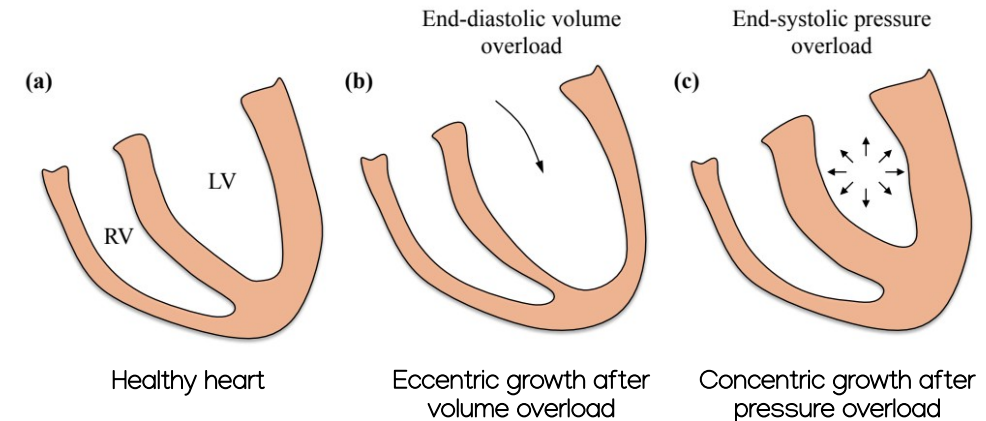
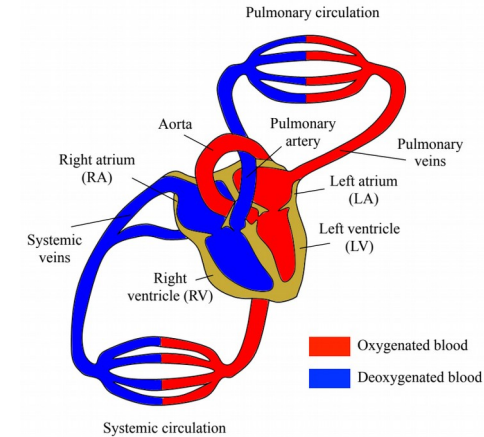
22 Mar 2021

Outline

- 1 Introduction & Motivation
- 2 Modeling the Heart and Disease Mechanisms
- 3 Numerical Implementation using FEniCS-X
- 4 Results
- 5 Summary & Outlook

1.1 Heart Models and the Cardiac Cycle

- **Cardiovascular disease entities** most prevalent in industrialized world [Dimmeler 2011, Luepker 2011]
- Diseases of the myocardium (heart muscle) are multifactorial and yet to be fully understood
 - Altered mechanical loads
 - Neurohormonal changes
- Heart may undergo **adaptations in structure and shape** if loading conditions are chronically above a certain physiological level, referred to as **Growth and Remodeling** (G & R) [Rossi et al. 1991]
- **Volume overload** (Fig. (b)):
 - Heart adapts by **eccentric growth** (systolic heart failure)
- **Pressure overload** (Fig. (c)):
 - Heart adapts by **concentric growth** (diastolic heart failure)



Outline

- 1 Introduction & Motivation
- 2 Modeling the Heart and Disease Mechanisms
- 3 Numerical Implementation using FEniCS-X
- 4 Results
- 5 Summary & Outlook

2.1 Patient-specific Geometric 3D-0D Heart Model

- **Heart muscle:** Nonlinear nearly-incompressible hyperelastic, anisotropic solid [Guccione et al. 1991]

$$\mathbf{S} = 2 \frac{\partial \Psi}{\partial \mathbf{C}} + \tau_a(t) \mathbf{f}_0 \otimes \mathbf{f}_0 \quad \Psi = \frac{C_0}{2} e^Q + \frac{\kappa}{2} (J - 1)^2 \quad Q = b_f E_{ff}^2 + b_t (E_{ss}^2 + E_{nn}^2 + 2E_{sn}^2) + b_{fs} (2E_{fs}^2 + 2E_{fn}^2)$$

