

# Skin as a **S**ponge

How pressure kills blood flow,  
and how patient-specific modeling can stop it.

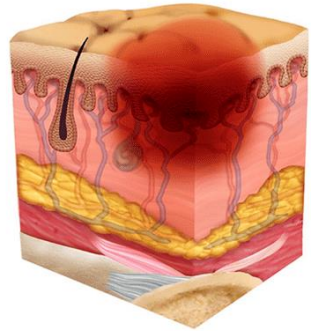
**Thomas Lavigne<sup>123</sup>, PhD**

Supervisors: S.P.A Bordas<sup>1</sup>, P-Y. Rohan<sup>2</sup>, G. Sciumè<sup>3</sup>

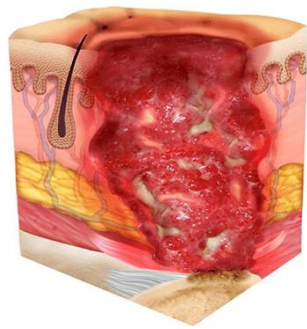


# Pressure Ulcers: The Silent Epidemic

Stage I

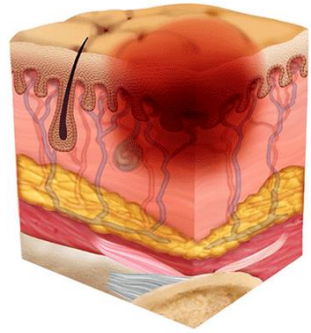


Stage IV

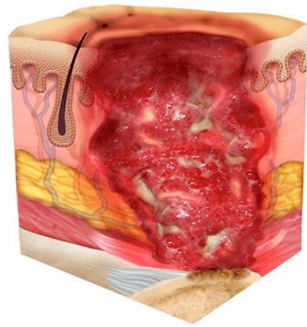


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 NPIAP  
NATIONAL PRESSURE INJURY ADVISORY PANEL | WWW.NPIAP.COM

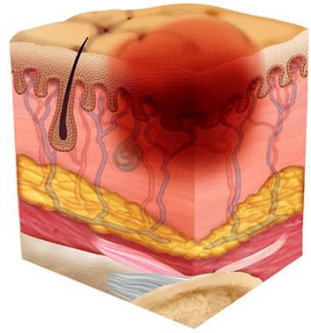
**1 in 5**

European hospital patients affected

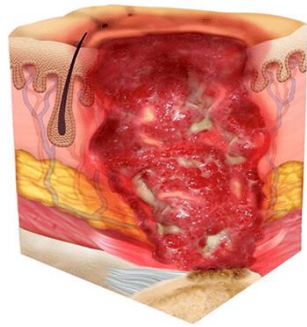
[Vanderwee et al., 2007]

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Stage IV



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**1 in 5**

European hospital patients affected

[Vanderwee et al., 2007]

**50%**

Incidence worldwide

[Lyder & Ayello, 2008]

# A Life-Threatening Reality

Pressure ulcers are not just "sores." They are systemic failures.



## Painful

- massive, chronic pain,
- severely reduced independence.

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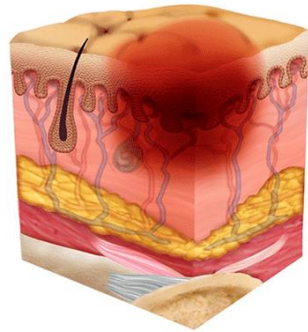


## Consequences

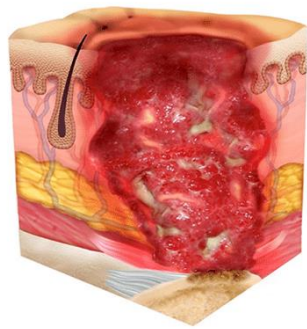
- risk of amputation,
- significant mortality rates,
- massive healthcare costs.

