

Anisotropy of Human Bone demonstrated for the Human Mandible

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Overview



A) Introduction

B) Methods

B.1) Theoretical and experimental background

B.2) Reconstruction of the anisotropic trajectories

B.3) Realization for the simulation

B.4) Chain of software tools and requirements

C) Results

D) Conclusion

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Software:

- Amira 4.1.2, Amira 5.2.2, www.amiravis.com
- Kaskade 3.1, ZIB Berlin, **adaptive** finite Element code

Case:

partially edentulous mandible of the female Visible Human data set (CT)



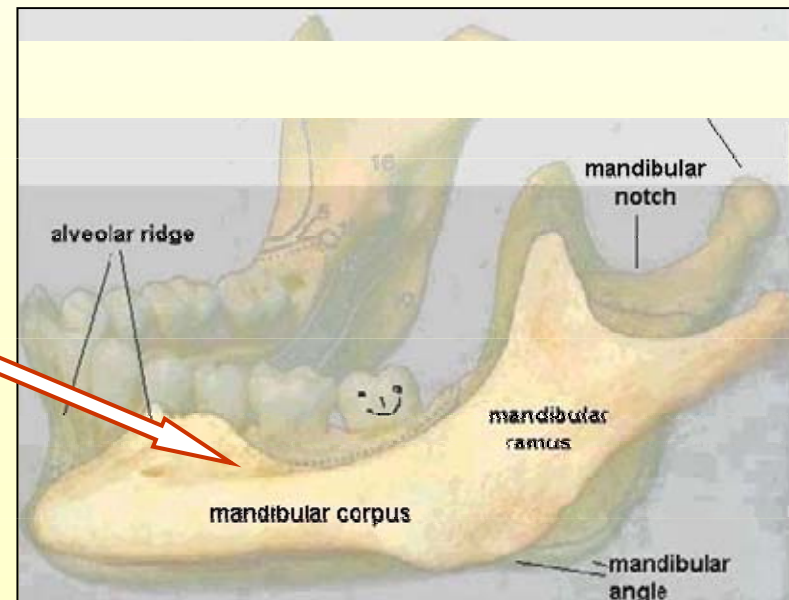
A) Introduction

General purpose of structural mechanics simulation in engineering:

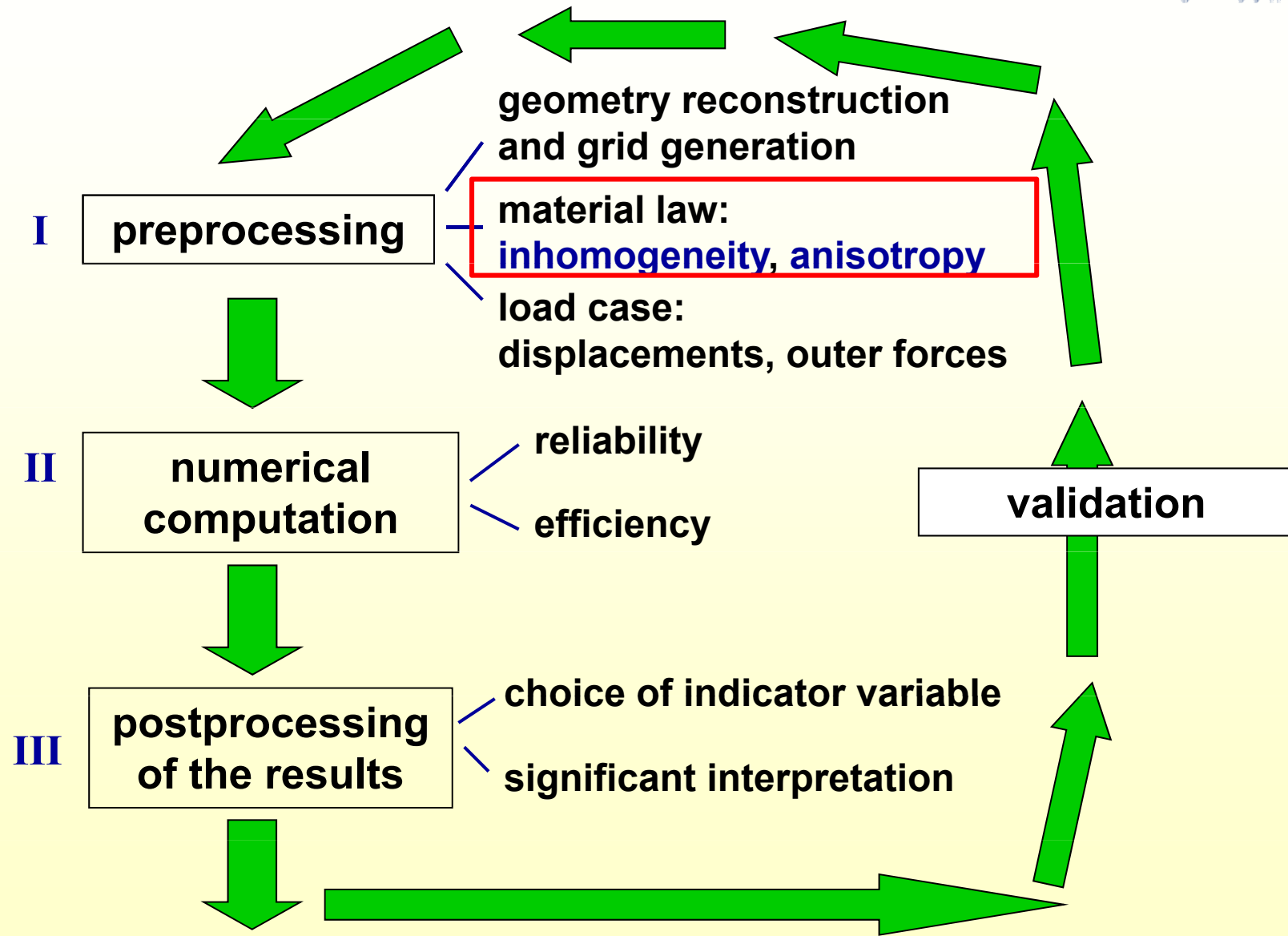
- prediction of deformation, stress, and strain profiles
- prevention of structural failure
- ...

