

Department of Biomedical Systems



Physicist
Physician

Integration of macro-, micro- and nanotechnologies for biomedical engineering



Sergey Selishchev

Macro – micro – nano. “bottom-up” “top-down”



Macro-micro-nano scales

HAND.



WHITE BLOOD CELL

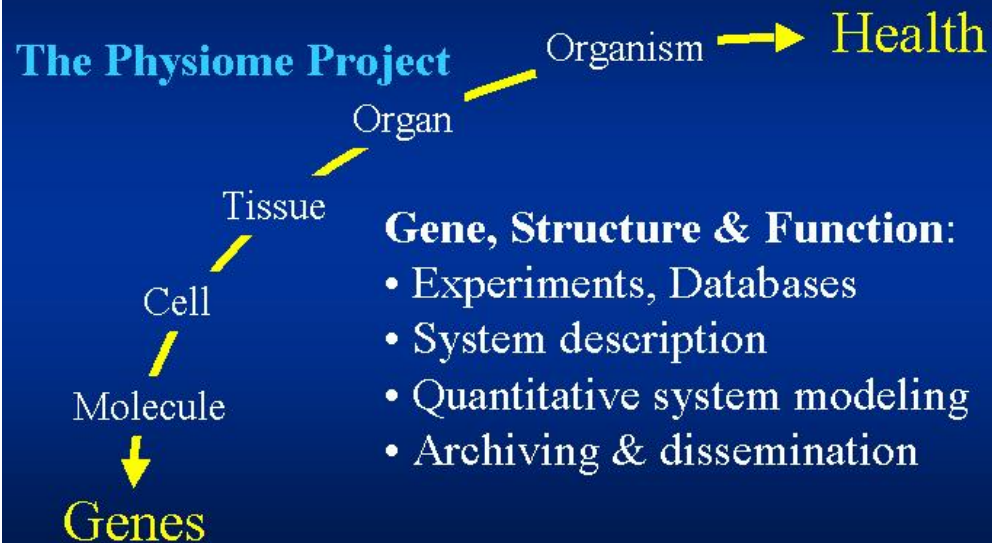


DNA



Physiome project

From Genome to Function:
(Integrating Knowledge of Biological Systems)



Integration of macro-,micro and nanotechnologies for diagnostics and treatment of cardiovascular diseases



What challenge
for physicists
from physicians?

Challenges

- Fibrillation – Defibrillation
- Atherosclerosis
- Artificial heart

Macro scale of the heart

Heart of the adult	~ 100 mm	Length: 120 -130 mm Width: 70 – 80 mm
DNA	~ 10 mm	Length in unwrapped conditions
aorta	10 – 30 mm	Internal diameter
arteries	0,5 – 5 mm	Internal diameters

Micro scale of the heart (1)

arterioles	25 – 100 μm	Internal diameter
capillaries	3 – 10 μm	Internal diameter
bacteria	1 – 10 μm	
chromosome	9 μm	Human chromosome

Micro scale of the heart (2)

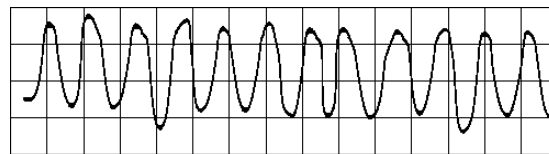
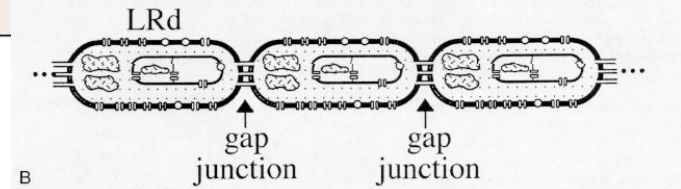
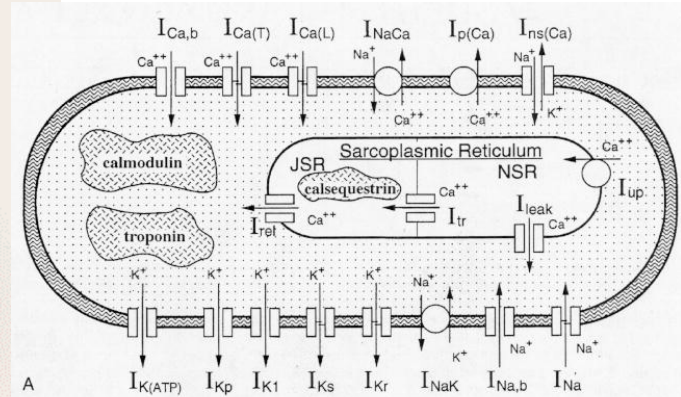
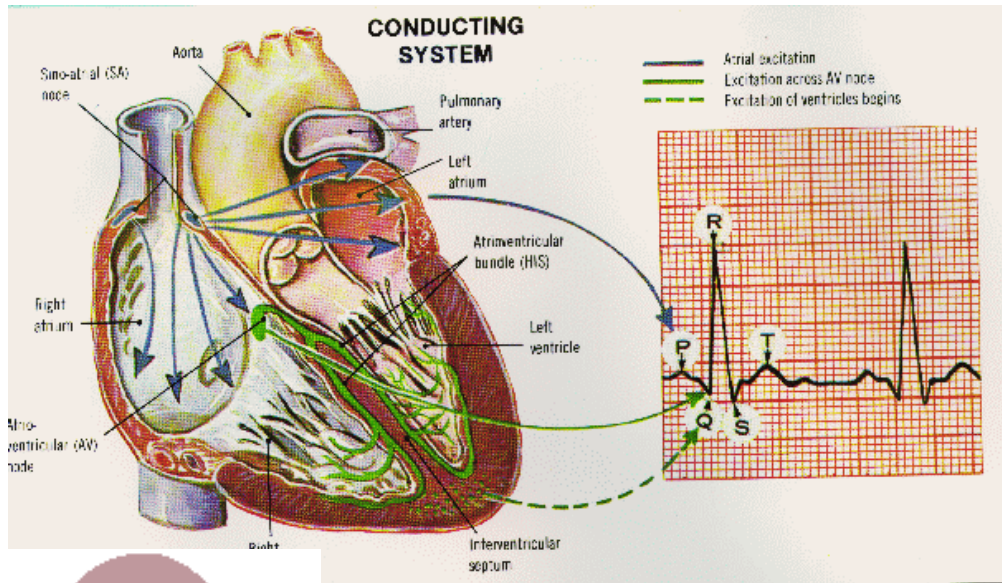
Myocyte	Cylindrical form	Length – 100 μm Diameter – 10 μm
White blood cell	Spherical form	8-15 μm
Red blood cell	Disk form	Diameter – 8 μm Thickness – 1,5 μm
Platelet	Spherical form	3 μm

Nano scale of the heart

Virus	20 – 200 nm
Protein	7 – 50 nm
Membrane thickness	7 nm
DNA (The cross-section size)	2 nm
Molecular of water	0,3 nm
Atom of hydrogen	0,1 nm

$$U(t, \vec{r}) = \phi_i(t, \vec{r}) - \phi_e(t, \vec{r})$$

Fibrillation



External Defibrillators (20 A, 10 ms) up to 200 – 500 J

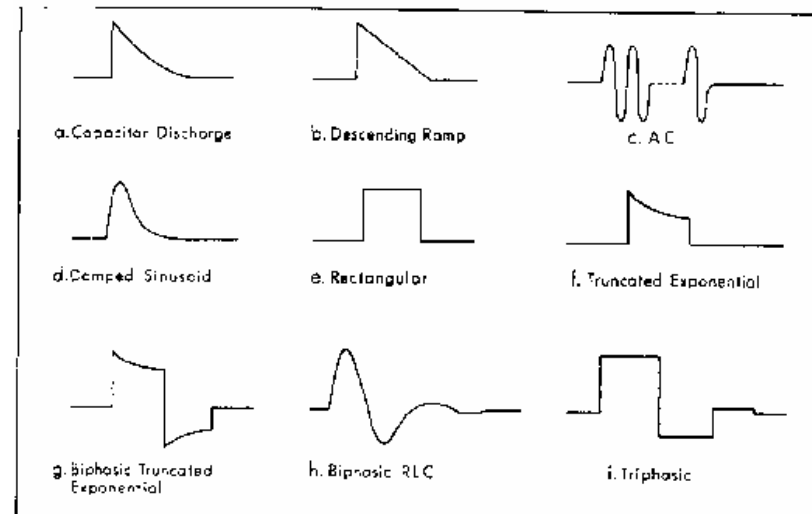
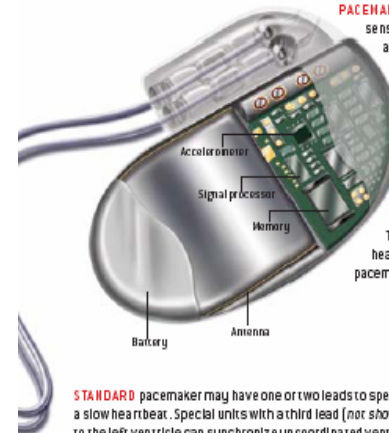
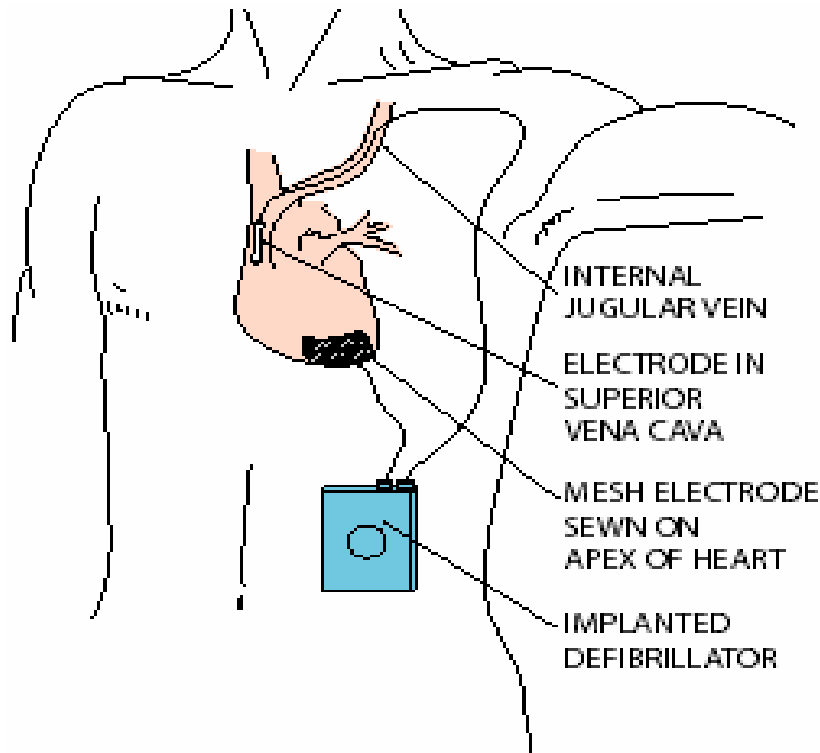


Figure 1. Waveforms that have been used for defibrillation research include decaying exponential (a); descending ramps (b); sinusoids (c); damped sinusoids (d); rectangular (e); truncated exponentials (f); biphasic truncated exponentials (g); biphasic from RLC networks (h); and triphasic (i).

