

# In vitro and Numerical Simulation of Blood Removal from Cerebrospinal Fluid: Comparison of Lumbar Drain to Neurapheresis Therapy

**CURRENT STATUS:** ACCEPTED

 Fluids and Barriers of the CNS  BMC

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## SUBJECT AREAS

*Cellular & Molecular Neuroscience*

## KEYWORDS

*Computational fluid dynamics, In-vitro model, Subarachnoid hemorrhage, 61 Neurapheresis therapy, Cerebrospinal fluid filtration, Multiphase simulation*

## Abstract

**Background:** Blood removal from cerebrospinal fluid (CSF) in post-subarachnoid hemorrhage patients may reduce the risk of related secondary brain injury. We formulated a computational fluid dynamics (CFD) model to investigate the impact of a dual-lumen catheter-based CSF filtration system, called Neurapheresis TM therapy, on blood removal from CSF compared to lumbar drain.

**Methods:** A subject-specific multiphase CFD model of CSF system-wide solute transport was constructed based on MRI measurements. The Neurapheresis catheter geometry was added to the model within the spinal subarachnoid space. Neurapheresis flow aspiration and return rate was 2.0 and 1.8 (mL/min), versus 0.2 (mL/min) drainage for lumbar drain. Blood was modeled as a bulk fluid phase within CSF with a 10% initial tracer concentration and identical viscosity and density as CSF. Subject-specific oscillatory CSF flow was applied at the model inlet. The dura and spinal cord geometry were considered to be stationary. Spatial-temporal tracer concentration was quantified based on time-average steady-streaming velocities throughout the domain under Neurapheresis therapy and lumbar drain. To help verify CFD results, an optically clear in vitro CSF model was constructed with fluorescein used as a blood surrogate. Quantitative comparison of numerical and in vitro results was performed by linear regression of spatial-temporal tracer concentration over 24-hours.

**Results:** After 24-hours, tracer concentration was reduced to 4.9% under Neurapheresis therapy compared to 6.5% under lumbar drain. Tracer clearance was most rapid between the catheter aspiration and return ports. Neurapheresis therapy was found to have a greater impact on steady-streaming compared to lumbar drain. Steady-streaming in the cranial SAS was ~50X smaller than in the spinal subarachnoid space for both cases. CFD results were strongly correlated with the in vitro spatial-temporal tracer concentration under Neurapheresis therapy ( $R^2 = 0.89$  with +2.13% and -1.93% tracer concentration confidence interval).

**Conclusion:** A subject-specific CFD model of CSF system-wide solute transport was used to investigate the impact of Neurapheresis therapy on tracer removal from CSF compared to lumbar drain over a 24-hour period. Neurapheresis therapy was found to substantially increase tracer clearance compared to

lumbar drain. The multiphase CFD results were verified by in vitro fluorescein tracer experiments.

Full-text

Due to technical limitations, full-text HTML conversion of this manuscript could not be completed.

However, the manuscript can be downloaded and accessed as a PDF.

