# Generic Contrast Agents

Our portfolio is growing to serve you better. Now you have a choice.





## **REPLY:**

R. Doddasomayajula, C. Putman and J.R. Cebral

*AJNR Am J Neuroradiol* published online 18 May 2017 http://www.ajnr.org/content/early/2017/05/18/ajnr.A5240.cit ation

This information is current as of May 6, 2025.

## Published May 18, 2017 as 10.3174/ajnr.A5240

REPLY:

We appreciate the interest and comments on our paper entitled "Differences in Hemodynamics and Rupture Rate of Aneurysms at the Bifurcation of the Basilar and Internal Carotid Arteries."

There are a few points that we would like to clarify.

In our models, we do not use the same flow conditions for all patients. The inflow boundary conditions are scaled with the size of each person's anatomy based on a relationship determined experimentally with MR measurements¹ and consistent with flows reported in other studies.² In the absence of direct patient-specific measurements, this is, in our opinion, a reasonable approximation. In addition, our sensitivity analyses lead us to believe that relatively small variations in the boundary conditions (of approximately 30%) do not have an important effect on the conclusions drawn from the computational fluid dynamics (CFD) analysis that we are doing.³

We agree that our results should be confirmed with studies that use direct patient-specific flow conditions and large sample sizes.

On the other hand, using mirror aneurysms, as suggested, would not solve the problem because in those cases, the aneurysms are located at the same anatomic location on each side. In our study, we compared basilar tip and internal carotid terminus aneurysms, which are fed by different arteries. Furthermore, even if only patients with aneurysms at the basilar tip and the internal carotid bifurcation were considered, there is still the uncertainty of the relative flow conditions in the feeding arteries. Only in

http://dx.doi.org/10.3174/ajnr.A5240

ipsilateral multiple aneurysms fed by the same parent artery one can be sure that the inflow conditions are the same. In fact, we are submitting a new paper entitled "Hemodynamic Characteristics of Ruptured and Unruptured Multiple Aneurysms at Mirror and Ipsilateral Locations" that focuses on this issue. The results of that paper are consistent with the results presented in the current article.

We look forward to further discussions and exchanges of ideas.

### **REFERENCES**

- Cebral JR, Castro MA, Putman CM, et al. Flow-area relationship in internal carotid and vertebral arteries. Physiol Meas 2008;29:585–94 CrossRef Medline
- Oktar SO, Yücel C, Karaosmanoglu D, et al. Blood-flow volume quantification in internal carotid and vertebral arteries: comparison of 3 different ultrasound techniques with phase-contrast MR imaging.
   AJNR Am J Neuroradiol 2006;27:363–69 Medline
- Cebral JR, Mut F, Weir J, et al. Quantitative characterization of the hemodynamic environment in ruptured and unruptured brain aneurysms. AJNR Am J Neuroradiol 2011;32:145–51 CrossRef Medline

#### ®R. Doddasomavajula

Department of Bioengineering Volgenau School of Engineering George Mason University Fairfax, Virginia

( C. Putman

Department of Interventional Neuroradiology
Inova Fairfax Hospital
Falls Church, Virginia

Department of Bioengineering Volgenau School of Engineering George Mason University Fairfax, Virginia