





Modelling for spinal surgeries

ESR5: Marco Sensale











Introduction





- ≈900.000 annual cases in the US [1]
- Osteoporosis, high and low energy traumas, metastases ecc.
 - Minimally invasive techniques: posterior fixation, vertebroplasty, kyphoplasty



[3]

[2]

[1] Melton et al. 1997, [2] Kumar et al. 2005, [3] Ebeling et al. 2019





Introduction



Posterior fixation

- Post-operative complications: pain, kyphosis, loss of reduction etc.
- Parametric FE models: absence of verification, unestimated effect of parameters, high

computational time





Introduction

[2]



- Cement leakage, adjacent vertebral fracture, kyphosis, loss of reduction etc.
- No geometric information before the fracture
- Pre-fracture shape predicted only in 2D case



[1] Pesce et al. 2013, [2] de Bruijne et al. 2007





Objectives

• To verify subject-specific CT-based FE models of the human vertebra with two Study #1 pedicle screws • To evaluate their sensitivity to the geometrical properties of the screws • To explore if reduced order models (ROM) can be used to improve the efficiency of parametric FE models to optimize the screws' properties • To develop and evaluate a methodology to predict the shape of the pre-fracture L1 from adjacent vertebrae











ORIGINAL RESEARCH article

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frontiers in Bioengineering and Biotechnology

Patient-Specific Finite Element Models of Posterior Pedicle Screw Fixation: Effect of Screw's Size and Geometry

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Methods



[1] Gertzbein et al. 1990





Methods

Bone:

- Heterogeneous
- Isotropic
- Linear elastic (v = 0.3)

Screws: E = 102 GPa, v = 0.36 (Titanium)

Screws-bone interface: bonded









• Verification for optimal screw size (D = 6.5 mm, L = 45 mm):

Max element size

- Screws: (0.4 mm 1.2 mm)
- Bone: (0.9 mm 3.0 mm)



nner





L (mm)

• Verification for optimal screw size (D = 6.5 mm, L = 45 mm):

Max element size

- Screws: (0.4 mm 1.2 mm)
- Bone: (0.9 mm 3.0 mm)

• Sensitivity analysis on Diameter and Length







• Verification for optimal screw size (D = 6.5 mm, L = 45 mm):

Max element size

- Screws: (0.4 mm 1.2 mm)
- Bone: (0.9 mm 3.0 mm)

• Sensitivity analysis on Diameter and Length



Inner











Chosen elemet size of 1.0 mm for the vertebra and 0.6 mm for the screws











Conclusions

• Element size of 0.6 mm in the realistic screw and 1.0 mm in the bone

→ relative differences $\leq 5\%$

- Relative differences similar for realistic and simplified screws
- Diameter more important than the length of screws







Exploration of Reduced Order Modelling applied to FE models for studying the effect of the screws' size and orientation

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Methods



- ROM of the deflection in the screws
- ROM of the von Mises stress in the screws
- ROM of the minimum principal strain in the bone





Methods







$$e_{L2_{ROM}} = \frac{\|X_{ROM} - X_{FE}\|^2}{\|X_{FE}\|^2}$$



Factors influencing the performance of the ROM:

- Remeshing of the vertebra
- Heterogeneous properties
- Frictional interface





 $e_{L2_{ROM}} = \frac{\|X_{ROM} - X_{FE}\|^2}{\|X_{FE}\|^2}$











Conclusions

- Complex ROMs (D, L, θ , ϕ) hetero/friction: errors lower than 5% for metrics in the screws
- Simplified ROMs homo/bonded useful for metrics in both the screws and the bone
- Further analyses needed to optimize the ROM for the screws-bone frictional case













Prediction of the shape of human lumbar vertebrae from adjacent ones by Singular Values Decomposition

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Vertebral body segmentation + Mesh registration

- 40 patients (22 men, 18 women)
- 40.9 ± 15.9 years
- Manual procedure (3D Slicer)



VerSe: Large Scale Vertebrae Segmentation Challenge https://github.com/anjany/verse [1] [2]

- Template mesh generation
- Semi-automatic procedure
- Mean registration error 0.14 mm





Anatomical landmarks





Prediction of the shape of L1: least-squares optimization







Level(s) used	Mean error (mm)		Hausdorff distance (mm)	
	Average ± st dev	(Min, Max)	Average ± st dev	(Min, Max)
T12 and L2	0.51 ± 0.11	(0.29, 0.96)	2.11 ± 0.56	(1.38, 4.52)

Patient #4







Patient #11



Highest mean error = 0.96 mm Hausdorff distance = 4.52 mm

Lowest mean error = 0.29 mm Hausdorff distance = 1.40 mm

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Patient #4 -> mean error 0.29 mm

Patient #11 -> mean error = 0.96 mm



Best mean error

Worst mean error





Conclusions

- Mean reconstruction error lower than 0.6 mm
- Hausdorff distance lower than 2.2 mm (often localized at postero-

lateral part of the vertebral body)

• Distribution of heights accurately estimated





Summary

- Element size: 0.6 mm (screws) and 1.0 mm (bone) \rightarrow relative differences $\leq 5\%$
- Diameter more important than length of screws
- ROMs of complex FE (D, L, θ , ϕ) hetero/friction \rightarrow metrics in the screws
- ROMs of FE homo/bonded → metrics in the screws & in the bone
- Prediction L1 pre-fracture shape → mean error lower than 0.6 mm





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Thank you!