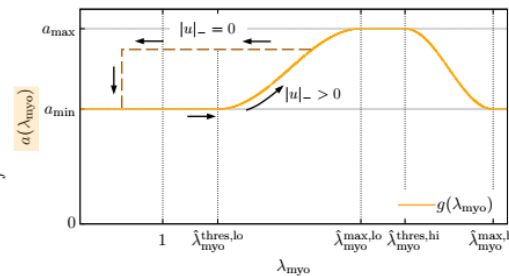
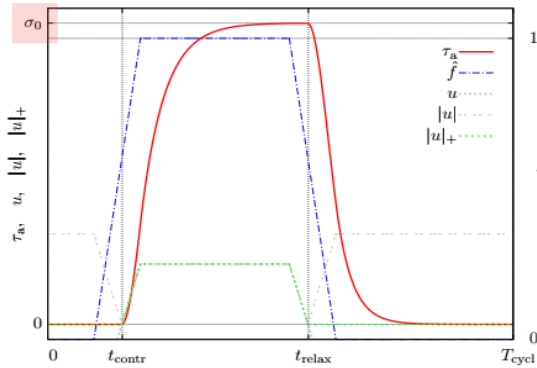
- **Contraction:** Time- and fiber stretch-dependent active stress law [Bestel et al. 2001]

$$\dot{\tau}_a = -|u| \tau_a + a \sigma_0 |u|_+$$

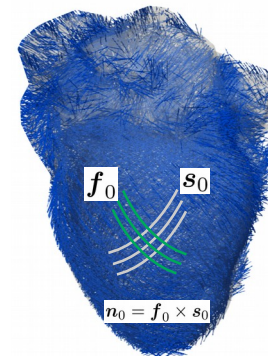
$$\dot{a}(\lambda_{\text{myo}}) = \dot{g}(\lambda_{\text{myo}}) \mathbb{I}_{|u|_- > 0}$$

$$u = \hat{f}(t) \cdot \alpha_{\text{max}} + (1 - \hat{f}(t)) \cdot \alpha_{\text{min}}$$

Frank-Starling mechanism [Solaro 2007]

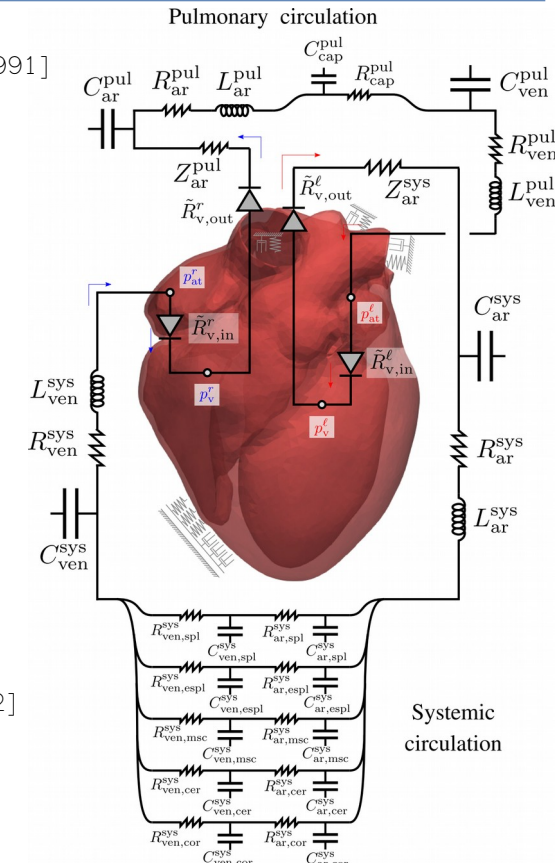


$$\lambda_{\text{myo}} = \sqrt{\mathbf{f}_0 \cdot \mathbf{C} \mathbf{f}_0}$$



Rule-based fiber directions
Transmural variation ($-60^\circ, 60^\circ$)
[Doste et al. 2019, Bayer et al. 2012]

- **Circulatory system** is modeled with a lumped-parameter 0D flow model (compliances, resistances inertances) [Hirschvogel et al. 2017, Trenhago et al. 2016, Ursino and Magosso 2000a,b]