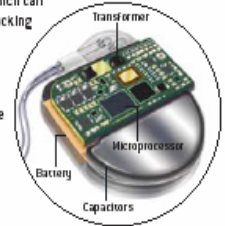
Wearable cardioverter/defibrillator



Implantable cardiostimulator-defibrillator



PACEMAKER circuitry emits a 1- to 5-volt impulse if the signal processor senses that the heart's pulse is too slow, stopped or uncoordinated. An accelerometer tells the unit to quicken the heartbeat if it senses physical activity. A technician can retrieve information from the memory using a magnetic wand that communicates through the skin via radio-frequency signals to an antenna. Implantable cardioverter defibrillators (ICDs) correct quivering (fibrillation) by the atria or ventricles, which can cause cardiac arrest, by shocking the heart with 30 joules or more of energy, resetting the heart's conduction system. The unit can also stop a racing heartbeat (tachycardia) and provide pacemaker functions.



STANDARD pacemaker may have one or two leads to speed up a slow heartbeat. Special units with a third lead (not shown) to the left ventricle can synchronize uncoordinated ventricle contractions, which plague some people who have weak or damaged hearts.

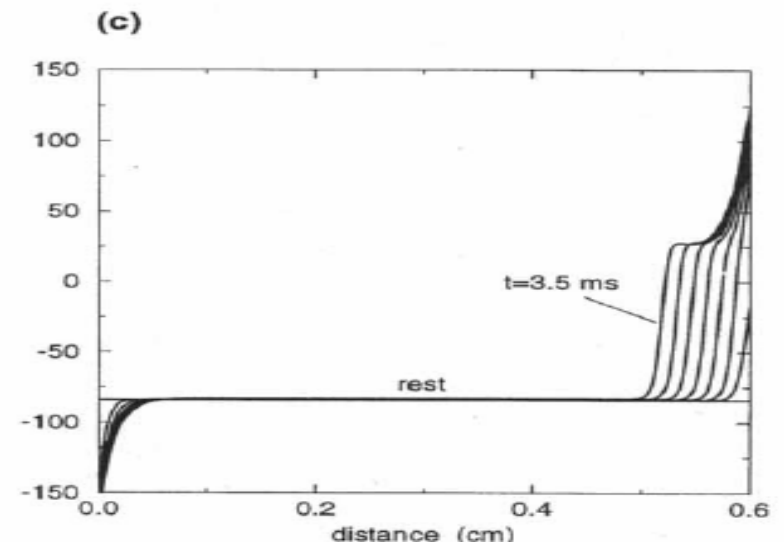
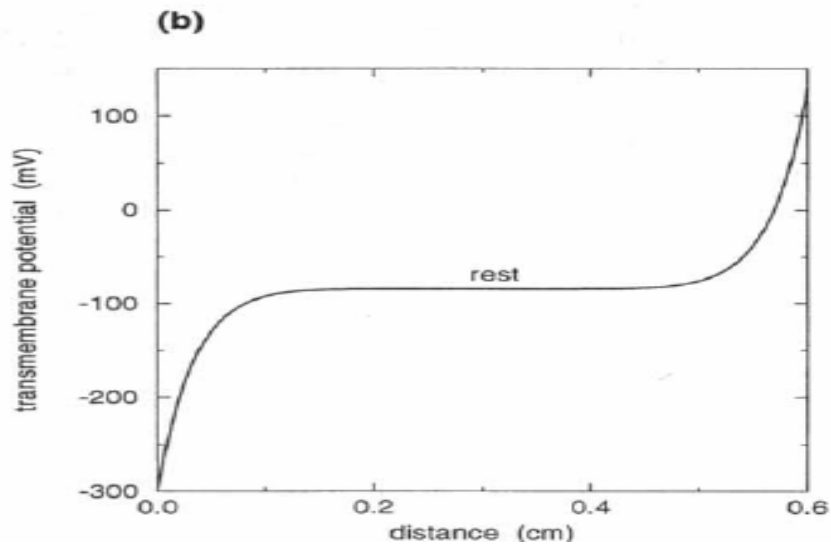
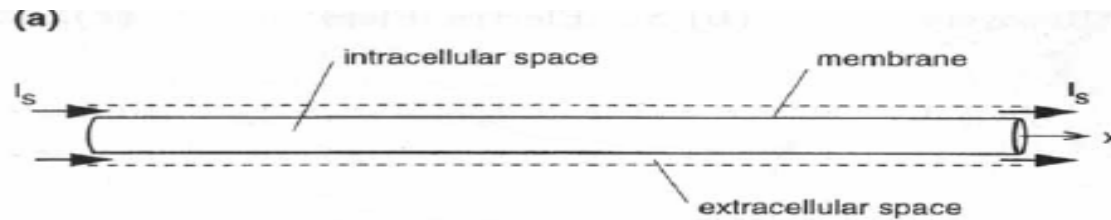


TIP of a wire lead is fixed into heart tissue and delivers a small electrical impulse that causes conduction cells to fire. The wire also senses heartbeat, tracked by the pacemaker. A reservoir of steroid is slowly released for several months after implantation, minimizing inflammation and the chance of rejection.

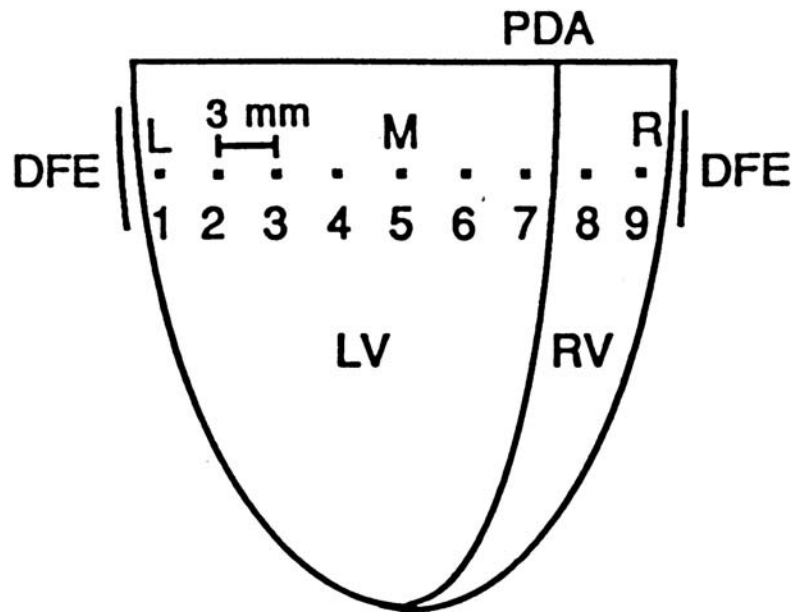


MAIN CASE of a pacemaker or ICD is implanted in the chest, and leads are threaded through veins to the heart.

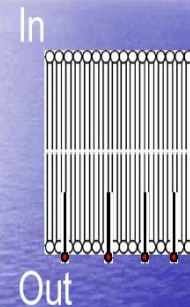
TMP problem



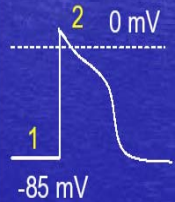
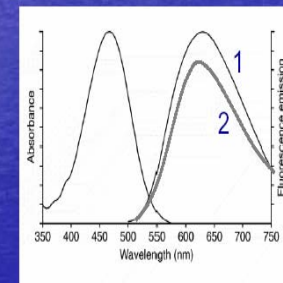
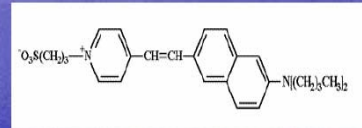
TMP measurement