Additional motivation of structural mechanics simulation in biomechanics:

- adaptation of the consistency of bone due to genetic, biological, and **mechanical** influence factors
- **severe changes** of human bony organs during life time



General setup of an FEM-project:



Appropriate formulation of the **material law**



- a) Strain < 0.3 %: approximately linear elastic behavior of bone
- b) Generalized Hooke's law:

$$\sigma_{ij} = C_{ijkl} \epsilon_{kl}$$



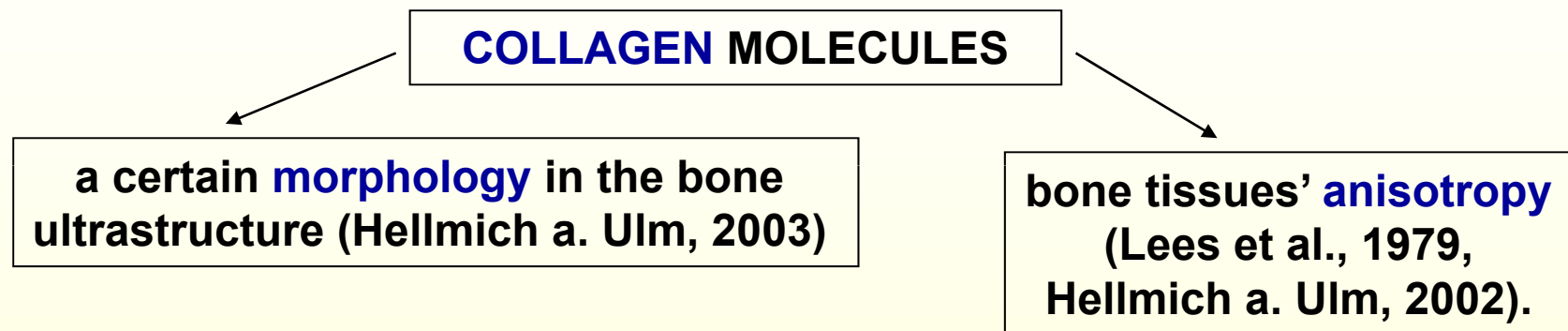
Tissue inhomogeneity
 in some sense 'directly'
 accessible via the gray
 values of the CT-data

Tissue anisotropy

not accessible via CT-data,
 alternative concept needed

B) Methods

B.1) Theoretical and experimental background



Therefore

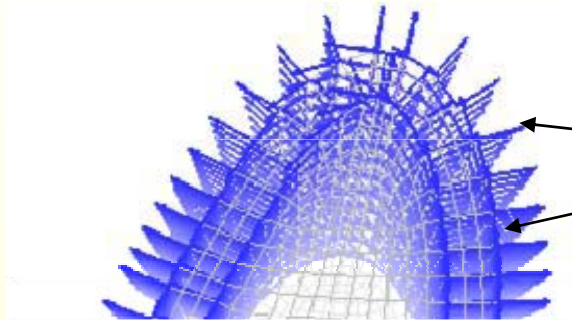
Estimation of the **trajectories** based on

