

High Intensity Therapeutic Ultrasound Ablation of Tendons *Ex Vivo*

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Background

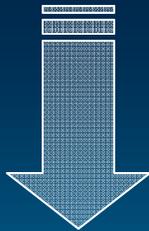
Clinical presentation

strenuous,
repetitive motion
(e.g., athletics)



Stenlund 1993
Kettunen 2006

tendinopathy



Warden 2007

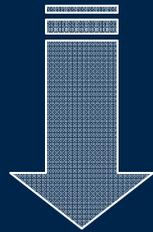
tendinosis



Wired 2007

Structural causes

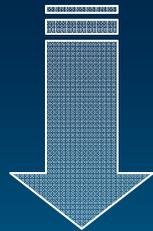
collagen fibril length & cross-linking



Silver 2003
Vanderby 2003

tensile tendon strength

regrowth is disordered



McShane 2006

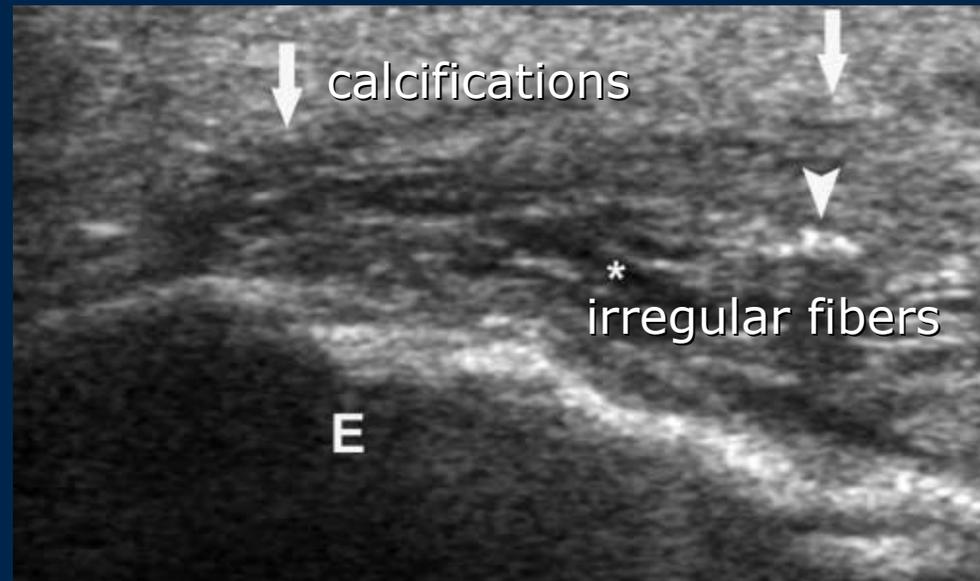
disordered collagen is weaker

Current treatments

- Local injections of steroids and anesthetics *McShane 2006*
 - Skin puncture, limited relief
- Percutaneous tenotomy by blade *Maffuli 1997*
 - Accessibility of blade, incision of overlying tissue
- Percutaneous tenotomy by needle *McShane 2006*
 - Skin puncture, patient resistance
- Physical therapy *Christenson 2007*
 - Limited *per se*, patient commitment
- Extracorporeal shock wave therapy *Seil 2006*
 - Limited effectiveness for non-calcific disease *Harniman 2004*
 - Broad (82 mm x 20 mm) focal region, difficult to aim *Cleveland 1998*

Ultrasound-guided therapy

preliminary
ultrasound
findings



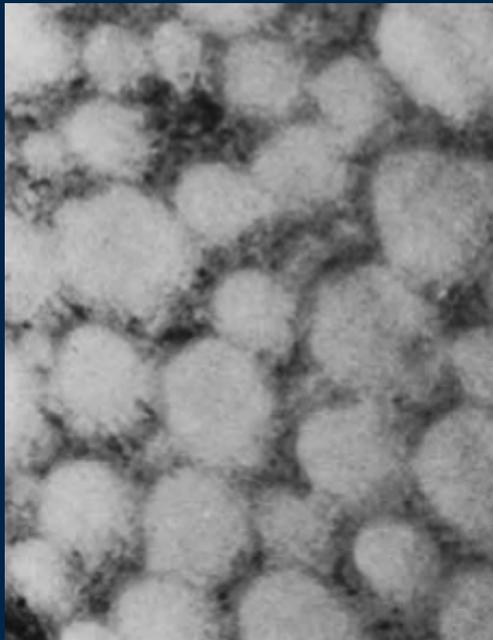
from McShane 2006

needle tenotomy



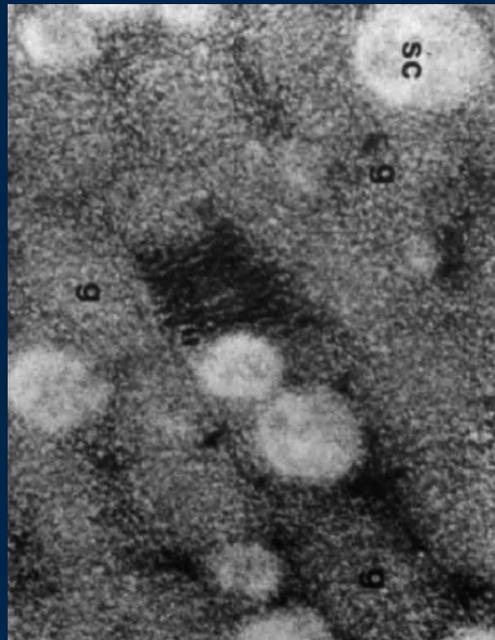
HITU & collagen

rabbit scleral cross sections
HITU @ 4.6 MHz, 2 kW/cm², 5 s
from Coleman 1985



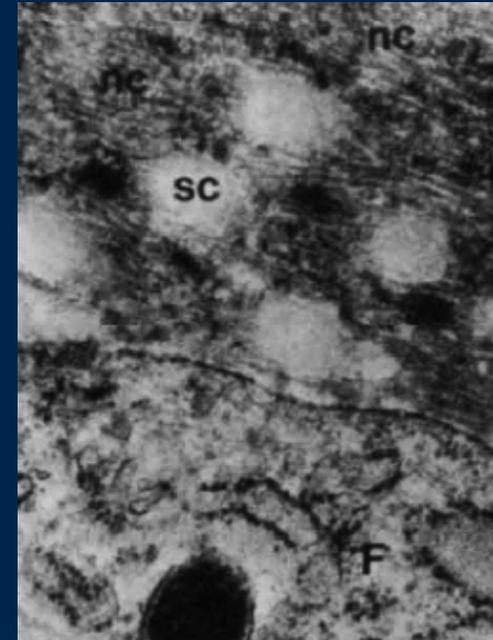
untreated

thick collagen
fibrils



immediately
post-HITU

many fibrils are
dissociated

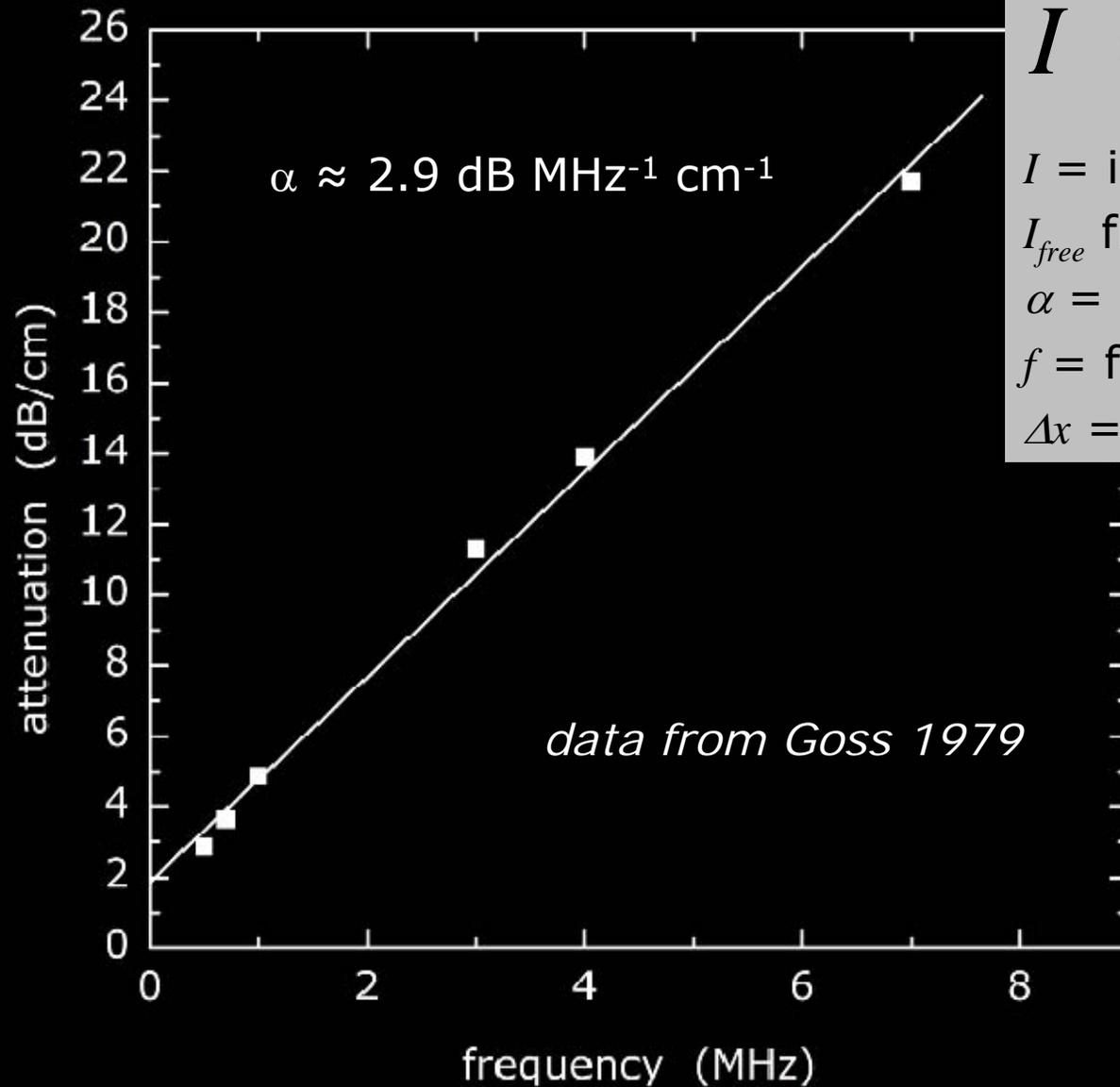


3 months
post-HITU

new fibroblasts and
new collagen fibrils

~ 1 μ m

Attenuation in collagen



$$I = I_{free} e^{-2 \alpha f \Delta x}$$

I = intensity

I_{free} from Rayleigh-Sommerfeld

α = attenuation coefficient

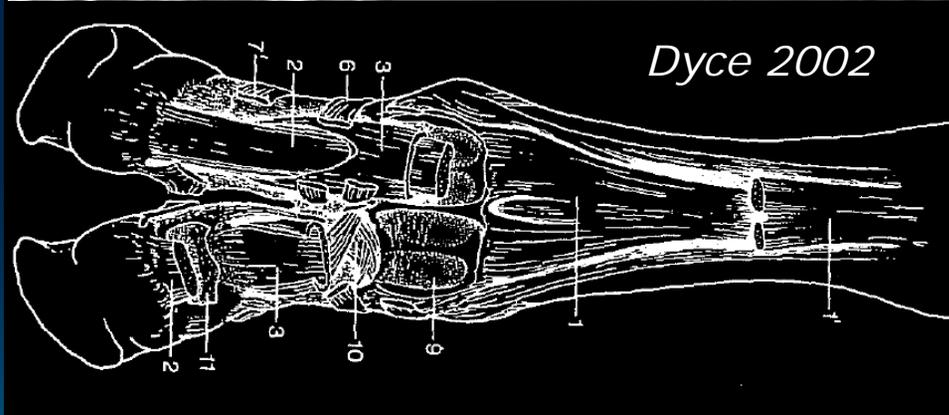
f = frequency

Δx = path length

Can HIFU
penetrate and
ablate
thick tendon?

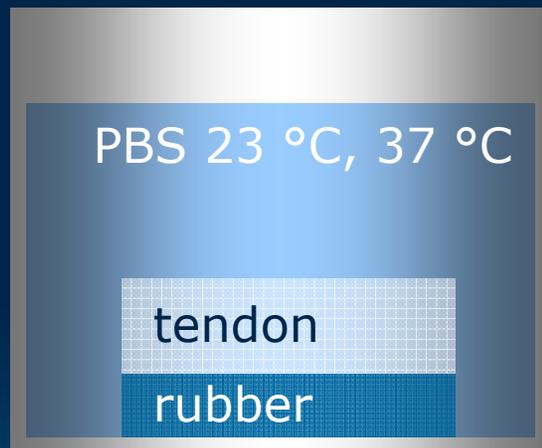
Methods

Achilles tendon

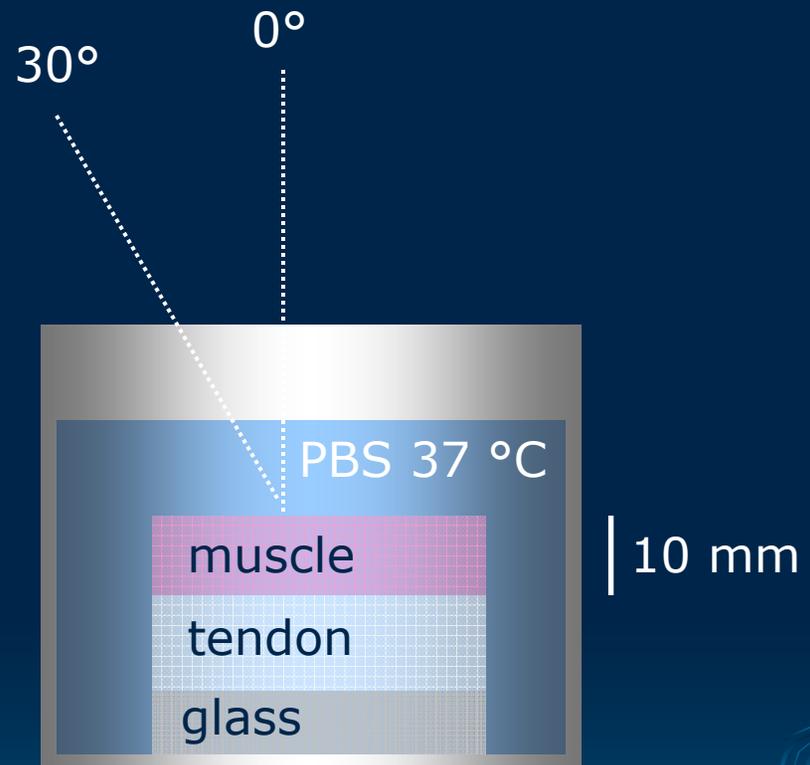


bovine deep digital flexor

Models

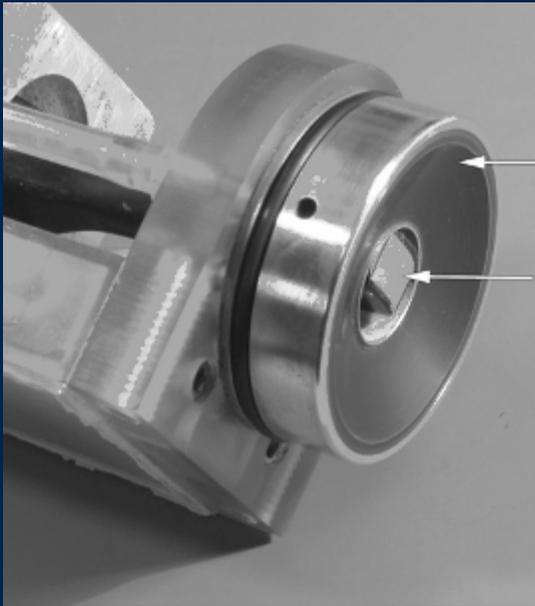


bare tendon model



layered model

Transducer

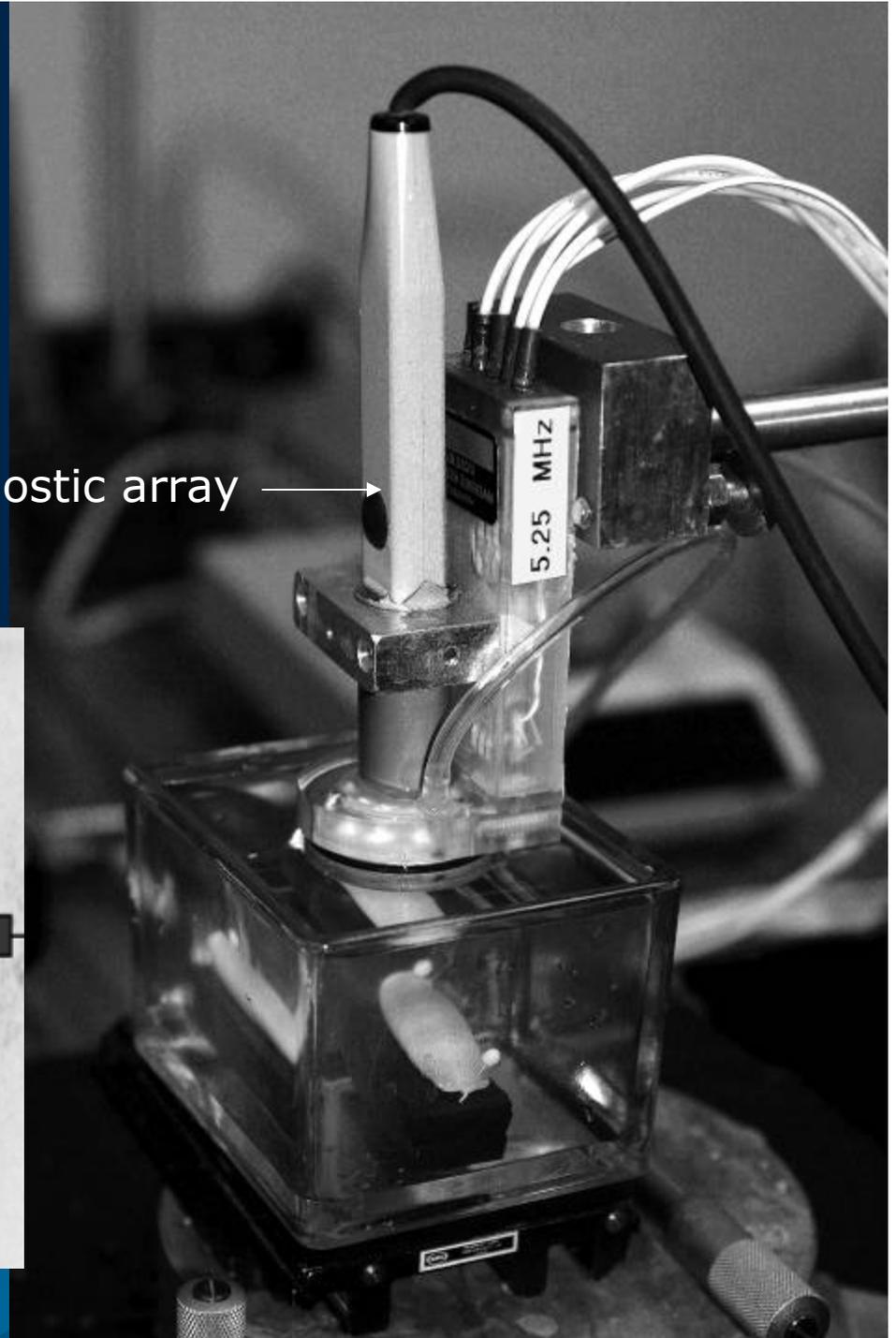
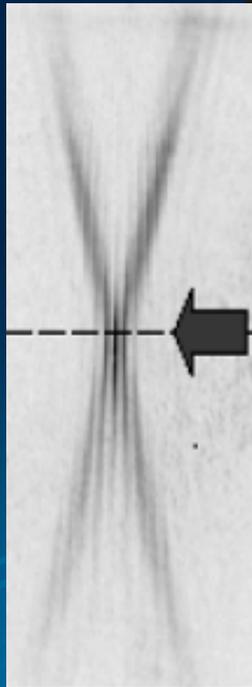


5 annuli

central diagnostic array

Sonic Concepts therapy
33 mm diameter
7.0 W to 9.3 W
focal region

35 mm axial position
0.28 mm diameter
2.5 mm length



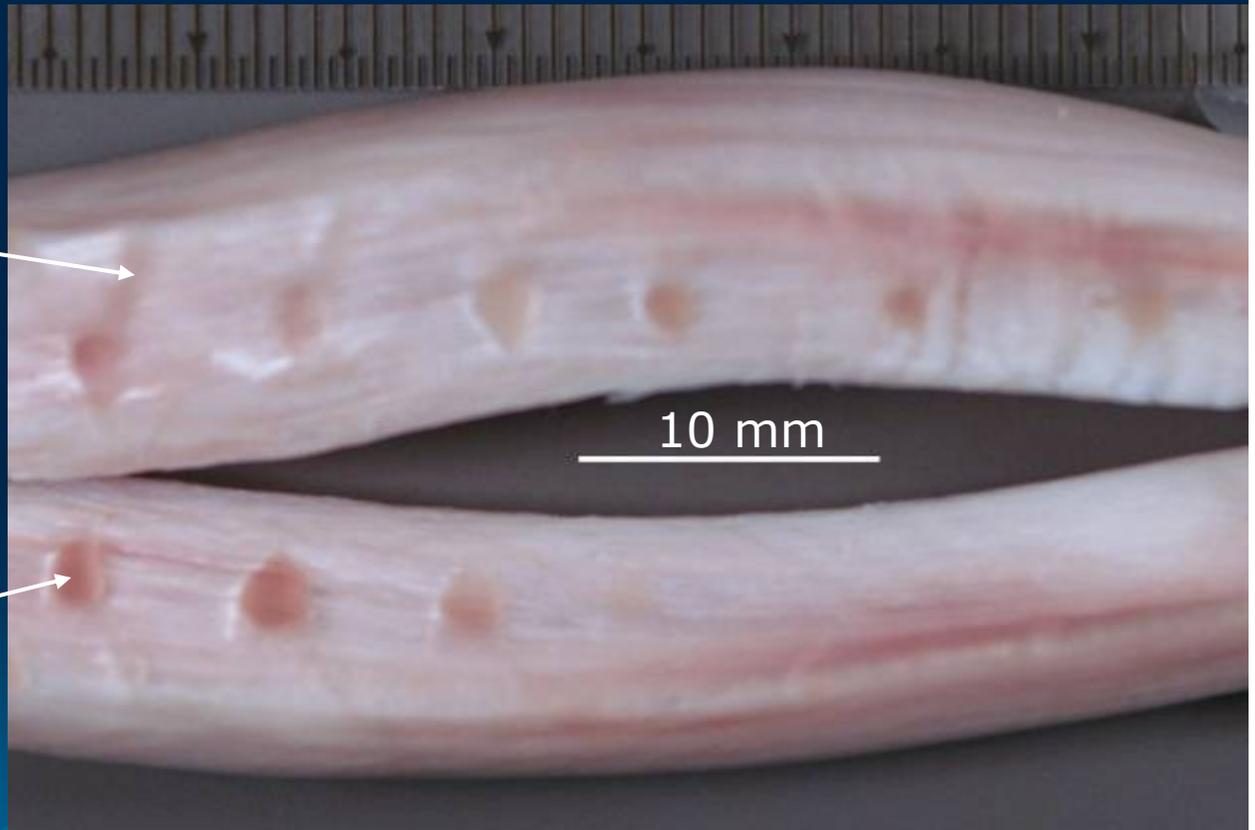
Results

Bare tendon ablation

5.25 MHz
0.55 kW/cm²
5 s
6 mm deep
23 °C



beam "legs" →



tendon split post-ablation

ablation in focal regions →



Lesion sizes are consistent: 23 °C

model	temperature °C	intensity* kW/cm ²	time s	depth mm	angle °	length mm	width mm
bare tendon	23	0.55	5	6	0	3.60	1.92
bare tendon	23	0.55	5	6	0	3.60	2.52
bare tendon	23	0.55	5	6	0	2.88	1.80
bare tendon	23	0.55	5	6	0	2.76	1.68
bare tendon	23	0.55	5	6	0	2.28	1.20
bare tendon	23	0.55	5	6	0	2.76	2.04

$I = I_{free} e^{-2 \alpha f \Delta x}$	2.980	1.860	mean
	0.523	0.434	st dev

* *in-situ* intensity estimate

$\alpha = 2.9 \text{ dB MHz}^{-1} \text{ cm}^{-1}$, $f = 5.25 \text{ MHz}$, $\Delta x = \text{depth}$



Lesion sizes are consistent: 37 °C

model	temperature °C	intensity* kW/cm ²	time s	depth mm	angle °	length mm	width mm
bare tendon	37	0.90	2	5	0	3.56	1.64
bare tendon	37	0.90	2	5	0	4.39	1.79
bare tendon	37	0.90	2	5	0	4.03	1.51
bare tendon	37	0.90	2	5	0	3.20	2.10
bare tendon	37	0.90	2	5	0	3.72	1.67
bare tendon	37	0.90	2	5	0	3.10	2.29

$$I = I_{free} e^{-2 \alpha f \Delta x}$$

3.667 1.833 **mean**
0.492 0.300 **st dev**

* *in-situ* intensity estimate

$\alpha = 2.9 \text{ dB MHz}^{-1} \text{ cm}^{-1}$, $f = 5.25 \text{ MHz}$, $\Delta x = \text{depth}$

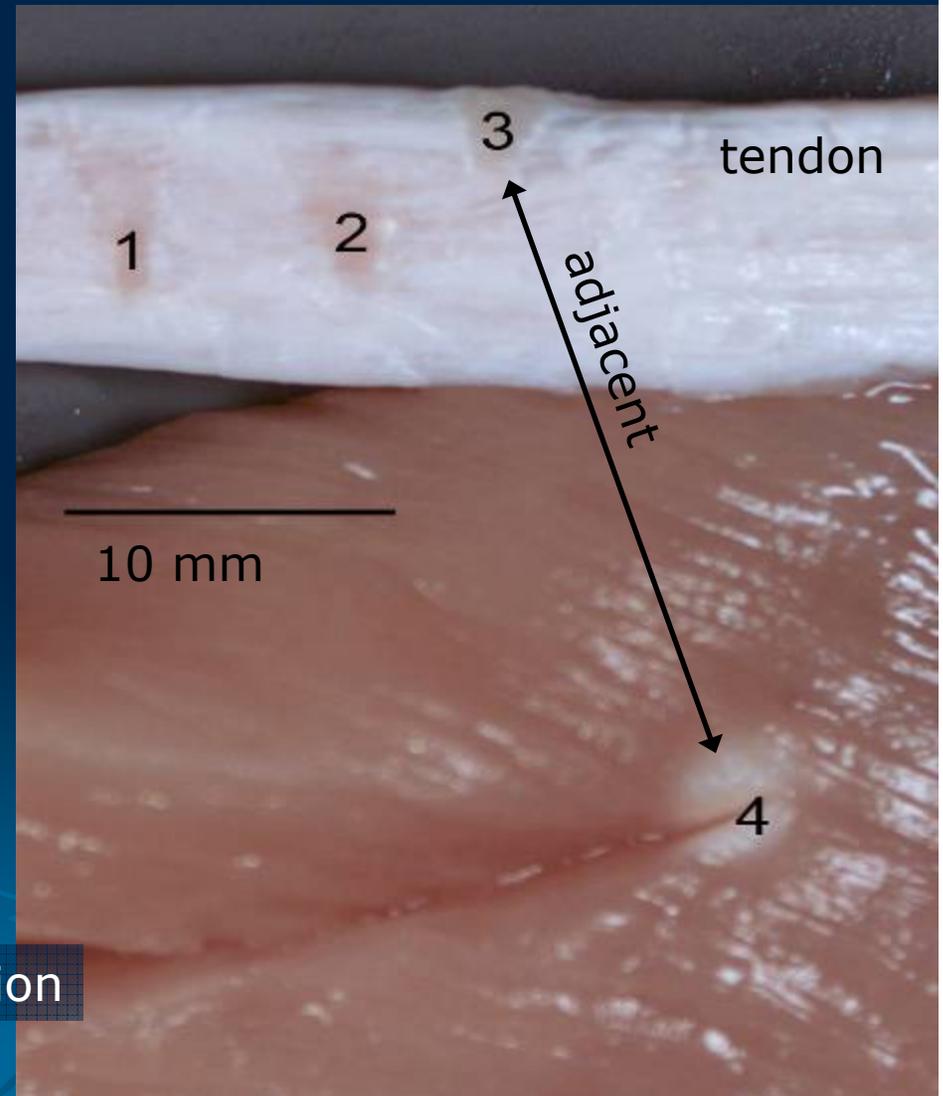
Layered model ablation - 1

1 & 2: intramural lesions with no damage to overlying tissue

5.25 MHz

10 s

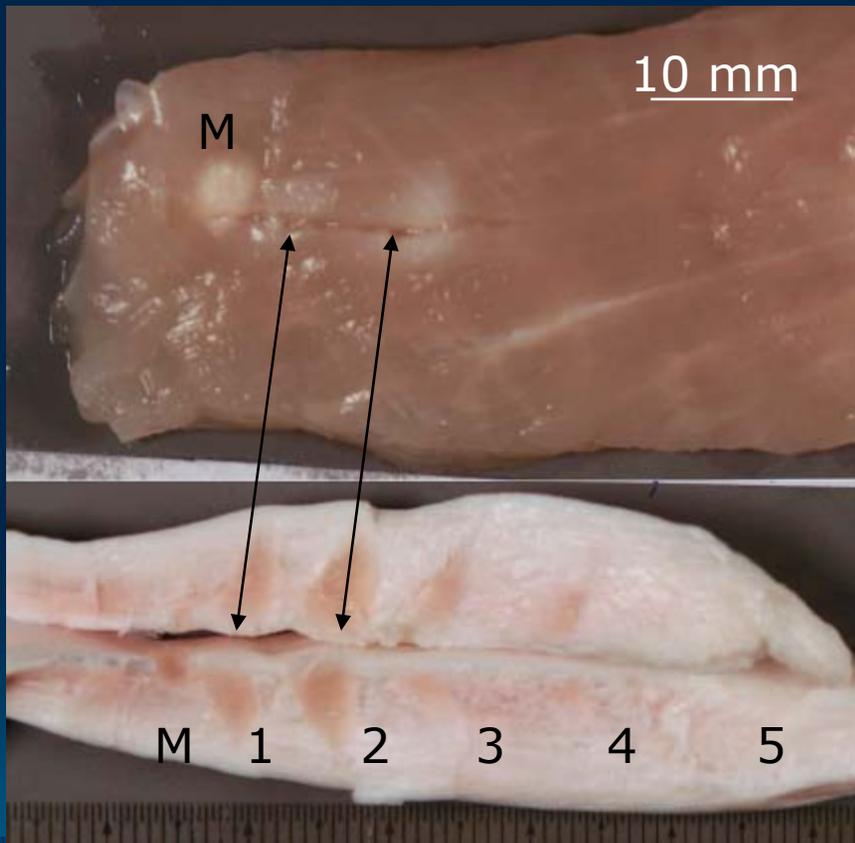
#	kW/cm ²	muscle	tendon
1	0.3	8.2 mm	6 mm
2	0.3	7.2 mm	6 mm
3	2.7	8.4 mm	0 mm



muscle folded back and split post-ablation

Layered model ablation - 2

muscle folded back post-ablation



5.25 MHz

#	kW/cm ²	muscle	tendon	time
1	0.1	9 mm	7 mm	20 s
2	0.2	9 mm	7 mm	18 s
3	0.1	9 mm	7 mm	18 s
4	0.1	9 mm	7 mm	15 s
5	0.1	9 mm	7 mm	12 s

M "marker" lesion

Beam 20° incidence

tendon split post-ablation

Angles & intensities, layered model

model	temperature °C	intensity* kW/cm ²	time s	depth mm	θ angle °	mean length mm	mean width mm	number
layered	37	0.23	10	7	15	3.97	2.76	4
layered	37	0.25	10	7	5	3.46	2.31	6
layered	37	0.25	10	7	0	5.92	2.19	6
layered	37	0.26	10	6	0	4.51	1.86	2
layered	37	0.32	10	6	0	4.07	2.06	1
layered	37	0.34	10	6	0	4.48	2.32	3

* *in-situ* intensity estimate

$$\alpha_{\text{muscle}} = 0.5 \text{ dB MHz}^{-1} \text{ cm}^{-1}, f = 5.25 \text{ MHz}, \Delta x \approx 1 \text{ cm}/\cos \theta$$

$$\alpha_{\text{tendon}} = 2.9 \text{ dB MHz}^{-1} \text{ cm}^{-1}, f = 5.25 \text{ MHz}, \Delta x = \text{depth}/\cos \theta$$

Conclusions

- HITU can ablate tendon *ex vivo*
- Lesions are consistent
- Subsurface ablation spares overlying soft tissue
- Frequency, intensity, and time
 - readily achievable
 - clinically convenient
- Relative insensitivity to 20° angle & 30% intensity variations

Promising for future clinical tendinosis applications

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References - 1

Christenson RE.

Effectiveness of specific soft tissue mobilizations for the management of Achilles tendinosis: single case study--experimental design.

Manual therapy. 2007 Feb;12(1):63-71.

Cleveland RO, Lifshitz DA, Connors BA, Evan AP, Willis LR, Crum LA.

In vivo pressure measurements of lithotripsy shock waves in pigs.

Ultrasound Med Biol. 1998 Feb;24(2):293-306.

Coleman DJ, Lizzi FL, Driller J, Rosado AL, Chang S, Iwamoto T, et al.

Therapeutic ultrasound in the treatment of glaucoma. I. Experimental model.

Ophthalmology. 1985 Mar;92(3):339-46.

Dyce KM, Sack WO, Wensing CJG.

Textbook of Veterinary Anatomy. Third ed.

Philadelphia PA USA: Saunders; 2002.

Goss SA, Frizzell LA, Dunn F.

Ultrasonic absorption and attenuation in mammalian tissues.

Ultrasound Med Biol. 1979;5(2):181-6.

References - 2

Harniman E, Carette S, Kennedy C, Beaton D.

Extracorporeal shock wave therapy for calcific and noncalcific tendonitis of the rotator cuff: a systematic review.

J Hand Ther. 2004 Apr-Jun;17(2):132-51.

Kettunen JA, Kujala UM, Kaprio J, Sarna S.

Health of master track and field athletes: a 16-year follow-up study.

Clin J Sport Med. 2006 Mar;16(2):142-8.

Maffulli N, Testa V, Capasso G, Bifulco G, Binfield PM.

Results of percutaneous longitudinal tenotomy for Achilles tendinopathy in middle- and long-distance runners.

The American journal of sports medicine. 1997 Nov-Dec;25(6):835-40.

McShane JM, Nazarian LN, Harwood MI.

Sonographically guided percutaneous needle tenotomy for treatment of common extensor tendinosis in the elbow.

J Ultrasound Med. 2006 Oct;25(10):1281-9.

Seil R, Wilmes P, Nuhrenborger C.

Extracorporeal shock wave therapy for tendinopathies.

Expert review of medical devices. 2006 Jul;3(4):463-70.

References - 3

Silver FH, Freeman JW, Seehra GP.

Collagen self-assembly and the development of tendon mechanical properties.
J Biomech. 2003 Oct;36(10):1529-53.

Stenlund B, Goldie I, Hagberg M, Hogstedt C.

Shoulder tendinitis and its relation to heavy manual work and exposure to vibration.
Scandinavian journal of work, environment & health. 1993 Feb;19(1):43-9.

Vanderby R, Provenzano PP.

Collagen in connective tissue: from tendon to bone.
J Biomech. 2003 Oct;36(10):1523-7.

Warden SJ.

Animal models for the study of tendinopathy.

British journal of sports medicine. 2007 Apr;41(4):232-40.

Wired Magazine.

How To Build a Better Body.

2007 Jan;15(01).