

FINITE ELEMENT MODELING OF CEREBRAL ANEURYSM

ALEXSON BIN ABIT

BACHELOR OF MECHANICAL ENGINEERING
UNIVERSITI MALAYSIA PAHANG

2010

SUPERVISOR'S DECLARATION

We hereby declare that we have checked this project and in our opinion this project is satisfactory in terms of scope and quality for the award of the degree of Bachelor of Mechanical Engineering.

.....

Name of Supervisor: MR. MOHD AKRAMIN BIN MOHD ROMLAY

Position: LECTURER

Date: 6 DECEMBER 2010

FINITE ELEMENT MODELING OF CEREBRAL ANEURYSM

ALEXSON BIN ABIT

Report submitted in partial fulfillment of the requirements
for the award of the degree of
Bachelor of Mechanical Engineering

Faculty of Mechanical Engineering
UNIVERSITY MALAYSIA PAHANG

DECEMBER 2010

TABLE OF CONTENTS

		Page
SUPERVISOR’S DECLARATION		ii
STUDENT’S DECLARATION		iii
DEDICATION		iv
ACKNOWLEDGEMENTS		v
ABSTRACT		vi
ABSTRAK		vii
TABLE OF CONTENTS		viii
LIST OF TABLES		ix
LIST OF FIGURES		xi
LIST OF SYMBOLS		xii
LIST OF ABBREVIATIONS		xiv
CHAPTER 1	INTRODUCTION	
1.1	Aneurysms	1
1.2	Problem statement	2
1.3	Project Objectives	2
1.4	Project Scopes	2
CHAPTER 2	LITERATURE REVIEW	
2.1	Background	3
	2.1.1 Causes	5
	2.1.2 Symptoms	6
	2.1.3 Diagnosis of Aneurysms	6
	2.1.4 Treatments	7
2.2	Types of Aneurysm	7
	2.2.1 Abdominal Aortic Aneurysm	7
	2.2.2 Thoracic Aortic Aneurysm	8
	2.2.3 Cerebral Aortic Aneurysm	9
2.3	Risk of Aneurysm	10
2.4	Finite Element Analysis (FEA)	11

2.5	Computational Fluid Dynamics (CFD)	12
2.6	Fluid Structure Interaction (FSI)	13
2.7	Mechanical Behaviour in Cerebral Aneurysm	13
	2.7.1 Pressure Behaviour in CA	13
	2.7.2 Wall shear stress in CA	15
2.8	Newtonian and Non-Newtonian Fluid	15
2.9	No Slip Condition	16
2.10	Aneurysm Shapes	16
2.11	Conclusion	17

CHAPTER 3 METHODOLOGY

3.1	Background	18
3.2	Geometry and Properties of Models	18
3.3	Boundary Condition	21
3.4	Finite Element Analysis	21
3.5	Simulation	23
3.6	Conclusion	24

CHAPTER 4 RESULT AND DISCUSSION

4.1	Background	25
4.2	Analysis on the Wall Shear	25
4.3	Analysis on the Velocity of CA	29
4.4	Analysis on the Pressure in CA	30
4.5	Result from Manipulated Aneurysm Diameter	31
4.6	Aneurysm Wall Deformation	32
4.7	Conclusion	33

CHAPTER 5 CONCLUSION AND RECOMMENDATIONS

5.1	Conclusion	35
5.1	Limitations	35

5.3	Recommendations	36
REFERENCES		37
APPENDICES		
A1	Simulation for solid structure	41
A2	Simulation for fluid structure	48
A3	Running ADINA-FSI	56
A4	ADINA solution data	57

LIST OF TABLE

Table No.	Title	Page
3.1	Parameters use in the simulation	21
4.1	Max shear stress for different aneurysm diameter	26
4.2	Effectiveness stress for different aneurysm diameter	28
4.3	Displacement for different aneurysm diameter	32

