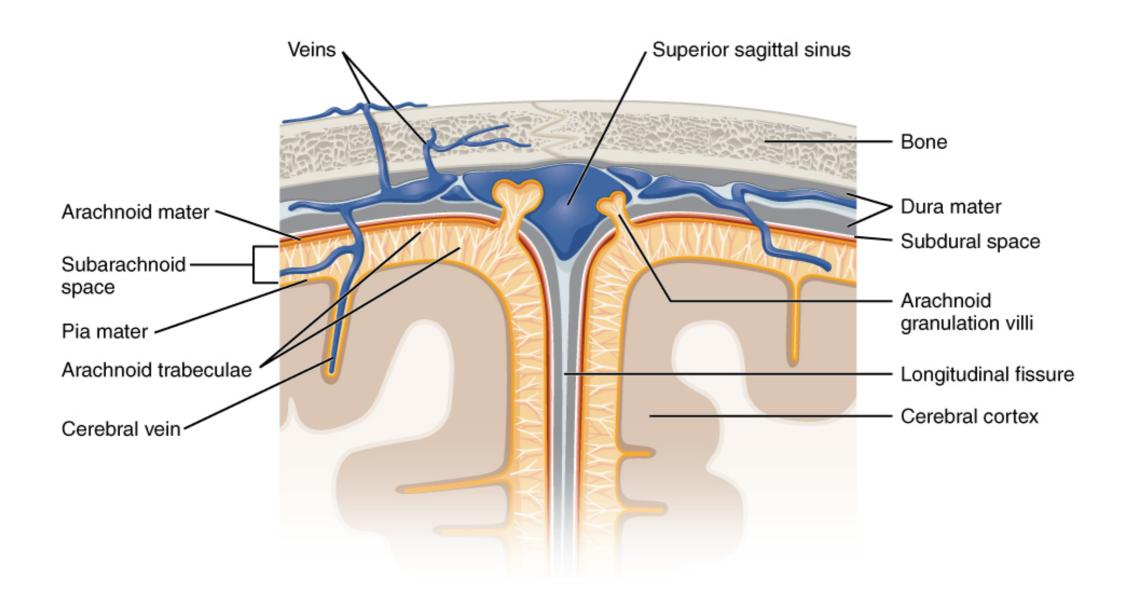
Kashif, F. M., Verghese, G. C., Novak, V., Czosnyka, Heldt, T (2012) Model-based noninvasive estimation of intracranial pressure from cerebral blood flow velocity and arterial pressure. *Sci. Transl. Med.* 4(129): 129ra44

ICP is the hydrostatic pressure of the CSF surrounding the brain

- Elevated ICP is a common condition in NICUs
- brain edema, intracranial hemorrhage, brain tumors,...
- brain herniation
- brain death
- Expansion of optic disk
- pupillary reflex
- placement of sensor on brain
- placement of catheter through brain into ventricles

By the time these invasive procedures for monitoring ICP are warranted, it can be too late

