

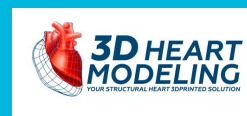


Institut Mines-Télécom

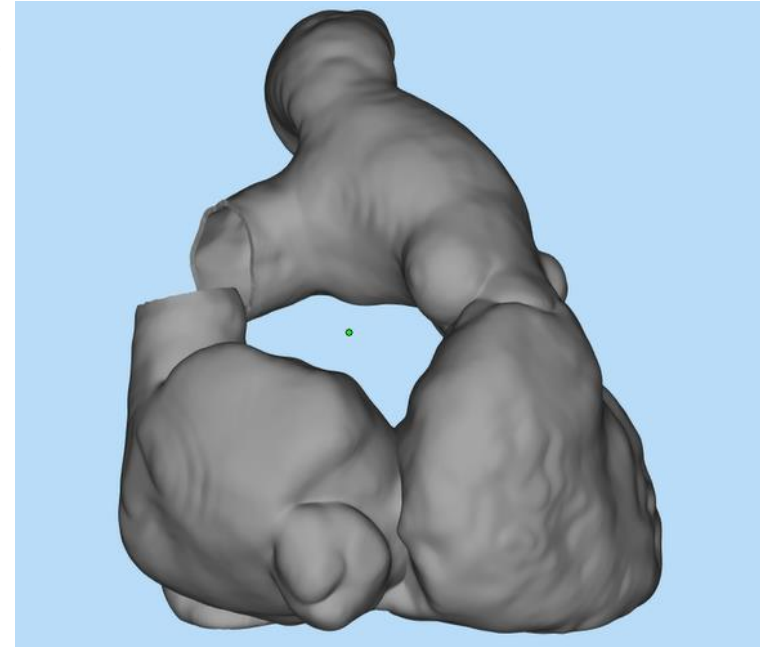
OPTIMISATION DE PIÈCES EN FABRICATION ADDITIVE

RÉALISATION DE SIMULATEURS CARDIAQUES PAR FABRICATION ADDITIVE

VLAD CIOBOTARU
MARCOS BATISTELLA



- ▶ Le médical est l'un des domaines d'application de la FA, et notamment du SLS, qui permet d'imprimer des implants, des prothèses et des modèles cardiaques, par exemple ;
- ▶ La société nîmoise 3D Heart Modeling développe des simulateurs des cœurs de patients pour préparer des opérations ;
- ▶ Dans le cadre du projet, différents modèles imprimés seront analysés en recherchant les paramètres de processus les plus adaptés pour l'objectif final.



- Développer des matériaux adaptés aux besoin des simulations mimant les propriétés mécaniques mais aussi les propriétés ultrasoniques (échographiques) ou en rayons X
- Développer des systèmes de simulateur cardiaques immergés dans des flux
- Conceptualiser l'intégration du 3D printing ou 3D Modeling dans la chaine décisionnelles et de planning procédural (Workflow)



European Heart Journal (2018) 39, 1246–1254
doi:10.1093/eurheartj/ehx016

REVIEW

Translational medicine

Medical three-dimensional printing opens up new opportunities in cardiology and cardiac surgery

Thomas Bartel^{1*}, Andrew Rivard², Alejandro Jimenez¹, Carlos A. Mestres¹, and Silvana Müller³