- the organ's **macroscopic morphology**, namely its geometry
- the organ's **inner** material distribution
- the distribution of the **CT** or **Hounsfield** values

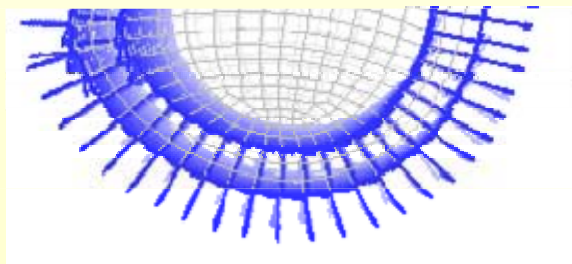


Experimental background:

by experimental evidence:
 assumption of **orthotropic** symmetry



radial,
 circumferential,
 and axial trajectories
 of orthotropic elasticity



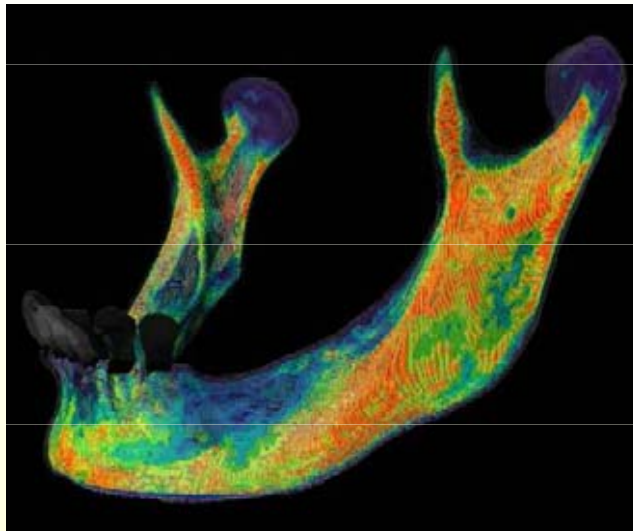
constant elastic coeff. for cortical human
 jaw bone according to Ashman et al. (1987)

E_1	E_2	E_3	ν_{12}	ν_{13}	ν_{23}	G_{12}	G_{13}	G_{23}
10.8 GPa	13.3 GPa	19.4 GPa	0.309	0.381	0.249	3.81 GPa	4.12 GPa	4.63 GPa

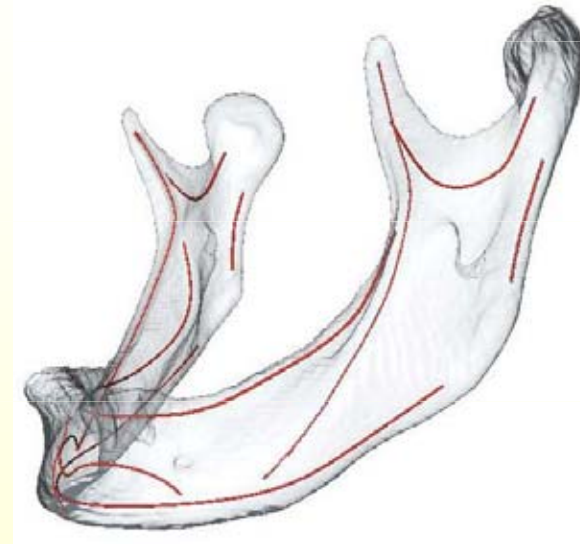
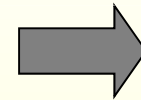
The 1-direction is radial, the 2-direction is circumferential, and the 3-direction is axial.