Free heart STL geometry from <https://www.icmm.ru/tomogram-to-fem>

2.2 Continuum Mechanical Modeling of G&R

- G&R computed in a **kinematic growth framework** with multiplicative split of deformation gradient into elastic and inelastic (growth) part
[Lee et al. 1969, Rodriguez et al. 1994]

$$\mathbf{F} = \mathbf{F}^e \mathbf{F}^g$$

- Growth deformation gradient is function of growth stretch ϑ and possibly of preferred directions $\mathbf{f}_0$:

$$\mathbf{F}^g = f(\vartheta, \mathbf{f}_0, \dots)$$

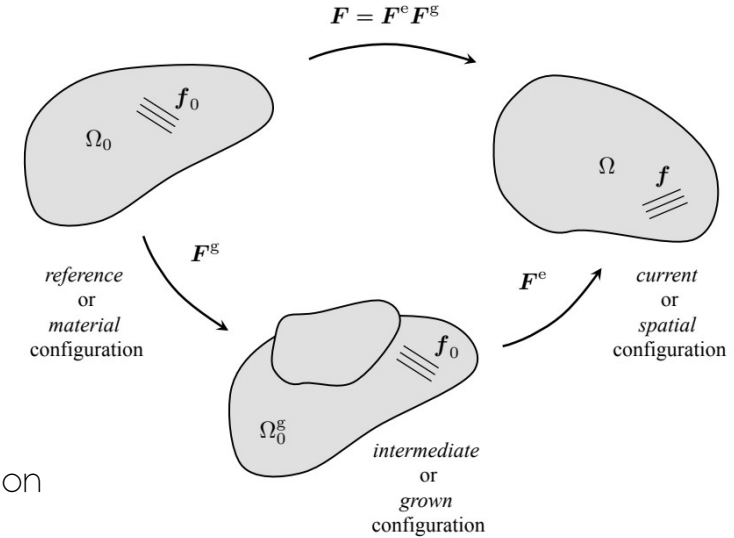
- Growth stretch usually is governed by an evolution equation and can depend on mechanical or other stimuli:

$$\dot{\vartheta} = f(\vartheta, \mathbf{C}, \mathbf{S}, \mathbf{f}_0, \dots)$$

- Remodeling** is taken into account by additively decomposing the stress response into a part governing the reference and one describing the remodeled material (similar to [Thon et al. 2018]):

$$\mathbf{S} = \phi(\vartheta) \mathbf{S}_{(\text{remod})} + (1 - \phi(\vartheta)) \mathbf{S}_{(\text{base})}$$

$\phi(\vartheta)$: Fraction of grown material



Outline

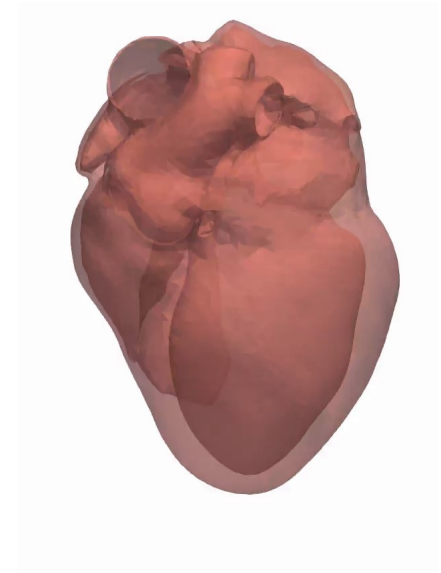
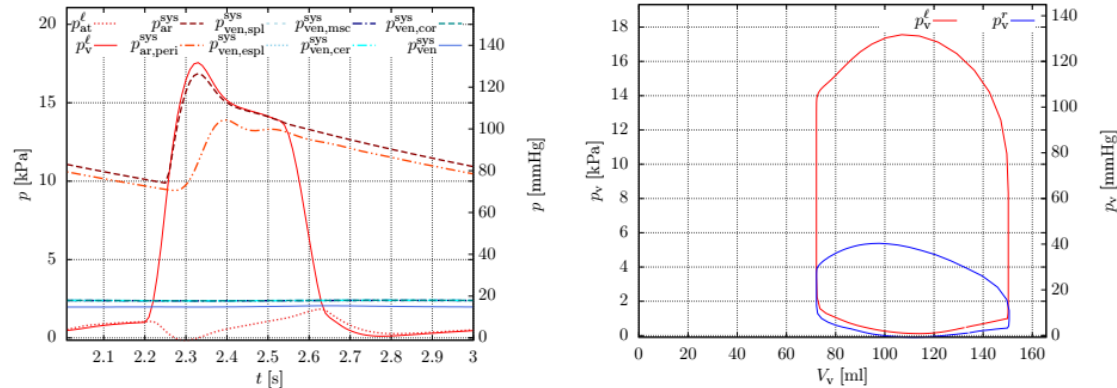
- 1 Introduction & Motivation
- 2 Modeling the Heart and Disease Mechanisms
- 3 Numerical Implementation using FEniCS-X
- 4 Results
- 5 Summary & Outlook

