BME2 - Biomedical Ultrasonics

Lecture 8 Bioeffects II- Mechanical Effects



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Department o f Engineering Scienc

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8.1 Acoustic streaming [see Hamilton & Blackstock, Chapter 7]

- V velocity very with time. In a region of fluid where a sound field exists, the pressure and
- V In general, the temporal averages of these quantities are not zero.
- V The average over time of the velocity is called acoustic streaming.



- Streaming is strongest
- At high frequencies
- In highly attenuative media
- In highly non-linear media
- At high pressure amplitudes
- Under pulsed excitation (for a given acoustic power)
- V pulse of centre frequency 3.5 MHz, streaming velocities are In water at room temperature, for a diBagnostic ultrasound about 0.33 mm/s for a 0.1 W acoustic input.
- V By maintaining the same acoustic power input (0.1 W) and by increased to 10 cm/s at the focal distance! pulsing the ultrasound, the streaming velocity can be

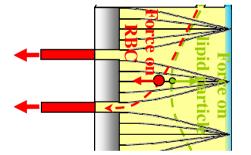
8.2 Acoustic Radiation Force

- \bigvee dimension of the particle along the acoustic axis. the incident field, resulting in a net momentum loss over the A particle placed in an ultrasound field will scatter and absorb part of
- V This results in the particle experiencing a net acoustic radiation force,

$$F_{A} = -\left(\frac{\pi p_{0}^{2} V_{c} \kappa_{1}}{2\lambda}\right) \cdot \left[\frac{5\rho_{2} - 2\rho_{1}}{2\rho_{2} + \rho_{1}} - \frac{\kappa_{2}}{\kappa_{1}}\right] \cdot \sin\left(\frac{2\pi}{\lambda}x\right)$$

where V_c is the particle volume, λ the wavelength, ρ_o the pressure amplitude, x the distance along the acoustic axis, and (ρ_2, κ_2) and (ρ_1, κ_1) are the density and compressibility of the particle and surrounding medium respectively.

V can be used to separate biological particles based on their density and compressibility contrast! When harnessed within a standing wave field, acoustic forces



8.3 Mechanical effects of inertial and stable cavitation

 \bigvee A bubble collapsing inertially near a boundary will cause jetting:

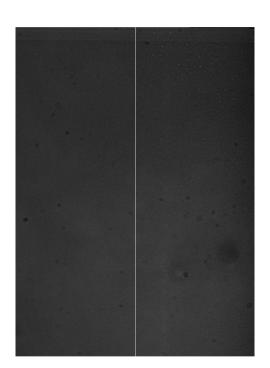




V Such bubble collapses near a cell wall are one of the supected mechanisms for *sonoporation* (increased permeability of cellular membranes to large molecules).

(Photos and video courtesy of Lawrence A Crum, Univ. of Washington)

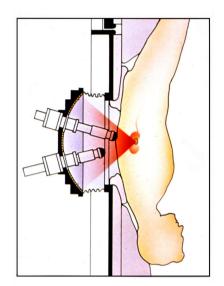
V significant amounts of microstreaming A bubble undergoing stable oscillations will generate

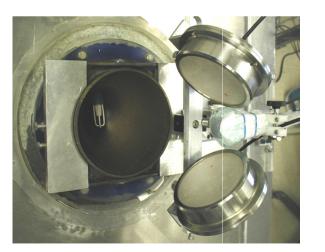


\bigvee CASE STUDY I:

EXTRACORPOREAL SHOCK-WAVE LITHOTRIPSY

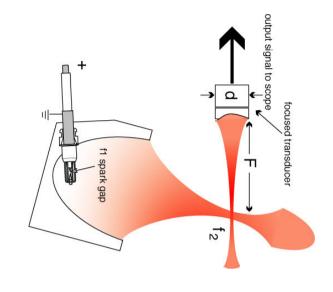
- Jetting from a cavitation cloud!
 One of several physical mechanisms for kidney stone destruction

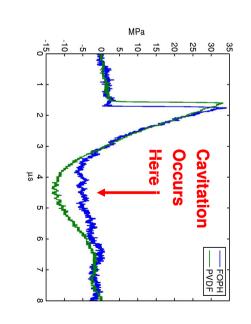




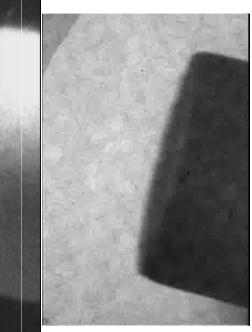
V CASE STUDY I: EXTRACORPOREAL SHOCK-WAVE LITHOTRIPSY

- Jetting from a cavitation cloud!One of several physical mechanisms for kidney stone destruction

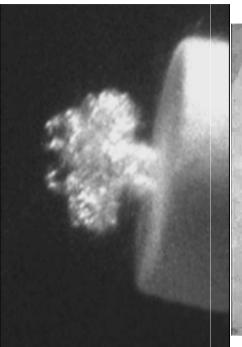




(Photos and video courtesy of Michael Bailey, Univ. of Washington)



Eroding an artificial kidney stone...