Estimated elastic coefficients for spongy
 bone: tenth part of the one of cortical bone

By means of biomedical visualization:



volumetric profile* of
the distribution of the **CT**
or **Hounsfield** values

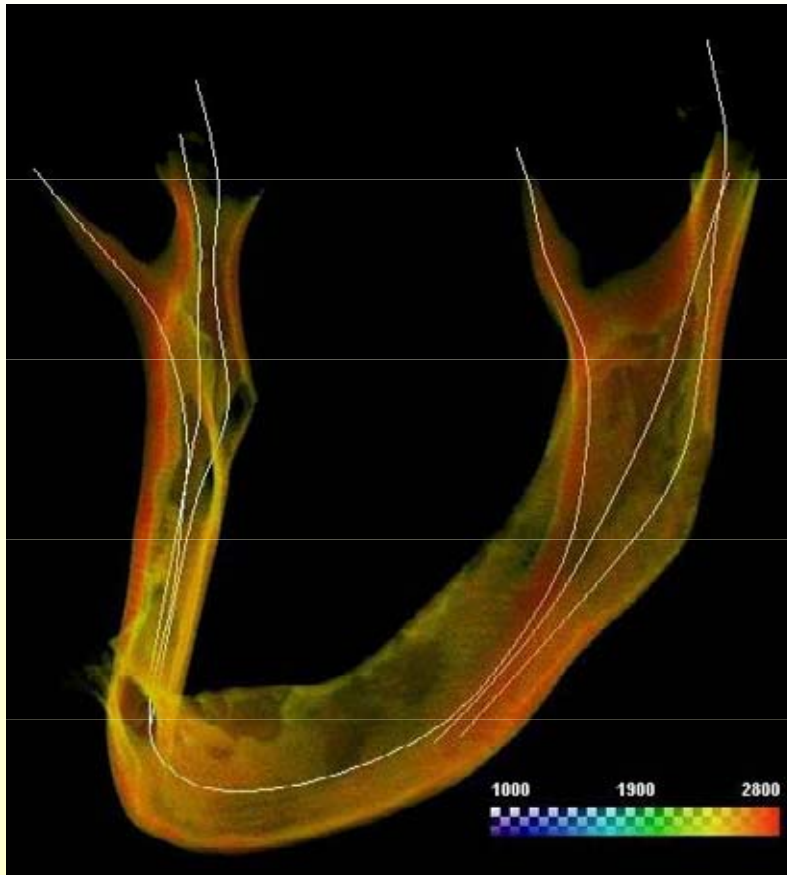


reconstruction of
the inner skeleton

Justified by the micromechanic theory, the inner skeleton
provides us with “**guiding lines**” for the anisotropic trajectories.

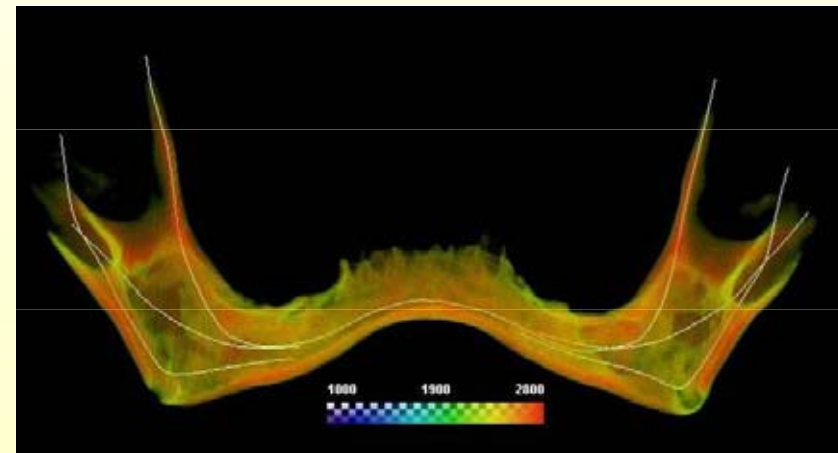
B.2 Four-step procedure for the reconstruction of the anisotropic trajectories :

Step 1: derivation of an individual inner skeleton of the mandible



based on

- *the patient's individual anatomy*
- *the volumetric profile of the (optical) tissue density*



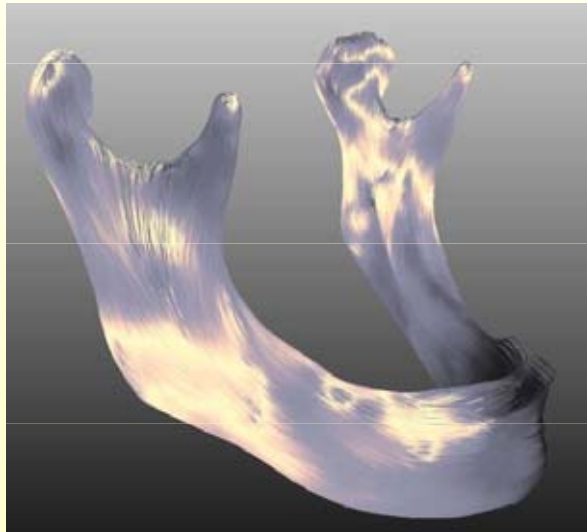
Simplifications at the teeth and at the incisura