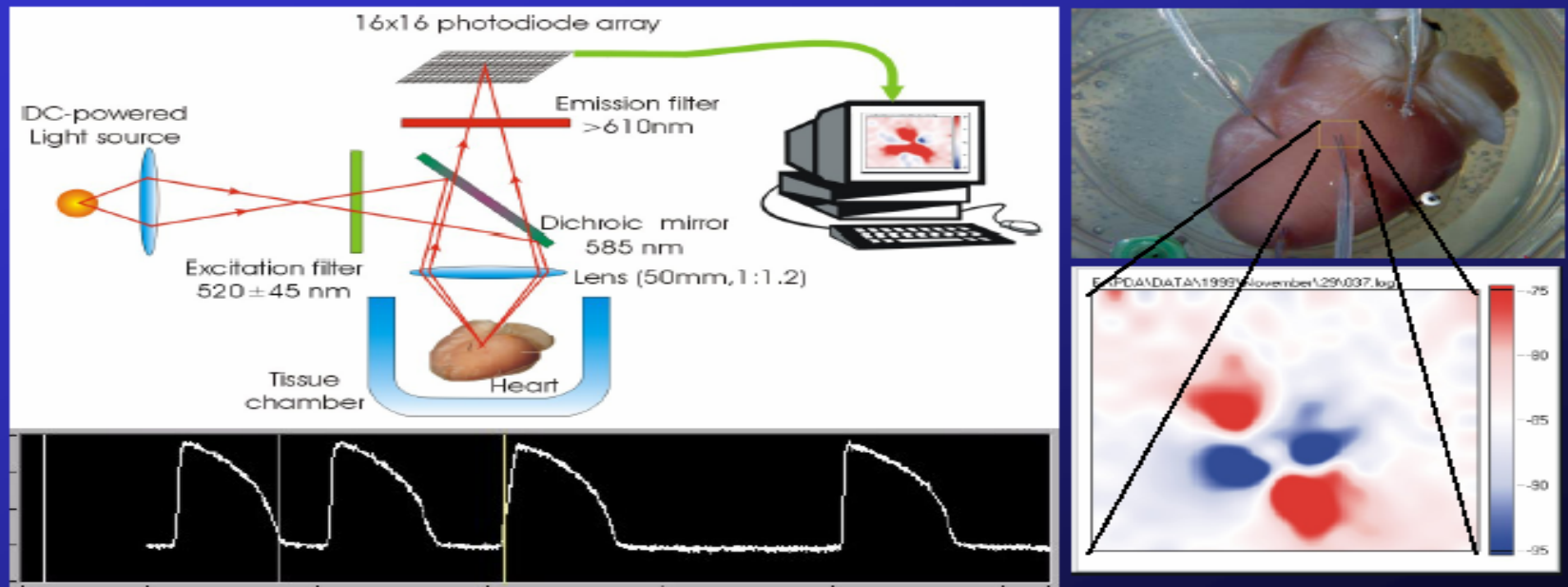
Recording action potential with voltage-sensitive dye di-4-ANEPPS



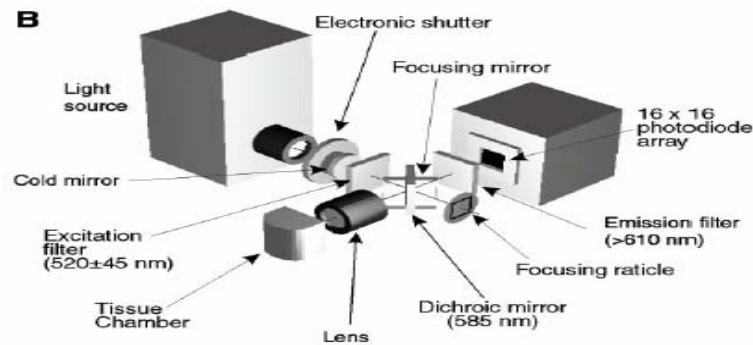
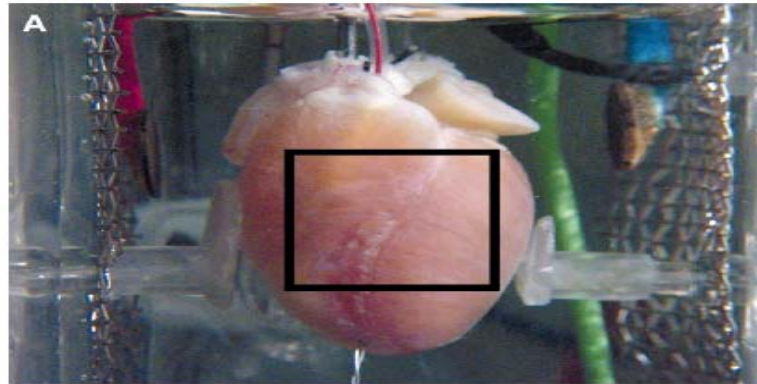
Di-4-ANEPPS



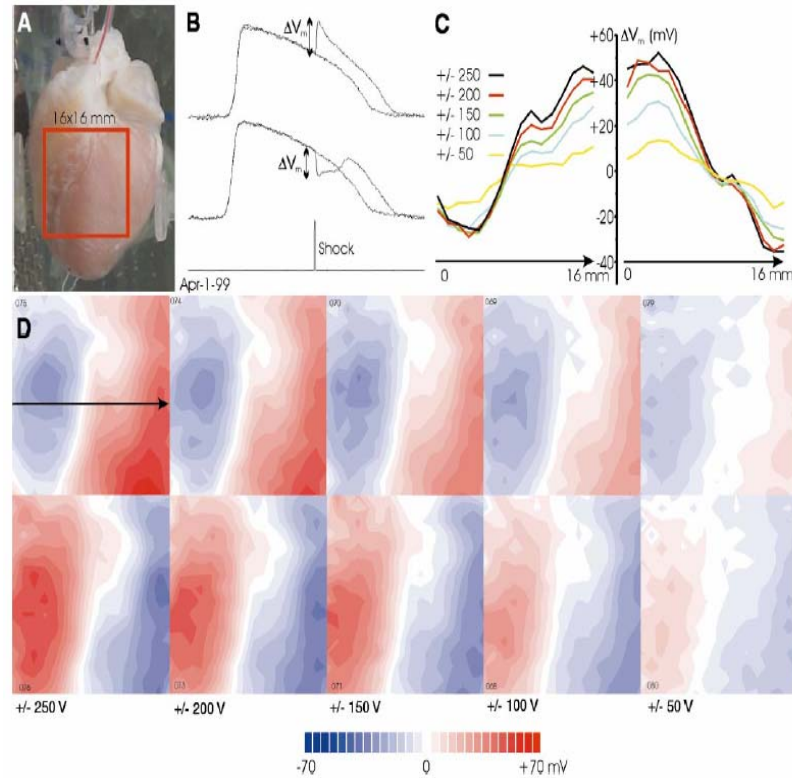
Optical fluorescent imaging of transmembrane potential



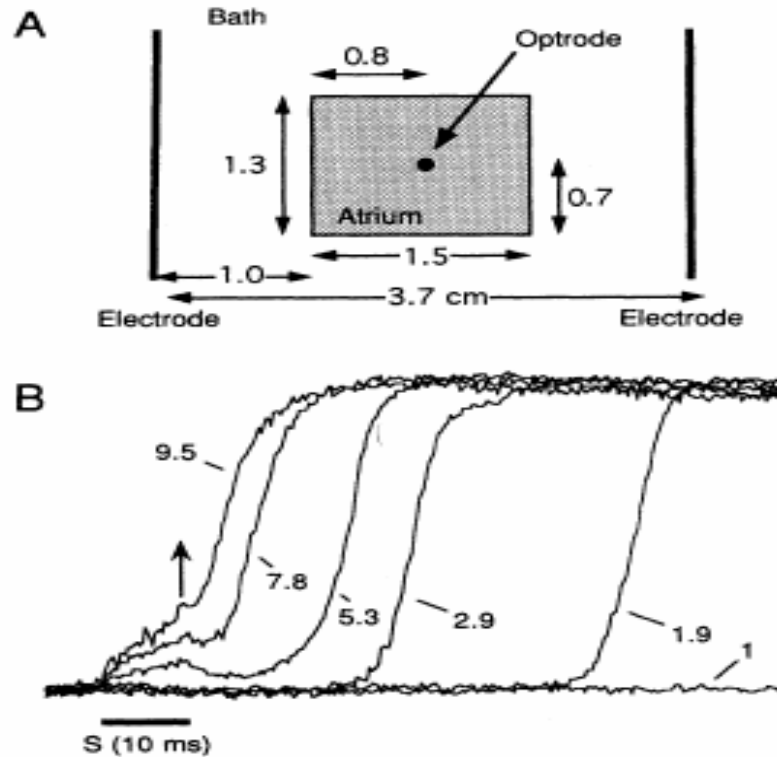
TMP measurement at the electrical stimulation



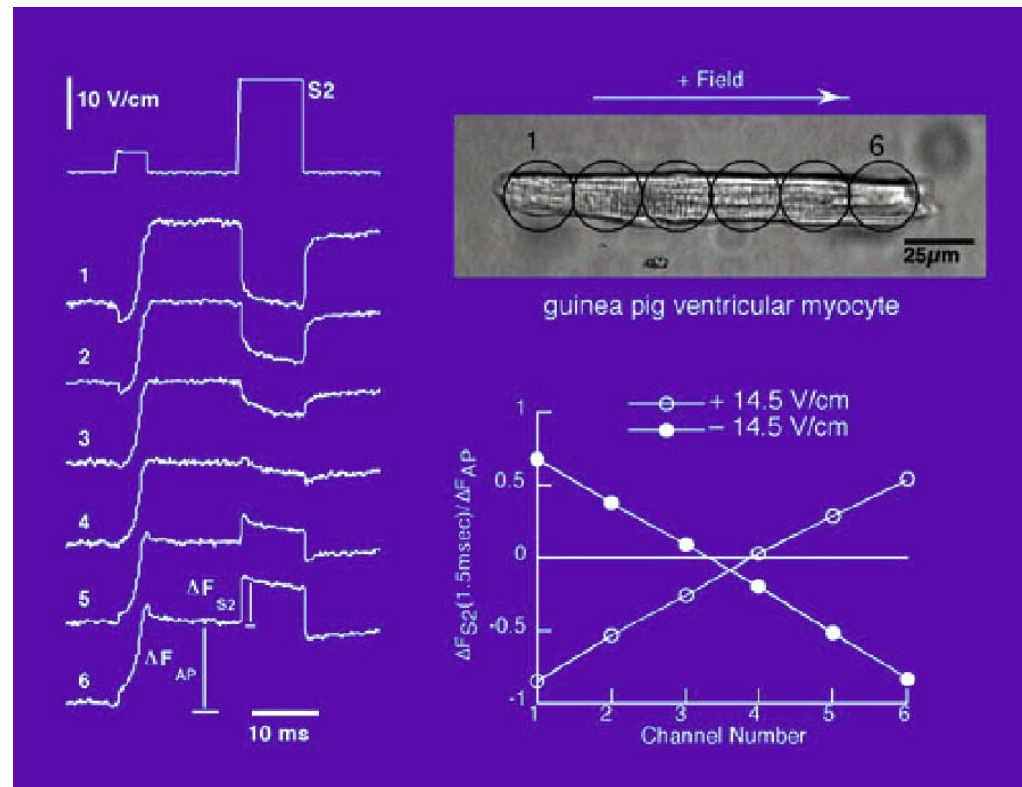
Spatio-temporal distributions of the TMP

