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## **Conference Abstract**

## P.08 Biomechanical Characterization of Ascending Thoracic Aortic Aneurysms in Humans: A Continuum Approach to *in vivo* Deformations

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Keywords

Aneurysm *in vivo* characterisation

## ABSTRACT

**Background:** Dysfunctional cellular mechanosensing appears central to aneurysm formation [1]. We aimed to derive material parameters of aneurysm tissue from *in vivo* deformations, which may increase insight into the underlying structural integrity of the pathological tissue.

**Methods:** Videos of tracking markers (example **Video** in supplement, screenshot in Figure) placed on ascending aortic segments were captured alongside radial arterial blood pressure in patients undergoing open-thorax ascending thoracic aorta aneurysm (ATAA) repair (n = 5) and coronary bypass (controls; n = 2). Normalised cross-correlation was used to determine marker displacements, resulting in estimates of systolic/diastolic diameters, distensibility, and cyclic axial engineering strain. A thin-walled, cylindrical geometry was assumed, with amorphous (Neo-Hookean) and fibrous (two-family) constitutive contributions [2]. This framework was fitted to individual patient measurements, by varying parameters c (amorphous material constant),  $k_1$  and  $k_2$  (fiber stiffness and strain stiffening parameter),  $\beta$  (fiber angle w.r.t. circumferential direction), unloaded intact length (L), and internal radius ( $R_1$ ).

**Results:** Axial strain tended to be lower (expected) and distensibility larger (unexpected) in aneurysm than controls (Figure). However, the intrinsic pressure-dependence of distensibility must be considered when drawing conclusions related to differences in structural stiffness between both groups [3]. Material stiffness parameters (c and  $k_1$ ) appeared higher in aneurysm patients than in controls which is in line with previous studies in mice [4].

**Conclusion:** We are developing a method to determine ATAA material properties from *in vivo* deformations and observed increased material stiffness in ATAA.

			Aneurysm	Control
	Measured outcomes			
	Diastolic diameter	[mm]	$40 \pm 5$	$23 \pm 3$
	DBP	[mmHg]	$58 \pm 11$	$34 \pm 2$
	SBP	[mmHg]	$90 \pm 18$	93 ± 7
	Distensibility	$[MPa^{-1}]$	$4.3 \pm 3.0$	$3.7 \pm 1.1$
	Axial strain	[%]	$4.3 \pm 2.1$	$7.6 \pm 3.5$
	Estimated properties			
	С	[kPa]	$37 \pm 29$	$15 \pm 13$
	$k_1$	[kPa]	$43 \pm 26$	$24 \pm 24$
A CONTRACTOR OF A CONTRACTOR O	R <sub>1</sub>	[mm]	$17 \pm 1$	$10 \pm 1$
No. I Wanter State	β	[degrees]	35 ± 3	36 ± 2
	k,	_	$34 \pm 9$	$37 \pm 3$
	Ĺ	[mm]	$24 \pm 5$	$15 \pm 2$

FigureLeft: Example of ascending aortic region of interest with tracking markers. Right: Data presented as mean  $\pm$ standard deviation. SBP/DBP, systolic/diastolic blood pressure. Estimated properties are defined in the text.

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