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Evaluation of Virus Concentration Analysis in the Airway by CFD

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ABSTRACT

Currently, Covid-19 is an epidemic all over the world. When virus directly adhere to mucous membrane of airway by breath, some humans maybe get inflammatory responses by viruses in the first stage of infection. The airway is composed of the nasal cavity, sinuses (Maxillary Sinus, Ethmoid Sinus, Frontal Sinus and Sphenoidal Sinus) and lungs. In the infection stage, the sinuses located in the nasal cavity tend to exhibit particularly high virus concentrations. Therefore, it is important to evaluate quantitatively the areas where viruses are likely to be adhered in the nasal cavity including sinuses. In this study, by CFD including concentration analysis the areas where viruses are likely to be adhered in the nasal cavity are predicted. As for the methods, the nasal cavity was made from 2D-CT image data by Itk-SNAP. For this computation in the nasal cavity continuity equation, Navier-Stokes equation and transport equation are used. And the transport of concentration was computed in the divided 4 parts of nasal cavity. As a result, it was found that the ratio of the concentration to the initial concentration in Ethmoid Sinus is approximately 0.6. It was found that Ethmoid Sinus is the areas where viruses are likely to be adhered and the areas can be predicted by computing the concentration.

1. Introduction

COVID-19 has mutated into various subspecies and has been taking many lives for a long time. Generally, the viruses are floating in the air by sneezing and talking, and the people are infected by inhaling them. When the viruses directly adhere to the mucous membrane of the airway by breath, some people may get inflammatory responses by viruses in the first stage of infection [1,2]. Recently, some studies have predicted the amount of minute particle that adhere to the nasal cavity [3-5]. But most researches have not included sinuses. Since the sinuses are tended to be that residence time in the sinuses is higher than other airway, it is important for quantitatively evaluating the adhesion areas of the viruses to consider the sinuses [6].

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Although the flow of the nasal cavity has been known to be that a flow field in which turbulent and laminar flows mix, previous studies have shown that it is possible to predict the flow field in the nasal cavity using Computational Fluid Dynamics (CFD) [7-12]. According to Inthavong *et al.*, [7], flow patterns in the nasal cavity were investigated by CFD. It was found that the surrounding air flow to the other angle by the difference of the geometry. Besides, according to Yu *et al.*, [8], it was clarified that the maxillary sinus effects on the concentration in the nasal cavity through the concentration of the nitric oxide in the nasal cavity including the maxillary sinus is analyzed by CFD. However, the sinuses other than the maxillary sinus were not done modeling, and the effect of these sinuses on the velocity and the concentration in the nasal cavity is not shown.

In this study, the velocity, the pressure, and the concentration in the nasal cavity made from 2D CT image data were computed by CFD, and it is compared concentration in the nasal cavity divided into 4 parts (Maxillary Sinus, Ethmoid Sinus, Frontal Sinus and Sphenoidal Sinus).

2. Methodology

2.1 Obtainment and Smoothing of 3D Geometry of Nasal Cavity

The 3D geometry of the nasal cavity is obtained from 2D-CT image data by Itk-SNAP [13]. The medical image used to the obtained geometry of the nasal cavity was used the sample dataset of Pydicom. Therefore, the contrast is adjusted to be emphasized only the nasal cavity. Figure 1 shows the obtained geometry of nasal cavity from 2D-CT image data.

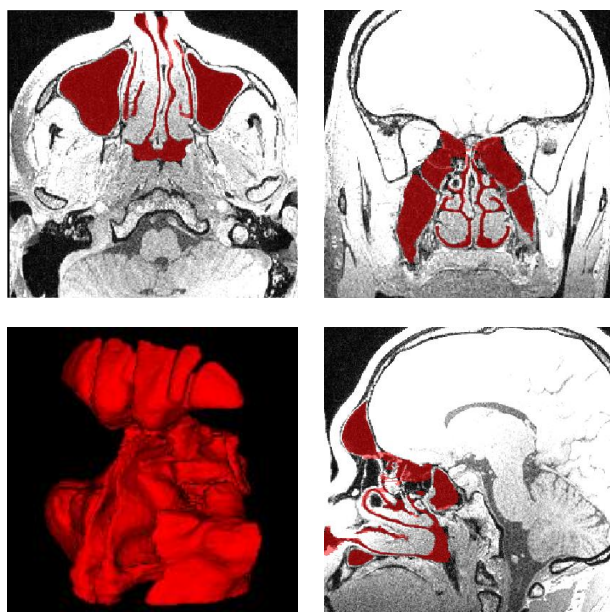


Fig. 1. Obtained geometry of nasal cavity from 2D-CT image data

To remove the noise from the obtained geometry due to the resolution of 2D-CT image data, the obtained geometry is smoothed by VMTK. The cut-off frequency of low pass filter for smoothing the geometry is setup, and the surface geometry can be smoothed by repeatedly processing. Generally, the surface geometry becomes smooth when the number of iterations for smoothing is higher. However, it is possible that the original geometrical properties are loss by setting the cut-off frequency and number of iterations of the low-pass filter if these parameters are not properly adjusted. In this case, the cut-off frequency of the low-pass filter is 0.1Hz, and the number of iterations is 30.

Figure 2 shows the location of the nasal cavity and the geometry of nasal cavity after smoothing. Figure 2(a) shows the location of the nasal cavity, and Figure 2(b) shows the geometry of nasal cavity after smoothing. Generally, the nasal cavity has four sinuses, and each region is defined: Region 1 is Maxillary Sinus, Region 2 is Ethmoid Sinus, Region 3 is Frontal Sinus, Region 4 is Sphenoidal Sinus (Figure 2(b)).

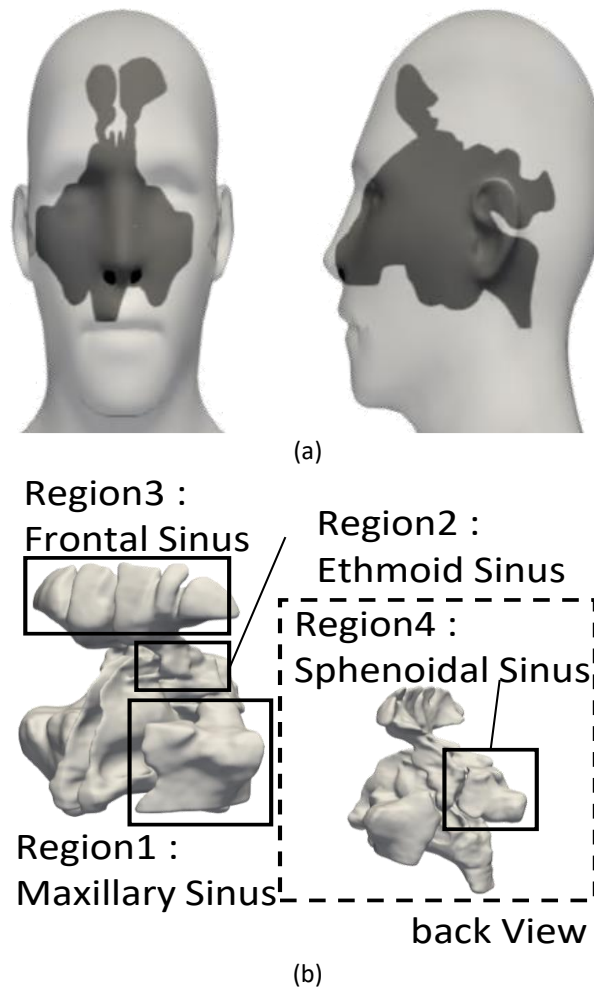


Fig. 2. Objective model (a) Location of the nasal cavity (b) Geometry of nasal cavity after smoothing

2.2 Computational Method

2.2.1 Governing equations

As the flow is assumed to be incompressible, steady and turbulent flow, continuity equation and Navier-Stokes equation are used [4,5]. These equation shows following:

$$\nabla \cdot \bar{\mathbf{u}} = 0 \tag{1}$$

$$\frac{\partial \bar{\mathbf{u}}}{\partial t} + \nabla \cdot (\bar{\mathbf{u}}\bar{\mathbf{u}}) = -\frac{1}{\rho} \nabla \bar{p} + (\nu + \nu_t) \nabla^2 \bar{\mathbf{u}} \tag{2}$$

where ρ is density, $\bar{\mathbf{u}}$ is averaged velocity, \bar{p} is averaged pressure, ν is kinematic viscosity, ν_t is coefficient of turbulence ($= C_\mu \rho k^2 / \epsilon$).

The turbulent model is $k - \varepsilon$ model, and the coefficient of turbulence is calculated by solving the following two transport equations [6]:

$$\frac{\partial k}{\partial t} + \bar{u}\nabla k = -\bar{u}\bar{u}\nabla\bar{u} + \nabla\left\{\left(\frac{\nu_t}{\sigma_k} + \nu\right)\nabla k\right\} \quad (3)$$

$$\frac{\partial \varepsilon}{\partial t} + \bar{u}\nabla\varepsilon = (-C_{\varepsilon 1}\bar{u}\bar{u}\nabla\bar{u} - C_{\varepsilon 2}\varepsilon)\frac{\varepsilon}{k} + \nabla\left\{\left(\frac{\nu_t}{\sigma_\varepsilon} + \nu\right)\nabla\varepsilon\right\} \quad (4)$$

where $C_\mu (= 0.09)$, $\sigma_k (= 1.0)$, $C_{\varepsilon 1} (= 1.44)$, $C_{\varepsilon 2} (= 1.92)$, $\sigma_\varepsilon (= 1.3)$ is model coefficient. The coefficient of turbulence ν_t is calculated after k and ε are obtained by solving Eq. (3) and Eq. (4). The flow fields can be solved by assigning the calculated coefficient of turbulence to Eq. (1) and Eq. (2). The virus concentration is calculated by solving the following transport equation [4,14]:

$$\frac{\partial c}{\partial t} + \nabla \cdot (\bar{u}c) - (D_m + D_t)\nabla^2 c = S_c \quad (5)$$

where c is virus concentration, D_m is molecular diffusion coefficient ($= \sqrt{8k_b T / \{\pi m\}} / \{3\sqrt{2}\pi n d^2\}$), k_b is Boltzmann constant, T is Temperature, m is molecular mass, n is molecular density, D_t is turbulence diffusion coefficient ($= \nu_t / Sc_t$), Sc_t is turbulence Schmidt number ($= 1$), S_c is source term. In this case, the turbulent Schmidt number set to be 1, and it is assumed concentration and velocity boundary layers are the same. Besides, virus aerosol diameter is assumed to be 1 μm , and the diffusion coefficient was calculated based on the mass of the COVID-19 virus obtained from measurements [15,16].

The areas where the virus tends to stay are evaluated by the residence time. The residence time is calculated by the following equation:

$$\nabla \cdot (\rho\bar{u}\tau) = 1 \quad (6)$$

The residence time can show time that takes for a particle to travel from the entrance to its location.

2.2.2 Boundary conditions

Figure 3 shows the analysis model, and Table1 shows the boundary conditions. Air flow passes the nostrils into the pharynx. The initial condition is set that the concentration in the analysis area is distributed at a constant level ($c_0 = 4.98 \times 10^{-12} \text{ mol/m}^3$). Inlet boundary condition is set up to be that the pressure is atmospheric pressure ($p = 0 \text{ Pa}$), and the concentration source is the same initial concentration. Outlet boundary condition is set up to be that the distribution is fully developed velocity based on the averaged velocity. In this case, since continuity equation can be maintained and the calculation stabilized by the air to flow out, outlet boundary condition is set up velocity condition. The non-slip boundary condition was set for the wall.

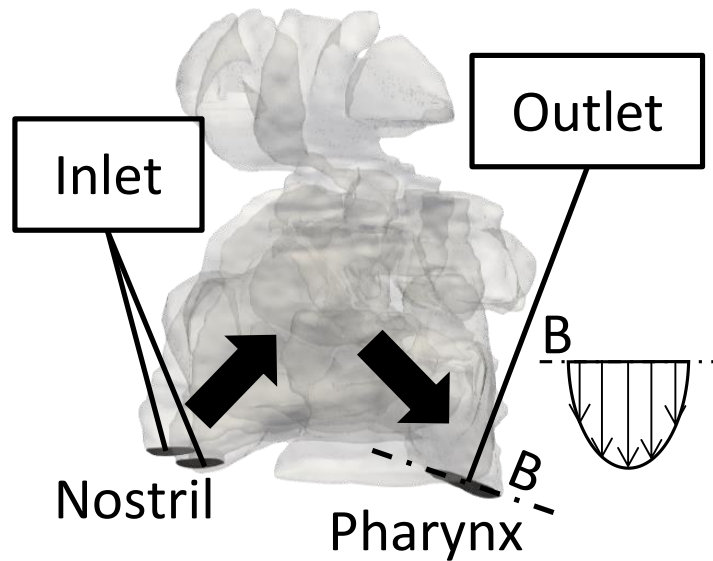


Fig. 3. Analysis model

Table 1

Boundary conditions

	p [Pa]	$u(x, y, z)$ [m/s]	c [mol/m ³]
Initial Condition	$p = 0$	$u = 0$	$c = 4.98 \times 10^{-12}$
Inlet Boundary Condition	$p = 0$	$\partial u / \partial n = 0$	$c = 4.98 \times 10^{-12}$
Outlet Boundary Condition	$\partial p / \partial n = 0$	$u_n = 2Q_m / A$ $Q_m = 5.83 \times 10^{-4}$ [m ³ /s]	$\partial c / \partial n = 0$
Wall Boundary Condition	$\partial p / \partial n = 0$	$u = 0$	$c = 0$

3. Results and Discussions

3.1 Acquisition Positions of Distribution

In the results and the discussion, the velocity and the concentration distribution are obtained on reference plane. Figure 4 shows the reference plane to obtain the velocity, the residence time, and the concentration distribution.

3.2 Velocity Distribution

To find the region that the velocity is large, the velocity distribution is considered. Figure 5 shows the velocity distribution on the reference plane (Figure 4). It is shown that the velocity is large in the main part of the nasal cavity, but the velocity in the sinuses is small. In other words, airflow exchange into the sinuses can be seen that is small.

Figure 6 shows the path line. The locations of the tracking particles to generate path line are the downstream side and the upper nasal cavity. It can be seen that the velocity increases in the nostrils and pharynx. Besides, vortices are generated in these areas. According to the velocity distribution (Figure 5) and the path line (Figure 6), most of the airflow flows into the pharynx without flowing into the sinuses.

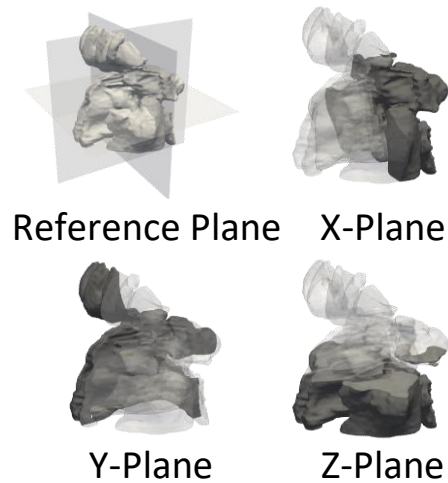


Fig. 4. Reference plane for obtained the velocity, the residence time, and the concentration distribution

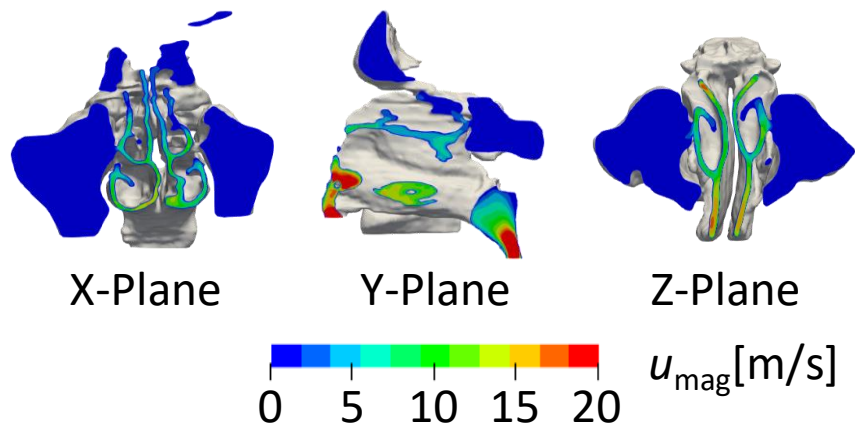


Fig. 5. Velocity distribution on the reference plane

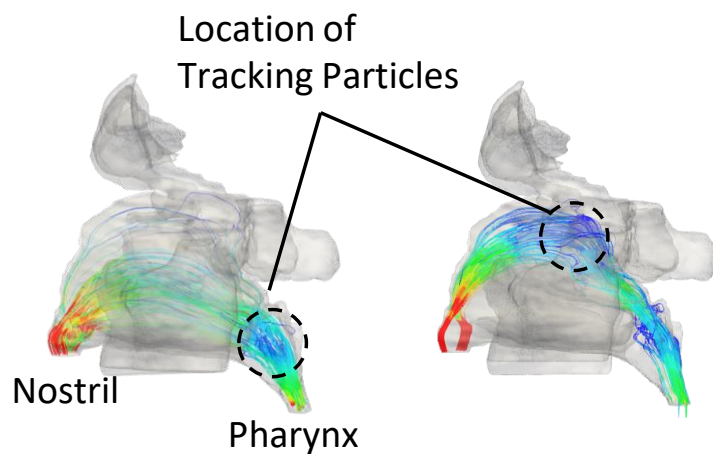


Fig. 6. Path line

3.3 Concentration Distribution

Virus concentrations were calculated by solving Eq. (5). Since the initial concentration ($c_0 = 4.98 \times 10^{-12} \text{ mol/m}^3$) is filled in the analysis area, the virus concentration is divided by the initial

concentration to evaluate the dimensionless value. Figure 7 shows the concentration distribution on the reference plane (Figure 4). It can be seen that the residence time decreases in the mainstream of the nasal cavity and nostrils and the pharynx but increases in the sinuses such as Maxillary Sinus. It was found that the possibility of the virus adhesion is high in the nostrils and pharynx. Especially, since the concentration in the pharynx is high and tends to be stagnant airflow, it is suggested that it is the most likely area of adhesion within the nasal cavity.

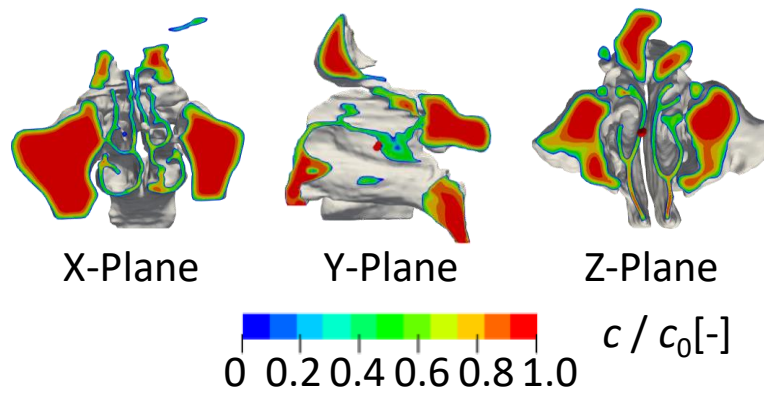


Fig. 7. Concentration distribution on the reference plane

Figure 8 shows the residence time distribution on the reference plane (Figure 4). It can be seen that the residence time is longer in all sinuses. It is suggested that the virus is high to stay in these regions. Therefore, the region where the possibility of the virus adhesion is high other than the mainstream is investigated. In order to quantitatively compare the concentration in the sinus, nasal cavity divided into four regions and the concentration in the sinus is quantitatively calculated based on the volume-averaged concentration. Figure 9 shows divided the nasal cavity into four regions. The definition of volume-averaged concentration shows following equation:

$$(c/c_0)_{ave} = \frac{1}{V} \int c/c_0 dV \tag{7}$$

where V is volume in each region. Figure 10 shows the comparison of volume-averaged concentration in each region. It can be seen that the volume-averaged concentration is the largest in Region 1 and the smallest in Region 2.

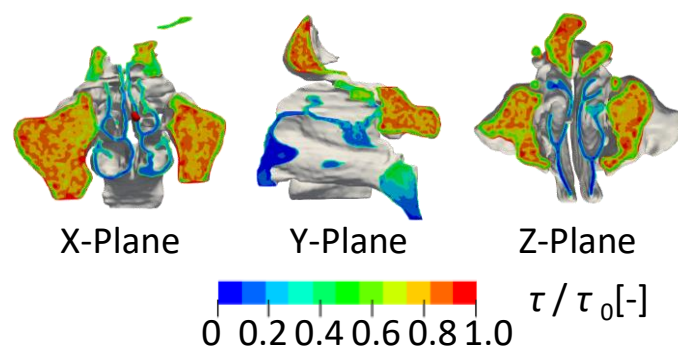


Fig. 8. Residence time distribution on the reference plane

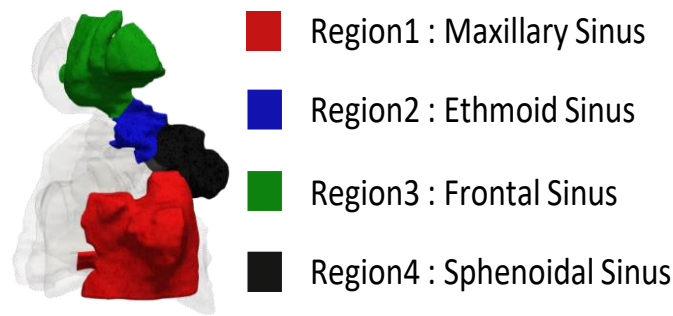


Fig. 9. Concentration distribution on the reference plane

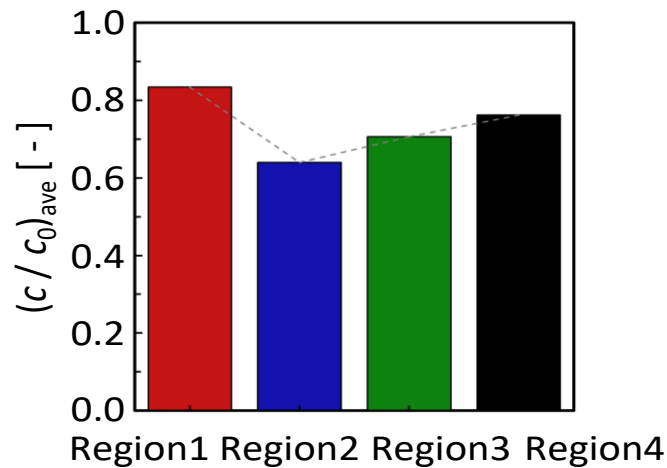


Fig. 10. Comparison of volume-averaged concentration in each region

However, according to the velocity distribution (Figure 5), the velocity in the Region 1 is small. In other words, it is predicted that the virus is unlikely to adhere to the area because the possibility of air into Region 1 is small. Therefore, the following equation is defined to consider the effect of the initial concentration:

$$\begin{cases} j = 1 & |u - u_0| > \sqrt{D_m/T} \\ j = 0 & |u - u_0| \leq \sqrt{D_m/T} \end{cases}$$

$$(c/c_0)_j = j(c/c_0) \tag{8}$$

$$(c/c_0)_{ave,j} = \frac{1}{V} \int (c/c_0)_j dV \tag{9}$$

The equation discerns the velocity change due to molecular diffusion, and the volume-average concentrations were evaluated only in the region that the change of velocity is larger than molecular diffusion. Figure 11 shows the concentration distribution using Eq. (9). By using the equation, the effect of the initial concentration can be considered, and the concentration in the Region 1 (Maxillary Sinus) is small. Figure 12 shows the comparison of volume-averaged concentration using Eq. (9) in each region. It can be seen that the influence of the initial concentration is large the concentration in Regions 1 and 3. On the other hand, Region 2 has the highest concentration because the air flows into Region 2 and the concentration stays. Therefore, it is suggested that Region 2 is the area where the virus is most likely to be adhered.

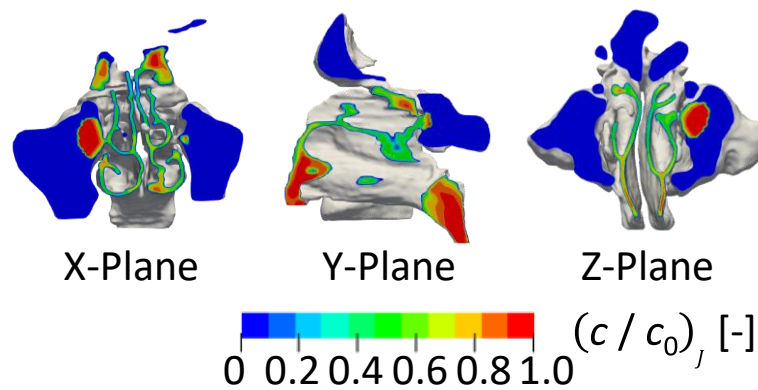


Fig. 11. Concentration distribution on the reference plane

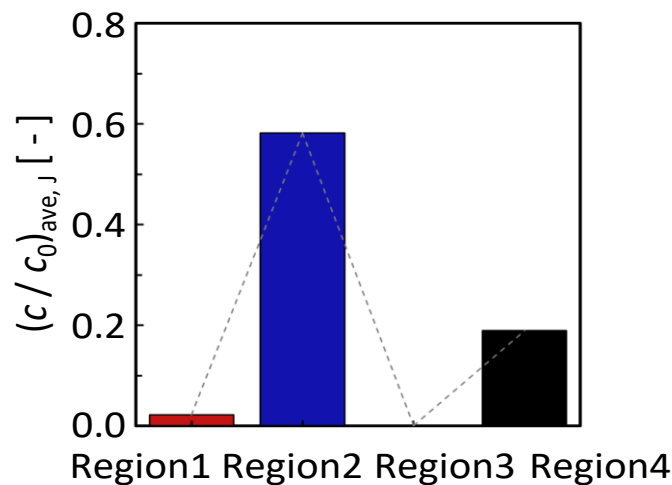


Fig. 12. Comparison of volume-averaged concentration using Eq. (9) in each region plane

4. Conclusion

In our paper, it is found that the concentration in the pharynx is high and tends to be stagnant airflow. As the result, it is suggested that it is the most likely area of adhesion within the nasal cavity. In addition, it is suggested that Region 2 (Ethmoid Sinus) is the area where the virus is most likely to adhere.

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