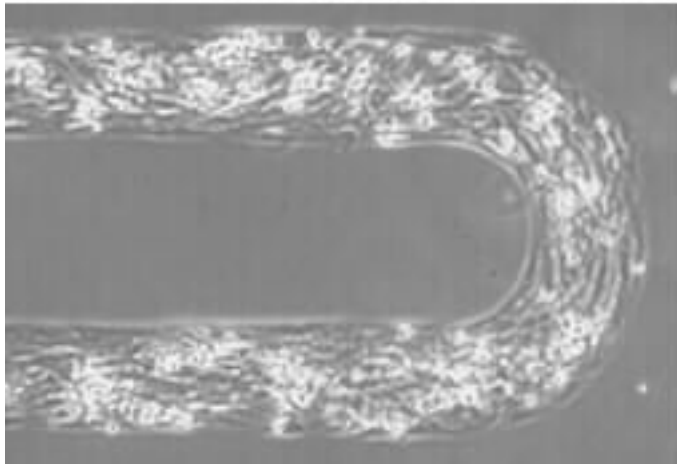
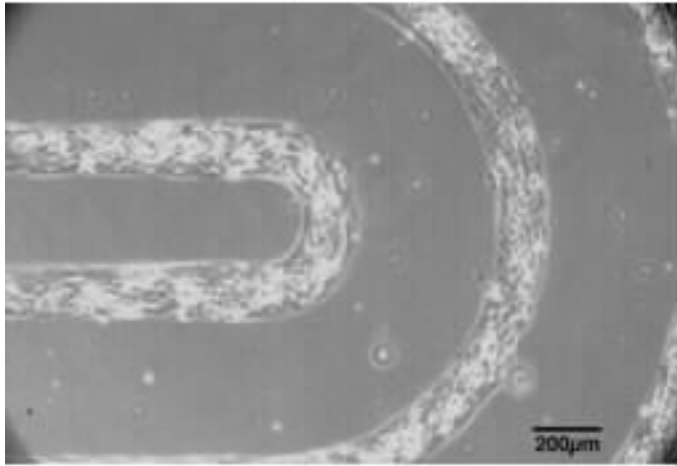


TMP measurement in atrium

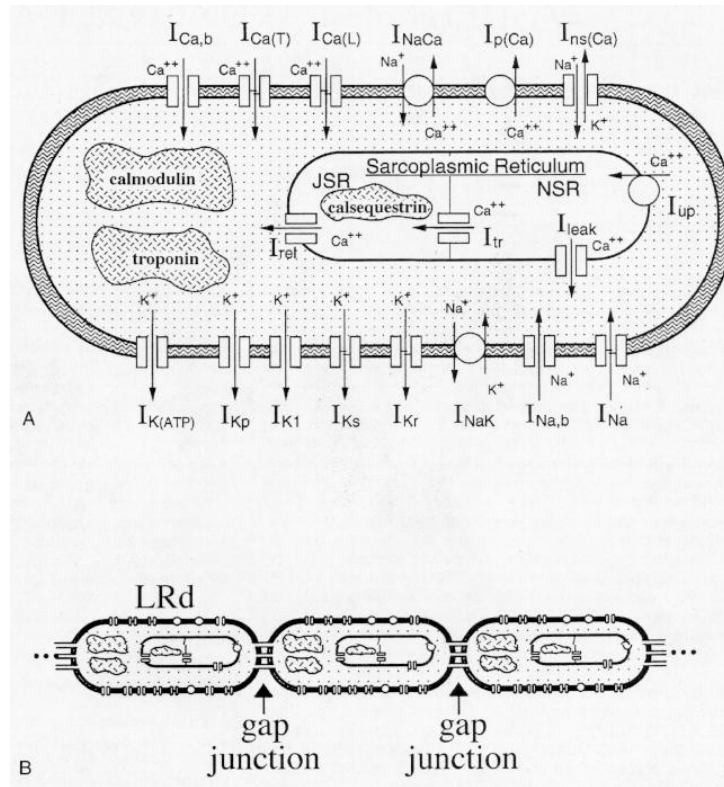


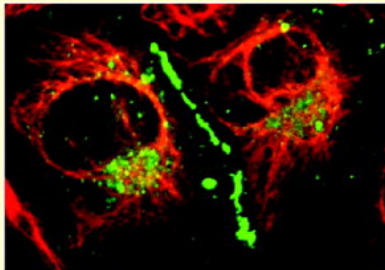
TMP measurement in cells





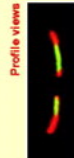
Cell of heart



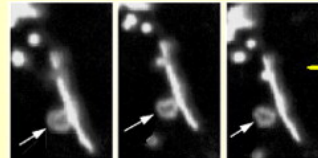


Cell distribution: A connexin26 mutant associated with deafness (green) is found in punctate plaques at the interface between vimentin (red) labeled cells, and also trapped in the ER and Golgi (image courtesy of T. Thomas and D.W. Laird, University of Western Ontario).

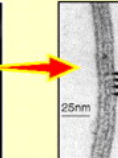
α-Group connexins		β-Group connexins	
mCx30.2	hCx31.0	mCx26	hCx25
mCx33	hCx37	mCx30	hCx28
mCx37	hCx40	mCx30.3	hCx30
mCx40	hCx43	mCx31	hCx30.3
mCx43	hCx46	mCx31.1	hCx31
mCx46	hCx50	mCx32	hCx31.1
mCx50	hCx52		hCx32
mCx57	hCx59		
γ-Group connexins		Non-grouped connexins	
mCx45	hCx45	mCx23	hCx23
mCx47	hCx47	mCx28	hCx50.2
		mCx36	hCx36
		mCx39	hCx40.1



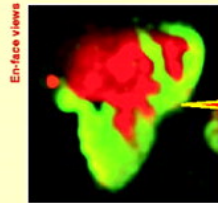
Biosynthesis: Newly synthesized connexons (red) are added to the periphery of existing plaques (green) (Sawitz et al., 2002).



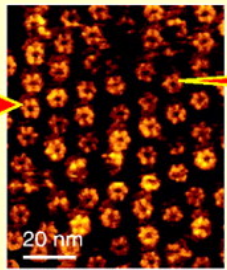
Degradation: Over 2 min a portion of a Cx43 plaque is internalized as an animal gap junction (Lichten et al., 2001).



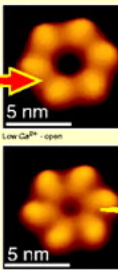
Structure: Connexons (arrowheads) are seen spanning the extracellular space in an isolated cardiac gap junction (Saxe et al., 1982).



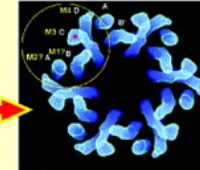
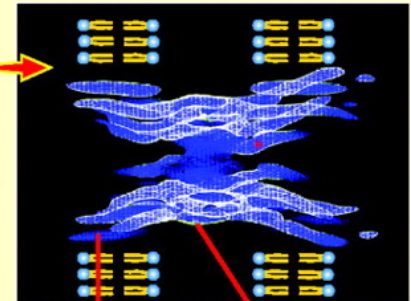
Connexin mixing: Within a plaque, Cx43-Cx37 (red) and Cx36-YFP (green) segregate. Other compatible connexons, usually with a homology class (e.g. Cx36 and x26), tend to mix (Falk, 2000).



Structure: AFM shows the channel cytoplasmic channel that makes up a plaque (image courtesy of G. Szekely, UCSF).



High Ca^{2+} - closed

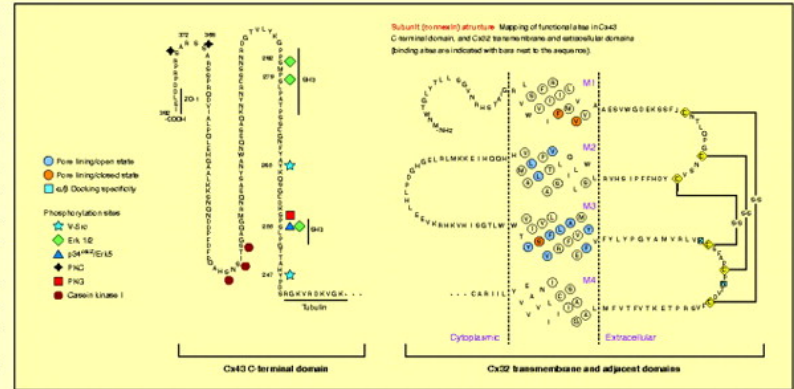


Pore detail: 7.6 Å electron diffraction reconstruction of a functional Cx43 gap junction channel (Lings et al., 2000) seen in profile (top) and from the cytoplasmic face, where the subunit and helix assignments in the closed state are indicated (bottom left). Deduced model of the extracellular docking interface also shown in the bottom right (Fuchs et al., 1988).

