

A Novel Approach to Thromboembolic Event Detection: An Initial Evaluation

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Background

- Deep vein thrombi pose a risk of causing pulmonary embolism (PE) due to their direct upstream position to the inferior vena cava (IVC) and subsequent pulmonary arteries
- IVC filters are devices designed to prevent clots from reaching the lungs in patients with contraindications to anticoagulation
- Electrical impedance tomography utilizes the electrical conductivity of a material to generate non-ionizing continuous cross-sectional imaging between a group of electrodes placed equidistant from each other in a conductive solution
- By integrating EIT with IVC filters we hope to improve outcomes for patients by gaining insight into when and what kind of thromboemboli are caught in the filter

Objective

To design a prototype IVC filter that can use electric impedance tomography to detect intraluminal thrombus

Methods

The device is composed of three principal components:: Inferior Vena Cava (IVC) filter/sensor, the signal-directing circuit, and the processing unit

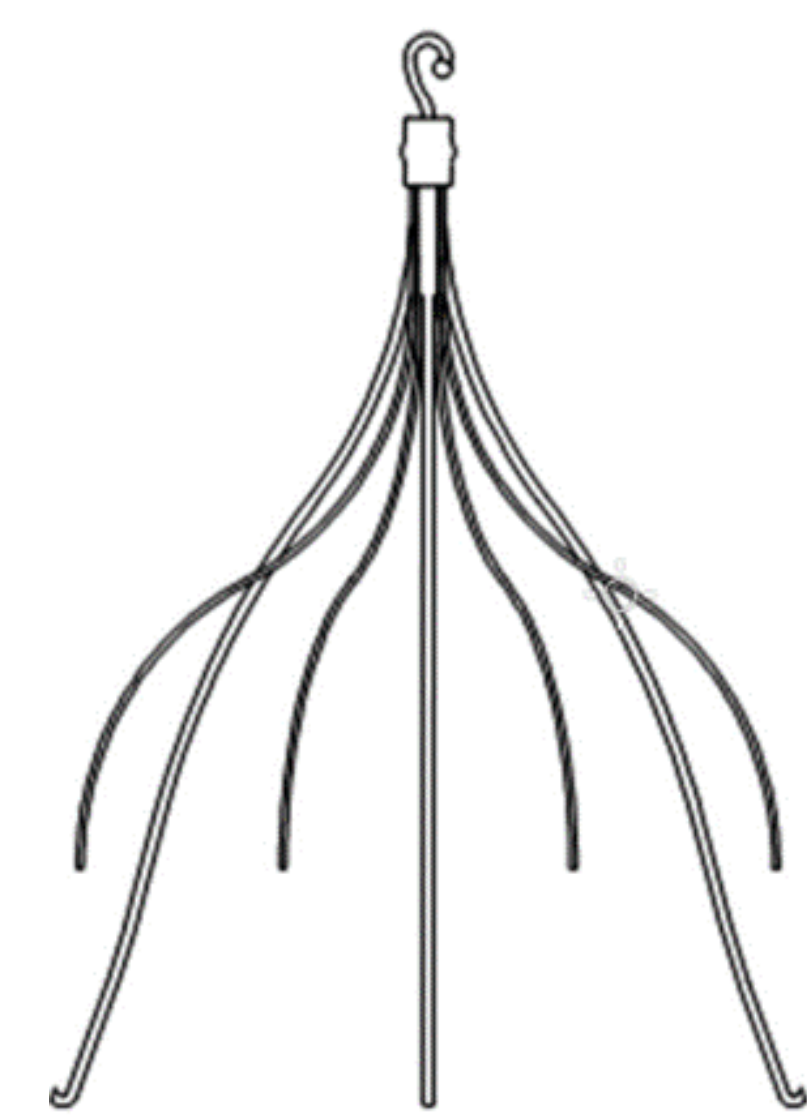


FIGURE 1: EXAMPLE OF IVC FILTER

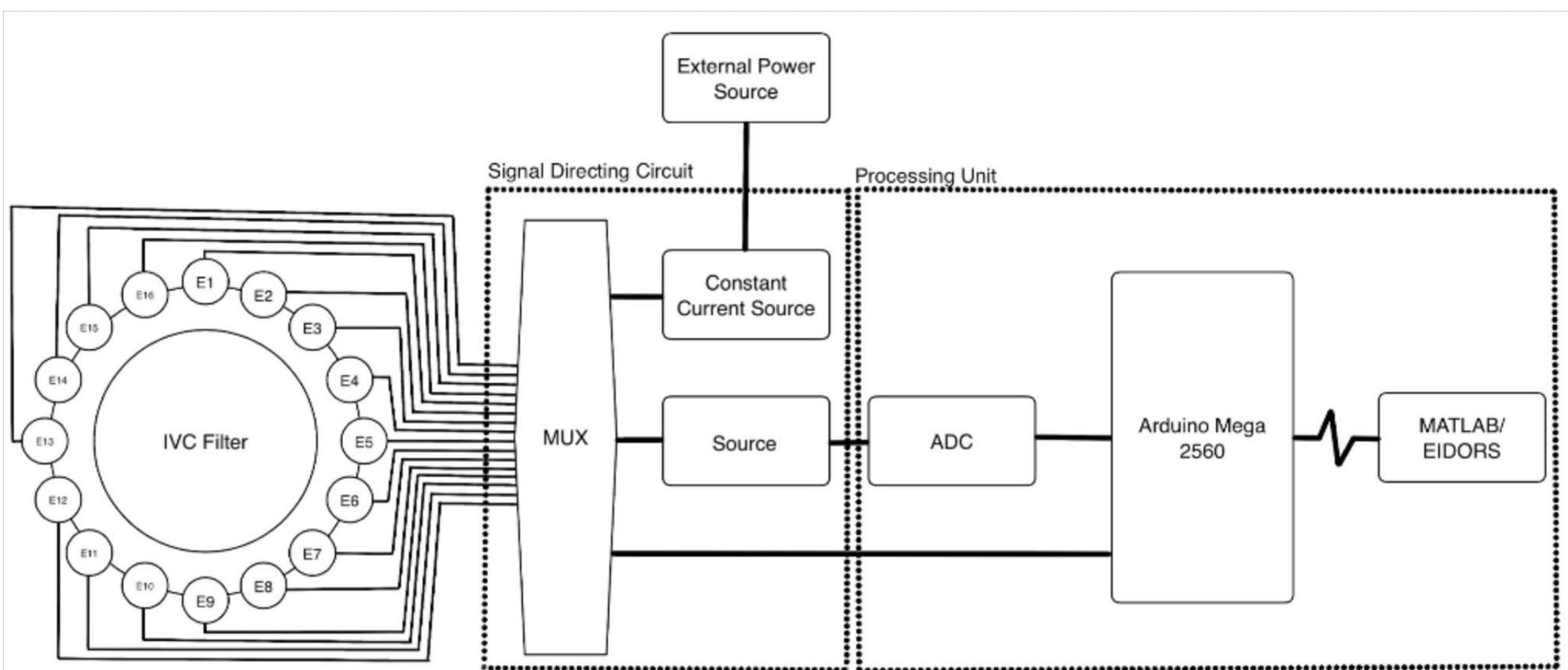


FIGURE 2: OVERVIEW OF ELECTRICAL AND SOFTWARE ARCHITECTURE

- **Testing Goals:**
 - Mimic the mechanical function of current IVC filters
 - enhancing signal collection capabilities and minimize noise
- **Testing Protocol:**
 - the prototype submerged in distilled water
 - 0.5 x 0.5 x 0.5 cm rubber cube to mimic a thrombus
 - A 75mm diameter 3D-printed polylactic acid (PLA) ring for electrode spacing

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Results

The electrical output was then visualized as a heatmap, reflecting the circular configuration of the IVC filter's electrodes. A comparative computer simulation of the test environment was conducted, incorporating a proportionally scaled cross-sectional area with a zone of increased resistance, emulating the presence of the rubber cube.