LIST OF FIGURES

Figure No	Title	Page
2.1	Circle of Willis	4
2.2	Type of Cerebral Aneurysms	5
2.3	Thoracic Aortic Aneurysms	9
2.4	Cerebral Aneurysm	10
2.5	Inlet velocity waveform	14
2.6	Exit pressure waveform	14
2.7	Types of Aneurysms	17
3.1	Aneurysm dimension	19
3.2	Solid structure	20
3.3	Fluid structure	20
3.4	The process for simulation of ADINA (AUI 8.5)	24
4.1	Maximum shear stress on the cerebral aneurysm	26
4.2	Variation of maximum shear stresses for different aneurysm diameter	27
4.3	Wall stress distribution on the cerebral aneurysm	28
4.4	Variation of effectiveness stresses for different aneurysm diameter	29
4.5	Blood flow distribution	30
4.6	Blood pressure distribution	31
4.7	Aneurysm wall deformation	32
4.8	Variation of aneurysm displacement for different aneurysm diameter	33

LIST OF SYMBOLS

ε	normal strain
L	elongated length
L_0	gauge length
ε_x	normal strain in x-direction
γ_{xy}	shear strain in xy-plane
δ	displacement
σ_x	normal stress in x-direction
ν	Poisson's ratio
E	Young's modulus

LIST OF ABBREVIATIONS

CA	Cerebral Aneurysm
AAA	Abdominal Aortic Aneurysm
COW	Circles of Willis
CFD	Computational Fluid Dynamics
FEA	Finite Element Analysis
FSI	Fluid Structure Interaction
WSS	Wall Shear Stress

ABSTRACT

An aneurysm is an abnormal bulging or widening of a portion of an artery due to weakness in the wall of the aortic wall. It happens when the mechanical stress exceeds the tensile strength of the tissue. Nowadays, an accurate decision to predict the rupture of the aneurysm is not founded yet. This study is focusing on cerebral aneurysm that is occurring at the circle of Willis area. By using the simulation tools, the stress behaviour on cerebral aneurysm (CA) area will be analyzed. As the size of an aneurysm increases, there is a potential of rupture of aneurysm. Studying the mechanical properties in real CA's can better the research of aneurysm behaviour. This study consists of three cases with the different size of aneurysms which are 2.5 mm and 3.5 mm in radius. The simulation of the model was studied under incompressible, non-Newtonian, viscous, non pulsatile condition in which we investigated computationally in a three-dimensional configuration using a Computational Fluid Dynamics (CFD) program. Currently, the decision to treat a diagnosed, unruptured aneurysm is based primarily on the maximum dimension of the lesion even though there is controversy over the critical size. Our results from finite element analysis reveal important roles of lesion shape, material properties, and loading conditions in governing the distributions of stress within the saccular aneurysms. This research finds that maximum stresses increase markedly with increases in lesion size, the ratio of neck diameter to lesion height, and the pressure.

ABSTRAK

Aneurism adalah kejadian ganjil pembengkakan atau pembesaran bahagian arteri disebabkan oleh dinding aorta yang lemah. Ini berlaku apabila tekanan mekanikal melebihi kekuatan tegangan dinding aorta. Pada hari ini, keputusan yang tepat untuk meramal aneurism akan pecah masih belum ditemui. Kajian ini akan difokuskan di serebral aneurism yang berlaku di kawasan lingkaran Willis. Dengan menggunakan kaedah simulasi, sifat-sifat tekanan di kawasan ini akan dianalisis. Apabila saiz aneurism meningkat, terdapat potensi untuk aneurism pecah. Untuk setiap lokasi, terdapat tiga kes dengan saiz aneurism yang berbeza iaitu 2.5 mm dan 3.5 mm dalam radius. Simulasi model dikaji dengan parameter aliran mampat, non-Newtonian, bendalir likat dan keadaan tiada denyut menggunakan program dinamik bendalir tiga dimensi (CFD). Pada masa ini, keputusan untuk mengubati didiagnosis, aneurisma tidak pecah didasarkan terutama pada dimensi maksimum lesi walaupun ada kontroversi melebihi saiz kritikal. Keputusan dari analisis elemen hingga menunjukkan peranan penting dari bentuk lesi, bahan, dan keadaan pembebanan dalam mengatur edaran stres dalam aneurisma saccular. Penyelidikan ini mendapati bahawa voltan maksimum meningkat tajam dengan peningkatan dalam saiz lesi, nisbah diameter leher ke quality lesi, dan tekanan

CHAPTER 1

INTRODUCTION

1.1 ANEURYSMS

Aneurysm is a localized, blood-filled dilation (balloon-like bulge) of a blood vessel caused by disease or weakening of the vessel wall. Aneurysms most occur in arteries at the base of the brain (the circle of Willis) and in the aorta (the main artery coming out of the heart, a so-called aortic aneurysm). A sign of an arterial aneurysm is a pulsating swelling that produces a blowing murmur on auscultation (the act of listening for sounds in the body) with a stethoscope.