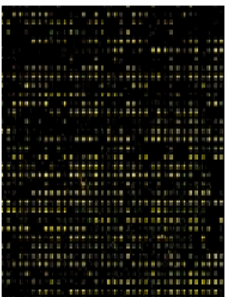
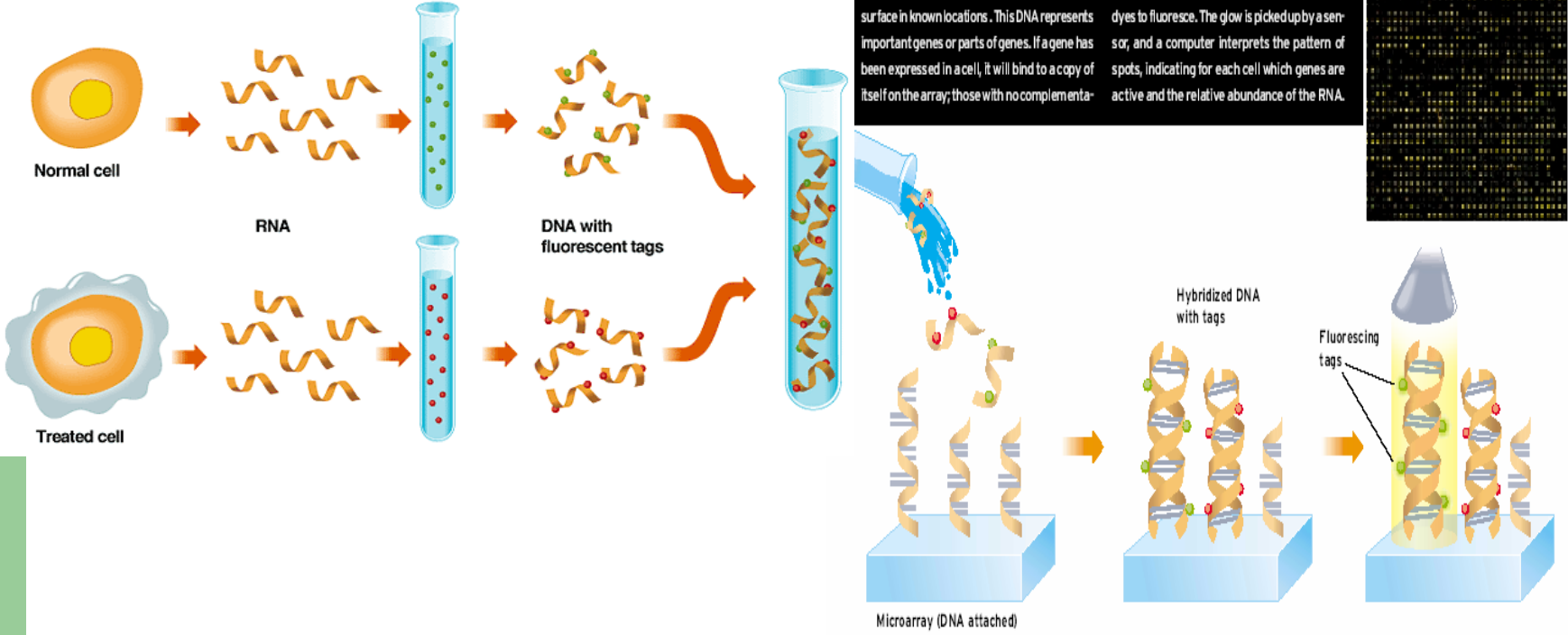
Human and mouse connexins: Numbers reflect predicted molecular weight, and groupings are based on sequence similarity other than function (Beiger et al., 2001).

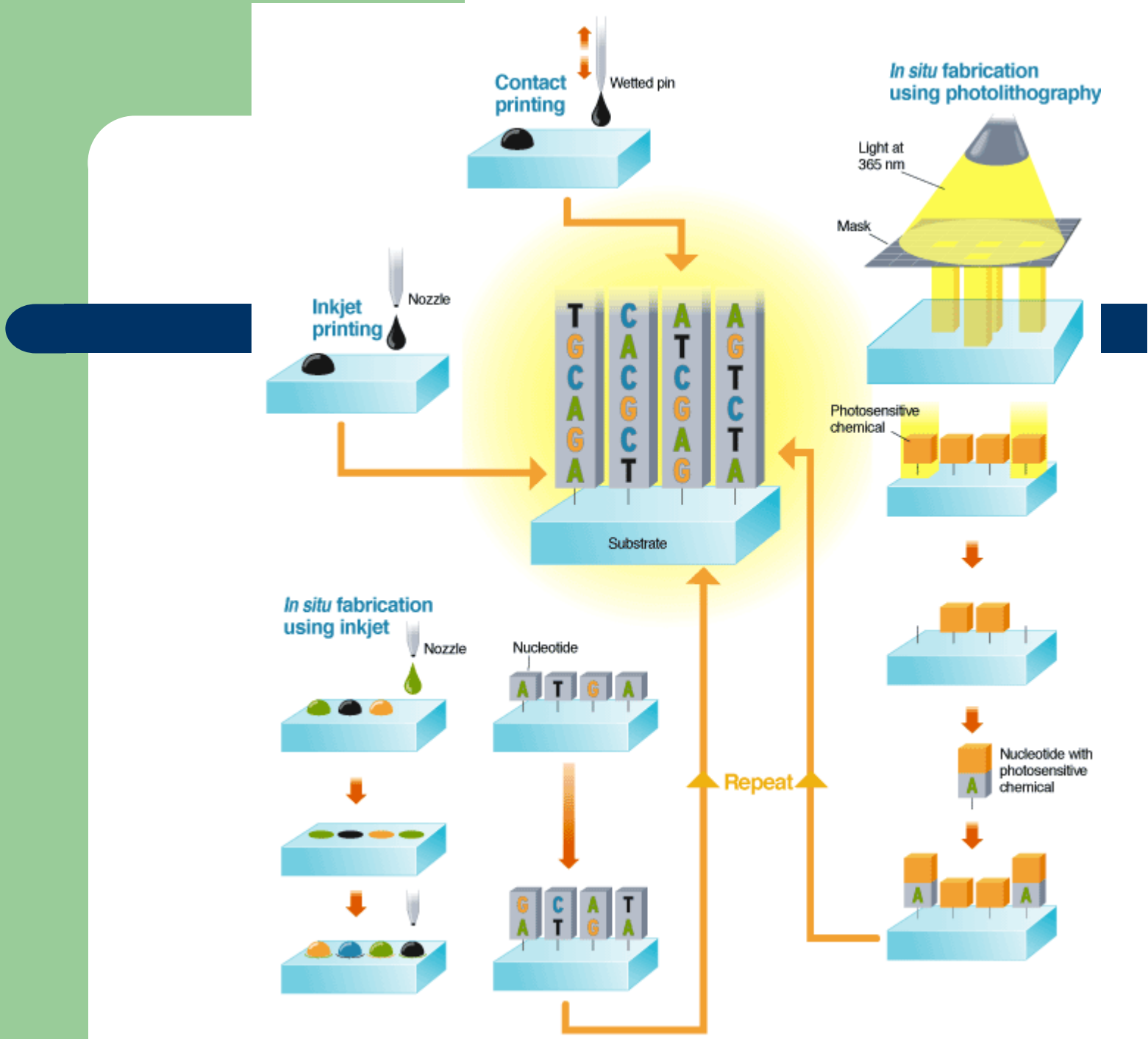
Connexin	Human disorder	Knockout (KO) mouse phenotype
26	Deafness , recessive, non-syndromic (DFNB1); Skin disease (PPK, Vohwinkel syndrome)	Embryonic lethal - impaired placental transport across synytiotrophoblast, hearing impairment in cochlea-specific KO
30	Deafness , dominant, non-syndromic (DFNA2); Skin disease (HED or Clouston's syndrome)	Hearing impairment
30.3	Skin disease (EKV)	
31	Deafness , dominant & recessive, non-syndromic; Skin disease (EKV), Peripheral neuropathy	Transient placental dysmorphogenesis
32	CMTX (peripheral neuronal demyelination), transient central demyelination	Hepatic tumor susceptibility, reduced sympathetic glucose mobilization and peripheral nerve conduction velocity
36		Loss of rod on response in retina; asynchrony of brain gamma oscillations
37		Female infertility - arrested oocyte maturation
40		Partial conduction block (heart); impaired vasodilation
43	Oculodentodigital dysplasia (ODDO)	Postnatal lethal - abnormal heart development, defects in oocyte maturation; lens defects, defects in hematopoiesis, ventricular arrhythmia (cardiac KO); increased spreading depression (astroglial KO)
45		Embryonic lethal - defective cardiogenesis and vasculogenesis
46	Lens cataracts , dominant, zonula pulverulent	Lens cataract, nuclear
50	Lens cataracts , dominant, zonula pulverulent; Microphthalmia	Lens cataracts, dominant, zonula pulverulent and nuclear; microphthalmia

Functional consequences of connexin loss: These are particularly diverse (PPK = parapsoriasis keratoderma; HED = Clouston's hereditary ectodermal dysplasia; EKV = erythrokeratoderma variabilis).