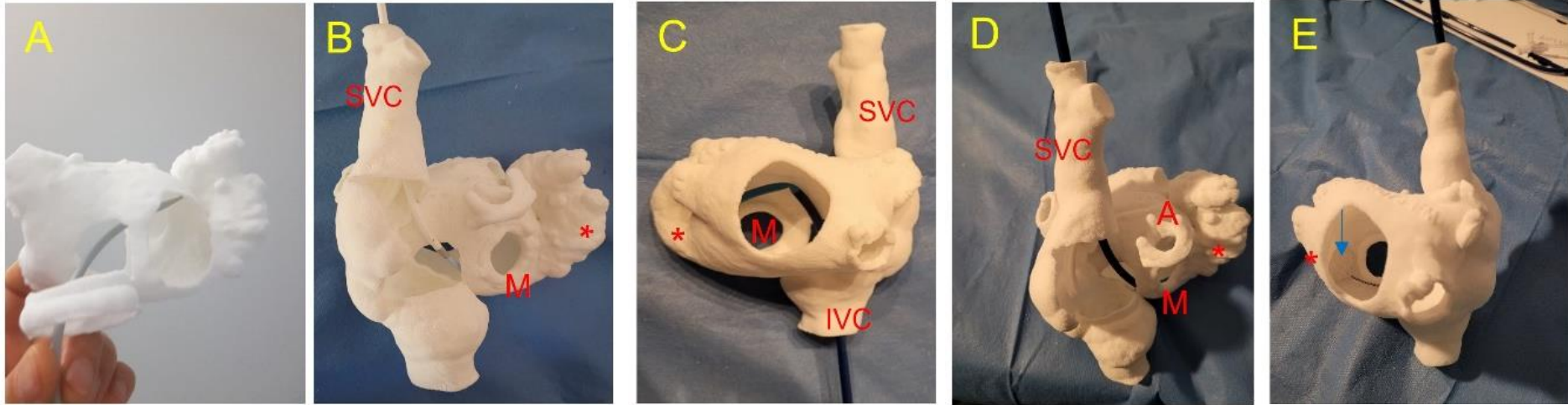
¹Heart & Vascular Institute, Cleveland Clinic Abu Dhabi, PO Box 112412, Abu Dhabi, United Arab Emirates; ²Imaging Institute, Cleveland Clinic Abu Dhabi, Abu Dhabi, United Arab Emirates; and ³Department of Internal Medicine III, Cardiology Division, Innsbruck Medical University, Innsbruck, Austria

Received 30 September 2016; revised 5 November 2016; editorial decision 6 December 2016; accepted 11 January 2017; online publish-ahead-of-print 16 February 2017

Advanced percutaneous and surgical procedures in structural and congenital heart disease require precise pre-procedural planning and continuous quality control. Although current imaging modalities and post-processing software assists with peri-procedural guidance, their capabilities for spatial conceptualization remain limited in two- and three-dimensional representations. In contrast, 3D printing offers not only improved visualization for procedural planning, but provides substantial information on the accuracy of surgical reconstruction and device implantations. Peri-procedural 3D printing has the potential to set standards of quality assurance and individualized healthcare in cardiovascular medicine and surgery. Nowadays, a variety of clinical applications are available showing how accurate 3D computer reformatting and physical 3D printouts of native anatomy, embedded pathology, and implants are and how they may assist in the development of innovative therapies. Accurate imaging of pathology including target region for intervention, its anatomic features and spatial relation to the surrounding structures is critical for selecting optimal approach and evaluation of procedural results. This review describes clinical applications of 3D printing, outlines current limitations, and highlights future implications for quality control, advanced medical education and training.

Keywords 3D printing • Structural heart disease • Congenital heart disease • Cardiac surgery • Interventional

improved visualization for procedural planning, but provides substantial information on the accuracy of surgical reconstruction and device implantations. Peri-procedural 3D printing has the potential to set standards of quality assurance and individualized healthcare in cardiovascu-



Left Atrial Appendage Closure Using a Tailored Trans-Jugular Approach

CARDIOVASCULAR FLASHLIGHT

doi:10.1093/eurheartj/ehaa292

Multimodality fusion imaging to guide percutaneous sinus venous atrial septal defect closure

Clément Bateau*, Aïa Méliani, Philippe Brenot, and Sébastien Hascoët

Department of Congenital Heart Diseases, Centre de Référence Cardiopathies Complexes FDC, Hôpital Marie Lannelongue, Groupe Hospitalier Paris Saint Joseph, Université Paris-Saclay, 113 avenue de la résistance, 92330 La Plaine St-Denis, France

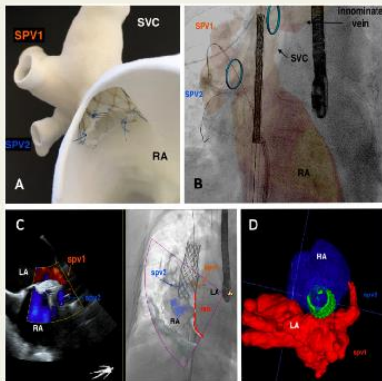
*Corresponding author. Tel: + (33) 140942545, Email: bateau.clement@gmail.com

A 76-year-old woman with NYHA-WHO III dyspnoea was referred for chronic thromboembolic pulmonary hypertension. A sinus venous atrial septal defect (ASD) with partial anomalous pulmonary ven return (PAPVR) was also diagnosed. Preoperative cardiac computed tomography (CT) was used to build an STL model to assess the feasibility of the recently developed percutaneous ASD closure technique. We created a printed 3D cardiac model to simulate stenting of the superior vena cava that would close the defect and redirect the PAPVR to the left atrium (Panel A).

During the procedure, the STL model extracted from CT data was merged with fluoroscopy. This fusion modality was useful for continuously checking the position of the innominate vein and PAPVR during the ballooning test and stent deployment (Panel B, Supplementary material online, Videos S1–S3). Another fusion procedure was conducted to combine real-time 3D transoesophageal echocardiography (TOE) and fluoroscopy. This fusion modality was particularly useful for monitoring PAPVR flow in colour Doppler on the fluoroscopy screen during stent deployment. Indeed, avoiding obstruction of the restriction pathway to the left atrium was the main concern (Panel C, Supplementary material online, Videos S4 and S5). The procedure was successful. The absence of residual leakage or pulmonary vein obstruction was confirmed by CT and 3D STL modelling (Panel D) before discharge. In this challenging case, multimodality and fusion imaging improved real-time 3D understanding and guidance of a complex percutaneous treatment for congenital heart disease.

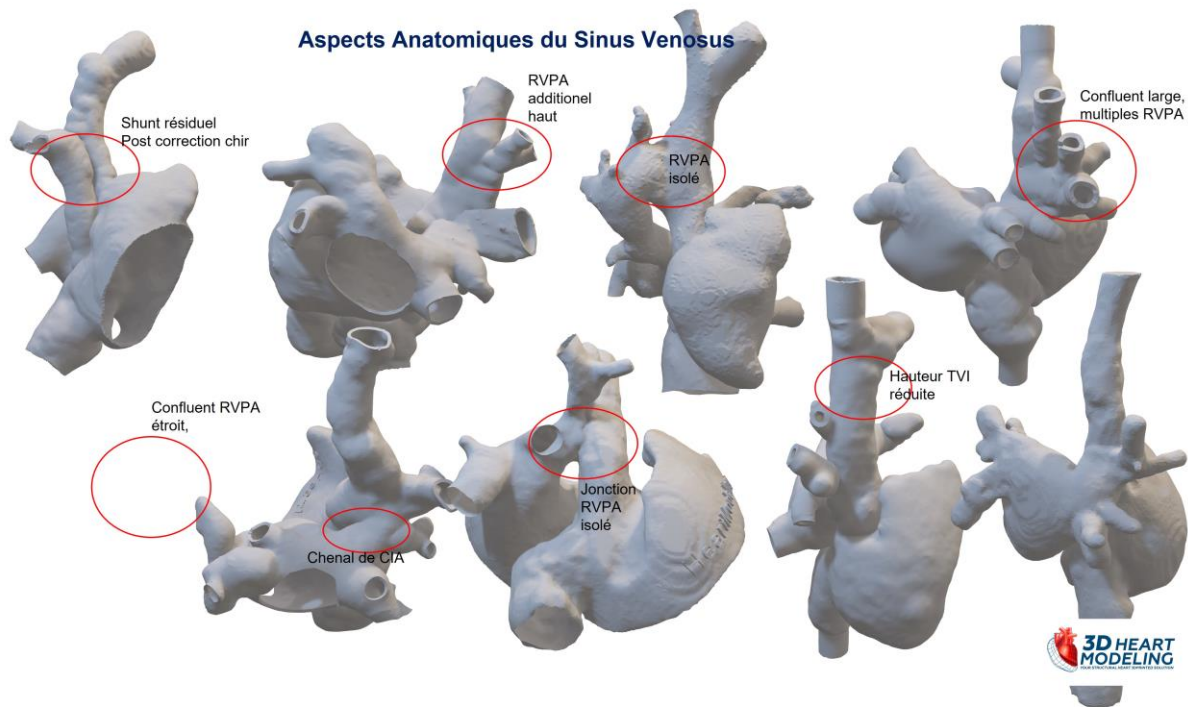
(Panel A) Front view of the printed model: covered stent positioned within the superior vena cava, simulating the procedure (3Dheartmodeling.com[®]). (Panel B) Front view of the CT scan and fluoroscopy fusion between during stent positioning, using Vesselnavigator[®] software (Philips Healthcare, Andover, UK). Blue circles are positioned on the CT scan view of the opening of the pulmonary veins into the superior vena cava and at the junction between the innominate vein and superior vena cava. (Panel C) View of the fusion between transoesophageal echocardiography (TOE) and fluoroscopy after stent deployment, using 3D echonavigator[®] software (Philips

Published on behalf of the European Society of Cardiology. All rights reserved © The Author(s) 2020. For permissions, please email: journals.permissions@oup.com



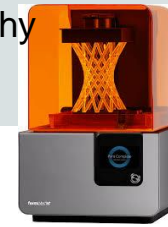
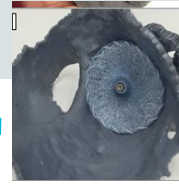
Downloaded from https://academic.oup.com/ehj/advance-article-abstract/doi/10.1093/eurheartj/ehaa292/5694772 by Burgundy University user on 22 May 2020

2020
Premier cas en France
de traitement percutané de pathologie
complexe
grâce à la simulation sur un model 3D
print SLS TPU
3DHeartModeling- IMT Nîmes-Ales

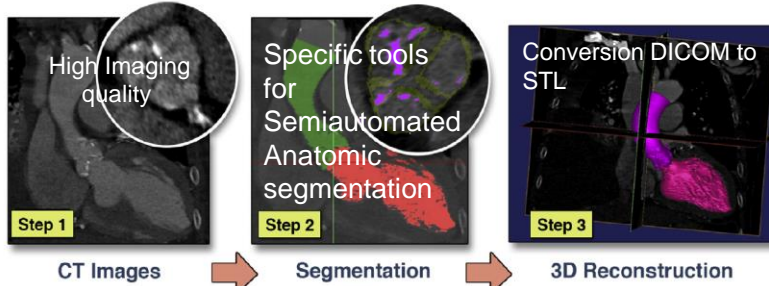


RÉALISATION DE MODÈLES PAR FABRICATION ADDITIVE

stereolithography

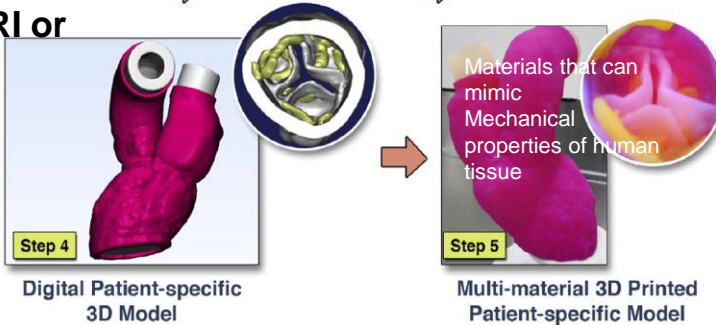


Signal intensity
Contrast
Spatial resolution

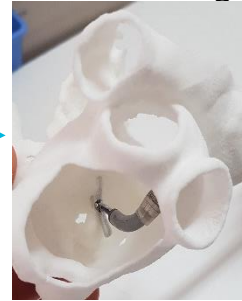


MRI or

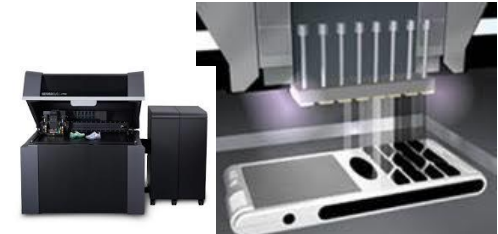
Off-Line Workstation
STL modelling : smoothing, extraction, shell, layers, cutting



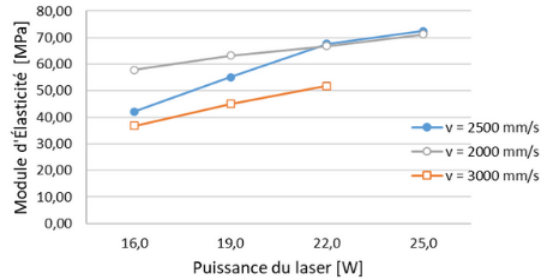
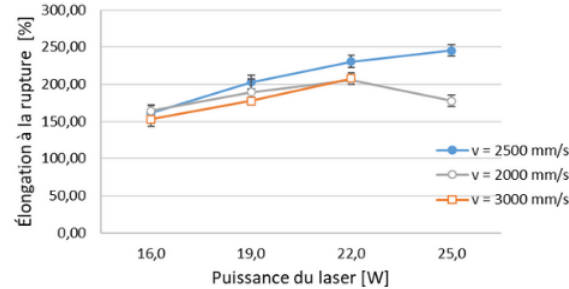
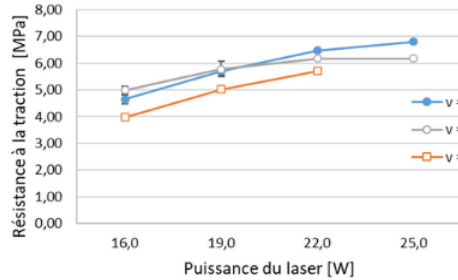
Laser sintering



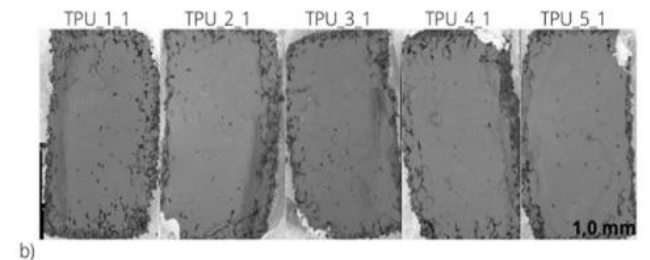
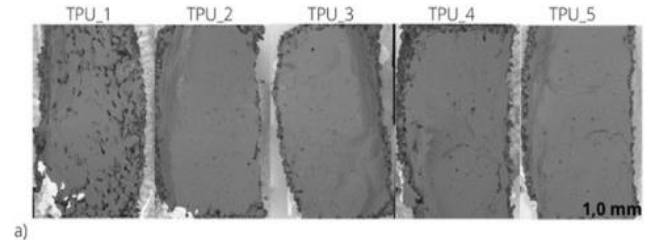
polyjet

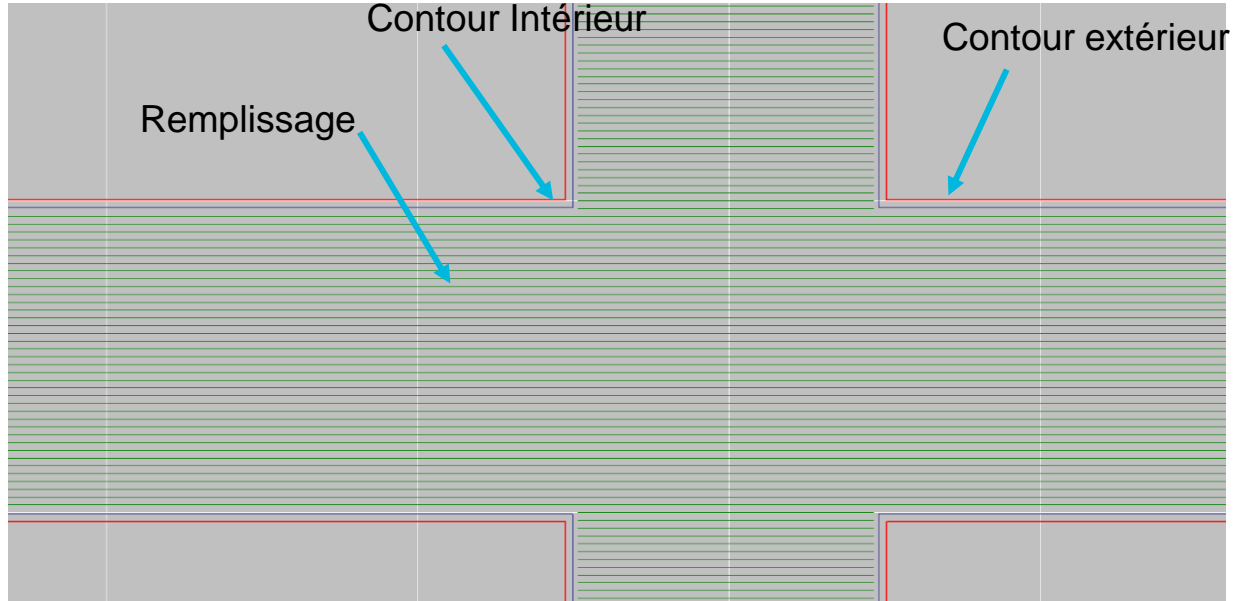


- ▶ Modèle **fins et souples** : idéalement shoreA 50-80
- ▶ Résolution spatiale des détails (<0,3mm)
- ▶ Mémoire de forme,
- ▶ Résistants à la manipulation: traction, flexion, cisaillement
- ▶ Propriétés d'imagerie aux rayons X et ultrasons (Radiographie Echographie)
- ▶ Reproduisant les détails extérieurs et intérieurs des structures complexes avec des cavités
- ▶ Immergés : dans des systèmes de flux
- ▶ Fixation stable du model sur un bench test
- ▶ Fixation en positions anatomique

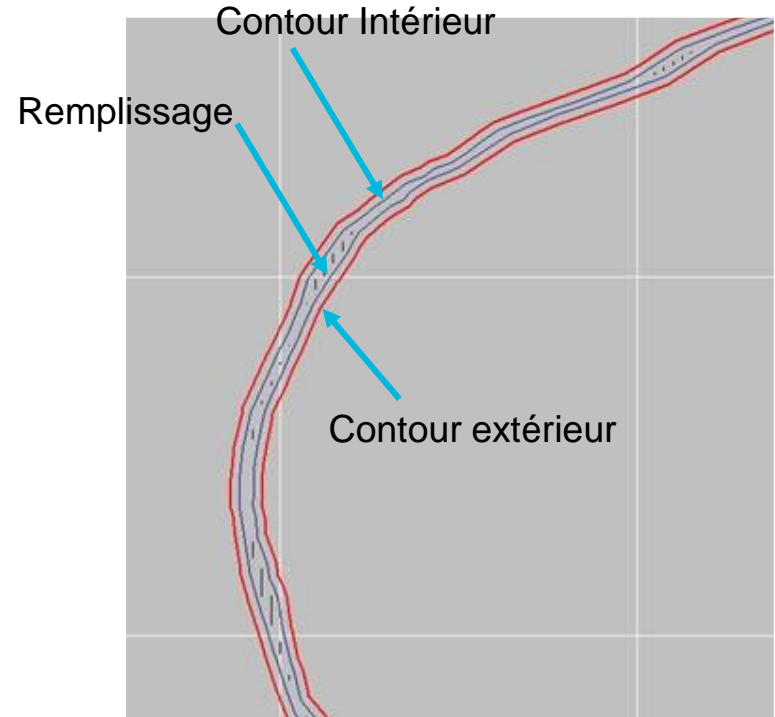


Porosité en fonction des paramètres d'exposition

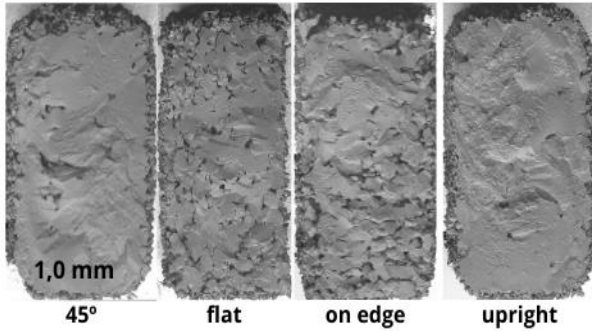




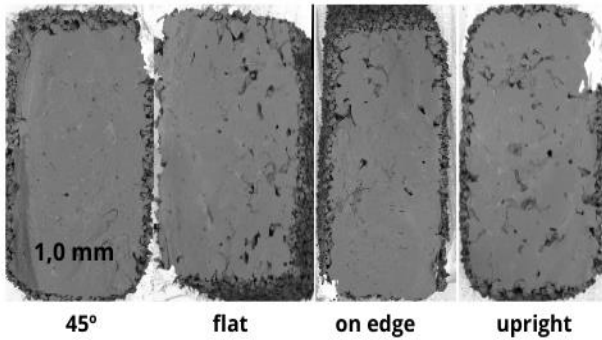
Chaque couche aura une structure différente, où normalement nous aurons un contour extérieur, un contour intérieur et le remplissage.



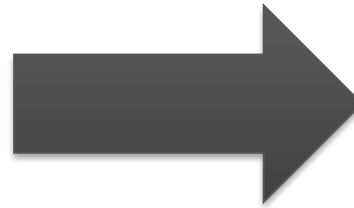
Edge - 19 W

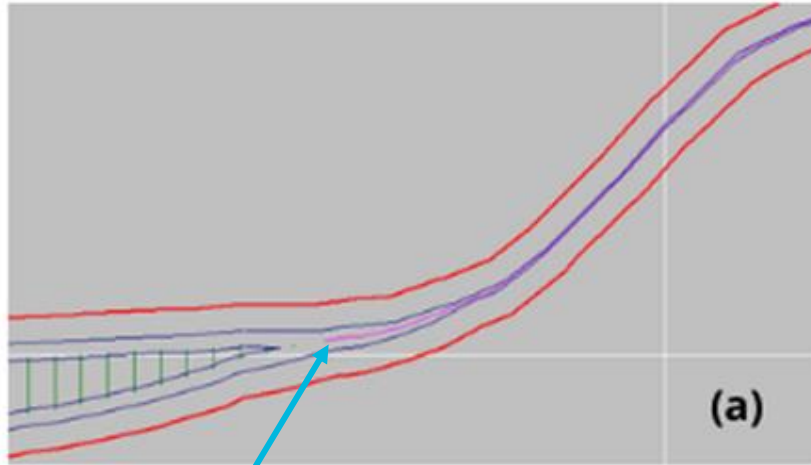


Double_contour - 19 W

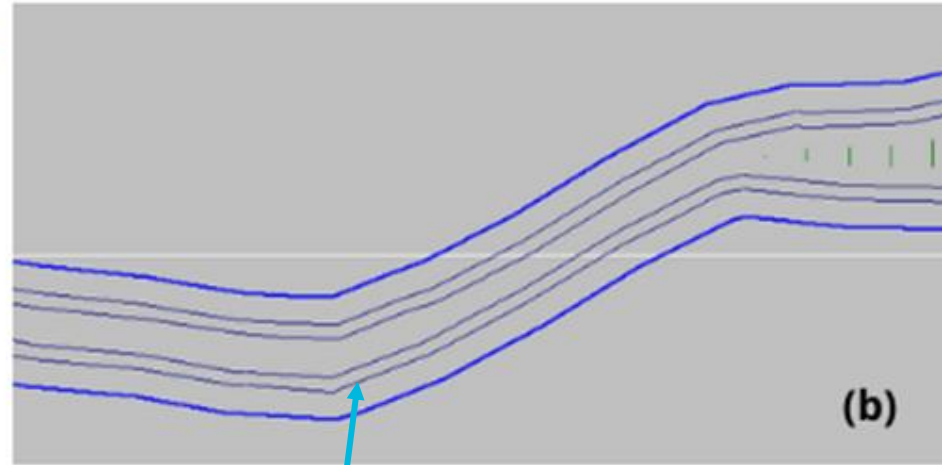


Porosité en fonction de l'orientation de la pièce





Edge

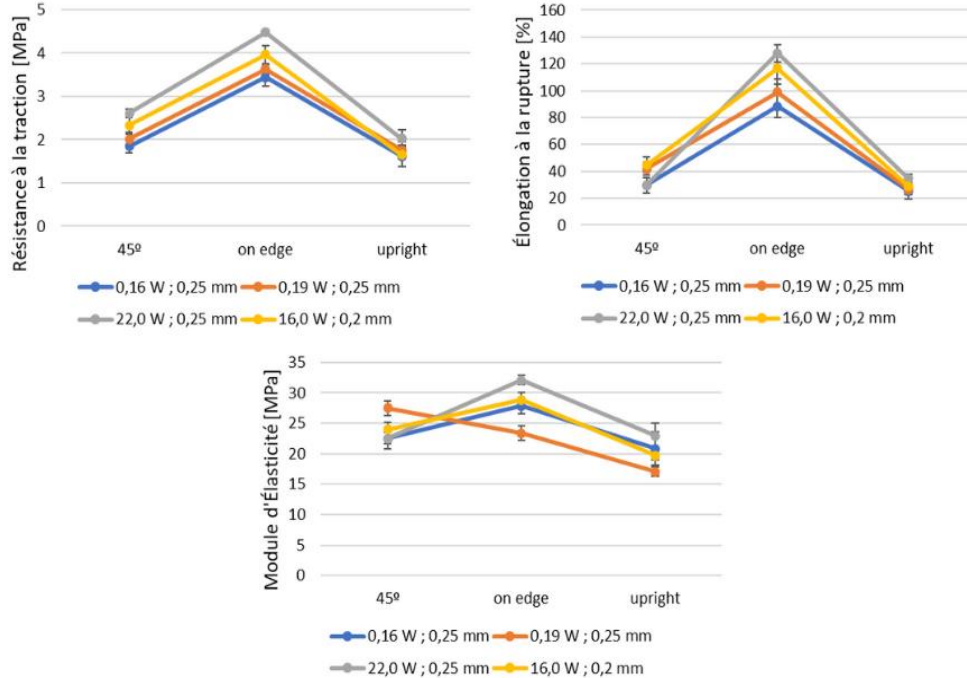


Double contour

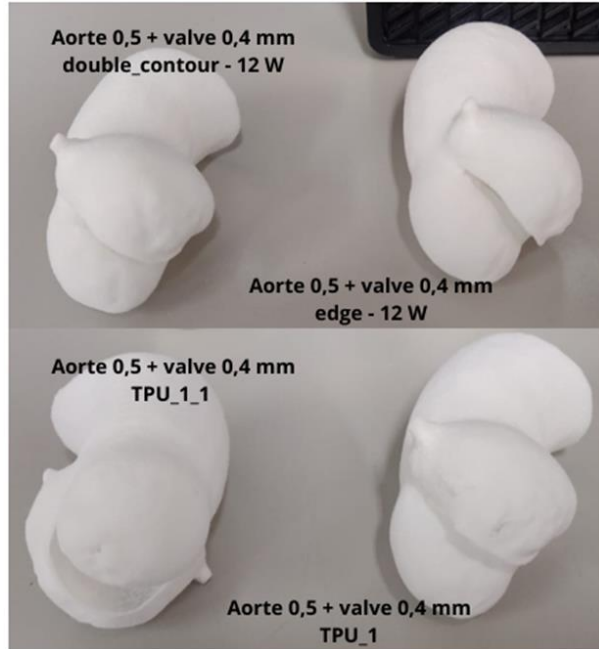
DU MODÈLE NUMÉRIQUE À LA FABRICATION ADDITIVE

Propriétés mécaniques

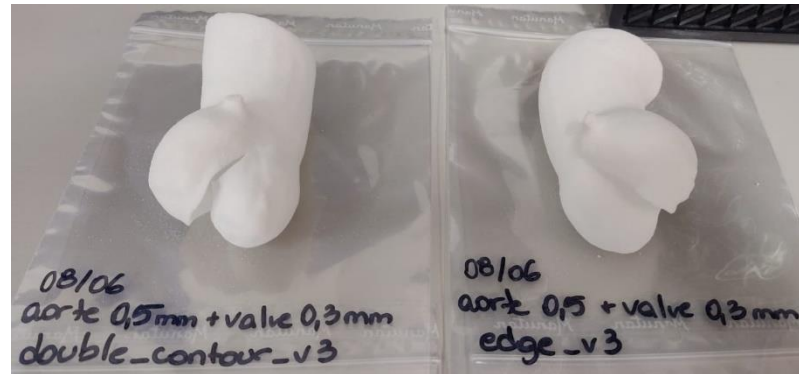
15



Pour des éprouvettes en 0,5 mm :
Propriétés mécaniques dépendantes
de l'orientation



Variation des paramètres d'impression :
Varier la souplesse et la porosité

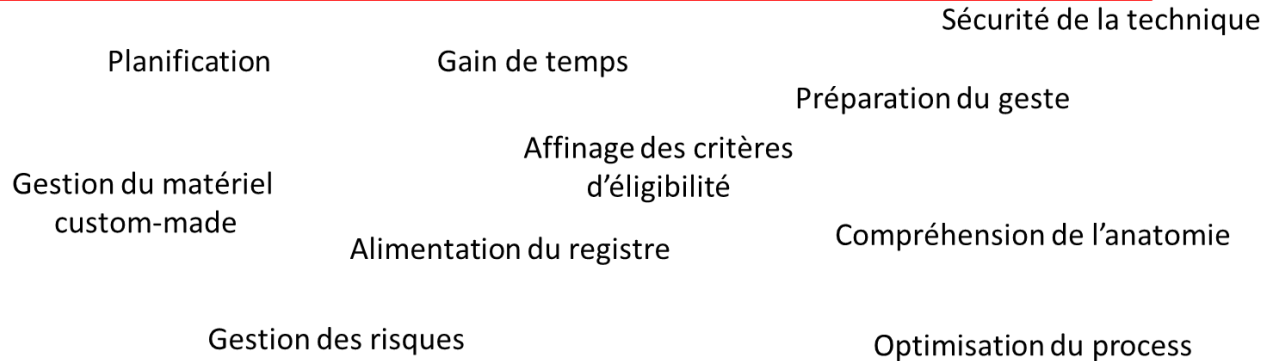


Etude 3D anatomique

Simulation 3D sur écran

Simulation sur print

Réelle utilité de la modélisation 3D
Etude précise d'éligibilité et de faisabilité de la procédure
de correction percutanée du Sinus Venosus



Travail collaboratif
Prospectif et rétrospectif

Communication

Interventionnel

Echographiste

MERCI PAR VOTRE ATTENTION !

dr.ciobotaruvlad@gmail.com
marcos.batistella@mines-ales.fr