There are four main locations where aneurysms always happen that are Cerebral Aneurysms (CA), Aorta Aneurysms, Abdominal Aneurysms and Thoracic Aortic Aneurysms. As the size of an aneurysm increases, there is an increased risk of rupture, which can result in severe hemorrhage or other complications including sudden death. Severe bleeding can occur if the aneurysms break or rupture. Not all aneurysms are life-threatening. But if the bulging stretches the artery too far, this vessel may burst, causing a person to bleed to death. An aneurysm that bleeds into the brain can lead to stroke or death. Aneurysms usually appear in either fusiform or saccular.

A fusiform aneurysms is spindle shaped without a neck. While, the second type of aneurysms is saccular. The saccular aneurysms are the most frequent cerebral aneurysms showing a berrylike outpouchings of the vessel wall: they often develop at the curved side of the vessels or at the apex of bifurcations.

1.2 PROBLEM STATEMENT

Nowadays, the case of rupture of CAs is often occurs without any preceding symptoms. The rupture occurs when the stress acting on the aorta wall exceeds the strength of the aorta wall itself. It was necessary to establish reliable criteria of the rupture risk assessment procedures in CAs for these lesions, and criteria based on the mechanical field. Besides that, the prediction of rupture happens is not available yet. The stress distribution caused by pressure in the cerebral is one element factor that influenced the rupture of aneurysm. So it was necessary to study the behavior of these elements to better understanding of aneurysm.

1.3 PROJECT OBJECTIVES

The first objective of this project is to study the the wall stresses in each virtual of CA and investigate the finite element analysis with different diameter of CA..

The second objective is to analyze the effect of geometry that influence the magnitude and distribution of the peak wall stress in the aneurysm. The cerebral aneurysms is locate at the brain and focus on the saccular shape of aneurysms. In this objective, the project will focused on the diameter of aneurysms to determine how it influence the rupture of aneurysm .

1.4 PROJECT SCOPE

In order to achieve those objectives, some limitations were decided to range the whole study. Therefore, the main concerned is to analyze cerebral aneurysms located in COW (Circle of Willis) with certain software. Three-dimensional (3D) models of CA with different diameter of aneurysm are created before the finite element analysis take place.

All the solutions of the problem presented in this study will be based on numerical approach only. The results of these analyses through numerical solutions are expected to explain the wall shear distribution and peak wall stress in the aneurysm.

REFERENCES

- Biousse V, Newman NJ. Aneurysms and subarachnoid hemorrhage. *Neurosurg Clin N Am*. Oct 1999; 10(4):631-51.
- Brilstra EH, Rinkel GJ, van der Graaf Y, et al. Treatment of intracranial aneurysms by embolization with coils: a systematic review. *Stroke*. Feb 1999; 30(2):470-6.
- Brisman JL, Song JK, Newell DW. Cerebral aneurysms. *N Engl J Med*. Aug 31 2006; 355(9):928-39.
- Cloft HJ, Kallmes DF. Aneurysm packing with HydroCoil Embolic System versus platinum coils: initial clinical experience. *AJNR Am J Neuroradiol*. Jan 2004; 25(1):60-2.
- Fiorella D, Albuquerque FC, Woo H, et al. Neuroform in-stent stenosis: incidence, natural history, and treatment strategies. *Neurosurgery*. Jul 2006; 59(1):34-42; discussion 34-42.
- Flamm ES, Grigorian AA, Marcovici A. Multifactorial analysis of surgical outcome in patients with unruptured middle cerebral artery aneurysms. *Ann Surg*. Oct 2000; 232(4):570-5.
- Henkes H, Fischer S, Weber W, et al. Endovascular coil occlusion of 1811 intracranial aneurysms: early angiographic and clinical results. *Neurosurgery*. Feb 2004; 54(2):268-80; discussion 280-5.
- Hoh BL, Rabinov JD, Pryor JC, et al. In-hospital morbidity and mortality after endovascular treatment of unruptured intracranial aneurysms in the United States, 1996-2000: effect of hospital and physician volume. *AJNR Am J Neuroradiol*. Aug 2003; 24(7):1409-20.