Figures

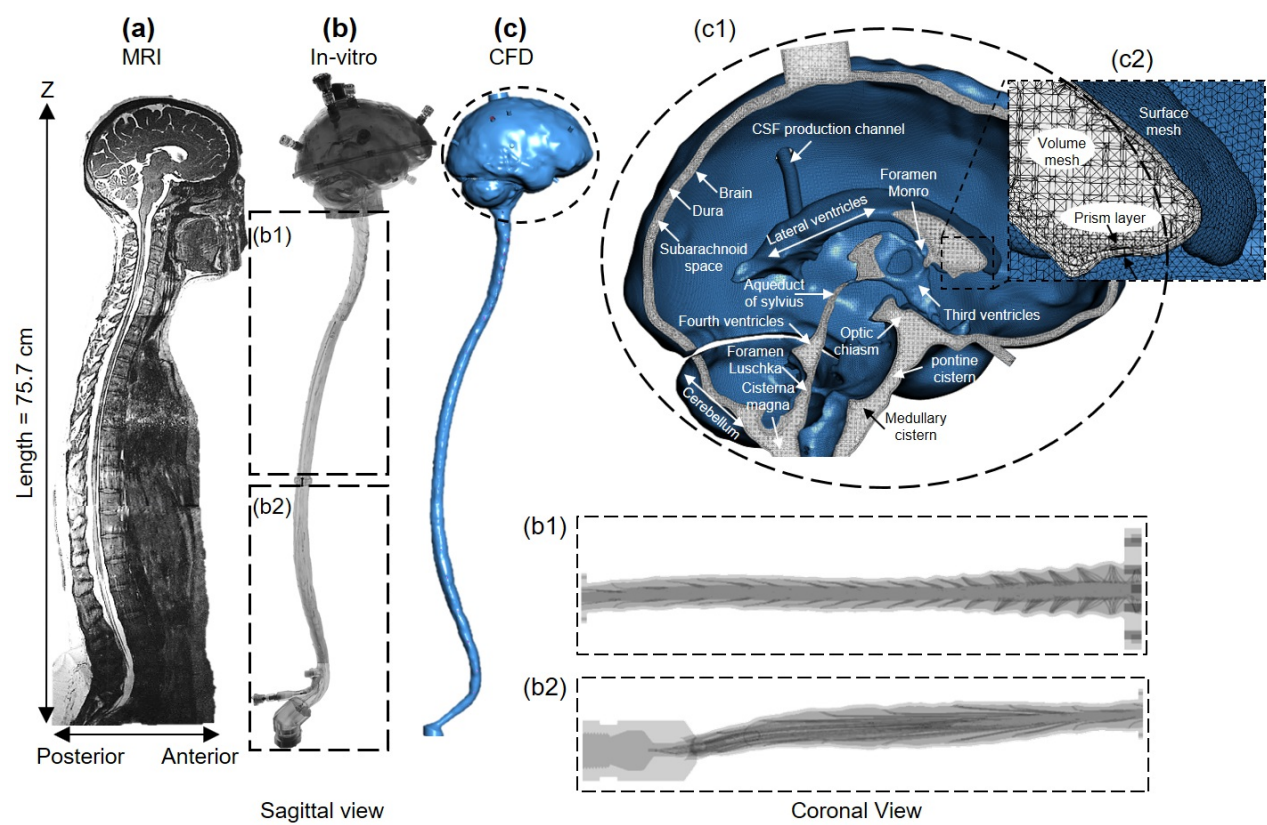


Figure 1

Figure legends available in the PDF

