

# Advancing on a Novel Pacifier Design Methodology to Improve Oral Health: A Comprehensive Computational Model of Pacifier Sucking



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## Introduction & Motivation

- The prevalence of pacifier use at 12 months of age is 42,5 %<sup>1</sup>
- The effects of pacifiers on primary dentition have not yet been effectively proven<sup>2-8</sup>
- Pacifier manufacturers must test each new pacifier design extensively<sup>13</sup>
- Different pacifier designs have different effects on orofacial structures<sup>9,12</sup>
- Several studies show a strong relation between pacifier sucking and malocclusions<sup>2-8</sup>
- Pacifier long-term health risks are not addressed on manufacture process

### Aim of the Work

- Support the design of improved performance pacifiers<sup>9-12</sup>
- Capability to assess different designs pacifier effects
- Simulate the dynamic and biomechanical characteristics during non-nutritive sucking
- Quantify sucking patterns, based on Neonatal Oral-Motor Assessment Scale (NOMAS)<sup>14</sup>

Develop Comprehensive Realistic Computational Methodology

## Methodology

Geometry Modelling: Create full model based on Z-anatomy atlas and Blender 3D Modelling Software

Mesh Generation: Use snappyHexMesh tool to generate computational mesh with required features

Tissues Segmentation: Divide the computational model in different tissue regions

Myofiber Modelling: Solve Laplace equation and calculate fiber length and orientation of undeformed geometry

Pacifier Sucking Mechanism: Bursts of approximately 3-12 suck cycles separated by pause periods. Tongue Positions: Initial Position, Tongue Moves Upward, Protusion (PRT), Dorsiflexion (DFLX), Tongue Moves Lower and Backward, Retrusion (RET), Peak of Intraoral Pressure, Return to starting position, Tongue Downs slightly, Suckers to Come Down.

Enhancing the in-house solver under development with appropriate constitutive laws for muscles within the OpenFOAM solid mechanics toolbox

## Governing Equations & Constitutive Model

### Tongue Muscles and Connective Tissue Behaviour

Multiscale Model based on Hill<sup>15</sup>, Huxley<sup>16</sup>, Zajac<sup>17</sup>, Guccione<sup>18-20</sup> and other model<sup>21-27</sup>

Strain energy functions

$$\Psi_{muscle} = \Psi_{matrix}(I_1, I_2) + \Psi_J(J) + \Psi_{fiber}(I_4, I_5)$$

$$\Psi_{matrix}(I_1, I_2) = C_1(I_1 - 3) + C_2(I_2 - 3) \text{ - Mooney-Rivlin model}$$

$$\Psi_{fiber}(\lambda_f, a) = \Psi_{active}(\lambda_f, a) + \Psi_{passive}(\lambda_f) \text{ - Hill-type model}$$

Invariants of the right Cauchy Green Strain tensor

$$I_1 = tr(\underline{C}) \quad I_2 = \frac{1}{2}((tr(\underline{C}))^2 - tr(\underline{C}^2)) \quad I_4 = \underline{N} \cdot \underline{C} \cdot \underline{N} \quad I_5 = \underline{N} \cdot \underline{C}^2 \cdot \underline{N}$$

Sarcomere stretch of the undeformed fiber

$$\lambda_{sar} = \sqrt{\underline{N}^T \underline{C} \underline{N}} = \sqrt{\underline{C} : (\underline{N} \otimes \underline{N})}$$

Myofiber stretch of the undeformed fiber:  $\lambda_f = \frac{L}{L_0}$

Muscle direction after deformation:  $\underline{n} = \frac{\underline{F} \underline{N}}{\lambda_f}$

Active Contraction: Increase calcium concentration (Ca) and activation level (a)

$$\sigma_{act} = \sigma_{max} \frac{Ca_0^2}{Ca_0^2 + ECa_0^2} a$$

Length-dependent calcium sensitivity

$$f_{reg}(\lambda_f) = \begin{cases} 4^{(1-\lambda_f)} \lambda_f - 1 & \lambda_f > 1 \\ 0 & \lambda_f \leq 1 \end{cases}$$

Cauchy stress derived from the strain energy function

$$\underline{\sigma} = \frac{2}{J} \left[ (C_1 + C_2 I_1) \underline{B} - C_2 \underline{B} \cdot \underline{B} - \frac{1}{3} (C_1 I_1 + 2C_2 I_2) \underline{I} \right] + K(J-1) \underline{I} + \frac{1}{J} \left[ \sigma_{act} \cdot f_{reg}(\lambda_f) + \beta \cdot e^{\alpha(\lambda_f - 1)} - 1 \right] \left[ \lambda_f (\underline{n} \otimes \underline{n}) - \frac{1}{3} \lambda_f \underline{I} \right]$$

### Malocclusions Development: Bone Remodelling<sup>28</sup>

Grey scale values of the CT scan and Young's modulus relationship distribution:

$$E^i = C (\rho_i^i)^b$$

Current bone density is calculated using Euler Method:

$$\frac{d\rho_i^i}{dt} = C(\mu_i S^i - S_{res}^i)$$

Rate of changing density:  $\rho_i^i = \rho_{i-1}^i + \frac{d\rho_i^i}{dt} \Delta t$

Local remodeling reaction:

$$C = A \Lambda^i \quad \Lambda^i = \begin{cases} -1, & S^i \leq S_r \\ 0, & S_r \leq S^i \leq S_l \\ 1, & S_l \leq S^i \end{cases} \begin{cases} Resorption \\ 'Lazy' \\ Formation \end{cases}$$

Muscle	PRT (%)	DFLX (%)	RET (%)
GG	7.0	-	-
GH	7.0	-	-
HG	-	-	35.0
IL	-	-	28.0
SG	-	-	70.0
SL	15.0	50.0	2.0
T	33.0	-	-
V	33.0	-	-

$C_1$	$C_2$	$\rho$	$[Ca^{2+}]$	$\beta$	$\alpha$
375 Pa	175 Pa	1040 kg/m <sup>3</sup>	4.35 μM	0.1 N/m <sup>2</sup>	100

$C_r$	$b$	$S_r$	$S_l$	$A$	$\mu_s$
$4.621 \times 10^8$ Pa	1040 kg/m <sup>3</sup>	300 με	500 με	$1 \times 10^4$	$2.5 \times 10^{-3}$

## Preliminary Results

### Fiber Orientation and Stretch

Sarcomers Orientation (Rest Position)

Myofiber Orientation (Rest Position)

Myofiber Orientation (Dorsiflexion Deformation)

Experimental imaging results of Tractography

Myofiber deformation calculation

### Current Work

Computational Model Validation

Assessment Different Pacifier Design

Deep Generative Design Optimization

References

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