

# 2<sup>nd</sup> CCRC Open House 2018

**Francis Loth, Ph.D.**  
**CCRC Executive Director**  
**Professor and Harrington Chair**  
**Departments of Biomedical and Mechanical Engineering**

CCRC was established in 2012  
1<sup>st</sup> Open House was 2013

# What is the CCRC?

Group of professors, postdocs, and students conducting research on CM



We do not treat CM patients.  
UA has no medical school

# CCRC Funded Projects (11 UA faculty)

## Philip Allen (**Psychology**)

- Biomarkers of surgical success in females with Chiari Malformation Type I, 2015
- Non-invasive therapies for the treatment of chronic pain in CM, 2016
- Chiari 1000 Project Manager, 2015

## Rouzbeh Amini (**Biomedical Engineering**)

- Biomechanical Assessment of Brain Deformation in Relation to Chiari Malformation, 2016

## Brian Davis (**Biomedical Engineering**)

- Gait Assessment in Chiari Malformation, 2018

## Malena Español (**Math**)

- MRI Based Classification of Chiari Malformation, 2014

## Kevin Kaut (**Psychology**)

- The Developmental and Psychoeducational Impact of Chiari Malformation, 2014

## Nic Leipzig (**Chemical and Biomolecular Engineering**)

- Transcriptional Profiling and microCT Assessment of Experimental Syringomyelia, 2015
- Targeting Syrinx Transporters for Syringomyelia Treatment Strategies, 2013, 2015

## Francis Loth (**Mechanical and Biomedical Engineering**)

- Automated Morphometric Analysis for Diagnosis and Research, 2015
- MRI Morphometric Traits of Type 1 Chiari malformation Across Age and Gender, 2015
- Brain Damage in Chiari I Malformation

## Bryn Martin, Aintzane Urbizu (**Mechanical Engineering, Genetics**)

- Genetic Traits of CM Across Age and Gender, 2015

## Leah Shriver (**Chemistry/Biology**)

- Metabolic and Inflammatory Alterations in Patients with Chiari Malformation, 2013

## David Tokar (**Psychology**)

- Career Development Experiences of Individuals with CM, 2017

Co-Investigators: Ronald Otterstetter, (**Exercise Science**), John Elisa (**Biomedical Eng.**) and  
Dawn Johnson (**Psychology**)

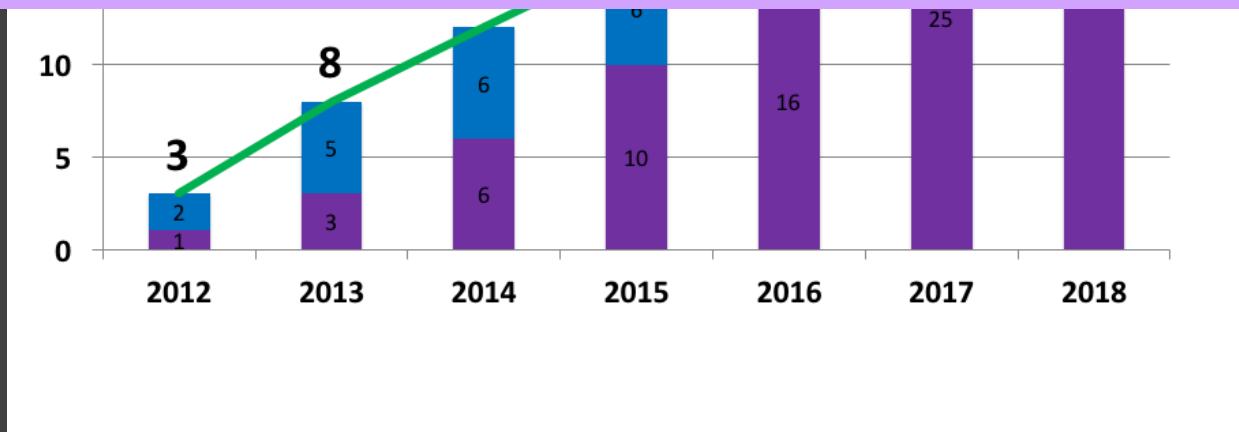
# Goals of the CCRC:

- **Apply the latest engineering, biological and psychological techniques to improve diagnoses and treatment options for Chiari**
- **Foster collaborations with leading clinicians and scientists**
- **Act as a focal point for the Chiari research community and attract more researchers to the study of Chiari**

# CCRC Journal Paper Report – Summer 2018



Two binders are placed on the table with the Clivus bone models with all the CCRC journal papers for your review



Link to NCBI listing of CCRC Journal Papers:

<https://www.ncbi.nlm.nih.gov/sites/myncbi/francis.loth.1/collections/54455604/public/>

# Training/Exposure to CM Research:

- Several high school students
- Dozens of undergraduate students
- 6 Master Students
- 15 Doctoral students
- 2 Post Doctoral Fellows
- 2 Research Faculty

Two former UG students when on to get a neuroscience degree after leaving the university.

Bryn Martin, Ph.D.  
Assistant Professor  
Biological Engineering  
University of Idaho





Jim Houston, Ph.D.  
Assistant Professor  
Developmental Psychology  
Middle Tennessee State University



# Brain Measurements Beyond Tonsillar Descent

Maggie S. Eppelheimer, James R. Houston, Soroush H. Pahlavian, Audrey M. Braun, Natalie J. Allen, Dipankar Biswas, Dorothy M. Loth, Aintzane Urbizu, Richard Labuda, Philip A. Allen, Jayapalli Bapuraj (Rajiv), Francis Loth



## Jayapalli Bapuraj, MBBS

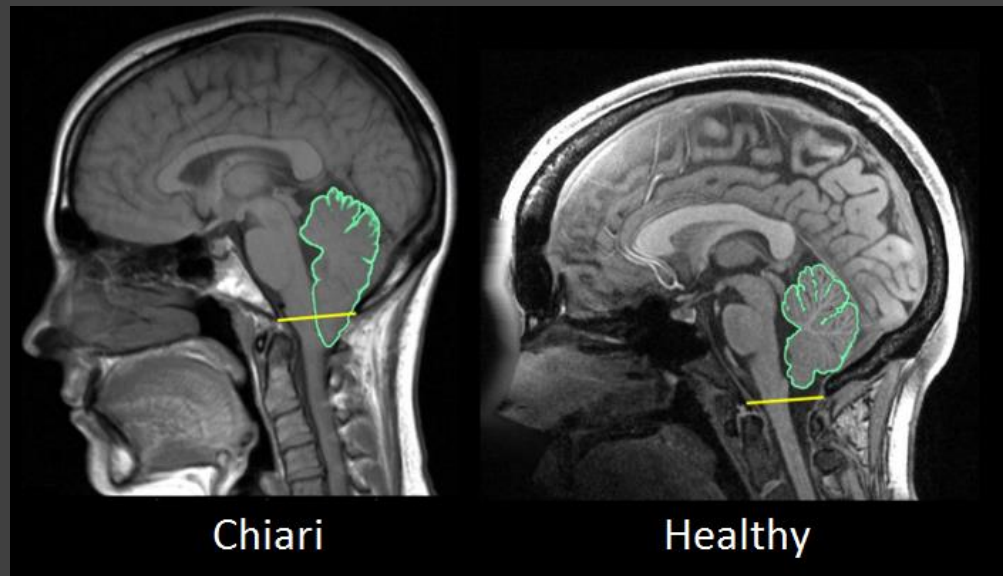
Associate Professor, Radiology  
Division of Neuroradiology

*Michigan Medicine*

*University of Michigan*

# Chiari Type I Malformation (CMI)

- Midsagittal MRI identification of tonsillar position of 3-5mm below foramen magnum (tonsillar ectopia)
- Symptoms: occipital headaches, neck pain, and balance problems (Fischbein, Saling et al. 2015)
- 0.1% of general population has CMI
- 1-2% of individuals without symptoms have tonsillar ectopia (Smith, Strahle et al. 2013)



## Morphological data:

➤ CM Subjects came from *Chiari1000* project:

- demographic info
- MRI Images before surgery (>600) and after surgery (>120)
- CT Image sets (>100)