3.1 3D-0D Coupled Elastodynamics

- **Nonlinear elastodynamics** using Generalized-alpha time integration [Chung and Hulbert 1993]
- Strongly coupled 3D-0D monolithic solution of **solid mechanics** and **lumped flow models** [Hirschvogel et al. 2017]
- Use of direct solver (SuperLU) or block-pre-conditioned GMRES [Elman et al. 2008]
- $\sim 90'000$ linear displacement-based tetrahedral elements, $\sim 60'000$ unknowns

$$\begin{bmatrix} \mathbf{K}^{uu} & \mathbf{K}^{us} \\ \mathbf{K}^{su} & \mathbf{K}^{ss} \end{bmatrix}_{n+1}^i \begin{bmatrix} \Delta \mathbf{d} \\ \Delta \mathbf{s} \end{bmatrix}_{n+1}^{i+1} = - \begin{bmatrix} \mathbf{r}^u \\ \mathbf{r}^s \end{bmatrix}_{n+1}^i$$

➤ Example healthy heart cycle simulation:



Open-source Python FEniCS-based solver for cardiac mechanics
<https://github.com/marchirschvogel/ambit>

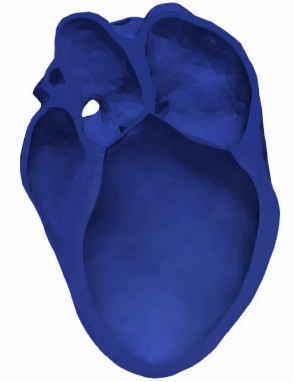
3.2 Inelastic Deformation-Dependent Growth & Remodeling

- Fiber stretch-driven **anisotropic growth** in fiber direction

$$\mathbf{F}^g = \mathbf{1} + (\vartheta - 1)\mathbf{f}_0 \otimes \mathbf{f}_0 \quad \dot{\vartheta} = k(\vartheta) \left(\lambda_{\text{myo}}^e - \hat{\lambda}_{\text{myo}}^{\text{crit}} \right)$$

$$k(\vartheta) = \begin{cases} \frac{1}{\tau} \left(\frac{\vartheta_{\text{max}} - \vartheta}{\vartheta_{\text{max}} - \vartheta_{\text{min}}} \right)^\gamma, & \lambda_{\text{myo}}^e \geq \hat{\lambda}_{\text{myo}}^{\text{crit}}, \\ \frac{1}{\tau_{\text{rev}}} \left(\frac{\vartheta - \vartheta_{\text{min}}}{\vartheta_{\text{max}} - \vartheta_{\text{min}}} \right)^{\gamma_{\text{rev}}}, & \lambda_{\text{myo}}^e < \hat{\lambda}_{\text{myo}}^{\text{crit}}, \end{cases}$$

$$\lambda_{\text{myo}}^e = \frac{1}{\vartheta} \lambda_{\text{myo}} = \frac{1}{\vartheta} \sqrt{\mathbf{f}_0 \cdot \mathbf{C} \mathbf{f}_0}$$



- Stress in inner virtual work depending on deformation and internal variable ϑ , which is deformation-dependent itself in a nonlinear way (needs local Newton to solve)

$$\delta \mathcal{W}_{\text{int}} = \int_{\Omega_0} \mathbf{S}(\mathbf{C}(\mathbf{u}), \vartheta(\mathbf{C}(\mathbf{u}))) : \frac{1}{2} \delta \mathbf{C} \, dV$$

- Full material tangent operator reads: $\mathbb{C} = 2 \frac{\partial \mathbf{S}}{\partial \mathbf{C}} + 2 \left(\frac{\partial \mathbf{S}}{\partial \mathbf{F}^g} : \frac{\partial \mathbf{F}^g}{\partial \vartheta} \right) \otimes \frac{\partial \vartheta}{\partial \mathbf{C}}$

➤ FEniCS UFL can only take care of first term, since no analytic expression $\vartheta(\mathbf{C}) = \dots$ possible

➤ Express virtual work linearization directly as form without using “derivative” and add second term manually to $\mathbb{C}$

$$D_{\Delta \mathbf{u}} \delta \mathcal{W}_{\text{int}} = \int_{\Omega_0} \left(\text{Grad} \delta \mathbf{u} : \text{Grad} \Delta \mathbf{u} \, \mathbf{S} + \mathbf{F}^T \text{Grad} \delta \mathbf{u} : \mathbb{C} : \mathbf{F}^T \text{Grad} \Delta \mathbf{u} \right) dV$$

$$\frac{\partial \mathbf{S}}{\partial \mathbf{F}^g} = - \left(\mathbf{F}^{g^{-1}} \underline{\otimes} \mathbf{S} + \mathbf{S} \underline{\otimes} \mathbf{F}^{g^{-1}} \right) - \left(\mathbf{F}^{g^{-1}} \underline{\otimes} \mathbf{F}^{g^{-1}} \right) : \frac{1}{2} \check{\mathbb{C}}^e : \left(\mathbf{F}^{g^{-T}} \underline{\otimes} \mathbf{C}^e + \mathbf{C}^e \underline{\otimes} \mathbf{F}^{g^{-T}} \right)$$

Elastic part of $2 \frac{\partial \mathbf{S}}{\partial \mathbf{C}}$

➤ Depending on growth law, can render excessive FFC-X compilation times! (between 5 and 30 minutes!)

3.3 Multiscale-in-Time Analysis: Volume Overload and Eccentric Growth in the Heart

- Homeostatic healthy heart beat computation
- Acute disease state (e.g. mitral valve regurgitation) computation, evaluation of **end-diastolic volume overload**

- Set state “large time scale”:

$$\mathbf{u}^{(\mathcal{L})} \leftarrow \mathbf{u}(t_{\text{ed}})^{(\mathcal{S})} \quad \hat{p}_c^{i,(\mathcal{L})} \leftarrow p_c^{i,(\mathcal{S})}(t_{\text{ed}}) \quad \hat{\tau}_a^{(\mathcal{L})} \leftarrow \tau_a(t_{\text{ed}})^{(\mathcal{S})}$$

