

Understanding airflow in the human nasal passage

Haribalan Kumar and Merryn Tawhai, Auckland Bioengineering Institute, The University of Auckland
Callum Spence, Fisher and Paykel Healthcare Limited, Auckland, New Zealand
Ravi Jain and Richard Douglas, Department of Surgery, The University of Auckland

Background

Understanding airflow in nasal passage during natural breathing and therapy is clinically and physiologically important. The nasal passage conditions the air and acts as a ventilation passage to the lungs.

Three-dimensional human nasal passage was reconstructed from CT-images. Two case studies are reported:

- Airflow during nasal high flow therapy
- Airflow in normal, pre-operative and post-operative Chronic Rhino Sinusitis (CRS) subjects

Quasi-steady and transient airflow is solved using Navier-Stokes equations with face boundary condition and trachea velocity boundary condition.

Methods and Results

Case 1: Nasal high flow at $Q_C=20,40$ and 60 L/min through $A_C=16\text{mm}^2$ prongs into each nostril were simulated at peak inhalation and exhalation. Peak inhalation at 20 L/min. Minimal airway geometries were created with nasal valve (A_V) areas of $98, 70$ and 50 mm^2 , and nostril (A_N) areas of $120, 90$ and 72 mm^2 .

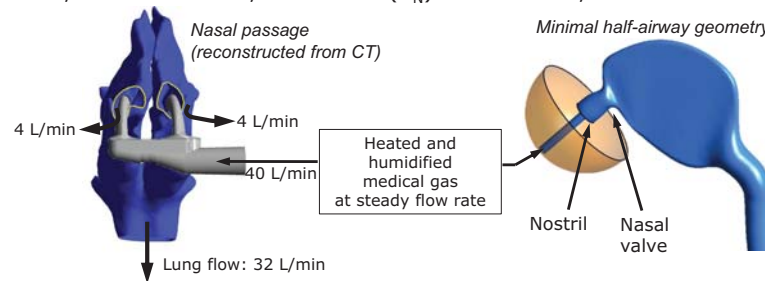


Figure 2: Nasal high flow setup

Results:

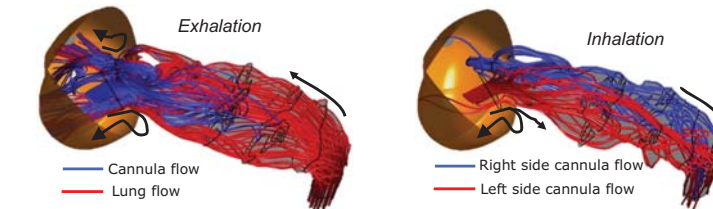


Figure 3: Flow streamlines

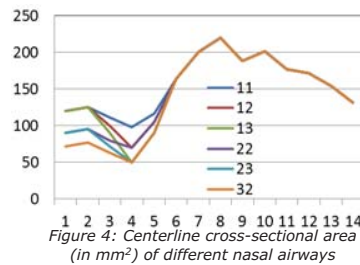


Figure 4: Centerline cross-sectional area (in mm^2) of different nasal airways

$$\text{Peak Pressure} = \frac{(a + bQ_C^2)}{A_V^m \left(\left[\frac{A_N}{A_C} \right] - 1 \right)^n}$$

Optimization yielded following coefficients:

Inhalation: $(a,b,m,n) = (-40.6, 0.08, 1.1, 0.2)$
Exhalation: $(a,b,m,n) = (3.97, 0.13, 1.06, 0.18)$

- Peak pressure correlation is obtained from flow simulations in different minimal airway geometries. Nasopharyngeal pressure showed strong correlation with NHF rate and nasal valve area
- Breathing with high flow showed significant flushing out of nasal passage during both inhalation and exhalation

Case 2: Normal breathing at lung flow rate of 10L/min was simulated in normal, pre-operative and post-operative nasal passages.

Results: Airflow results from post-operative subject are shown

	Nasal wall area (cm^2)	Nasal cavity volume (cm^3)	Valve area (Left, Right) (mm^2)	Nasopharynx area (mm^2)
Normal	421.5	85.3	(76,86)	206.1
Pre-Op	467.1	99.5	(76,85)	206.1
Post-Op	446.5	121.4	(97,84)	149.1
Drill-Out	407.5	118.5	(46.5,112)	166.4

Table 1: Morphometry of nasal passage

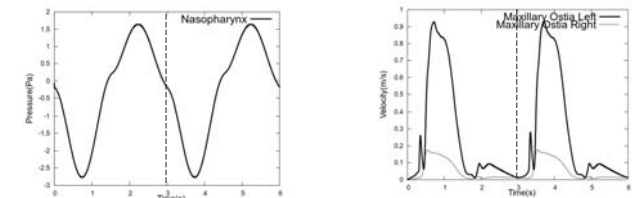


Figure 5: Time history of pressure and velocity

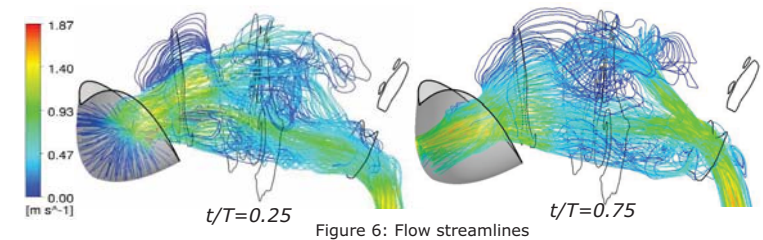


Figure 6: Flow streamlines

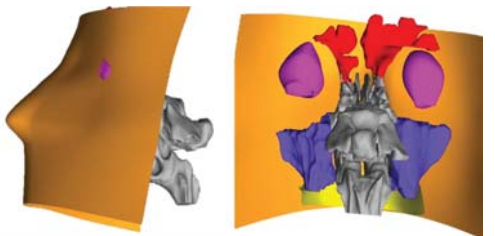
Summary

Improved understanding of airflow in nasal passage was obtained by studying

- Airflow during quiet breathing
- Changes in nasal pressure drop during nasal high flow therapy
- Alterations in airflow caused by surgery
- Nasal-sinus ventilation exchange
- Effects of anatomy: Strong subject-specific effects were seen in nasal flow structure and sinonasal flow

Acknowledgements

Exchange student Alexandra Rommerskirchen and PhD student Karthik Subramaniam



■ Eyes ■ Face ■ Frontal sinuses
■ Mouth ■ Nasal passage ■ Maxillary sinuses

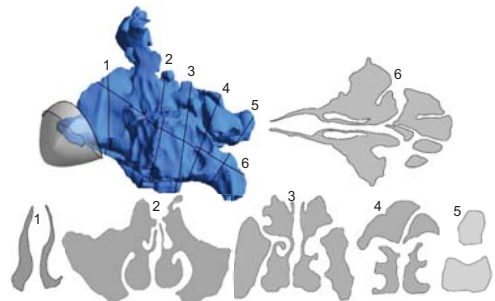


Figure1: Anatomy of the human nasal passage