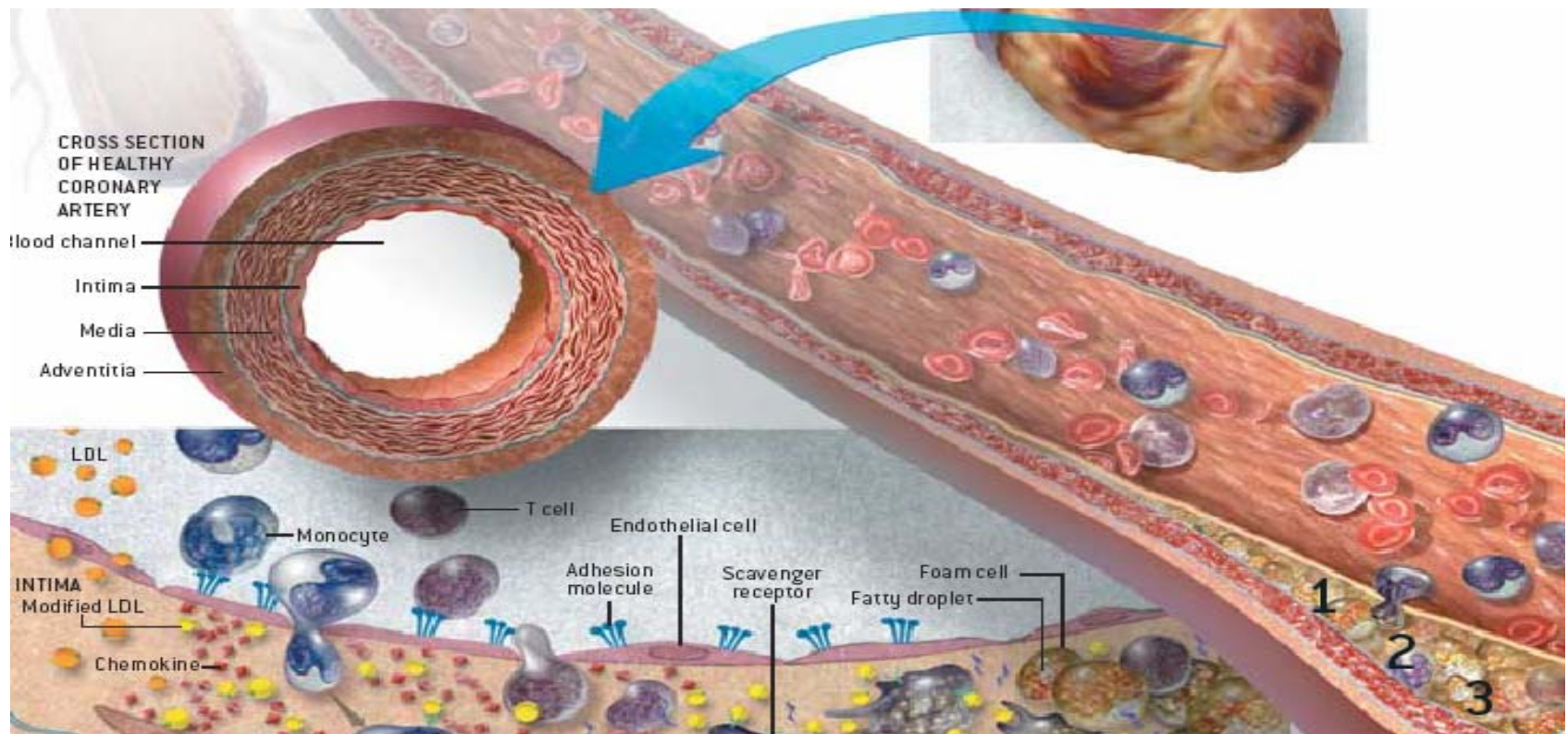


Biochip

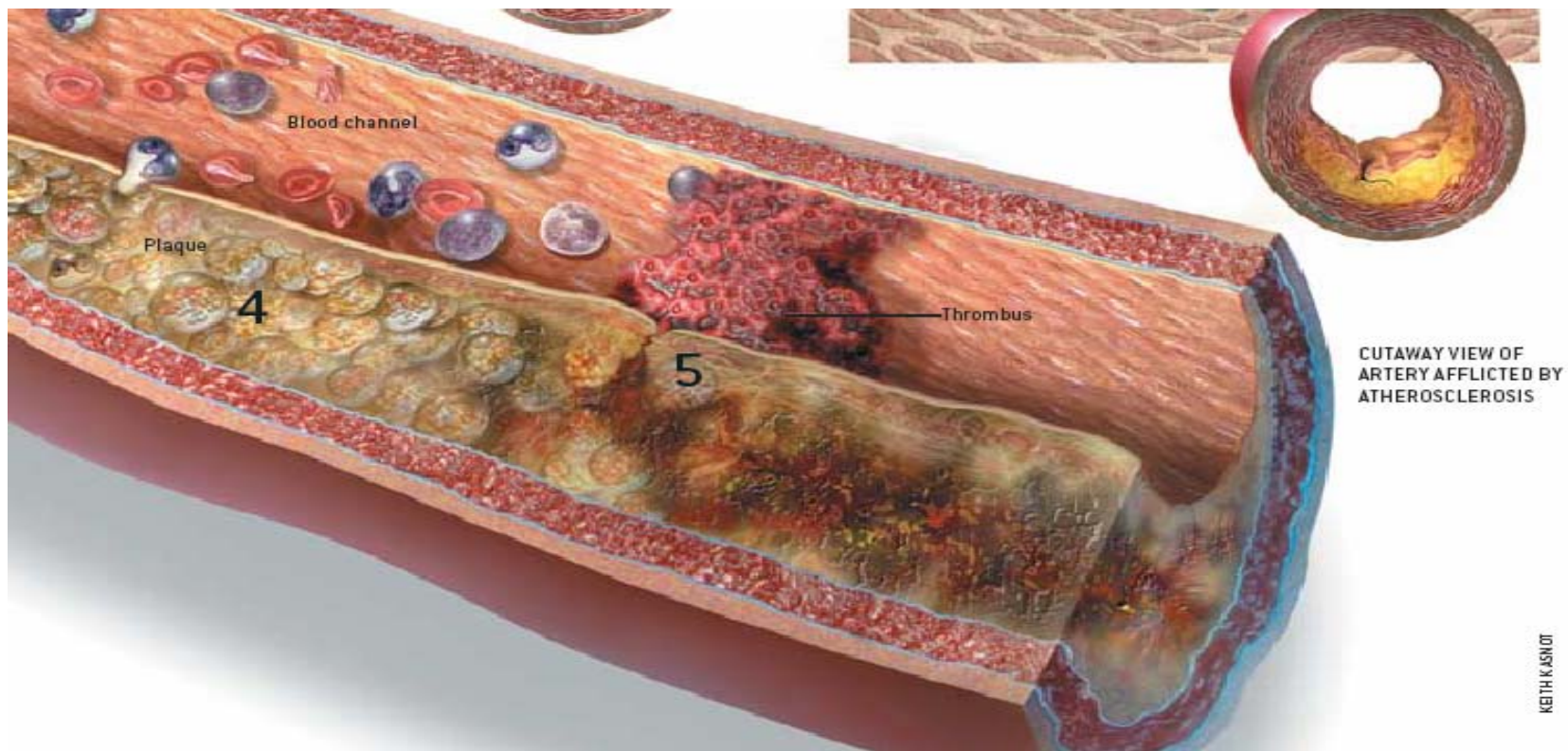




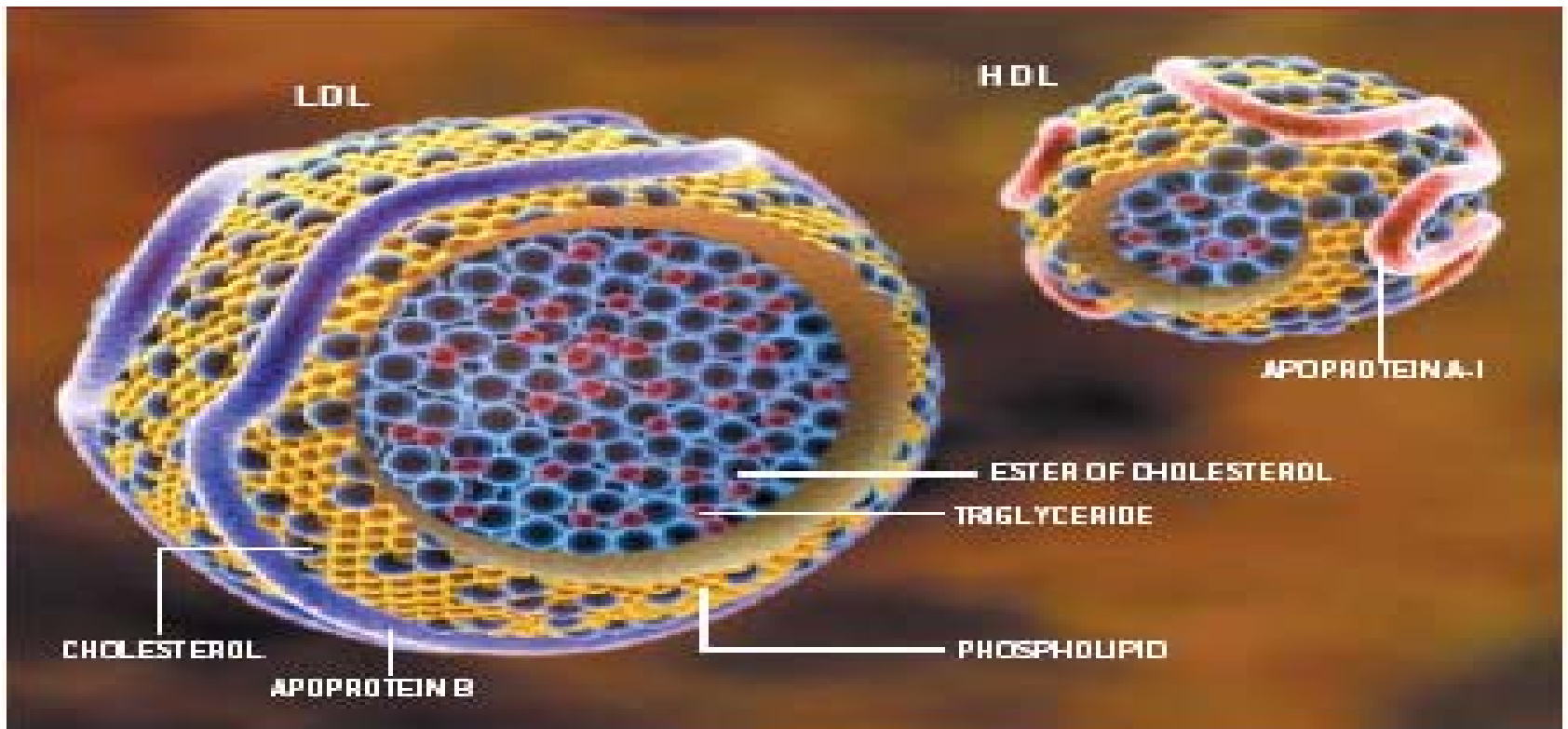
Atherosclerosis (1-3 stages)



Atherosclerosis (4-5 stages)



LDL, HDL



Detection of Biomolecules Using In_2O_3 Nanowires

Chao Li, Daihua Zhang, Bo Lei, and Chongwu Zhou
Dept. of Electrical Engineering - Electrophysics
University of Southern California

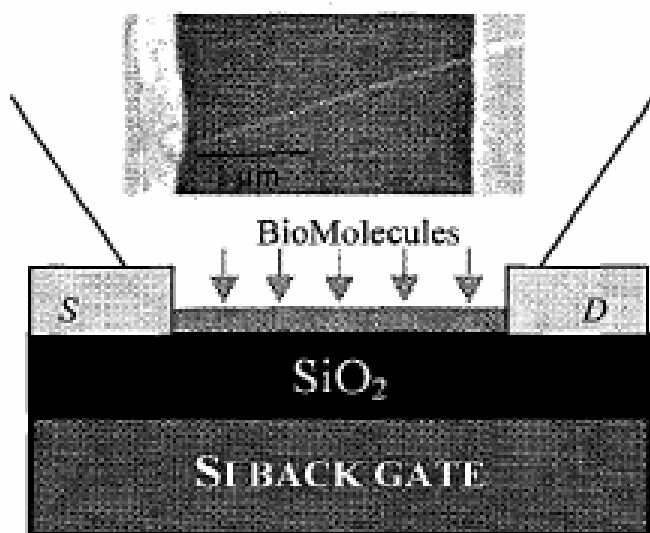


Figure 1. Scheme for molecular absorption on an In_2O_3 nanowire device and a SEM image of the device, which clearly showed a nanowire bridging drain and source electrode.