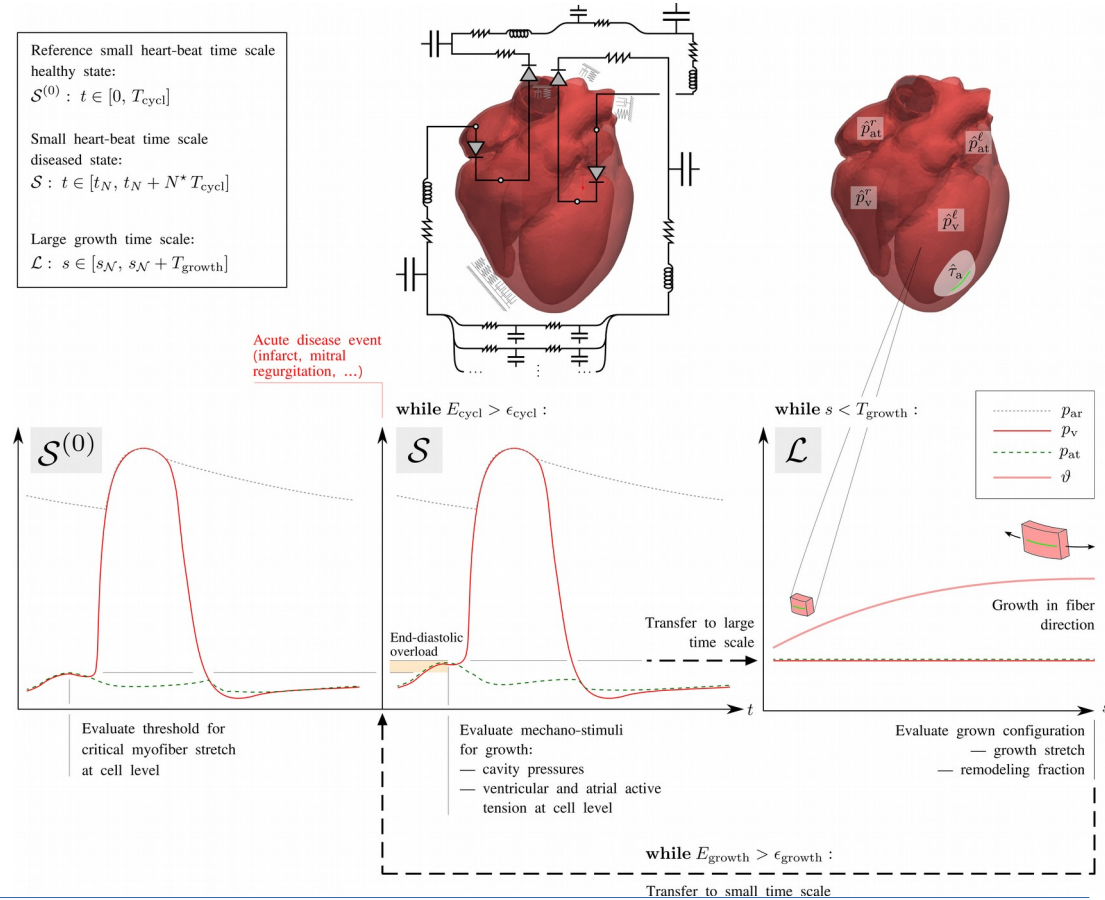
➤ Quasi-static growth computation

- Set state “small time scale”:

$$\hat{v}^{(\mathcal{S})} \leftarrow v^{(\mathcal{L})} \quad \mathbf{u}^{(\mathcal{S})} \leftarrow \mathbf{u}^{(\mathcal{L})} - \mathbf{u}(t_{\text{ed}})^{(\mathcal{S})}$$

➤ Compute new homeostatic heart beat state

- Mutually revisit small and large scale until growth falls below a certain tolerance

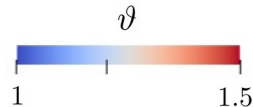
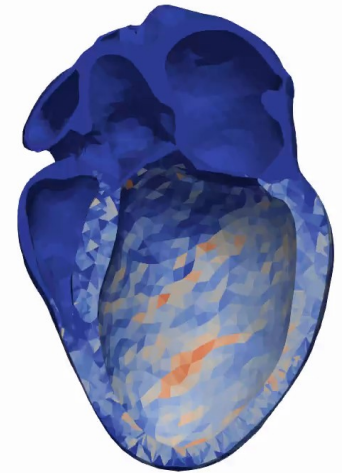
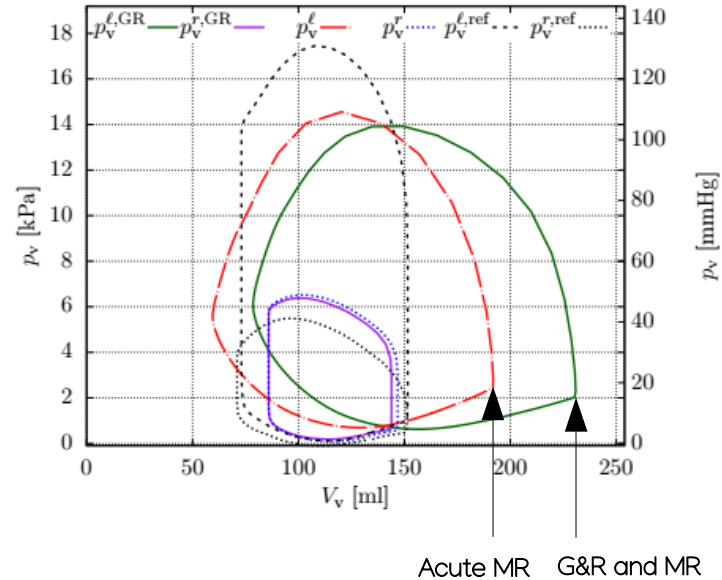