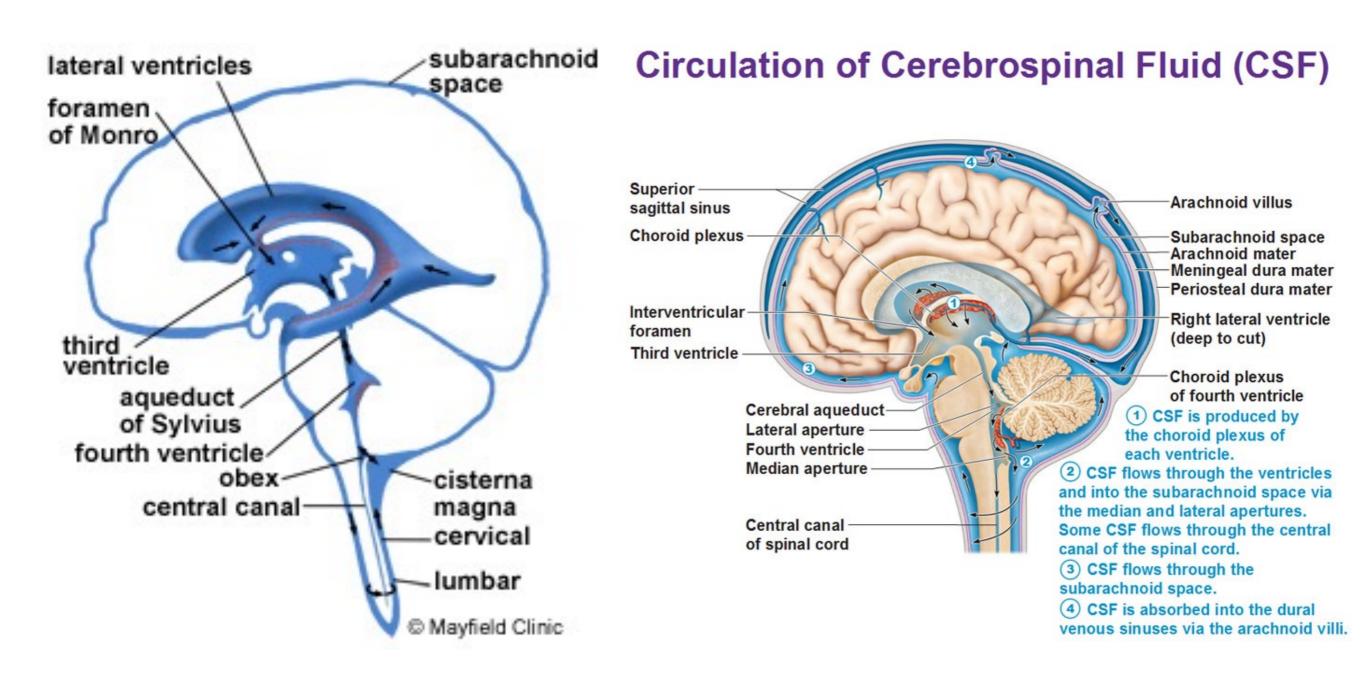


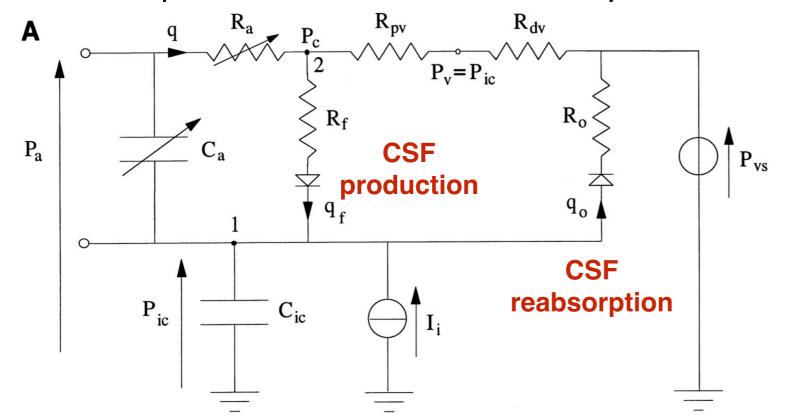
Arachnoid is one of 3 (dura; arachnoid; pia) brain meninges (membranes) Sub-arachnoid space is between arachnoid and pia

CSF is in the sub-arachnoid space

CSF is created from blood plasma in the choroid plexi of the brain ventricles

Note that the veins enlarge to form sinuses (superior saggital sinus is shown) Lots of CSF re-enters the blood in this sinus





Pic= ICP

C_{ic}= CSF volume stored on the intracranial compliance

 P_{vs} = venous sinus pressure

 P_a = arterial pressure entering brain, \sim = systemic arterial pressure

q = blood flow into brain vascular network

C_a = Variable cerebro-arterial-arteriolar compliance

R_a = Variable cerebro-arterial-arteriolar resistance

 P_c = Capillary pressure

R_f = Capillary pressure drives production of CSF (chorid plexus) through R_f

 R_o = determines flow of CSF back into blood (q_o)

 R_{pv} = proximal venous resistance

 R_{dv} = sinus venous resistance

 P_v = cerebral venous pressure equals ICP

 P_{vs} = venous sinus pressure

What about R_a and C_a? We said they are regulated.