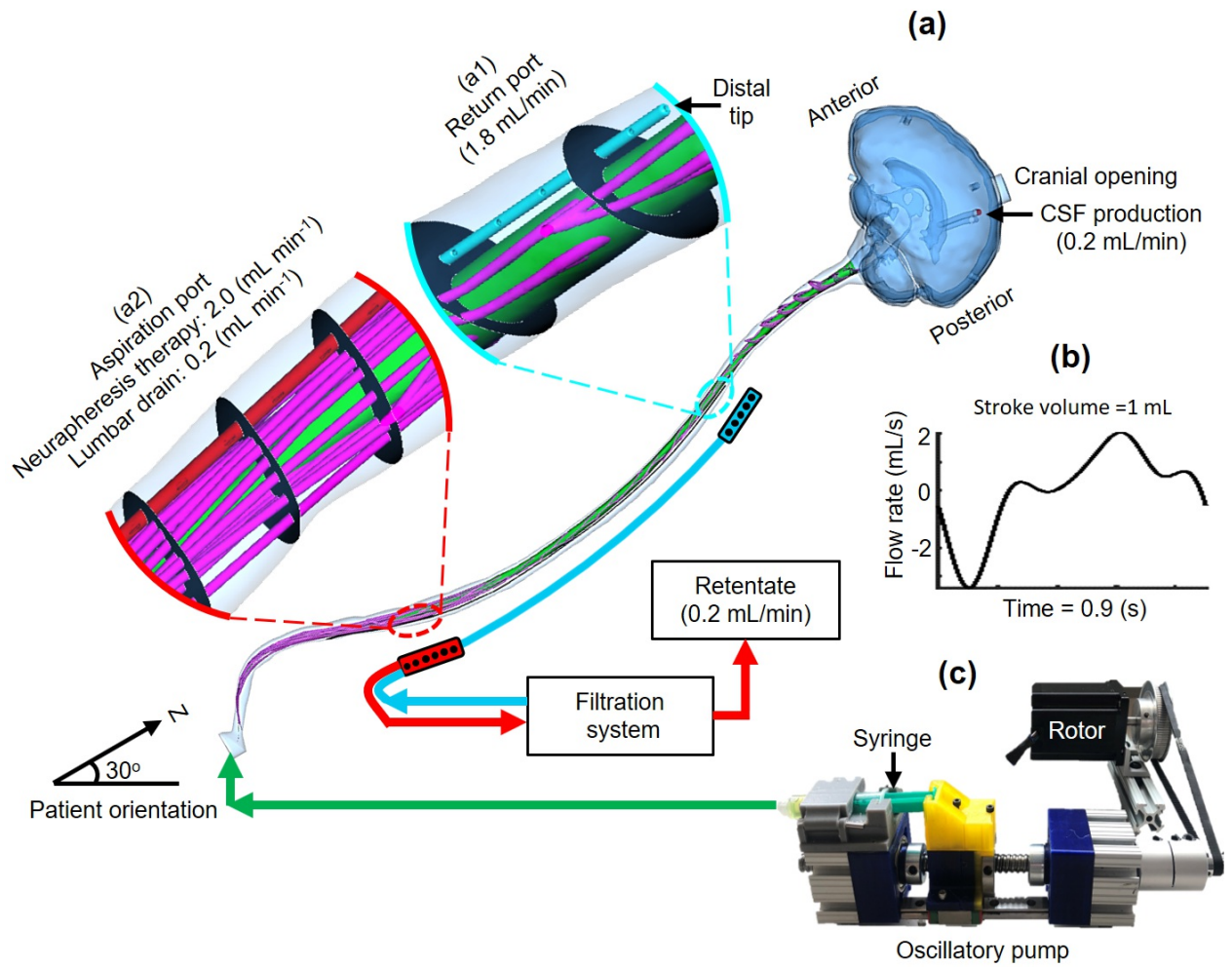


Figure 2

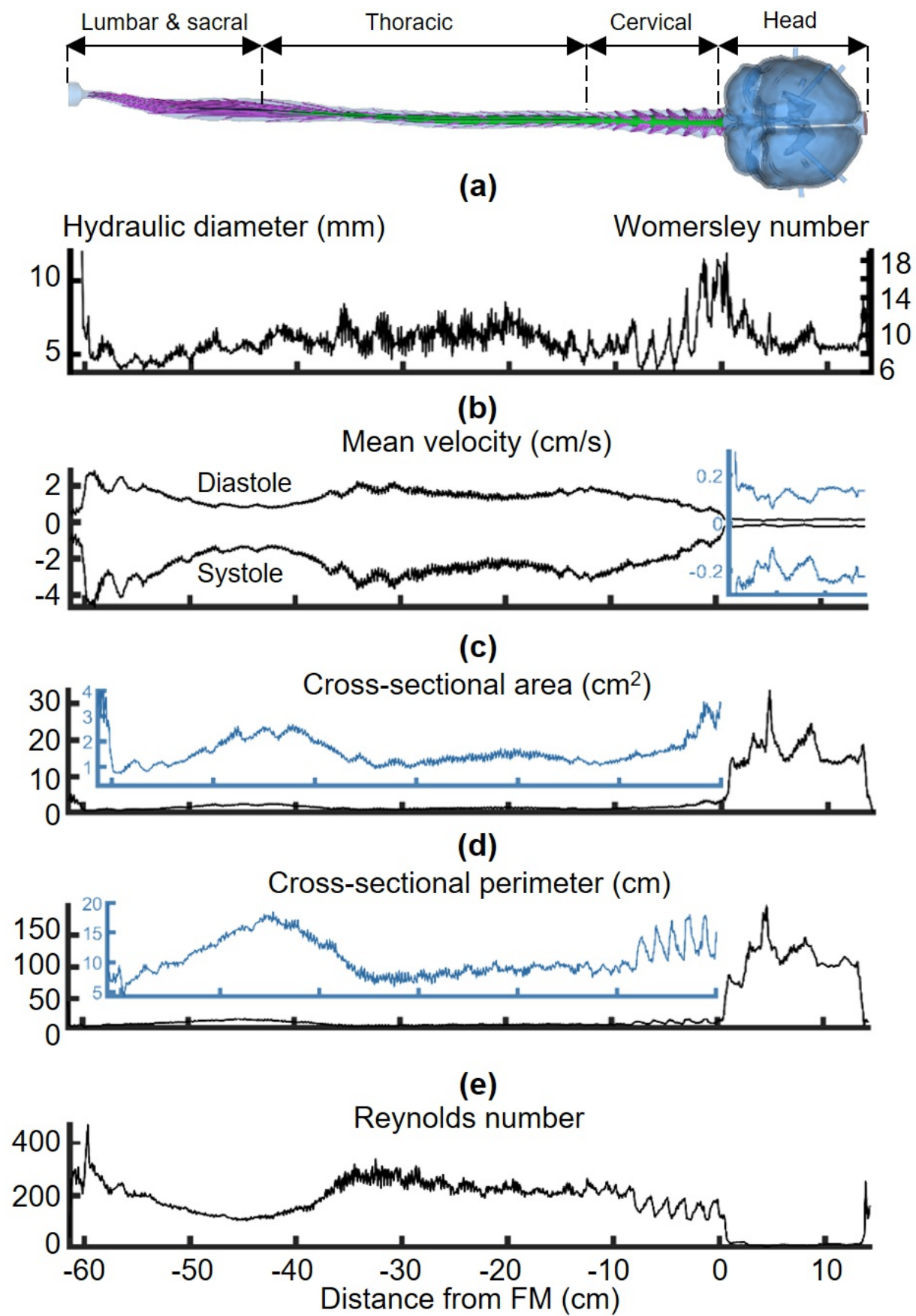


Figure 3

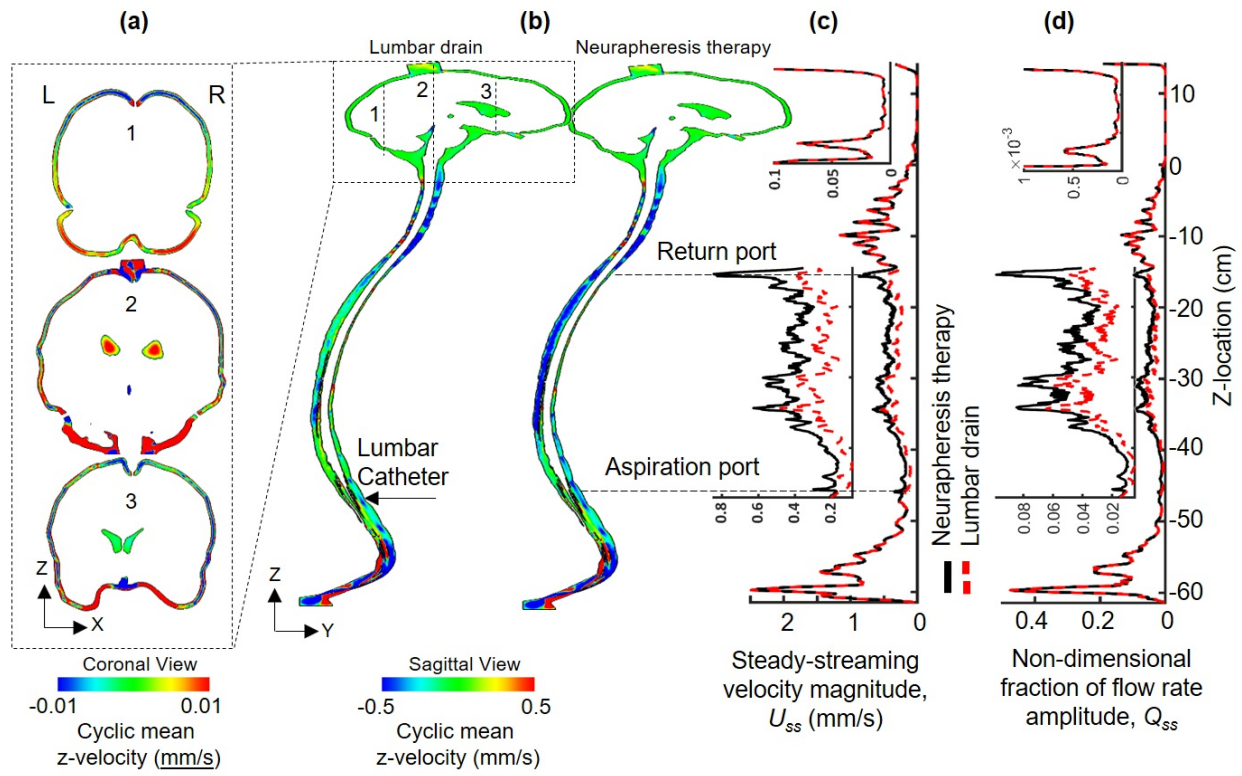
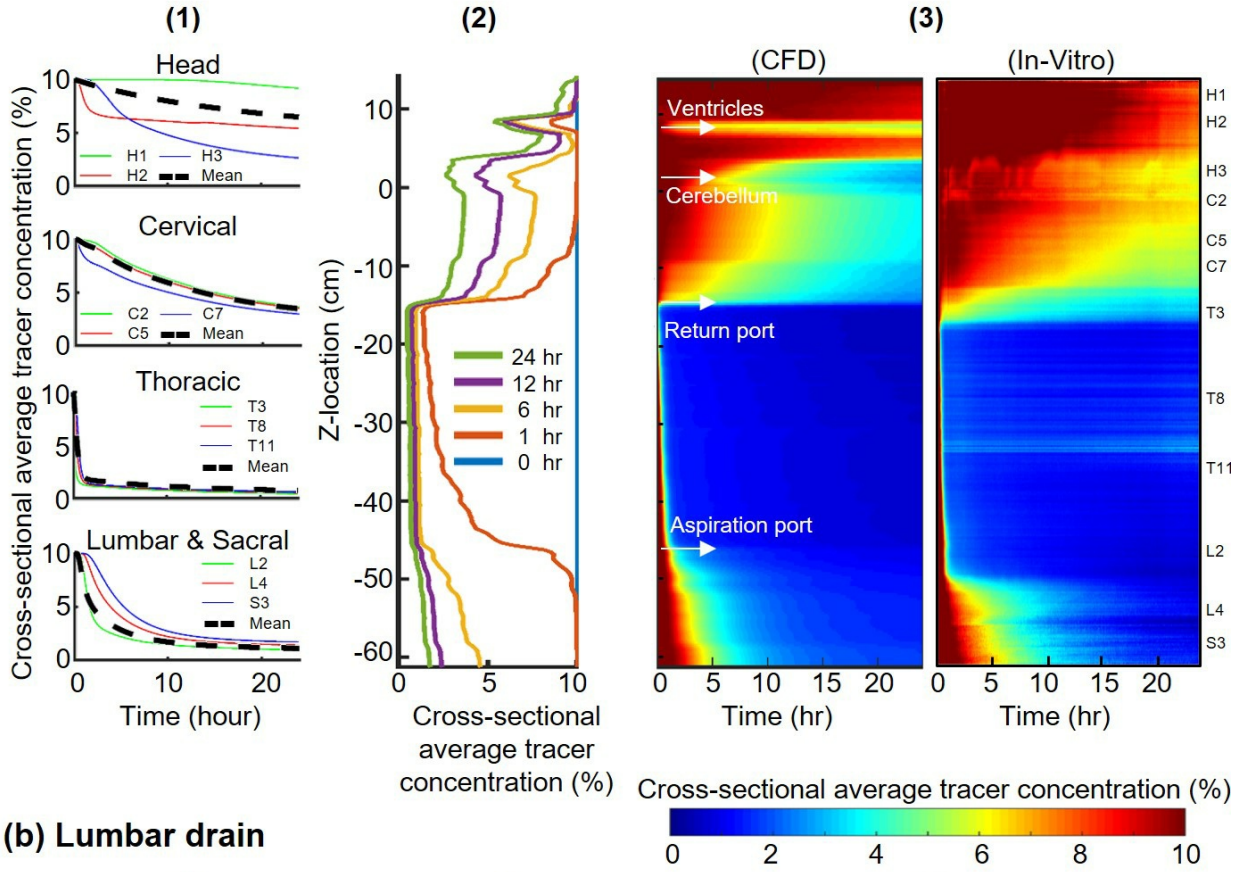


Figure 4

$U_{ss}$  , and (d) non-dimensional fraction of flow rate amplitude,  $Q_{ss}$  .