➤ Controls came from many sources:

- Human Connectome Project
- Cleveland Clinic Foundation
- National Institute of Mental Health

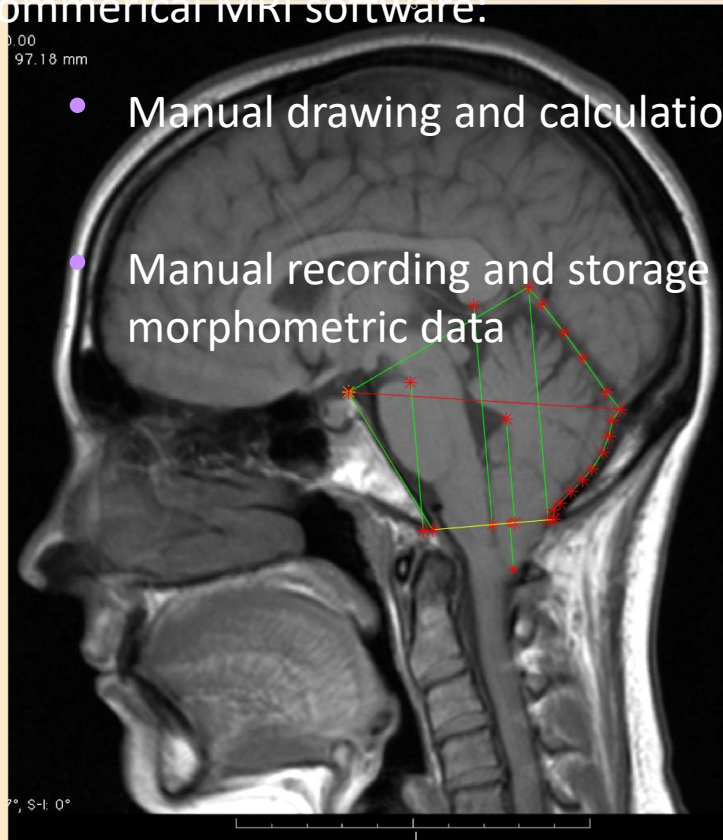
\*Examination of these data has led to **6 journal papers ideas**  
(2 published, 1 submitted, 3 in preparation)



# Research based software: MorphPro

Commercial MRI software:

- Manual drawing and calculations
- Manual recording and storage of morphometric data



Participant ID Number: 11786 Technician Name: J. St. Date: 25-Apr-2017

Posterior Cranial Fossa (PCF) height: 13.1087

Calculate General Length: 0  
Calculate General Angle: 0  
Calculate General Area: 0