- decrease in cerebral blood flow q causes vasodilation and Ra decreases
- decrease in q causes increased compliance Ca
- an increase in q causes vasoconstriction, Ra increases
- an increase in q causes decreased compliance Ca

Governing equations arise from application of Kirchoff's current Law at each nodes and some underlying conservation relationships

$$C_{\rm ic} \cdot \frac{\mathrm{dP_{ic}}}{\mathrm{d}t} = \frac{\mathrm{dV_a}}{\mathrm{d}t} + \frac{P_c - P_{\rm ic}}{R_f} - \frac{P_{\rm ic} - P_{\rm vs}}{R_o} + I_i \qquad \checkmark$$

$$C_{ic} \cdot \frac{dP_{ic}}{dt} = \frac{dV_a}{dt} + \frac{P_c - P_{ic}}{R_f} - \frac{P_{ic} - P_{vs}}{R_o} + I_i \qquad \checkmark \qquad \qquad \varsigma(G \cdot x) = \frac{(C_{an} + \Delta C_a/2) + (C_{an} - \Delta C_a/2) \cdot \exp(G \cdot x/k_{\varsigma})}{1 + \exp(G \cdot x/k_{\varsigma})}$$

$$C_{\rm ic} = \frac{1}{k_E \cdot P_{\rm ic}}$$

$$\begin{cases} \text{if } x < 0 \text{ then } \Delta C_a = \Delta C_{a1}; k_{\varsigma} = \Delta C_{a1}/4 \\ \text{if } x > 0 \text{ then } \Delta C_a = \Delta C_{a2}; k_{\varsigma} = \Delta C_{a2}/4 \end{cases}$$

$$\frac{P_a - P_c}{R_a} = \frac{P_c - P_{ic}}{R_f} + \frac{P_c - P_{ic}}{R_{pv}}$$

$$R_a = \frac{k_R'}{r^4} = \frac{k_R \cdot C_{an}^2}{V_a^2}$$

$$V_a = C_a \cdot (P_a - P_{\rm ic})$$

$$\frac{dV_a}{dt} = C_a \cdot \left(\frac{dP_a}{dt} - \frac{dP_{ic}}{dt}\right) + \frac{dC_a}{dt} \cdot (P_a - P_{ic})$$

$$\frac{dC_a}{dt} = \frac{1}{\tau} \cdot [-C_a + \varsigma(G \cdot x)] \quad \checkmark$$