Step 2: extension of the skeleton to a (nearly) continuous three dimensional vector field, bifurcation regions at the mandibular rami

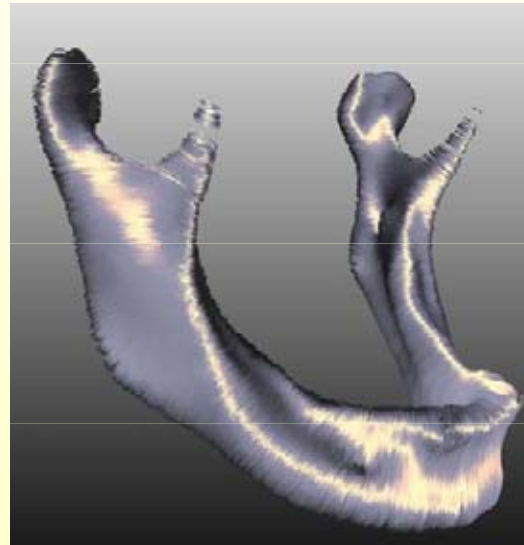
Step 3: construction of the radial trajectories construction aligned to the surface of the mandible

Step 4: construction of the circumferential and the axial trajectories

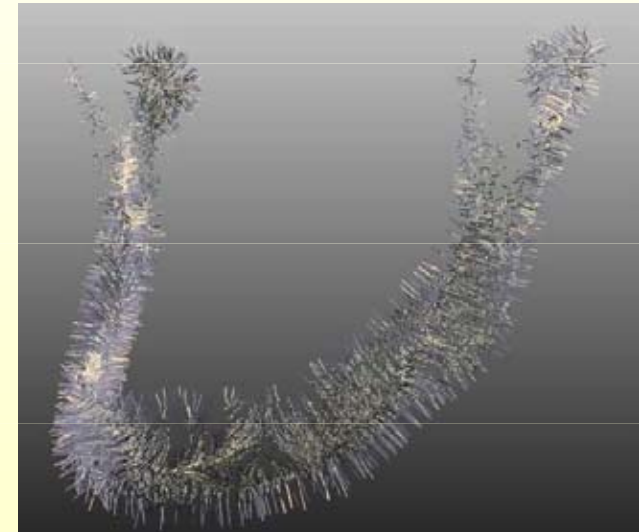
Results:



axial

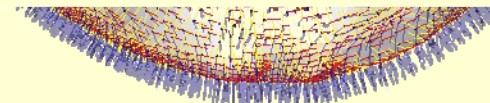
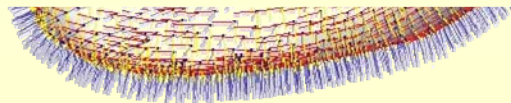


circumferential



radial

*Axial, circumferential, and radial trajectories
of orthotropic elasticity*



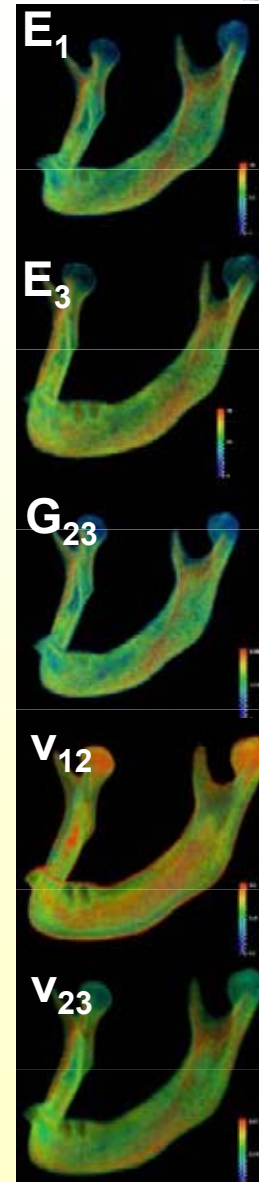
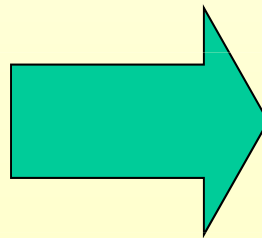
B.3 Realization for the simulation:

a) Calculation of individual orthotropic elasticity coefficients

Hounsfield values of the CT-data are related to Bone Mineral Density

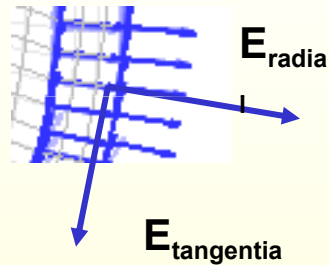


By a recent micromechanical approach of Hellmich and coworkers:



b) Assembling the anisotropic stiffness matrix

We assume **locally orthotropic** material symmetry defined by the anisotropic trajectories:

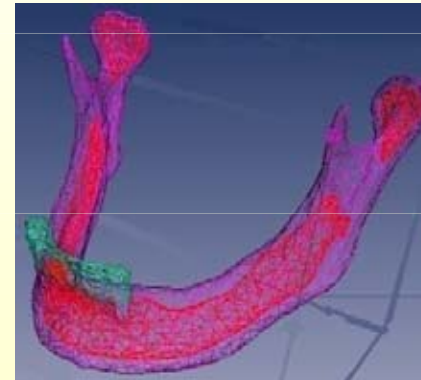


by the **micromechanical** approach of Hellmich et al

$$\begin{bmatrix} \epsilon_1 \\ \epsilon_2 \\ \epsilon_3 \\ \epsilon_4 \\ \epsilon_5 \\ \epsilon_6 \end{bmatrix} = \begin{bmatrix} 1 & \nu_{12} & \nu_{13} & \nu_{14} & \nu_{15} & \nu_{16} \\ \nu_{21} & 1 & \nu_{23} & \nu_{24} & \nu_{25} & \nu_{26} \\ \nu_{31} & \nu_{32} & 1 & \nu_{34} & \nu_{35} & \nu_{36} \\ \nu_{41} & \nu_{42} & \nu_{43} & 1 & \nu_{45} & \nu_{46} \\ \nu_{51} & \nu_{52} & \nu_{53} & \nu_{54} & 1 & \nu_{56} \\ \nu_{61} & \nu_{62} & \nu_{63} & \nu_{64} & \nu_{65} & 1 \end{bmatrix} \begin{bmatrix} \sigma_1 \\ \sigma_2 \\ \sigma_3 \\ \sigma_4 \\ \sigma_5 \\ \sigma_6 \end{bmatrix}$$

orthotropic compliance matrix

For the simulation:
transformation from the **local** coordinate system defined by the trajectories to the mandible's **global** coordinate system:



The result is a fully anisotropic compliance matrix.

B.4) Chain of software tools and requirements



Step 0: CT-data of the mandible

Step 1: Volumetric profile of the inner structure of the organ

Computer Graphics

Amira 5.2.2

Step 2: Identification of the inner skeleton

Biomedical Modeling, medical CAD

Step 3: Reconstruction of the anisotropic trajectories

Biomedical Modeling

Own software

Step 4: Calculation of the inhomogeneous elastic coefficients

Micromechanics

Own software of C. Hellmich

Step 5: Calculation of the fully anisotropic stiffness matrix

Structural mechanics

Own software

Step 6: Finite Element simulation

Numerical Mathematics

Ansys, Kaskade

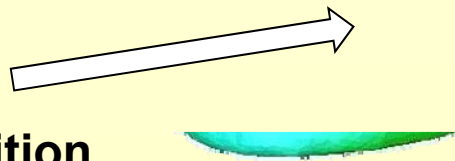
C) Results

Lateral bite on the leftmost premolar

Consideration of the volumetric strain

Involved muscles::
M. temp.,
M. mass.,
M. pteryg. med.

unphysiological compression related partial dentition => atrophy of the alveolar ridge



FEM-tool: **Kaskade**,
B. Erdmann, ZIB, Berlin

Sensitivity analysis

Impact of Tissue anisotropy



isotropic-soft

anisotropic

isotropic-hard

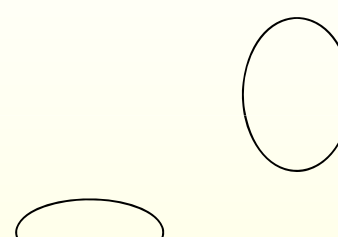
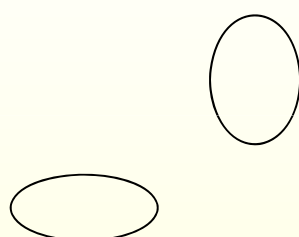
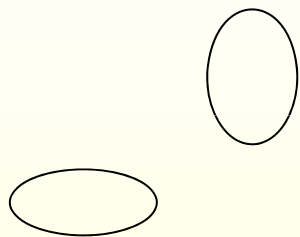
isotropic, $\alpha=1$