Outline

- 1 Introduction & Motivation
- 2 Modeling the Heart and Disease Mechanisms
- 3 Numerical Implementation using FEniCS-X
- 4 Results
- 5 Summary & Outlook

4.1 Eccentric Growth in the Heart: Results for Mitral Regurgitation (MR)

- G&R after mitral valve regurgitation
 - Loss of isovolumetric contraction phases
 - **Right-shift** of pressure-volume relationship
 - LV wall thinning
- “Heart failure with reduced ejection fraction”



- **Remodeling:** Assumption that only active material is reduced with growth (cardiomyocytes are elongated, degradation and disruption of fibrillar collagen, impaired contractility [Aurigemma et al. 2006]):

$$\mathbf{S}_{(\text{remod})} = 2 \frac{\partial \Psi}{\partial \mathbf{C}}$$

Outline

- 1 Introduction & Motivation
- 2 Modeling the Heart and Disease Mechanisms
- 3 Numerical Implementation using FEniCS-X
- 4 Results
- 5 Summary & Outlook

5 Summary & Outlook

- **Multiphysics and multiscale approach** to cardiac growth and remodeling using FeniCS-X
 - 3D-0D coupled nonlinear **elastodynamics** and **reduced-dimensional flow**
 - **Inelastic deformation-dependent growth** solved at integration point level
- **Physiological results and growth patterns**, but ...
 - Need of fine-tuning to match experimental data
- Need for **higher-order spatial approximation** to avoid spurious effects of low-order finite elements, but ...
 - **Missing Quadrature function spaces in FEniCS-X!** For linear elements with one integration point (CG1), growth material is specified as discontinuous DG0 function space
 - No quadratic convergence for growth material living on DG1 space for higher-order mesh (CG2)
- Need for strategies of **reducing FFC-X compiler times** for complex constitutive UFL expressions

Thank you for your attention!

References

- J. D. Bayer, R. C. Blake, et al. In: Ann Biomed Eng. Vol. 40. 10. 2012, pp. 2243–2254.
- J. Bestel, F. Clément, et al. In: Medical Image Computing and Computer-Assisted Intervention (MICCAI'01). Vol. 2208. Berlin: Springer-Verlag, 2001, pp. 1159–1161.
- J. Chung and G. M. Hulbert. In: Journal of Applied Mechanics 60.2 (1993), pp. 371–375.
- S. Dimmeler. In: EMBO Mol Med 3.12 (2011), p. 697.
- R. Doste, D. Soto-Iglesias, et al. In: Int J Numer Method Biomed Eng 35.4 (2019),e3185.
- H. Elman, V. E. Howle, et al. In: Journal of Computational Physics 227 (2008), pp. 1790–1808.
- J. M. Guccione, A. D. McCulloch, et al. In: J Biomech Eng 113.1 (1991), pp. 42–55.
- M. Hirschvogel, M. Bassilious, et al. In: Int J Numer Method Biomed Eng 33.8 (2017),e2842.
- E. H. Lee. In: J Appl Mech 36.1 (1969), pp. 1–6.
- R. V. Luepker. In: Annual Review of Public Health 32.12 (2011), pp. 1–3.
- E. K. Rodriguez, A. Hoger, et al. In: J Biomech 27.4 (1994), pp. 455–467.
- M. A. Rossi and S. V. Carillo. In: Int J Cardiol 31.2 (1991), pp. 133–141.
- R. J. Solaro. In: Biophys J 93.12 (2007), pp. 4095–4096.
- M. P. Thon, A. Hemmler, et al. In: Biomech Model Mechanobiol 17.3 (2018), pp. 617–644.
- P. R. Trenhago, L. G. Fernandes, et al. In: Int J Numer Method Biomed Eng 32.1 (2016).
- M. Ursino and E. Magosso. In: Am J Physiol Heart Circ Physiol 279.1 (2000), pp. 149–165.
- M. Ursino and E. Magosso. In: Am J Physiol Heart Circ Physiol 279.1 (2000), pp. 166–175.