$$x = \frac{q - q_n}{q_n}$$

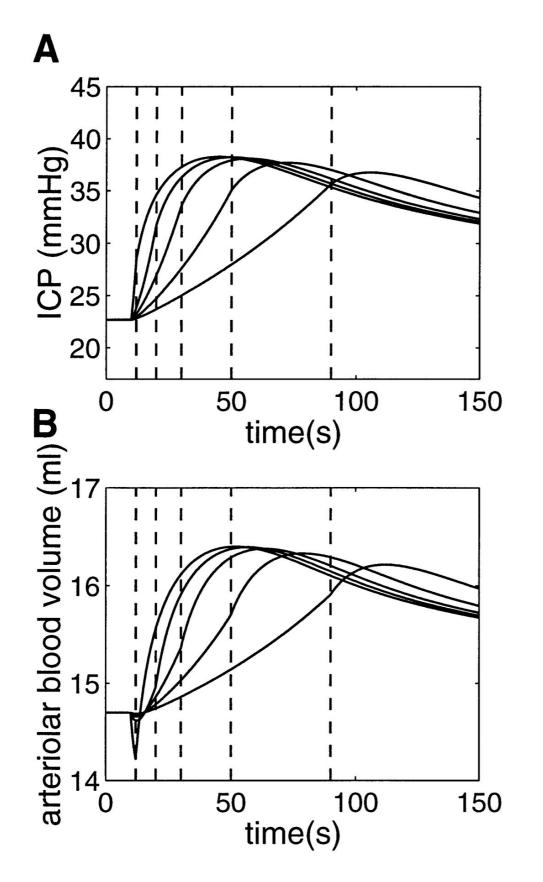
3 coupled ODEs + algebraic equations

$$q = \frac{P_a - P_c}{R_a}$$

	Value
Model parameters in hypothetical normal or basal condition	
R _o	526.3 mmHg · s · ml ⁻¹
R _{pv}	1.24 mmHg · s · ml ⁻¹
R _f	2.38×10^3 mmHg · s · ml ⁻¹
ΔC _{a 1}	0.75 ml/mmHg
ΔC _{a2}	0.075 ml/mmHg
Can	0.15 ml/mmHg
k _E	0.11 ml ⁻¹
k _R	$4.91 \times 10^4 \text{mmHg}^3 \cdot \text{s} \cdot \text{ml}^{-1}$
τ	20 s
q _n	12.5 ml/s
G	1.5 ml · mmHg ⁻¹ · 100% CBF change ⁻¹
Input quantities, pressure, and state variables in basal conditions	
Pa	100 mmHg
P _{ic}	9.5 mmHg
P _c	25 mmHg
P _{vs}	6.0 mmHg
C _a	0.15 ml/mmHg

11 parameters

Determined from patients and animal experiments



Pressure-Volume Index (PVI) test

- Inject bolus of saline into CSF space (lumbar puncture)
- 2 ml delivered over 2, 10, 20, 40, 80
 Sec

Generic not personalized model Personalization would require:

- measuring multiple signals, perhaps perturbations
- not clear how to perturb
- Choose 11 parameters via optimization of model response vs measured responses

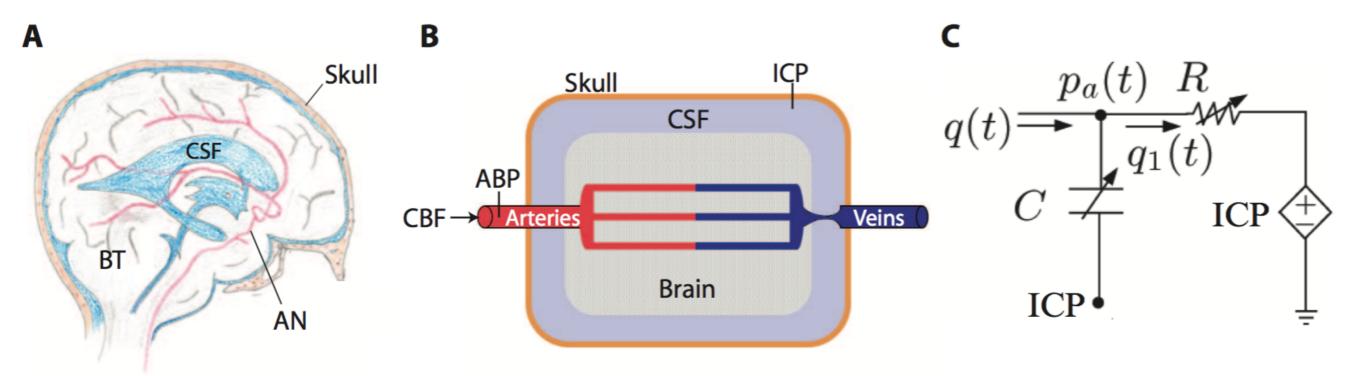


Fig. 1. Progressive abstraction of cerebrovascular physiology. (**A**) Relevant cerebrovascular anatomy: brain tissue (BT), cerebrospinal fluid (CSF), and cerebral arterial network (AN). (**B**) Schematic representation of the main cerebrovascular compartments and associated physiological variables: cerebral blood flow (CBF), arterial blood pressure (ABP), and intracranial pressure (ICP); the collapsed venous segment is also shown. (**C**) Lumped circuit-model representation of cerebrovascular physiology: CBF q(t), cerebral arteriovenous flow $q_1(t)$, and ABP $p_a(t)$. ICP denotes both extraluminal pressure and the effective downstream pressure for cerebral perfusion.