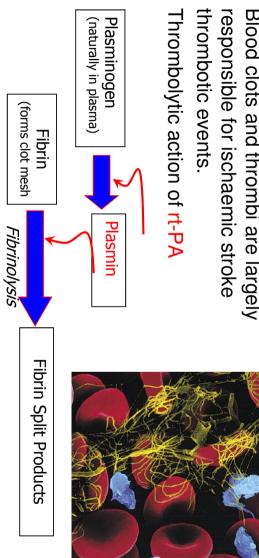
(Photos and video courtesy of Michael Bailey, Univ. of Washington)

CASE STUDY Ii:

ULTRASOUND-ENHANCED THROMBOLYSIS

Ultrasound-Enhanced Thrombolysis: Clinical Motivation

- responsible for ischaemic stroke Blood clots and thrombi are largely



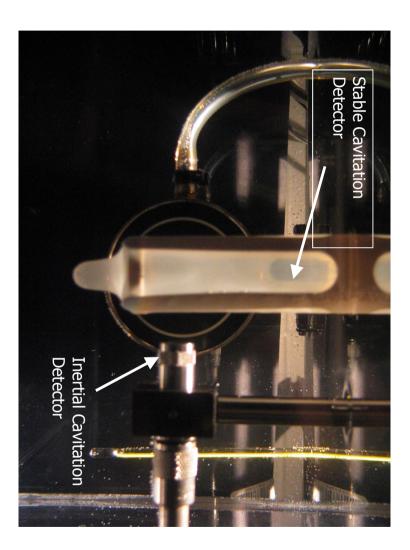
- Systemic delivery of rt-PA can cause internal bleeding.
- Localized activation key to successful & safe clinical use.

Thrombolysis Study: Clot Formation & Exposure

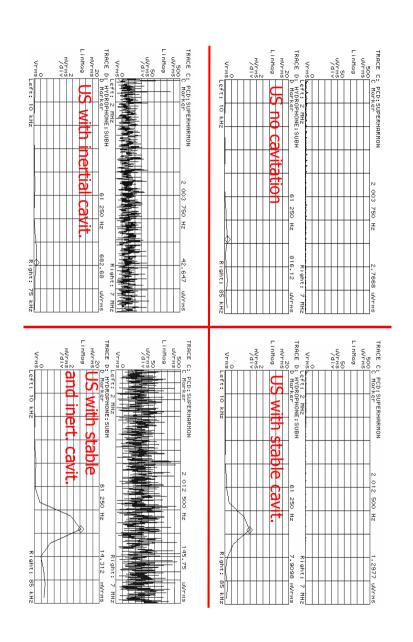
- Whole Blood Clots:
- 2-3 ml aliquots of whole pig blood clot in test tube
- Incubated at 37 C for 3 hours
- Refrigerated 3 days prior to use
- Pulsed or CW Ultrasound Exposures
- 120 KHz center frequency
- PRP = 600 μs
- Exposure Duration = 30 min.
- Duty Cycle from 0% to CW
- Clot added to rt-PA + Plasma
- Weighed before & after exposure



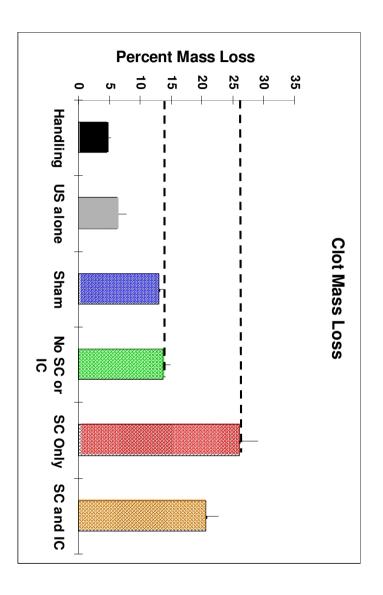
Apparatus for Cavitation Detection



Excitation regimes - cavitation study

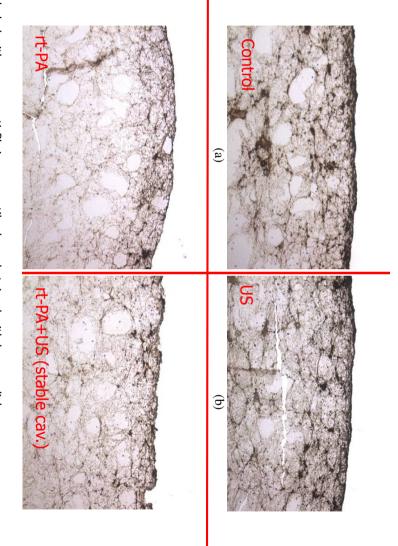


Correlation of cavitation with thrombolysis



Datta S, Coussios C-C et al., Ultrasound Med. Biol, 2006 (in press).

Observations of clot surface



Labeled with mouse anti-fibrinogen antibody and stained with horseradish peroxidase-linked goat anti-mouse ${\tt IgG}$

Conclusions: the future of biomedical ultrasound

- user and little or no risk to the patient. Ultrasound is cheap, portable, presents no risk to the
- clinical arena and is especially well-suited to imaging of high acoustic contrasts (suffers by comparison to MRI for ımage resolution). Ultrasound imaging has become widely accepted in the
- interactions of sound (and bubbles) with tissue and cells applications, requiring deeper understanding of the there are numerous emerging and under-explored The future of ultrasound applied to therapy is bright: