Numerical Modeling of Ophthalmic Response to Space

E.S. Nelson, J.G. Myers, L. Mulugeta, J. Vera, J. Raykin, A. Feola, R. Gleason, B. Samuels, and C.R. Ethier

1NASA Glenn Research Center, Cleveland, OH
2Universities Space Research Association, Houston, TX
3Georgia Institute of Technology/Emory University, Atlanta, GA
4U. Alabama at Birmingham, Birmingham, AL

INTRODUCTION

To investigate ophthalmic changes in spaceflight, we would like to predict the impact of blood dysregulation and elevated intracranial pressure (ICP) on Intraocular Pressure (IOP). Unlike other physiological systems, there are very few lumped parameter models of the eye [1, 2]. The eye model described here is novel in its inclusion of the human choroid and retrobulbar subarachnoid space (rSAS), which are key elements in investigating the impact of increased ICP and ocular blood volume. Some ingenuity was required in modeling the blood and rSAS compartments due to the lack of quantitative data on essential hydrodynamic quantities, such as net choroidal volume and blood flowrates, and exit pressures, and material properties, such as compliances between compartments.

MATERIALS AND METHODS

The model is comprised of four compartments (Fig 1a). Due to the scarcity of data, a single blood compartment is a proxy for the vasculature of the eye. We derived an equation for the net arterial inflow $Q_a$ (Fig 1b) by drawing inspiration from prior works [3-5]. We have assumed that the retina is well-regulated so that its effect on IOP changes can be ignored.

RESULTS

In response to imposed volume changes, the living eye incorporates both passive and active behaviors, such as regulation, while nonliving eyes can only show a passive response. We attribute the difference between the curves in Fig 2a to blood flow and blood volume changes. The compliance between the globe and blood compartments, $C_{bg}$, at a given IOP is the ratio of IOP change ($\Delta IOP$) to IOP. Note that $C_{bg}$ is of order $1 \, \mu L/mmHg$ at a constant IOP of 15 mmHg.

For adjacent compartments that do not exchange fluid, the compliance governs the extent to which adjoining pressures can influence each other. To calculate compliance between the rSAS and globe, we used clinical data on LOC location (Fig 2b) to determine an areal change following IOP reduction and swept this area 180° to estimate volume change. We calculated that $C_{bg} \approx 1.1e-3 \, \mu L/mmHg$. Since this is three orders of magnitude lower than $C_{bg}$, we predict that $P_{bg}$ plays a minor role in setting IOP in comparison to the dynamics of blood flow.

Fig 4 presents experimental and simulated results for IOP change ($\Delta IOP$) in parabolic flight as a function of initial $IOP_0$. Mader et al. [8] observed large variation in inter-individual response as measured via TonoPen. The data points may represent the mean value of replicated measurements. We had insufficient information to include error bars on the experimental data due to measurement or device uncertainties.

The simulation follows the algorithm defined above with parameters that represent a typical healthy middle-aged male. We used an artificially generated $Q_a$ as a sinusoidal forcing function and allowed it to double in magnitude. We were unable to incorporate possible confounding factors, such as the effect of commonly used medications to incorporate possible confounding factors, such as the effect of commonly used medications. The simulation does not include any explicit regulatory response nor does it attempt to cover the entire valid physiological range. Even with this simple framework, the simulated results largely fall within the experimental confidence interval.

CONCLUSIONS

We developed a means of computing compliances and flowrates for the rSAS and blood compartment that are currently unavailable in the literature. The estimate of globe-to-rSAS compliance is far smaller than that between the globe and blood compartment, indicating that blood dynamics is more important than retrolaminar pressure in setting IOP. However, $P_{rg}$ still plays a major role in setting the biomechanical stress state in the LC. Preliminary validation of the lumped parameter eye model produced encouraging results, which suggest that the dependence of $C_{bg}$ on $IOP_0$ may play an important role in ocular response to acute hydrostatic pressure change.

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REFERENCES