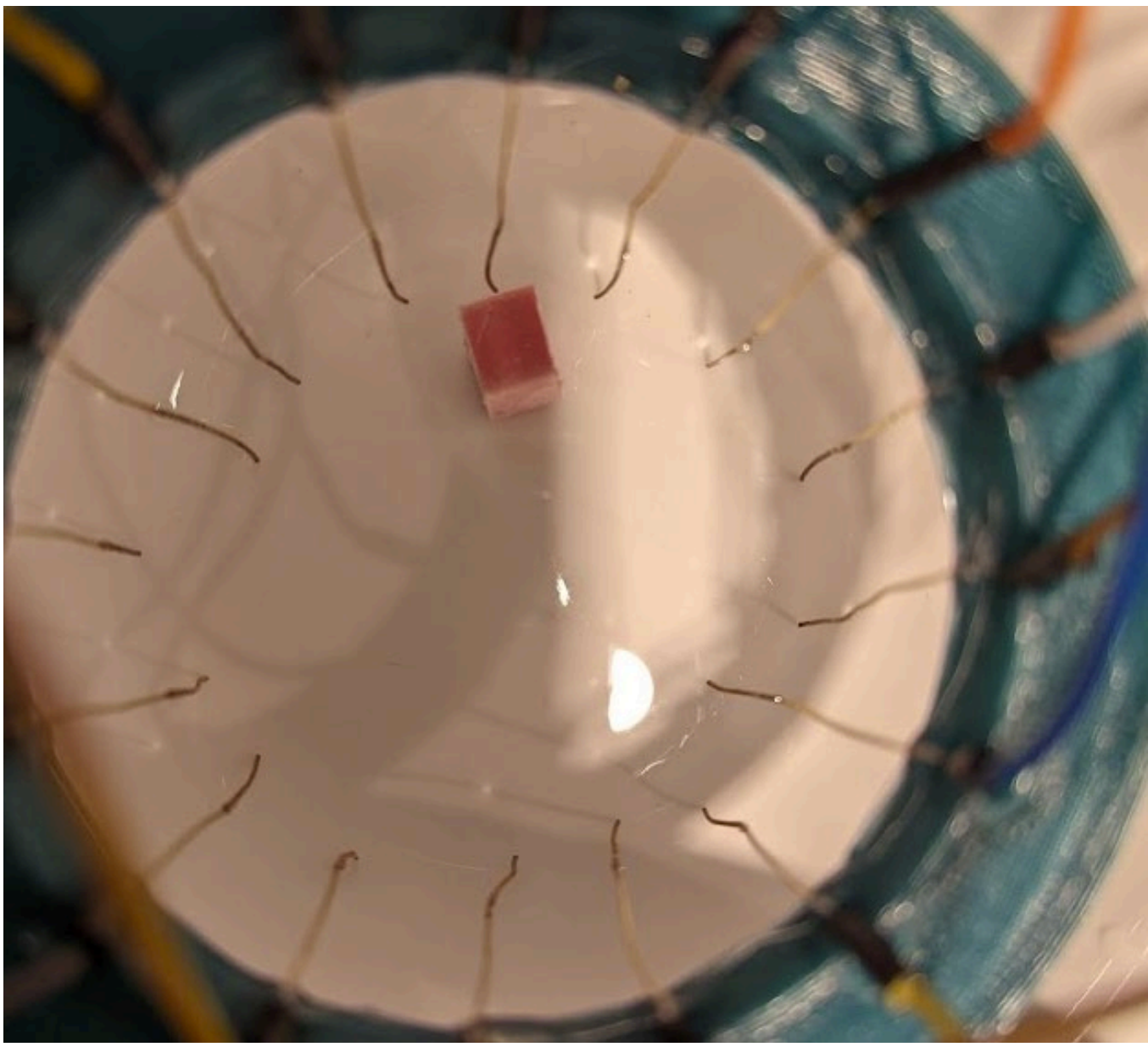


FIGURE 3: Test setup with electrodes submerged in distilled water

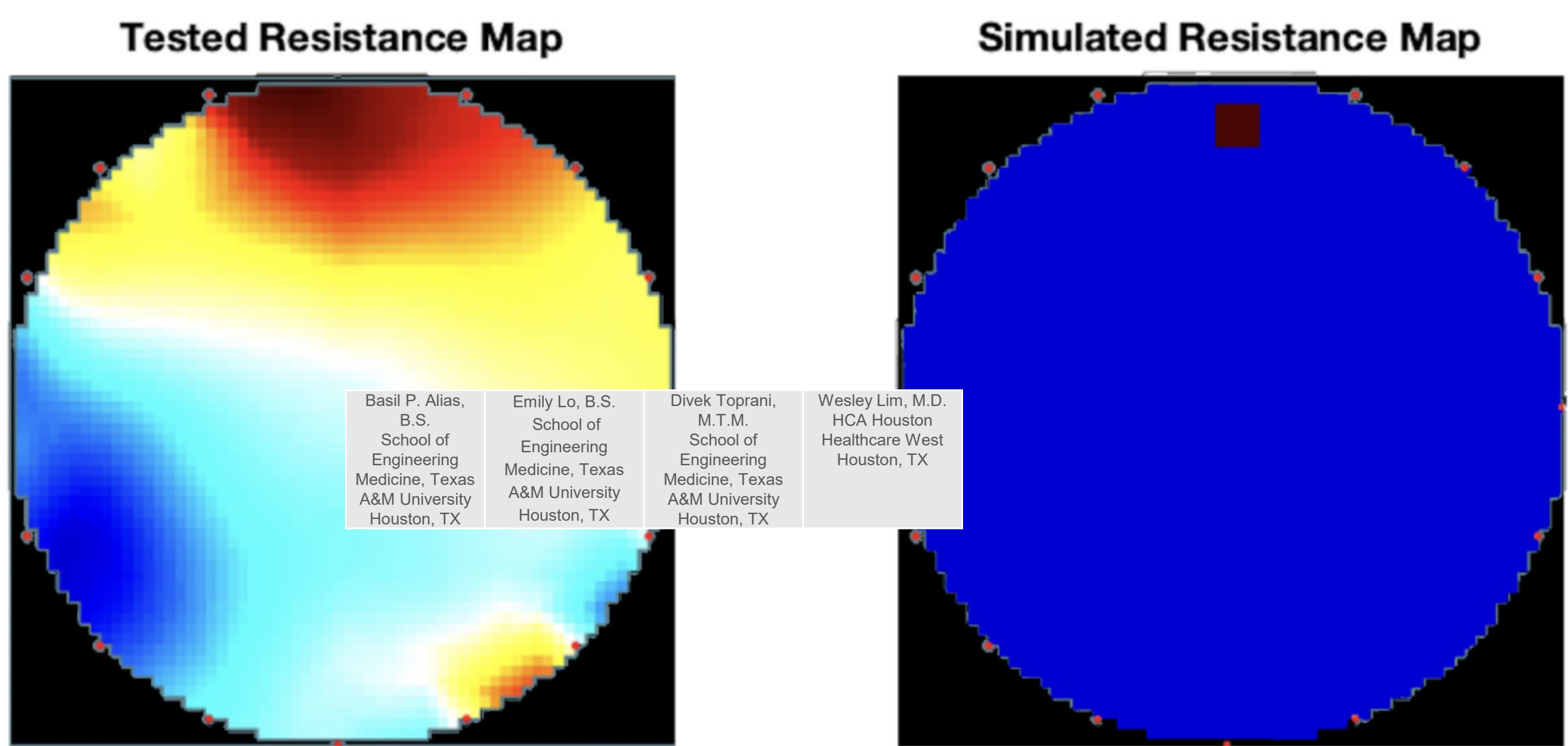


FIGURE 4: Generated cross-sectional heat map of resistance (left) and simulated ideal resistance heatmap (right)

