

Rapid vs. Delayed Infrared Responses after Ischemia Reveal Recruitment of Different Vascular Beds

by *K. Chang, *M. Antalek, *M. Seidel, *T. Darlington, **A. Ikeda, **T.C. Anaebere, *S. Yoon, ***C. Seamon, ***G.J. Kato, **H. Ackerman, and *A.M. Gorbach

*Infrared Imaging and Thermometry Unit, National Institute of Biomedical Imaging and Bioengineering, National Institutes of Health, 9000 Rockville Pike, Building 13, Bethesda, MD 20892, USA; gorbacha@mail.nih.gov

**The Laboratory of Malaria and Vector Research, National Institute of Allergy and Infectious Diseases, National Institutes of Health, 12735 Twinbrook Pkwy, Rockville, MD, 20852, USA

***The Hematology Branch, National Heart, Lung, and Blood Institute, National Institutes of Health, 31 Center St, Bethesda, MD 20892

****Division of Hematology/Oncology, Vascular Medicine Institute, University of Pittsburgh Medical Center, 200 Lothrop Street, Pittsburgh, PA 15261, USA

Abstract

To identify vascular dysfunction in sickle cell disease patients, we compared transient changes in forearm temperature during arterial occlusion, reperfusion, and recovery in Healthy, Sickle Cell Steady State, Sickle Cell Pain Crisis, and Recovered from Pain Crisis subject groups. Combining this test with continuous infrared imaging followed by image processing with the *k-means* algorithm revealed reactive vascular sites in the skin where rapid and delayed temperature amplification were statistically different between subject groups. Observed temporal and spatial diversity of blood flow-derived forearm temperature allow consideration of thermographically guided placement of skin sensors for more sensitive monitoring of skin hemodynamics.

This paper was published in the QIRT Journal 12.2