

Predicting Tissue Thermal Dynamics in Thermoregulatory Injuries such as Heat Stroke and Hypothermia

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Military & Medical Relevance



HEAT STROKE
Characterized by body core temperature > 40 °C
Without rapid cooling, it can progress to systemic inflammation and death

Background

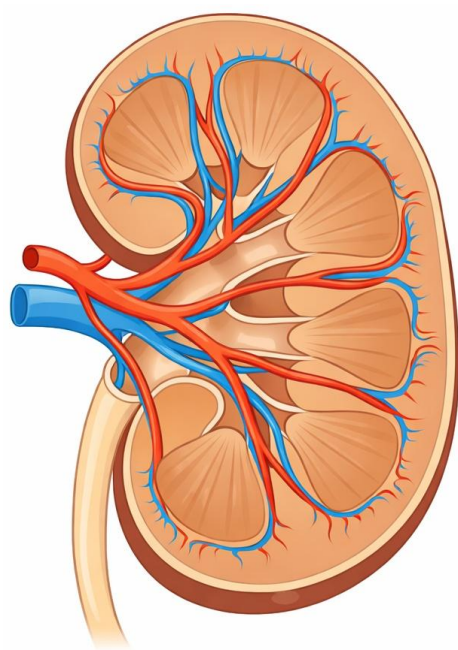
Research Question: What are the **limitations** of current bioheat transfer models in predicting body temperature changes during rapid cooling?

Most Used Model: Pennes Bioheat Equation (PBHE)

$$\rho c \frac{\partial T}{\partial t} = k \nabla^2 T + \rho_b c_b \omega (T_a - T) + q'''$$

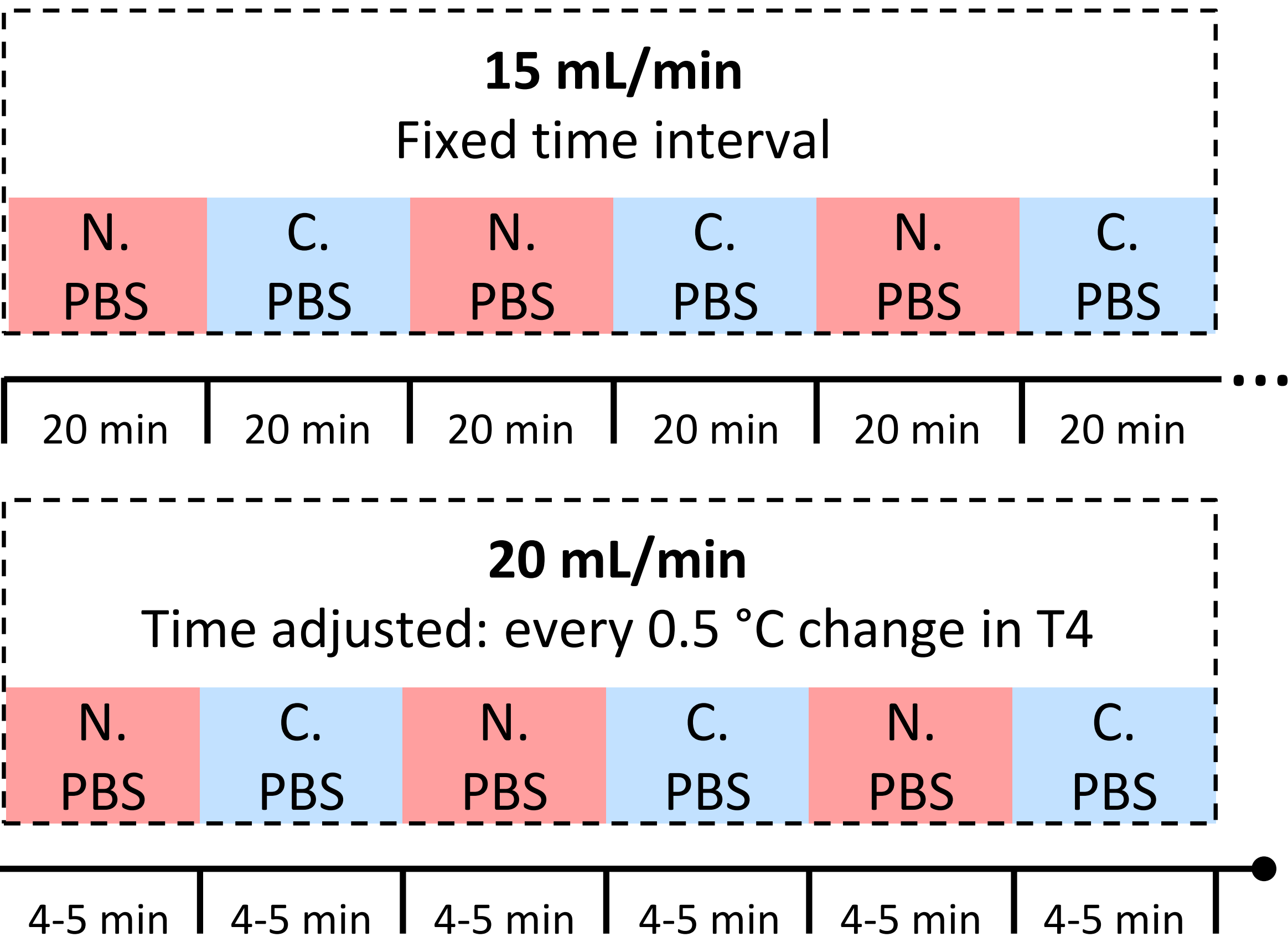
This model assumes instantaneous thermal equilibrium between **blood** and tissue.