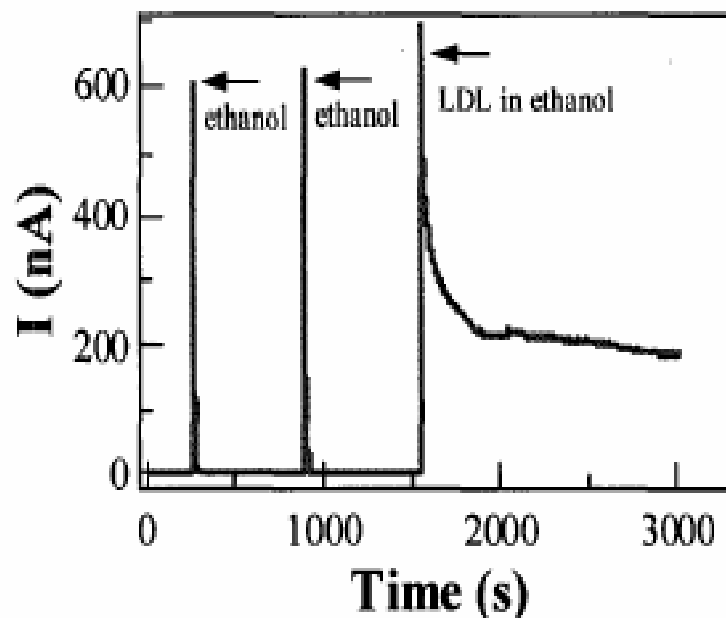


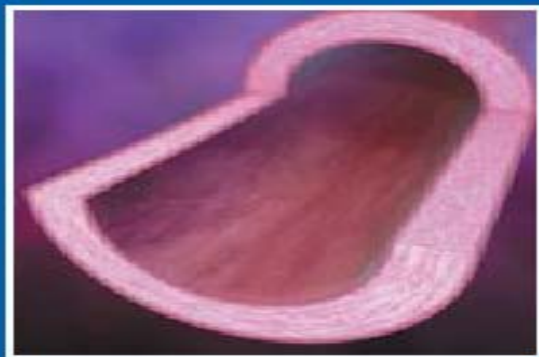
Figure 3. Time domain measurement for the device after exposure to pure ethanol twice and then LDL in ethanol.

Photodynamic therapy

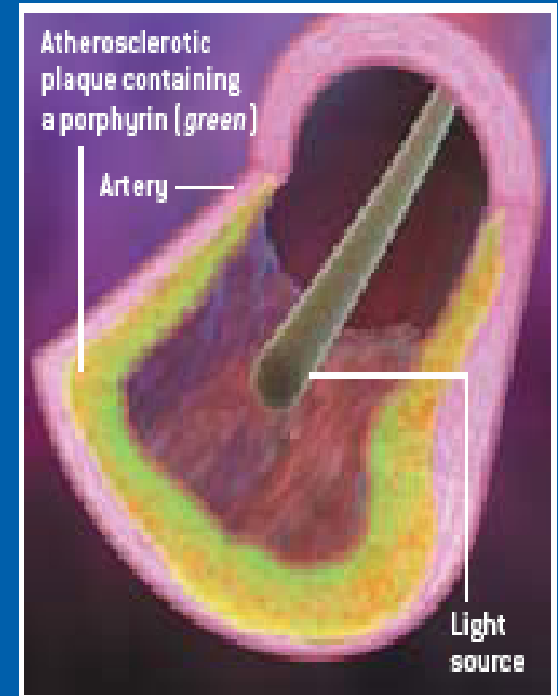
2 The fiber produces red light, activating the porphyrin.



3 Over the course of a few days, the porphyrin destroys unwanted plaques.

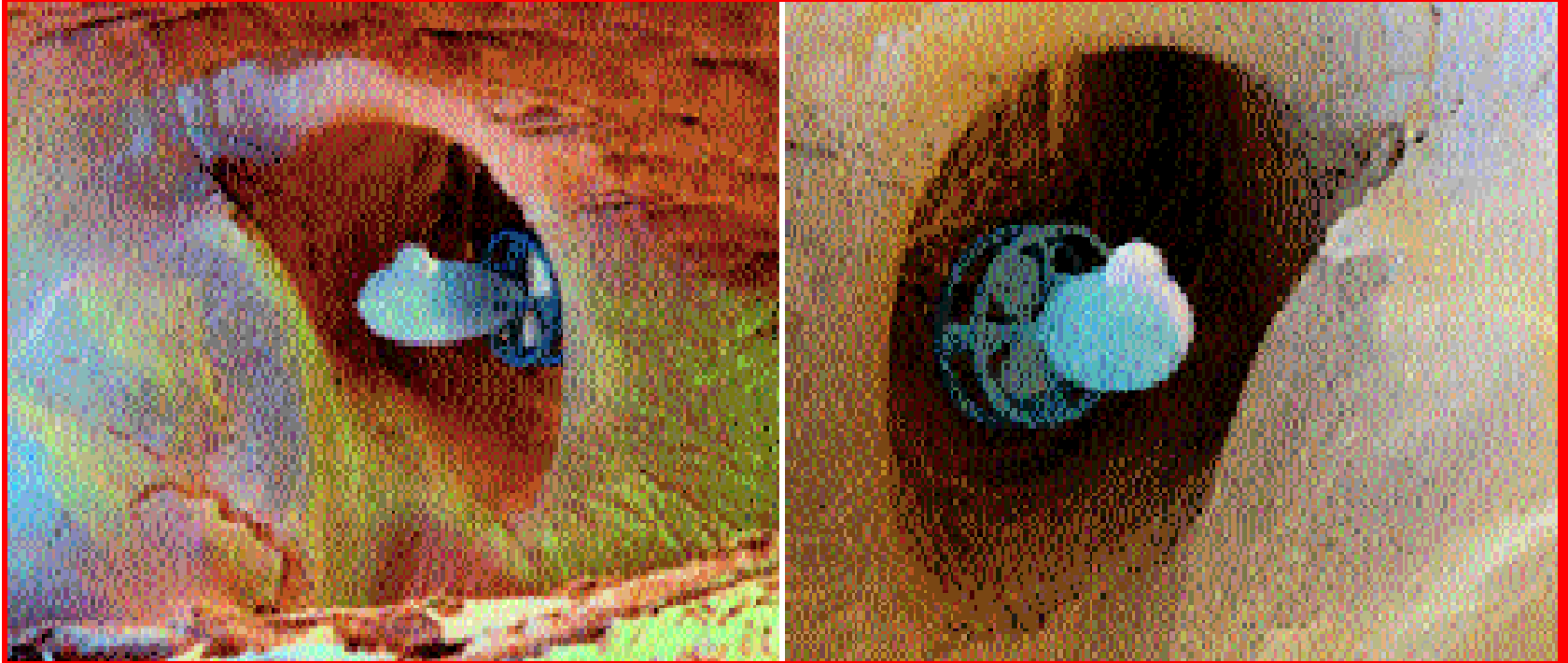


1 Here, in an experimental therapy, an optical fiber has been threaded into an artery in which a porphyrin has accumulated in atherosclerotic plaques.



Self-sufficient micro-robot

Figure 1: Microsubmarine built by Microtec.