Import Measurements  
Export Measurement Data

Save Additional Point/Line: 0

|          |                 |   |
|----------|-----------------|---|
| 34.4291  | mm              | McRae's line / Foramen magnum               |
| 13.1087  | mm              | Tonsillar position                          |
| 29.2446  | mm              | Distance from trigonum to McRae             |
| 41.8559  | mm              | Distance from Pons to McRae                 |
| 61.8447  | mm              | Distance from Corpus Callosum to McRae      |
| -5.52858 | mm              | Basilar angle                               |
| 28.6466  | mm              | Basioccipital length                        |
| 18.0898  | mm              | Basisphenoid length                         |
| 45.3741  | mm              | Clivus length                               |
| 113.06   | degrees         | Basal angle                                 |
| 154.331  | degrees         | Wackenheim angle                            |
| 43.069   | mm              | Tentorium length                            |
| 112.232  | degrees         | Tentorium angle                             |
| 34.5122  | mm              | Supraoccipital length                       |
| 65.8019  | mm              | Posterior Cranial Fossa (PCF) height        |
| 76.6739  | mm              | PCF Anteroposterior Diameter                |
| 3210.77  | mm <sup>2</sup> | PCF area                                    |
| 1948.18  | mm <sup>2</sup> | PCF osses area                              |
| 5.61541  | mm              | Basion dens interval                        |
| 143.348  | degrees         | Dural angle                                 |
| 28.7248  | mm              | Anteroposterior diameter Dura-Opisthion     |
| 6.40602  | mm              | Grabb-oakes                                 |
| 6.31257  | mm              | Basion to Posterior axial line (PAL)        |
| 171.644  | degrees         | Sphenoccipital synchondrosis angle          |
| 219.394  | mm <sup>2</sup> | Basioccipital area                          |
| 602.209  | mm <sup>2</sup> | Basisphenoid area                           |
| 55.5782  | mm <sup>2</sup> | Sella turcica area                          |
| 75.8957  | mm              | Anteroposterior pharyngeal cavity diameter  |
| 2536.15  | mm <sup>2</sup> | Buccal cavity area                          |
| 2401.68  | mm <sup>2</sup> | Tongue area                                 |
| 69.9113  | mm              | Tongue diameter                             |
| 29.3744  | mm              | Soft palate length                          |
| 9.60826  | mm              | Soft palate thickness                       |
| 57.6783  | mm              | Vertical airway length                      |
| 61.2079  | degrees         | Odontoid angle                              |
| 1.00477  | mm              | Narrowest upper pharyngeal airway diameter  |
| 5.27652  | mm              | Narrowest middle pharyngeal airway diameter |
| 2.25057  | mm              | Narrowest lower pharyngeal airway diameter  |
| 0.194805 | mm              | Level of epistaxis                          |
| 14339.4  | mm <sup>2</sup> | Intracranial area                           |
| 131.601  | mm              | Intracranial height                         |
| 162.611  | mm              | Intracranial width                          |

Additional Parameters

|  |          |  |    |   |   |
|--|----------|--|----|---|---|
| <input checked="" type="checkbox"/> Pons-Medulla Point | 13.04 mm | <input checked="" type="checkbox"/> McRae's/Tonsillar Position | mm | <input type="checkbox"/> Corpus Callosum            | 0 |
| <input checked="" type="checkbox"/> Aqueduct area      | 0        | <input checked="" type="checkbox"/> Head Area                  | 0  | <input type="checkbox"/> Spinal Cord                | 0 |
| <input checked="" type="checkbox"/> C3                 | 0        | <input type="checkbox"/> Anterior CSF space                    | 0  | <input type="checkbox"/> Anterior Spinal Cord angle | 0 |
| <input checked="" type="checkbox"/> C4                 | 0        | <input type="checkbox"/> Posterior CSF space                   | 0  |   |   |

