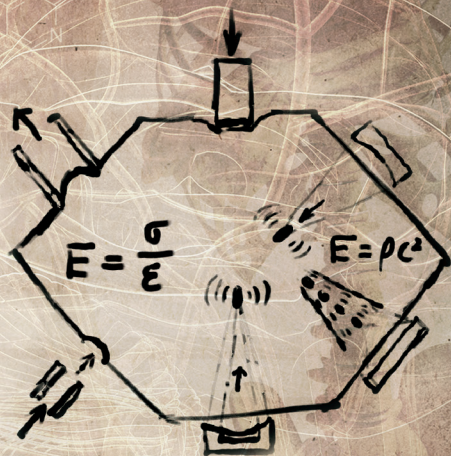


Measurement of Soft Tissue Elasticity *in Vivo*

Techniques and Applications



Yong-Ping Zheng
Yan-Ping Huang



CRC Press
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To our families
Sally Ding, Jenny, Winnie and Linnie Zheng
Amy Chen and Vicent Huang
For their love and support

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Preface

AN IMPORTANT MOTIVATION FOR US TO WRITE THIS BOOK was the lack of a standardised method for tissue elasticity measurement *in vivo*, in spite of so many different techniques available. These techniques have been developed based on different physical principles mainly over the past 30 years, although the first indentation device for the assessment of skin *in vivo* can be traced back to 1912. Researchers working on technological developments tend to focus on the techniques they initiated and make efforts to find more applications. On the other hand, clinicians or researchers working on the applications may either stick to a technique familiar to them or face a challenge of how to select a suitable technique for their applications. For researchers working on mechanics, it is well known that only two independent mechanical parameters are required to describe a homogenous, isotropic, linear and elastic material, which can be any two of Young's modulus, shear modulus and Poisson's ratio. Every material possesses intrinsic mechanical parameters. However, when different techniques are developed by different research groups based on different physical principles for measuring mechanical properties of different soft tissues, highly different parameters are used to represent tissue elasticity. One aim of this book is to provide both engineers interested in developing new methods and clinicians using techniques with an overview of the existing *in vivo* tissue elasticity measurement methods, their physical principles, advantages, disadvantages and assumptions.

Since Prof. Y.C. Fung published his classic textbook on biomechanics, *Biomechanics: Mechanical Properties of Living Tissues*, in 1993, there have been limited techniques available for the measurement of soft tissue elasticity *in vivo*. If readers aim to form a systematic understanding of the fundamental biomechanics of different body tissues, this is the right book to read. The entire field of ultrasound-assisted tissue elasticity measurement and imaging techniques has been rapidly developing since the

early 1990s with the representative paper of Prof. J. Ophir and coworkers, ‘Elastography: a quantitative method for imaging the elasticity of biological tissues’. *Ultrasound Imaging* 13(2):111–134, in 1991. Later, magnetic resonance imaging (MRI) and optical imaging-assisted techniques were developed. Since then, researchers all over the world have proposed many innovative methods aiming to provide more accurate, intrinsic and convenient measurement of tissue elasticity *in vivo*, including sonoelastography, transient elastography (TE), intravascular elastography, vibro-acoustography, supersonic shear imaging (SSI), harmonic motion imaging, acoustic radiation force impulse imaging (ARFI), magnetic resonance elastography (MRE), optical elastography, etc. More names are generated when the techniques go to commercial domains, such as vibration-controlled transient elastography (VCTE)TM, FibroscanTM, FibrotouchTM, Virtual TouchTM, real-time tissue elastographyTM and shear wave elastography (SWE)TM. These techniques have all been described in Chapter 6. As different techniques and devices provide different parameters to indicate tissue elasticity with numerous assumptions, it is almost impossible for end-users to understand the fundamentals. When clinicians use an ultrasound scanner to measure blood flow, they clearly know what the value means. However, when the same clinicians obtain a parameter about tissue elasticity, they have to understand much more about tissue biomechanics, which is often beyond what they have been trained. For many end-users, knowledge about tissue elasticity measurement and imaging may come from a salesperson of a specific device, which requires that the salesperson be very knowledgeable and not be biased with the different techniques available.

