

# Artery Research Vol. **26(S1)**; 2020, *p.* S63 DOI: https://doi.org/10.2991/artres.k.201209.053; ISSN 1872-9312; eISSN 1876-4401 https://www.atlantis-press.com/journals/artres



### Conference Abstract

## P.41 Measurement of Pressure-dependent Intra-Beat Changes in Carotid Pulse Wave Velocity using Image-Free Fast Ultrasound

Kiran V Raj<sup>1</sup>, P M Nabeel<sup>2</sup>, Jayaraj Joseph<sup>1,2,\*</sup>, Dinu Chandran<sup>3</sup>, Mohanasankar Sivaprakasam<sup>1,2</sup>

- <sup>1</sup>Department of Electrical Engineering, Indian Institute of Technology Madras
- <sup>2</sup>Healthcare Technology Innovation Centre, Indian Institute of Technology Madras
- <sup>3</sup>Department of Physiology, All India Institute of Medical Sciences

#### Keywords

Fast-ultrasound incremental-PWV image-free ultrasound

#### **ABSTRACT**

**Background:** The clinical significance of pressure-dependent intra-beat changes in local pulse-wave velocity (C) has recently come to light [1]. While reported methods require arterial pressure and diameter measurements from a single site to assess intrabeat changes in C, we present an image-free fast ultrasound device that performs this by capturing diameter waveforms from two proximal locations on an artery.

**Methods:** The functionality was assessed on eight normotensive participants ( $26 \pm 4$  years). By perturbing blood pressure through a short duration moderate lower body negative pressure intervention [2],  $C_D$  and  $C_F$  pulse wave velocities corresponding to diastolic and 80% of peak pressure were measured from the carotid artery. Human NIBP system (ADInstruments, India) was used for monitoring continuous pressure.

**Results:** The device captured dual-diameter waveforms and evaluated  $C_D$  and  $C_P$  with a beat-to-beat variation <8% during baseline.  $C_D$  was smaller than  $C_F$  (p < 0.001), 4.2  $\pm$  0.5 m/s versus 4.6  $\pm$  0.7 m/s during baseline and 3.7  $\pm$  0.6 m/s versus 3.9  $\pm$  0.7 m/s during intervention. Concomitant to the drop in group-average diastolic (17%) and systolic (18%) pressures during the intervention,  $C_D$  and  $C_F$  dropped by 14% and 16%, respectively. The statistically significant correlation (r > 0.6, p < 0.001) of  $C_D$  and  $C_F$  with the diastolic and systolic pressures for each individual was preserved even after adjusting for heart-rate.

**Conclusions:** The device demonstrated its functionality and reliably measured the incremental nature of C. Its pressure-dependent intra-beat variations and inter-beat dynamics during the intervention concurred with literature. Further studies are underway to demonstrate the potential use of the device in vascular research and clinical applications.

#### REFERENCES

- [1] Nabeel PM, Raj VK, Joseph J, Abhidev VV, Sivaprakasam M. Local pulse wave velocity: theory, methods, advancements, and clinical applications. IEEE Rev Biomed Eng 2020;13:74–112.
- [2] Goswami N, Blaber AP, Hinghofer-Szalkay H, Convertino VA. Lower body negative pressure: physiological effects, applications, and implementation. Physiol Rev 2019;99:807–51.

© 2020 Association for Research into Arterial Structure and Physiology. Publishing services by Atlantis Press International B.V. This is an open access article distributed under the CC BY-NC 4.0 license (http://creativecommons.org/licenses/by-nc/4.0/).