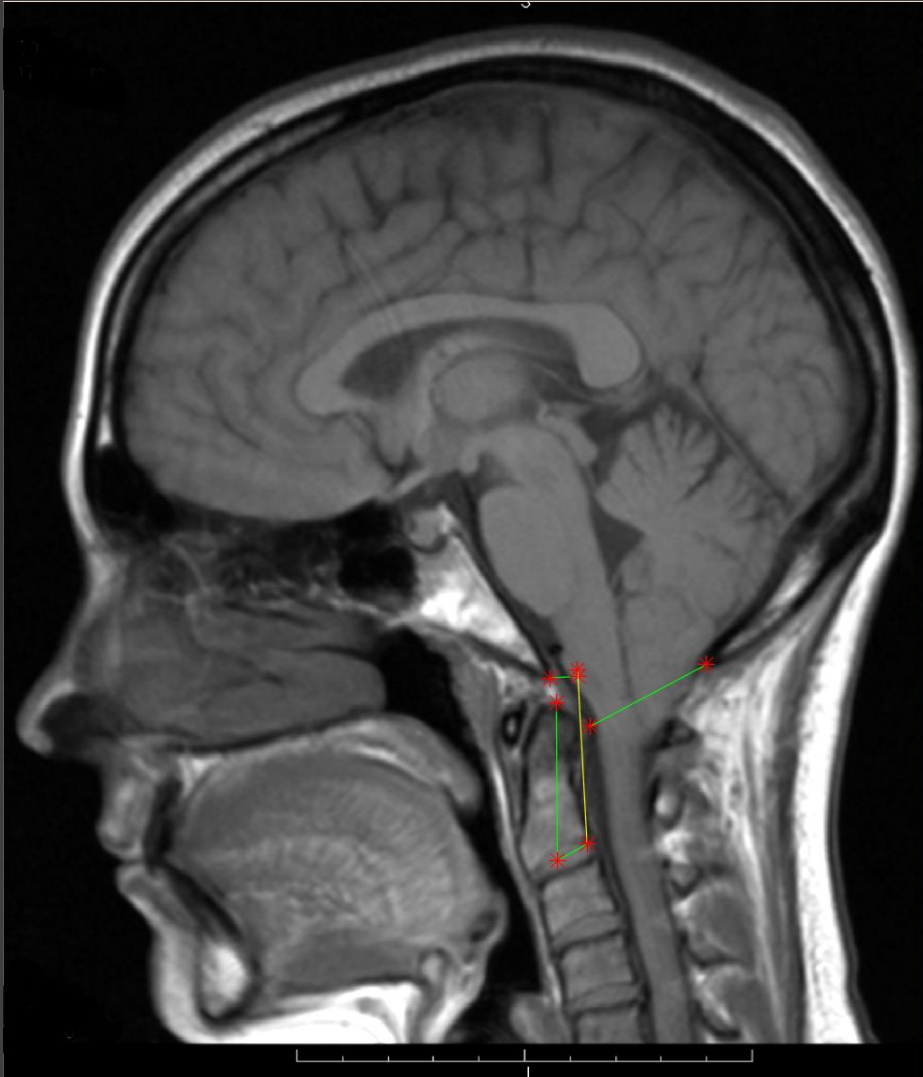
Evalute Statistical Model: 0

Measurement Duration: 0 seconds

Save Measurement Image  
Delete All Measurements

2-3 hrs → 10-15 min

## Results: Morphological markers:



1. Lowering of bone and soft tissue structures
  - 3mm reduction
2. Horizontally angled clivus bone
  - Wider basal and Boogard angle
  - Narrower Wackenheim angle
3. Odontoid process measurements
  - Extension into the spinal canal (Retrograde angulation)

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Original Article

## A morphometric assessment of type I Chiari malformation above the McRae line: A retrospective case-control study in 302 adult female subjects



James R. Houston<sup>a</sup>, Maggie S. Eppelheimer<sup>b</sup>, Soroush Heidari Pahlavian<sup>c</sup>,  
Dipankar Biswas<sup>c</sup>, Aintzane Urbizu<sup>c,d</sup>, Bryn A. Martin<sup>e</sup>, Jayapalli Rajiv Bapuraj<sup>f</sup>,  
Mark Luciano<sup>g</sup>, Philip A. Allen<sup>a</sup>, Francis Loth<sup>b,c,\*</sup>

<sup>a</sup> Department of Psychology, Conquer Chiari Research Center, The University of Akron, Akron, OH, 44325, USA

<sup>b</sup> Department of Biomedical Engineering, Conquer Chiari Research Center, The University of Akron, Akron, OH, 44325, USA

<sup>c</sup> Department of Mechanical Engineering, Conquer Chiari Research Center, The University of Akron, Akron, OH, 44325, USA

<sup>d</sup> Duke Molecular Physiology Institute, Duke University Medical Center, Durham, NC, 27703, USA

<sup>e</sup> Department of Biological Engineering, University of Idaho, Moscow, ID, 83844, USA

<sup>f</sup> Department of Radiology, Division of Neuroradiology, University of Michigan Health System, Ann Arbor, MI, 48103, USA

<sup>g</sup> Department of Neurosurgery, Johns Hopkins University, Baltimore, MD, 21218, USA