### (a) Neurapheresis therapy



### (b) Lumbar drain

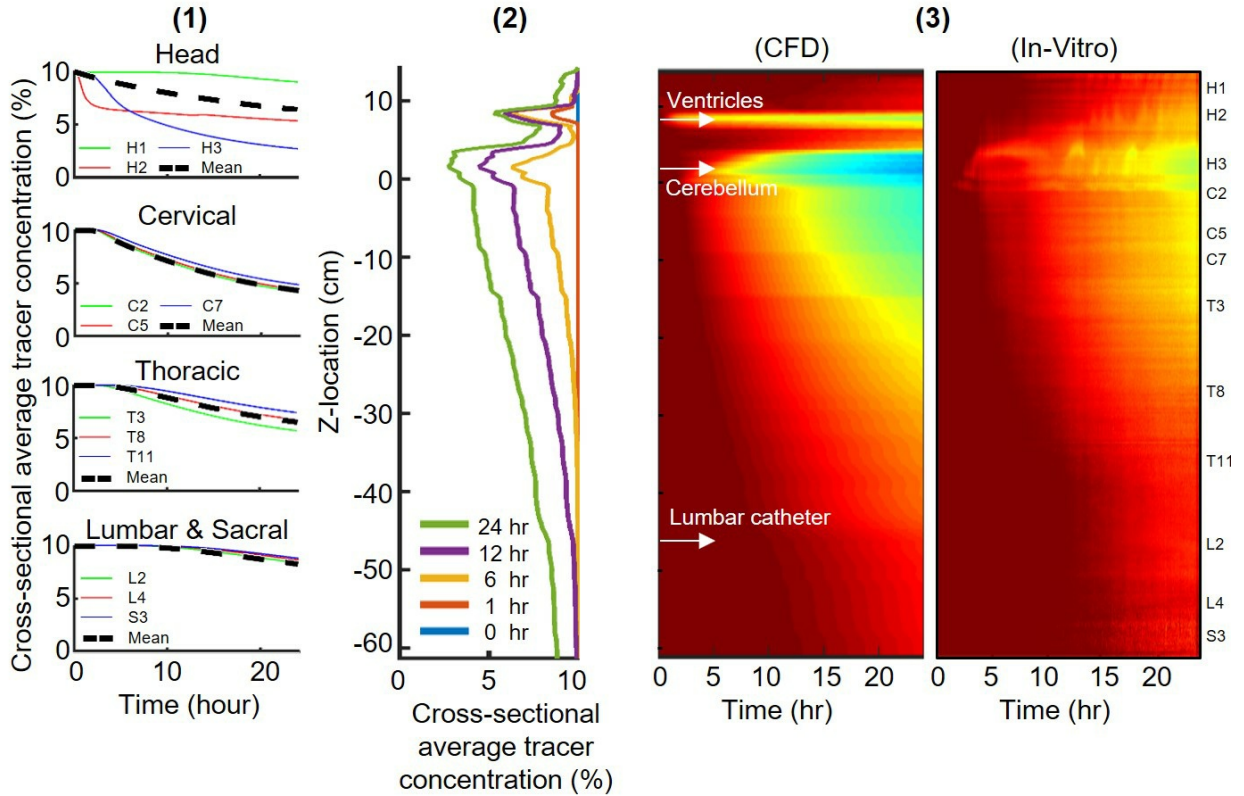