- Johnston SC, Wilson CB, Halbach VV, et al. Endovascular and surgical treatment of unruptured cerebral aneurysms: comparison of risks. *Ann Neurol*. Jul 2000; 48(1):11-9.
- Johnston SC, Zhao S, Dudley RA. Treatment of unruptured cerebral aneurysms in California. *Stroke*. Mar 2001; 32(3):597-605.
- Juvela S, Porras M, Poussa K. Natural history of unruptured intracranial aneurysms: probability and risk factors for aneurysm rupture. *Neurosurg Focus*. 2000; 8(5): Preview 1.
- Kershenovich A, Rappaport ZH, Maimon S. Brain computed tomography angiographic scans as the sole diagnostic examination for excluding aneurysms in patients with perimesencephalic subarachnoid hemorrhage. *Neurosurgery*. Oct 2006; 59(4):798-801; discussion 801-2.
- King JT Jr, Berlin JA, Flamm ES. Morbidity and mortality from elective surgery for asymptomatic, unruptured, intracranial aneurysms: a meta-analysis. *J Neurosurg*. Dec 1994; 81(6):837-42
- Kremer C, Groden C, Hansen HC. Outcome after endovascular treatment of Hunt and Hess grade IV or V aneurysms: comparison of anterior versus posterior circulation. *Stroke*. Dec 1999; 30(12):2617-22.
- Lylyk P, Miranda C, Ceratto R, Ferrario A, Scrivano E, Luna HR. Curative endovascular reconstruction of cerebral aneurysms with the pipeline embolization device: the Buenos Aires experience. *Neurosurgery*. Apr 2009; 64(4):632-42; discussion 642-3; quiz N6.
- Ohashi Y, Horikoshi T, Sugita M. Size of cerebral aneurysms and related factors in patients with subarachnoid hemorrhage. *Surg Neurol*. Mar 2004; 61(3):239-45; discussion 245-7.

Raaymakers TW, Rinkel GJ, Limburg M, et al. Mortality and morbidity of surgery for unruptured intracranial aneurysms: a meta-analysis. *Stroke*. Aug 1998; 29(8):1531-8.

Schievink WI. Intracranial aneurysms. *N Engl J Med*. Jan 2 1997; 336(1):28-40.

Solomon RA, Fink ME, Pile-Spellman J. Surgical management of unruptured intracranial aneurysms. *J Neurosurg*. Mar 1994; 80(3):440-6.

Solomon RA, Mayer SA, Tarmey JJ. Relationship between the volumes of craniotomies for cerebral aneurysm performed at New York state hospitals and in-hospital mortality. *Stroke*. Jan 1996; 27(1):13-7.

Tsutsumi K, Ueki K, Morita A, et al. Risk of rupture from incidental cerebral aneurysms. *J Neurosurg*. Oct 2000; 93(4):550-3.

Wiebers DO, Whisnant JP, Huston J 3rd, et al. Unruptured intracranial aneurysms: natural history, clinical outcome, and risks of surgical and endovascular treatment. *Lancet*. Jul 12 2003; 362(9378):103-10.

Yanaka K, Nagase S, Asakawa H, et al. Management of unruptured cerebral aneurysms in patients with polycystic kidney disease. *Surg Neurol*. Dec 2004; 62(6):538-45; discussion 545.

Tait MJ, Norris JS. Intracranial aneurysm surgery and its future. *J R Soc Med*. Mar 2004; 97(3):156.

Kayembe KNT, Sasaharam M, Hazama F: Cerebral Aneurysms and Variations of Circle of Willis, *Stroke*, 15:846-850, 1984.

Forget TR Jr, Benitez R, Veznedaroglu E, et al.: A review of size and location of ruptured intracranial aneurysms. *Neurosurgery*, 49(6):1322-1326, 2001.

Ujiie H, Tachibana H, Hiramatsu O, *et al.* : Effects of size and shape (aspect ratio) on the hemodynamics of saccular aneurysm: a possible index for surgical treatment of intracranial aneurysms, *Neurosurgery*, 45:119-130, 1999.