**TABLE 2** | Prevalence of conditions in CMI sample with demographics.

| Prevalent condition               | N   | Condition prevalence (%) | Mean age in years (stdev) | Percent caucasian (%) |
|-----------------------------------|-----|--------------------------|---------------------------|-----------------------|
| Migraine headaches                | 147 | 62                       | 36 (10)                   | 91.2                  |
| <b>Scoliosis</b>                  | 45  | 19                       | 35 (10)                   | 95.5                  |
| <b>Syringomyelia</b>              | 38  | 16                       | 32 (10)                   | 92.1                  |
| Fibromyalgia                      | 33  | 14                       | 37 (10)                   | 93.9                  |
| Chronic fatigue syndrome          | 31  | 13                       | 38 (11)                   | 87.1                  |
| Spinal dysraphism                 | 29  | 12                       | 35 (10)                   | 93.1                  |
| <b>Ehlers Danlos syndrome</b>     | 21  | 9                        | 36 (10)                   | 100.0                 |
| Other Endocrine Diseases          | 20  | 8                        | 37 (11)                   | 95.0                  |
| <b>Pseudotumor cerebri</b>        | 20  | 8                        | 36 (12)                   | 85.0                  |
| Raynaud phenomenon                | 18  | 8                        | 38 (10)                   | 94.4                  |
| <b>Craniocervical instability</b> | 17  | 7                        | 38 (10)                   | 88.2                  |
| Sleep Apnea                       | 16  | 7                        | 41 (12)                   | 93.8                  |

*Total CMI participants in study: 236. Conditions in bold are labeled as RC. Overall racial and ethnic prevalence in our sample: 2% Native American/Alaska Native, 2% Asian, and 6% Black/African American. PCs include some conditions that were diagnosed as a child.*

**Syringomyelia** – smaller McRae Line for CM with SM compared to w/o  
**EDS** – smaller tonsillar position for those with EDS compare to those w/o  
**Scoliosis** – Basion to posterior axial line longer in CM with scoliosis compared to w/o





# A Retrospective 2D Morphometric Analysis of Adult Female Chiari Type I Patients with Commonly Reported and Related Conditions



*Maggie S. Eppelheimer<sup>1</sup>, James R. Houston<sup>2</sup>, Jayapalli R. Bapuraj<sup>3</sup>, Richard Labuda<sup>4</sup>, Dorothy M. Loth<sup>2</sup>, Audrey M. Braun<sup>5</sup>, Natalie J. Allen<sup>5</sup>, Soroush Heidari Pahlavian<sup>5</sup>, Dipankar Biswas<sup>5</sup>, Aintzane Urbizu<sup>5,6</sup>, Bryn A. Martin<sup>7</sup>, Cormac O. Maher<sup>8</sup>, Philip A. Allen<sup>2</sup> and Francis Loth<sup>1,5\*</sup>*

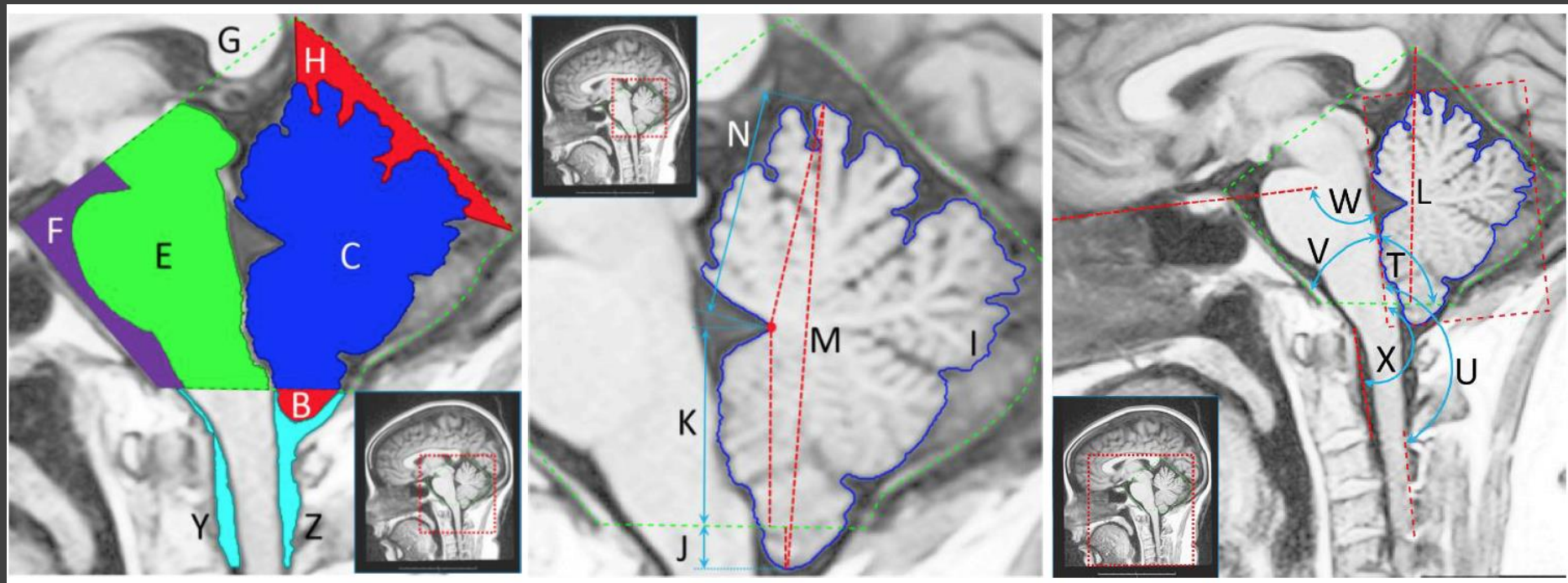
<sup>1</sup> Department of Biomedical Engineering, Conquer Chiari Research Center, University of Akron, Akron, OH, United States,