Objective: Assess the validity of Pennes' bioheat equilibrium assumption by measuring transient temperature gradients during *ex vivo* swine kidney perfusion.

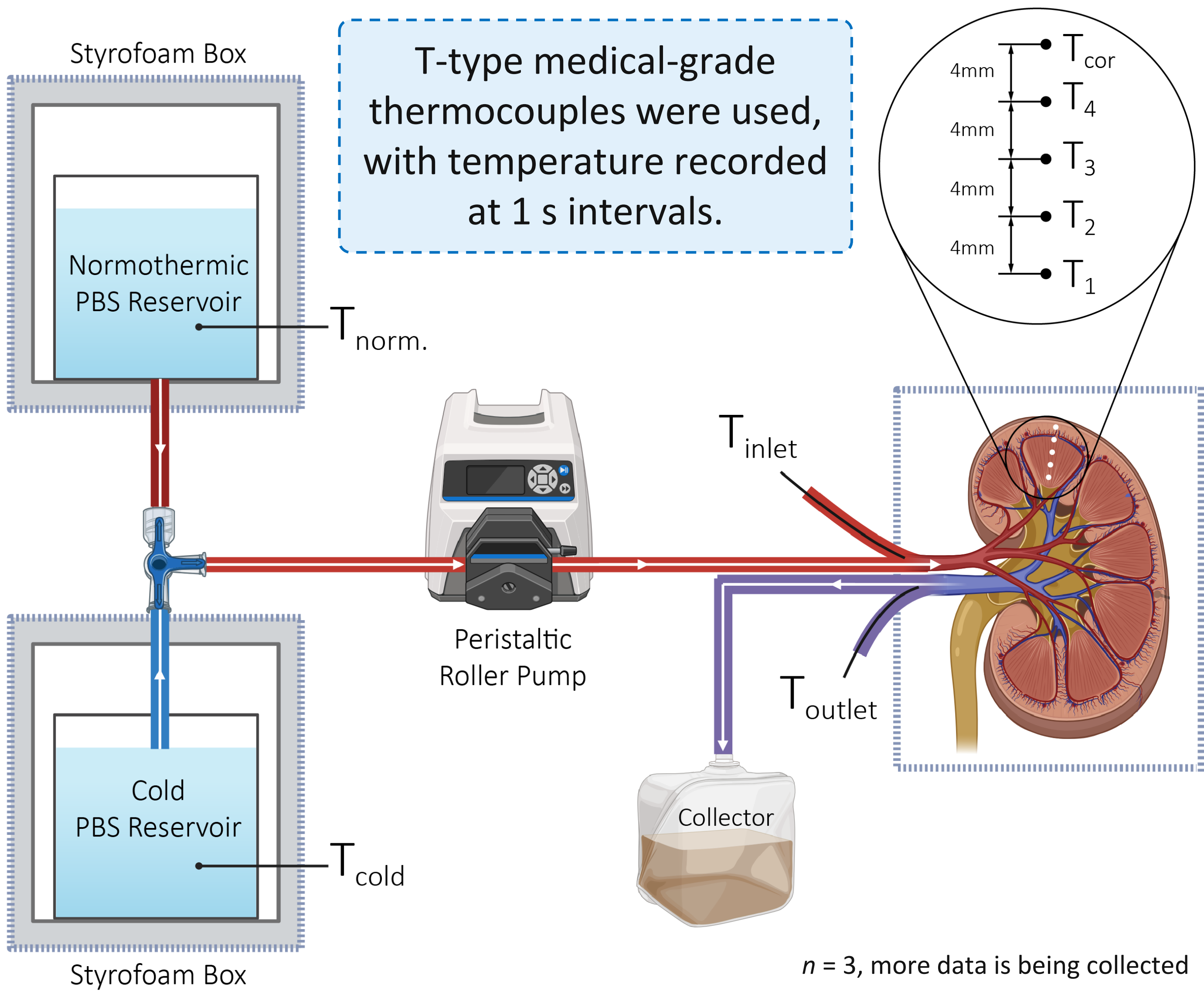


Methods

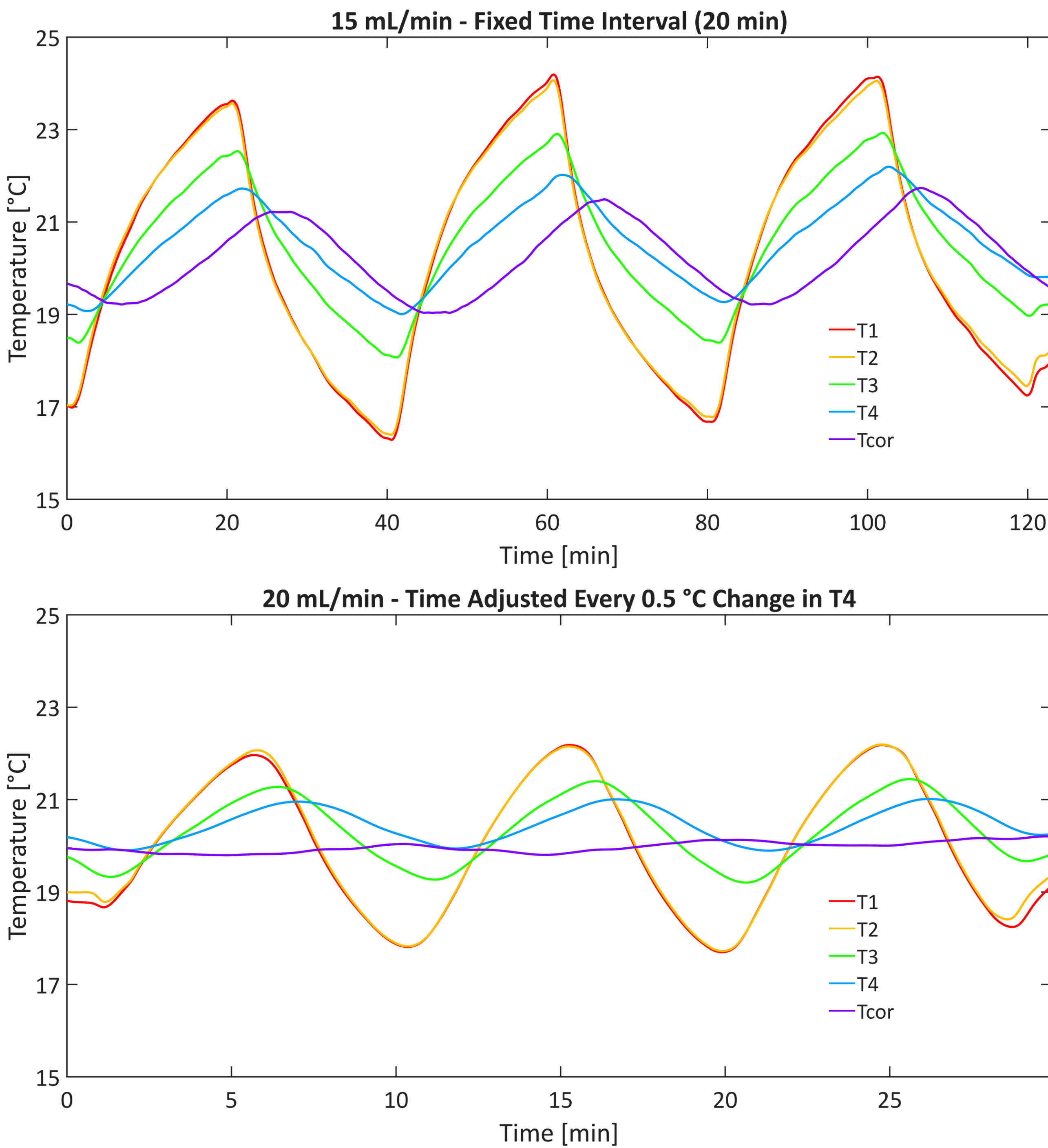
Perfusion Protocol: N = Normothermic C = Cold