In 1993, the authors’ team began work on the development of novel techniques for measuring tissue elasticity *in vivo*, starting from ultrasound indentation. Since then, the team has developed a series of methods, including ultrasound indentation, water-jet ultrasound indentation, air-jet indentation, vibro-ultrasound shear wave propagation, real-time image-guided transient elastography, ultrasound compression, ultrasound swelling and optical coherence tomography (OCT)-based indentation and suction. They have become one of the many teams, globally, in generating new terms related to tissue elasticity measurement. During substantial collaborations with collaborators working in many different medical and health care fields, they realised the huge gap between the techniques development engineers and health care professionals use. The users tended to simply accept whatever quantitative parameters a device provided and

seldom spent time understanding the principle and assumption behind such parameters. In addition, it is very unique that the author's team has been working on techniques to bridge modern ultrasound and optical imaging with conventional elasticity measurement techniques, including indentation, compression and suction tests. This gives an opportunity for them to appreciate even more the huge diversity of tissue elasticity measurement techniques. There are many devices available using indentation, suction, resonant frequency shift, etc., including MyotonometerTM, MyotonTM, CutometerTM, Ocular Response AnalyzerTM, Artscan and tissue ultrasound palpation system (TUPS). The principles of these devices are discussed in related chapters in this book together with the constraints and assumptions used.

In addition to the diversity of measurement techniques and devices, tissue elasticity measurement can be further complicated by the complex mechanical behaviours of soft tissues, particularly measured *in vivo*. Soft tissues are actually inhomogeneous, anisotropic, nonlinear, viscoelastic and time dependent (dynamic). Handling complicated behaviours during the measurement of tissue elasticity is a very important topic. If they are not considered carefully, the reliability of measurement results will be questionable. Again, this kind of knowledge is beyond the understanding of many end-users, such as clinicians who want to use elasticity value of tissues for disease diagnosis or tissue assessment. In this book, we briefly discuss the origins of nonlinearity and viscoelasticity of tissues and how to reduce the influence of such behaviours on the measurement. For more comprehensive understanding of the fundamental knowledge about the topic, the readers may refer to Prof. Fung's book.

While the authors focus on a comprehensive review of tissue elasticity measurement *in vivo*, they also give introductions to many techniques available for *in vitro* studies. These *in vitro* methods are not only important for readers to form an overall understanding of tissue elasticity measurement, but also for validating any newly developed measurement techniques. This book covers topics from measurement techniques to clinical applications. Some typical clinical applications are discussed in Chapter 10, but they are by no means exhaustive. The field of tissue elasticity measurement is still rapidly growing, and the future is difficult to predict. The authors propose two future directions for research in this field. One is to standardise the terms and parameters, or even the test protocols used in different fields in the near future. Currently, when describing tissue elasticity, people in different fields and devices based

on different techniques may use different parameters, including modulus, Young's modulus, shear modulus, effective modulus, elastic modulus, shear wave speed, stiffness, hardness, firmness, compliance, tenderness, pliability, etc. Each of these parameters can also be defined differently by different research teams. The second is that one technique can be standardised to dominate the field, while devices can be adapted to fit the measuring requirements for different tissues. In this way, the results obtained for the same tissue by different clinicians at different places can be comparable and a standardised protocol can be established.

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Other team members have also made different kinds of contributions to the field, including Dr. Xin Chen, Dr. Jingyi Guo, Dr. Hongbo Xie, Wentao Liu, Jinsheng Fung, Chunhong Ji, Timothy Lee, Dr. Guangquan Zhou, Dr. Weiwei Jiang, Dr. Haris Begovic, Dr. James Cheung, Yi Wang, Kelly Lee, Jinxin Zhao and Yen Law.

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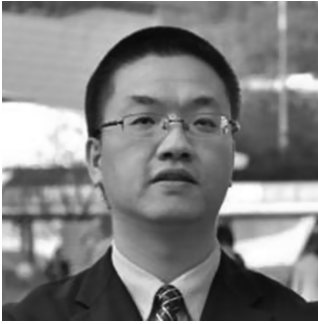
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History and Recent Development in Soft Tissue Elasticity Measurement

USING SOFT TISSUE ELASTICITY for the assessment of different pathological conditions has been a clinical approach for thousands of years. The most common technique is referred to as ‘palpation’, i.e. using fingers to feel tissue elasticity (Figure 1.1). The elasticity of soft tissues can be referred to as hardness, stiffness and so on, which represents how much a tissue can be deformed under a certain loading condition. For example, when a tissue is undergoing fibrosis, it becomes stiffer; when there is an oedema, it may become softer. In ancient Greece, palpation was recommended as a method to detect stiffening or pain of the abdomen by Hippocratic physicians (Nicolson 1993). For example, palpation was used as part of the practice for differentiating between ascites and tympanites. Because of the difference in internal fluids, the operator would feel quite differently for the two different pathologies. In the eighteenth century, palpation was also used as a bedside practice for the detection of tumour as recorded in Mogagni’s classic work *The Seats and Causes of Diseases as Investigated by Anatomy*: ‘and being asked to feel the man’s belly, I scarcely perceiv’d any particular tumor elsewhere than in the scrobiculus cordis’.