anisotropic, $\alpha=2$



isotropic, $\alpha=2$

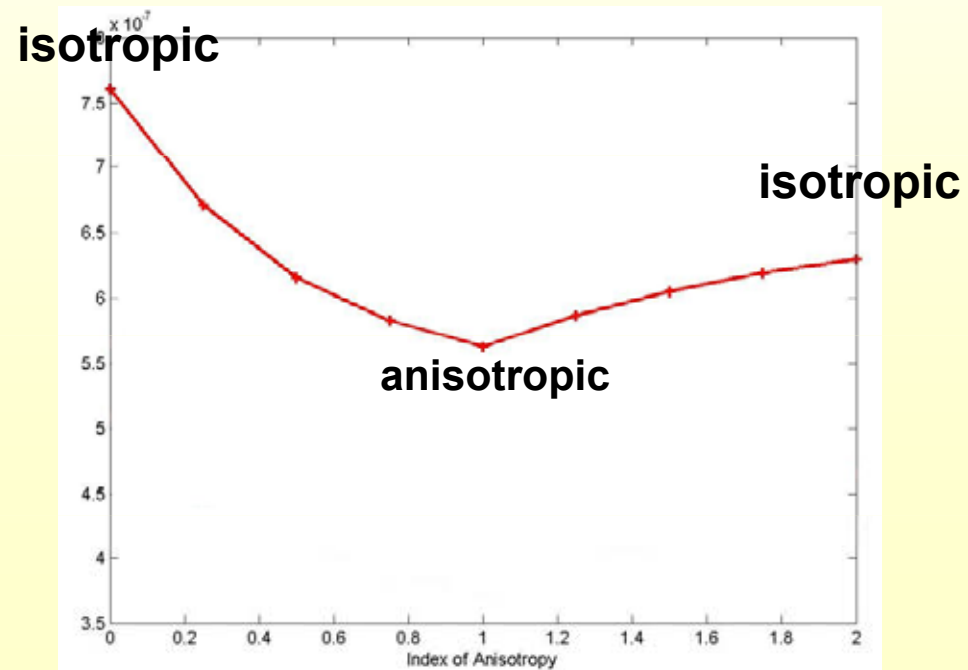


volumetric strain

Test of L₂-norm:

$$\|\epsilon\|_2 := (\int \epsilon^2 dx)^{0.5}$$

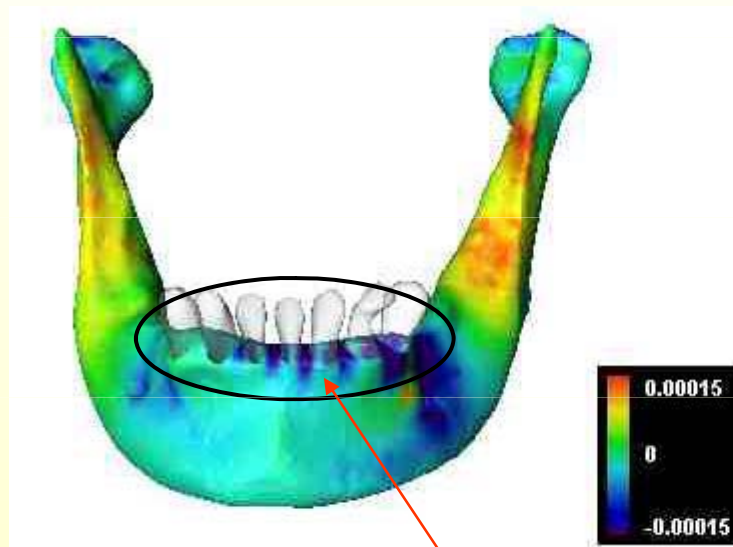
kind of minimization for the full anisotropic case