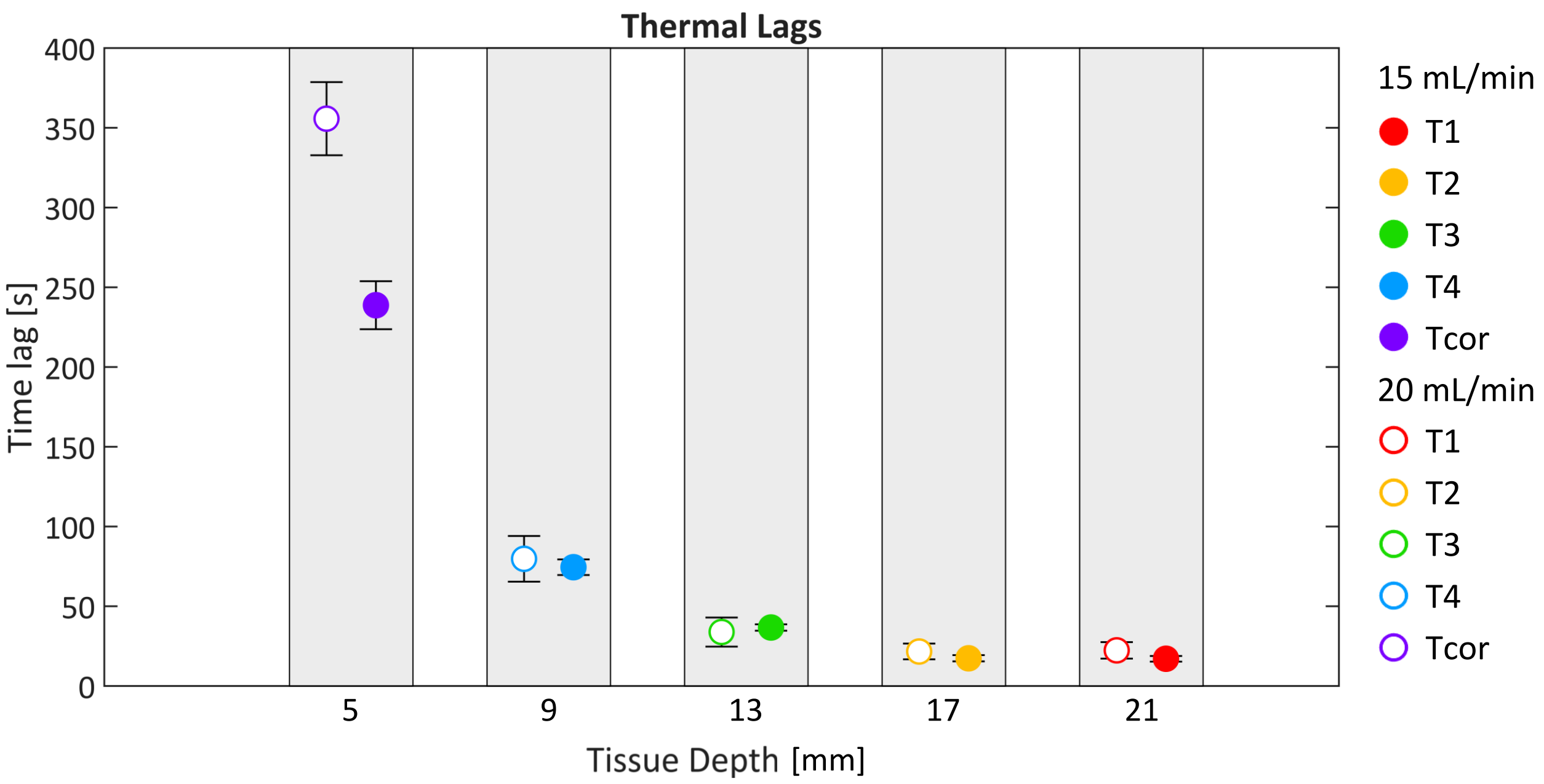
Methods



Results



Results



Discussion

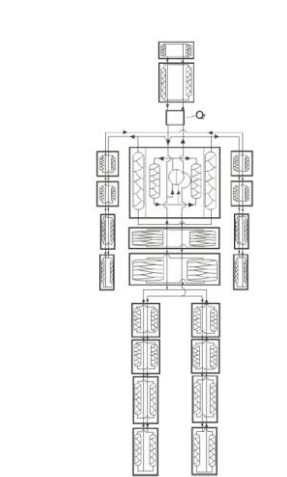
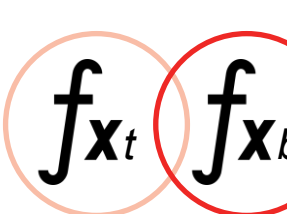
- Measured lags indicate **non-instantaneous perfusate-tissue thermal equilibration**
- PBHE breaks down** when perfusate and tissue temperatures differ substantially
- Results reveal **depth-dependent thermal propagation**



Gap Revealed: Blood-tissue coupling or two-parameter models are needed to capture transient behavior.

Future Work

- Additional kidney perfusion experiments are ongoing
- Development of a coupled blood-tissue thermal model is in progress**
- Improved temperature control in perfused tissues is relevant to hyperthermia, cryotherapy, and organ preservation, opening avenue for other applications
- In heat stroke, this modeling approach may support whole-body simulations to evaluate and optimize cooling strategies**



Acknowledgements

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