Figure 5

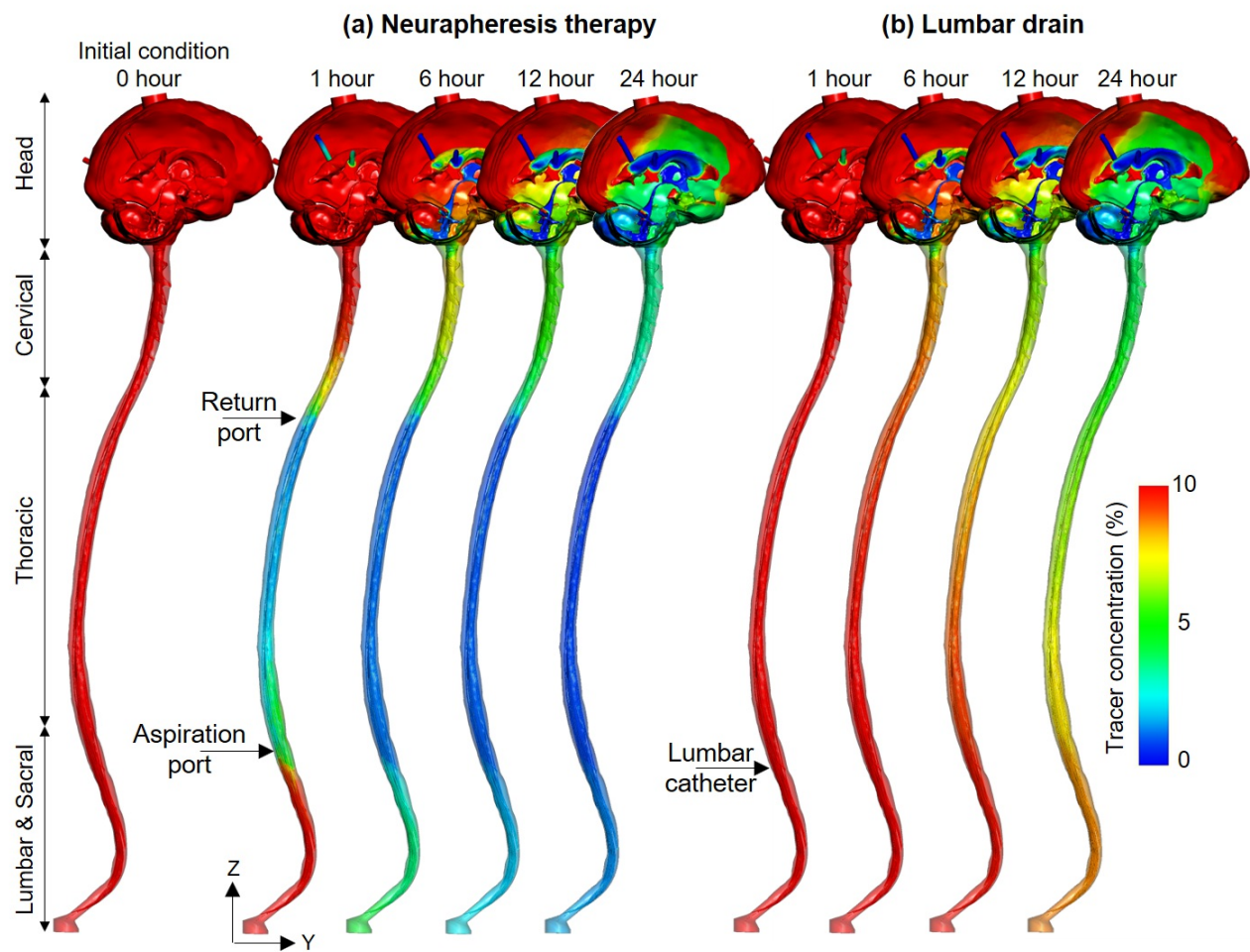
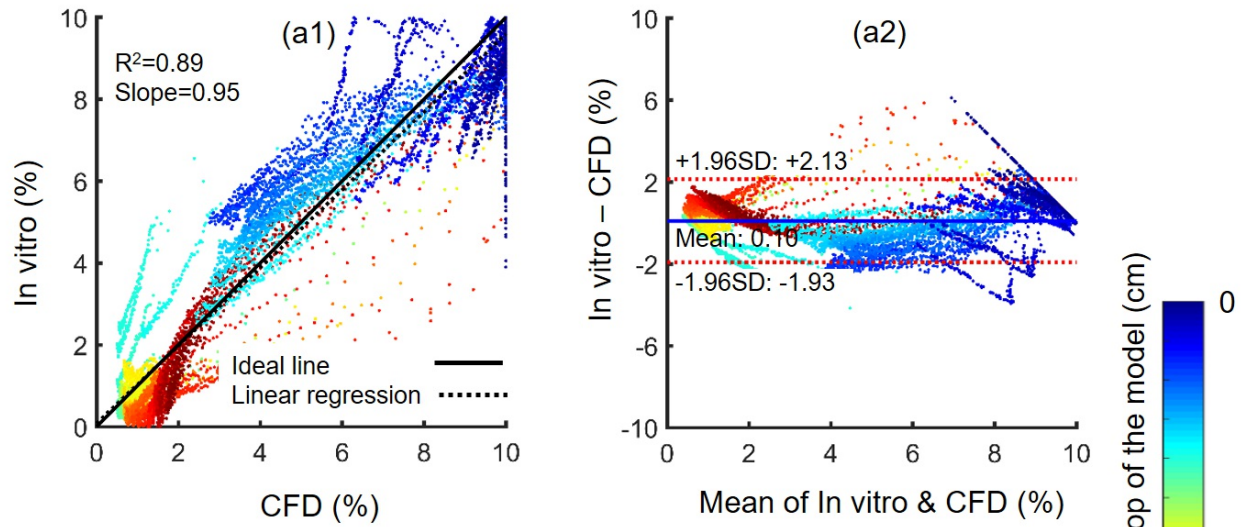