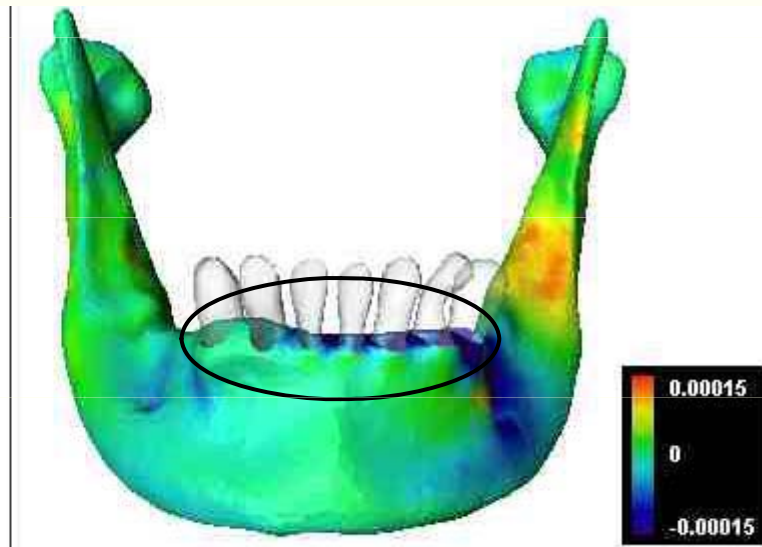
Tissue inhomogeneity

Comparison of volumetric strain due to a lateral bite on the leftmost tooth
- all fully orthotropic elastic coefficients, but ...

inhomogeneous



homogeneous



unphysiological compression
at the buccal crest

Comparison with the clinical situation: “buccal cortical bone loss”

D) Conclusion and Outlook



From the engineering view:

We presented an approach for the introduction of tissue anisotropy to the FEM simulation for the human mandible.

Requirement for the FEM-solver:

There has to be the input possibility for a inhomogeneous, fully anisotropic stiffness matrix.

Actually under construction:

Reconstruction of the inner skeleton and also the anisotropic trajectories only based on a triangular surface of the organ.

From the biomedical view:

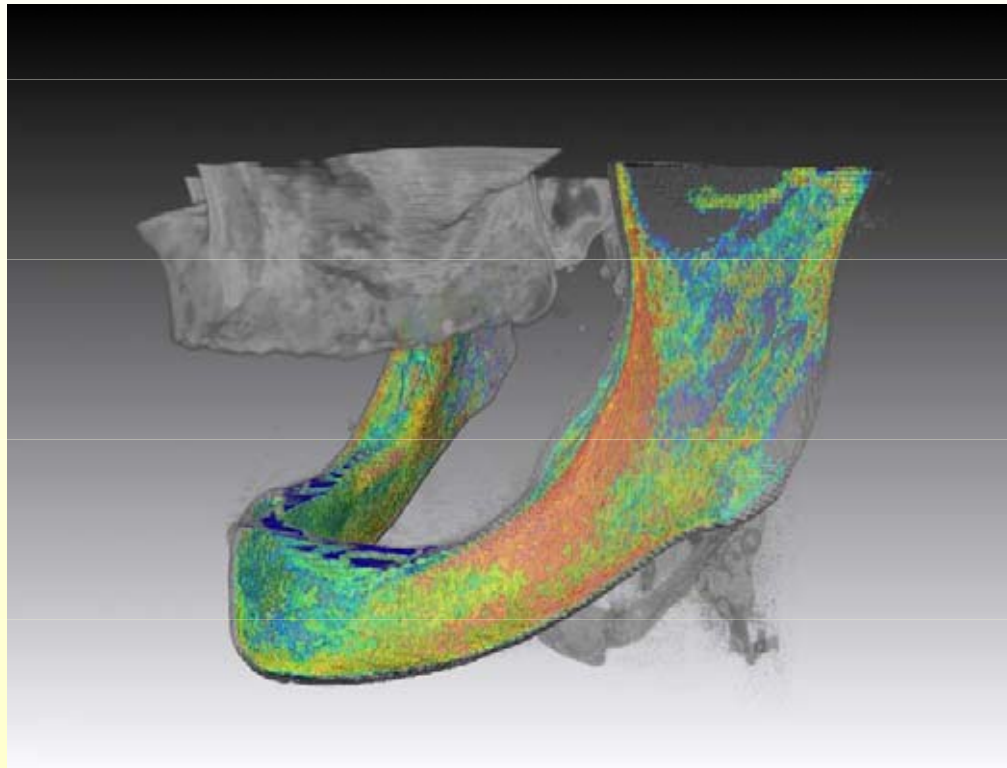
We showed

- qualitative relevance of material anisotropy within biting simulation
- anisotropy “spares” the jaw bone from loading
- some kind of optimality for anisotropy with respect to **volumetric strain**
- The opposite seems to be true for the inhomogeneity.

Acknowledgements:



- **Fujitsu Siemens Computers for supporting our research with computer equipment for effective 4D-Visualizations**
- **B. Erdmann for the possibility of the simulation by means of Kaskade**



Thank you for your attention !