<sup>2</sup> Department of Psychology, Conquer Chiari Research Center, University of Akron, Akron, OH, United States, <sup>3</sup> Department of Radiology, University of Michigan Health System, Ann Arbor, MI, United States, <sup>4</sup> Conquer Chiari, Wexford, PA, United States,

<sup>5</sup> Department of Mechanical Engineering, Conquer Chiari Research Center, University of Akron, Akron, OH, United States,

<sup>6</sup> Duke University Medical Center, Duke Molecular Physiology Institute, Durham, NC, United States, <sup>7</sup> Department of Biological Engineering, University of Idaho, Moscow, ID, United States, <sup>8</sup> Department of Neurosurgery, University of Michigan Health System, Ann Arbor, MI, United States

## 26 Additional Parameter for Morphometrics



18 of these parameters to be different between CM and controls.

Notable Results:

- Cerebellum area was 15% larger than that of controls (8.4% even when excluding the tonsillar area below the FM)
- Much smaller CSF spaces in CM vs controls (as expected)

# In review: *Annals of Biomedical Engineering*

Manuscript

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## Quantification of Cerebellar Crowding in Type I Chiari Malformation

Dipankar Biswas<sup>1</sup>, Maggie S. Eppelheimer<sup>2</sup>, James R. Houston<sup>3</sup>, Alaaddin Ibrahimy<sup>1</sup>,  
J. Rajiv Bapuraj<sup>4</sup>, Richard Labuda<sup>5</sup>, Philip A. Allen<sup>3</sup>, David Frim<sup>6</sup>, Francis Loth<sup>1, 2</sup>

<sup>1</sup>Department of Mechanical Engineering, The University of Akron, Akron, Ohio, USA

<sup>2</sup>Department of Biomedical Engineering, The University of Akron, Akron, Ohio, USA

<sup>3</sup>Department of Psychology, The University of Akron, Akron, Ohio, USA

<sup>4</sup>Department of Radiology, University of Michigan Health System, Ann Arbor, MI, USA

<sup>5</sup>Conquer Chiari, Wexford, Pennsylvania, USA

<sup>6</sup>Department of Neurology, The University of Chicago Medicine, Chicago, IL, USA

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# Three Additional CM Morphometric Studies are in progress that also examine midsagittal MRI images

1. Changes after Decompression Surgery
2. Adult Males
3. Pediatric Subjects



# Conclusions

- Developed software tools that help rapidly evaluate brain morphometrics in effort to discover new and important parameters that will help in diagnosis and evaluation of people with CM  
*(software demonstration this afternoon in the CCRC Lab)*
- Discovered many new parameters that are significantly different in CM compared to controls. Must determine the relationship of these parameters with symptomology to understand the pathophysiology of CM. This could help determine who are the best candidates for surgery or in evaluating different surgical procedures.

# Acknowledgements

Grant support from Conquer Chiari