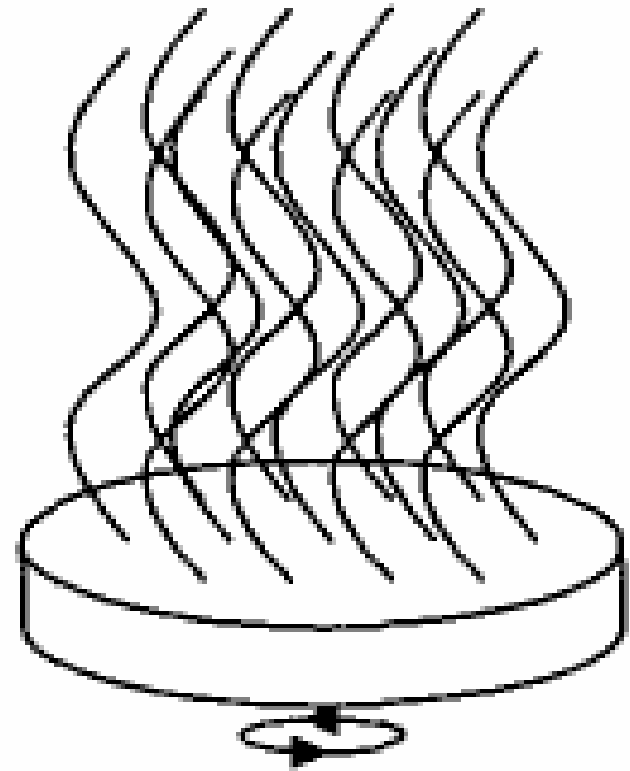
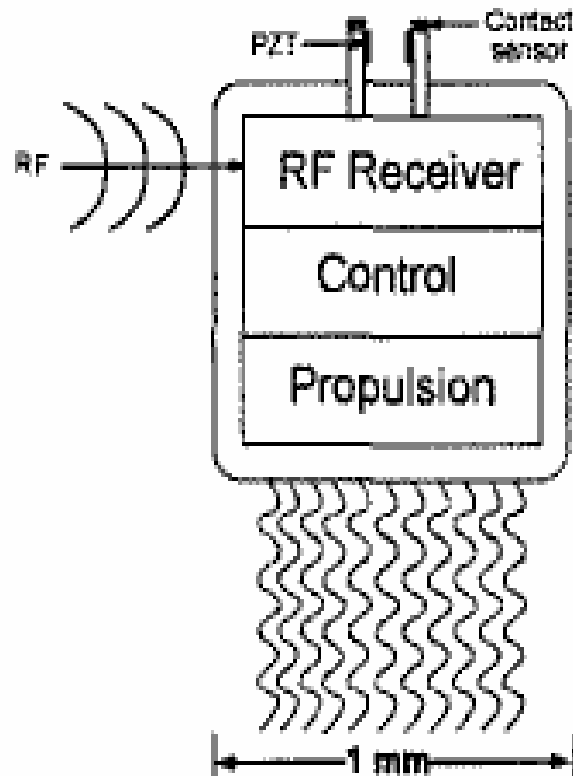
Swimming Surgical Micro-Robot

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NANOROBOTICS CONTROL DESIGN: A PRACTICAL APPROACH TUTORIAL

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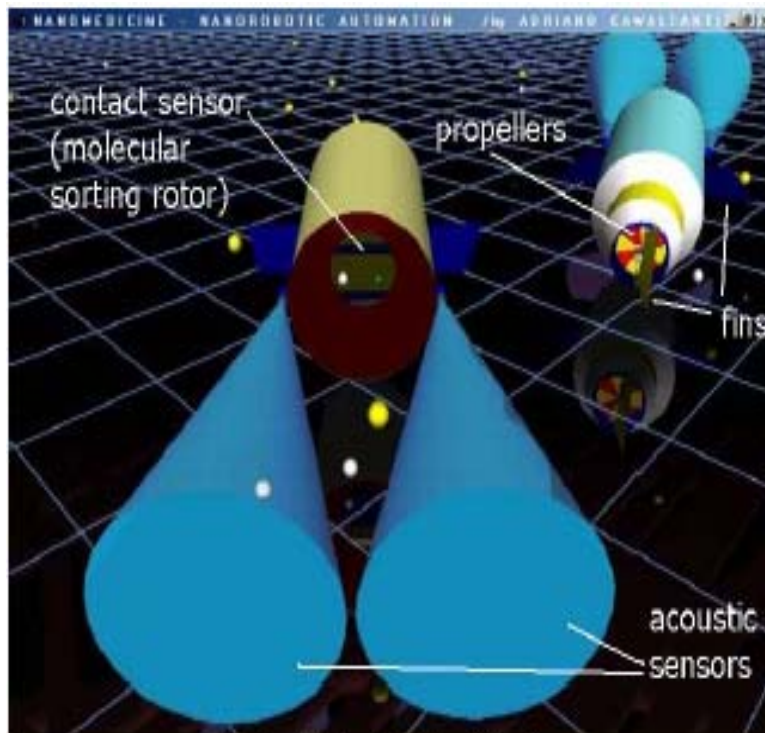


Fig. 2. Molecular identification.

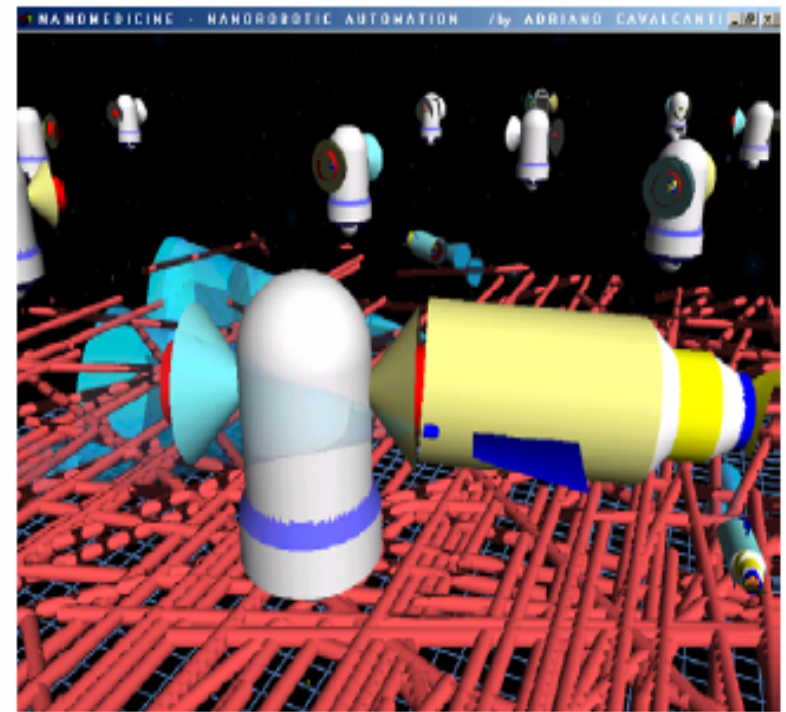
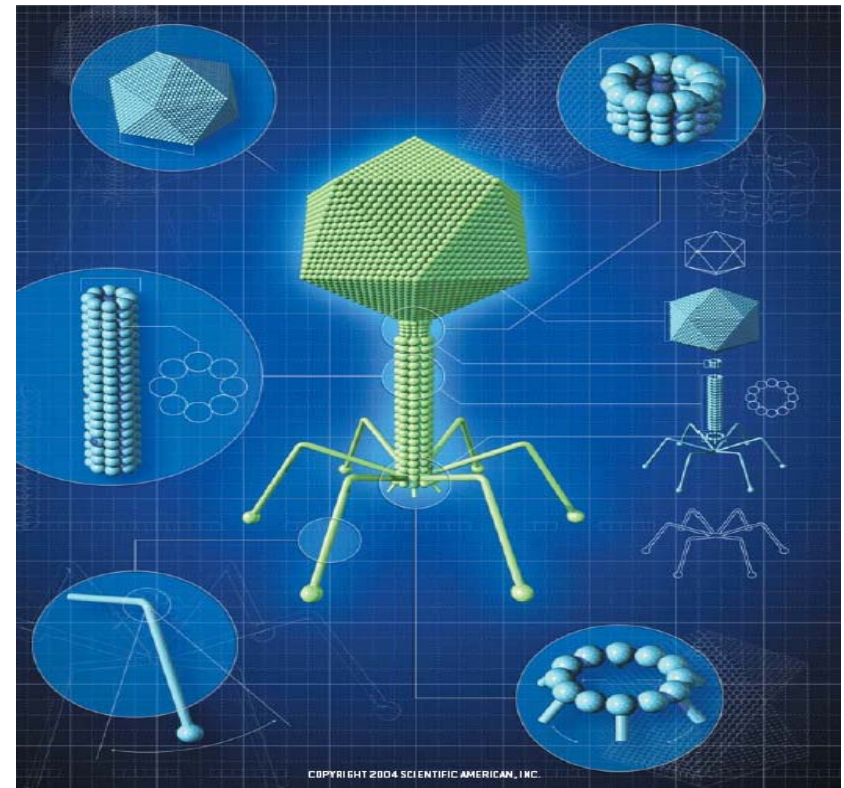
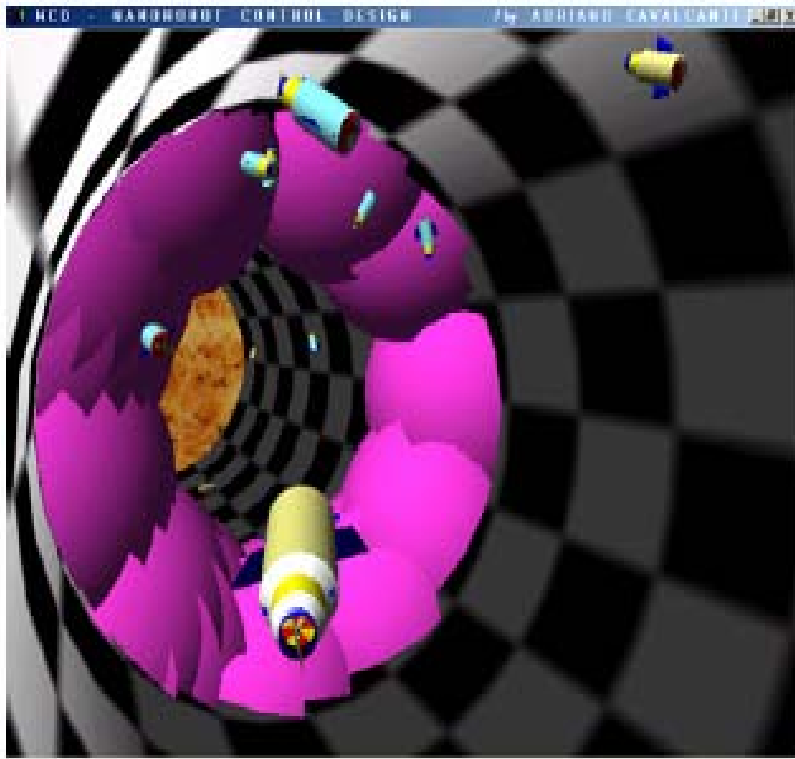


Fig. 3. Nanorobot molecule delivery.

Nanorobots



Artificial heart



Future