Figure 6



## Cross-sectional average tracer concentration (%)

### (a) Neurapheresis therapy



### (b) Lumbar drain

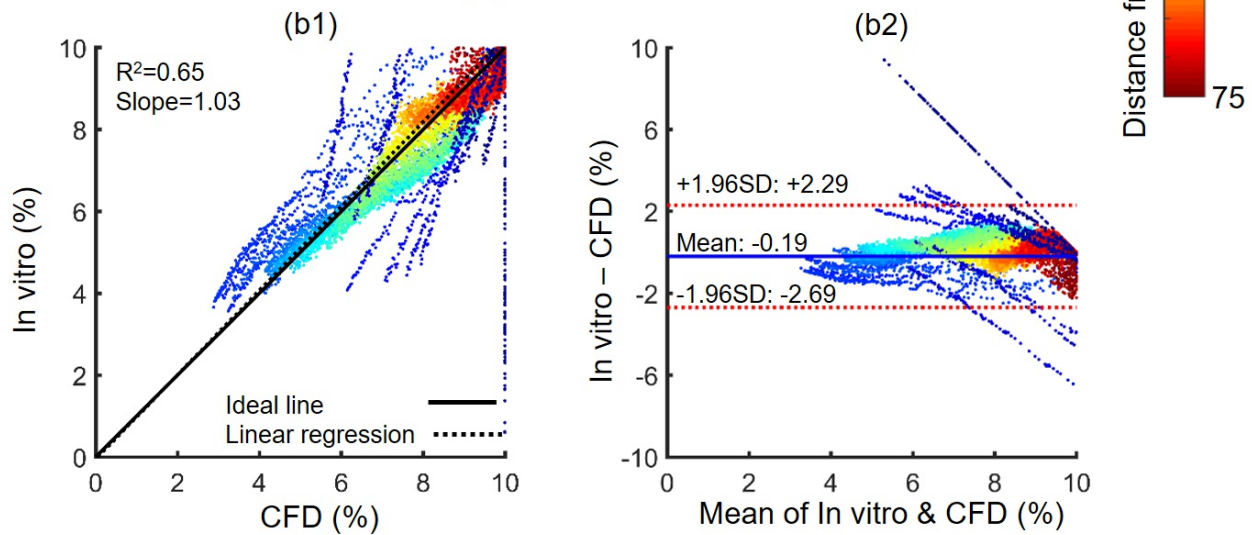


Figure 7