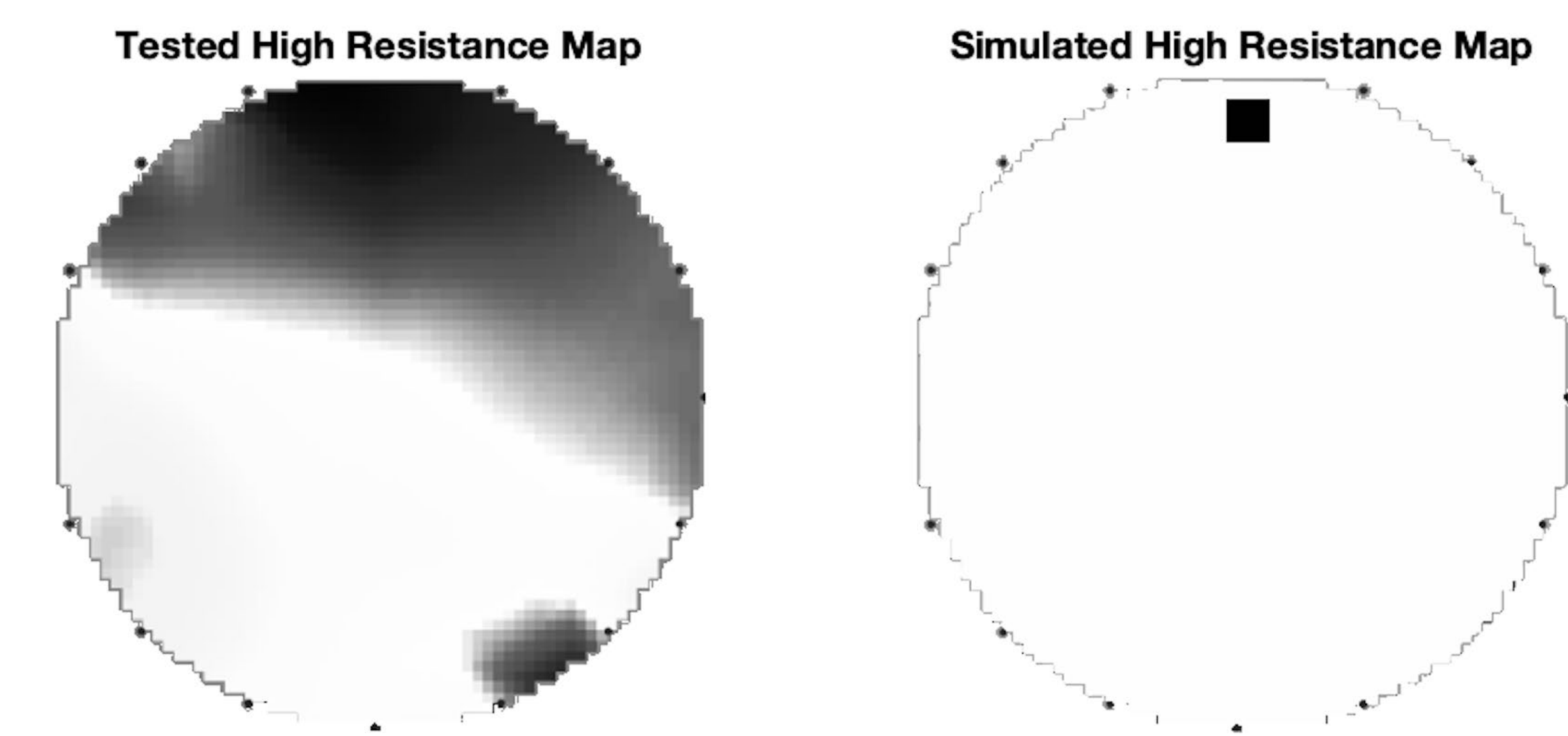


FIGURE 5: Filtered high relative resistance map (left) and simulated ideal resistance map (right)

Comparison	
Correlation Coefficient	0.181
MSE	0.147
Structural Similarity Index	0.513

Discussion

- These metrics did not signify a robust detection capability likely due to the stark contrast in the simulated map between areas of high and low resistance
- Discrepancy in accuracy can be attributed to a few factors, such as the medium of choice and electrode contact area.
- These tests were conducted in distilled water, it would be ideal to run the test in blood, as its conductivity is higher
- Further improvement will focus on increasing reliability during experimentation and reducing signal noise
- Future development involves exploring alternative IVC filter designs to reduce system noise, enhancing image accuracy, and testing performance in a flowing medium
- Challenges for future designs include addressing the increased risk of thrombus formation due to increasing surface area on the device itself and delineating implantation mechanisms
 - ex. miniaturizing the device for transcatheter deployment such that the device does not occlude the vessel lumen
- There are potential applications in other implantable circulatory devices, for example, detecting stent-based complications

Conclusion

- This study demonstrates the potential of electrical impedance tomography as a non-ionizing modality for continuous intraluminal imaging, despite its sensitivity to environmental factors.
- The device is capable of detecting areas of relatively high resistance within a fluid-filled lumen which translates into the ability to detect emboli in an IVC filter.
- Further development and testing are needed to improve the reliability and accuracy, improve injection patterns, and further develop device design and implementation.
- In summary, the TEDID system, leveraging EIT, has the potential to improve current DVT/PE management, offering a safer alternative to traditional treatment modalities.

References

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