- Cerebral Perfusion Pressure (CPP) = Mean arterial Pressure Intracranial Pressure (ICP)
- CPP determines the "charge" that can be place on the cerebral arterial compliance (Q=CV)
- ICP establishes the downstream pressure rather than cerebral venous pressure and thus cerebral arteriovenous flow q₁(t) through arterial resistance R (middle cerebral artery)
- q(t) is cerebral blood flow

Applying Kirchoff's Current Law yields

$$q(t) = \frac{P_a(t) - ICP(t)}{R} + C\frac{d(P_a(t) - ICP(t))}{dt}$$

Assume ICP varies slowly and is ~ constant over the analysis time window (some number of heart beats)

$$q(t) = \frac{P_a(t) - ICP}{R} + C\frac{dP_a(t)}{dt}$$

q(t) is a volume of blood per unit time. We can measure cerebral blood flow velocity (f(t)) in the middle cerebral artery (MCA) using ultrasound. Note

$$q(t) = f(t)\pi r^{2}$$

$$f(t) = \frac{P_{a}(t) - ICP}{R\pi r^{2}} + \frac{C}{\pi r^{2}} \frac{dP_{a}(t)}{dt} = \frac{P_{a}(t) - ICP}{R^{*}} + C^{*} \frac{dP_{a}(t)}{dt}$$

$$f(t) = \frac{P_a(t) - ICP}{R^*} + C^* \frac{dP_a(t)}{dt}$$

We can't measure arterial pressure in the MCA. We approximate it as that at the radial artery.

R* and C* are the unknowns.

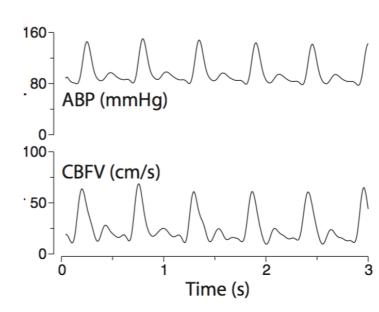
Algorithm Step 1:

Let t_b and t_e be the beginning and end of the rapid systolic phase where heart contraction causes a rapid change in blood pressure. Over this time the capacitive current dominates so

$$f(t) \sim C * \frac{dP_a(t)}{dt}$$
 $t \in [t_b, t_e]$

Therefore

$$\int_{t_b}^{t_e} f(t)dt = C * [P_a(t_e) - P_a(t_b)] \Rightarrow C * = \frac{\int_{t_b}^{t_e} f(t)dt}{[P_a(t_e) - P_a(t_b)]}$$



The problem with this approach is that there are errors in the integrated signal and measured pressures.

Therefore (as previously), do this over several beats and estimate \hat{C}^* as the least squares solution.

Algorithm Step 2:

We need to determine R (R*). Flow through R at any time t is $q_1(t)$

$$q_1(t) = q(t) - \hat{C} \frac{dP_a(t)}{dt} \Rightarrow \frac{q_1(t)}{\pi r^2} = \left[f(t) - \hat{C} * \frac{dP_a(t)}{dt} \right]$$

Approximate the derivative of the pressure waveform over successive time intervals

From the ckt model

$$ICP = P_a(t) - q_1(t)R = P_a(t) - \left[f(t) - \hat{C} * \frac{dP_a(t)}{dt}\right]\pi r^2 R = P_a(t) - \left[f(t) - \hat{C} * \frac{dP_a(t)}{dt}\right]R *$$

$$\frac{q_1(t)}{\pi r^2} = m(t) = \left[f(t) - \hat{C} * \frac{dP_a(t)}{dt}\right]$$

Measure m(t) at times t₁ and t₂ within a single beat thereby assuming ICP is constant, from the arterial pressure and ultrasound measurements. This yields

$$P_a(t_1) - P_a(t_2) = R * (m(t_1) - m(t_2))$$

Do the least squares thing again over several beats to get \hat{R} *.

Finally

$$IC\hat{P} = \overline{P}_a(t) - \hat{R} * \overline{m}(t)$$

The "bar" symbols denote averages of measured quantities over the observation window

Derivation differs from that in the paper to emphasize that the scale factor due to measurement of blood flow velocity rather than blood flow doesn't matter