# The "Guilty" Factors: Etiology of Ulcers

Stage I



Stage IV



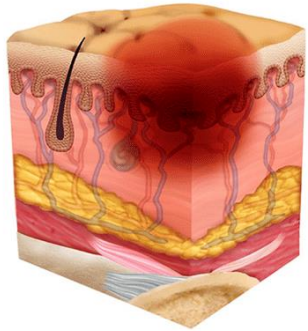
## External Forces



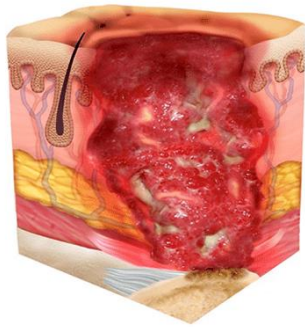
Prolonged mechanical loading structurally compresses the tissue architecture.

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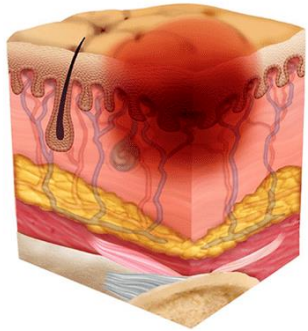
## Oxygen Deprivation



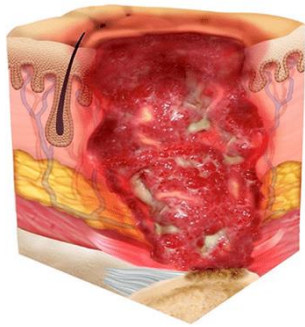
Pinched blood supply leads to severe ischemia and a toxic lack of oxygen.

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## External Forces



Prolonged mechanical loading structurally compresses the tissue architecture.

## Oxygen Deprivation



Pinched blood supply leads to severe ischemia and a toxic lack of oxygen.

## State of the Tissue



Patient-specific vulnerability, and inherent stiffness, determine the overall biological tolerance.

# The Clinician's Dilemma

## What would you do? 🧑

You are the attending doctor or nurse.

You have a bedridden patient in front of you.

Your absolute priority is to prevent their tissue from breaking down and forming an ulcer.



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Your absolute priority is to prevent their tissue from breaking down and forming an ulcer.

But the very first question you face is the hardest:







How long will it take for **THIS specific patient** to get a PU?



# The Illusion of Control

## Clinical Scoring

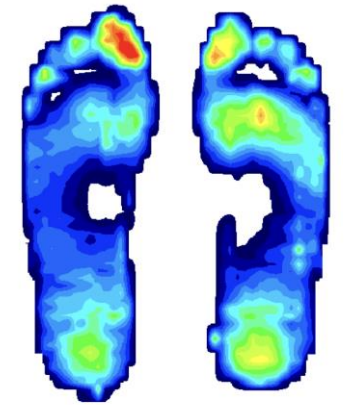
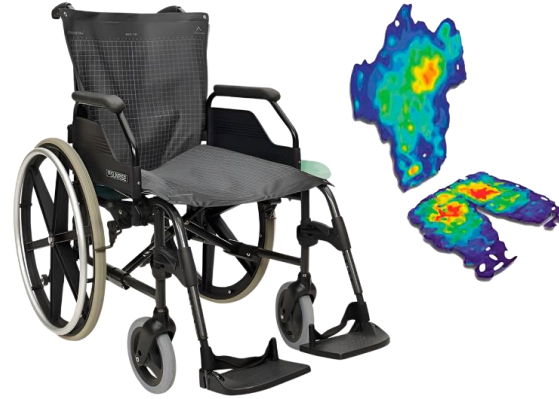
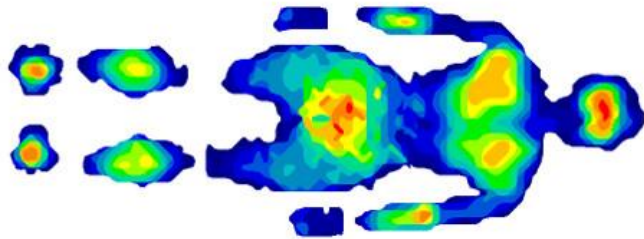


<input type="checkbox"/>		Inspect the skin regularly
<input type="checkbox"/>		Control comorbidities
<input type="checkbox"/>		Provide adapted nutrition and hydration
<input type="checkbox"/>		Avoid complete immobilisation
<input type="checkbox"/>		Manage skin moisture
<input type="checkbox"/>		Ease pressure and prevent friction

Norton score

# The Illusion of Control

Pressure Maps



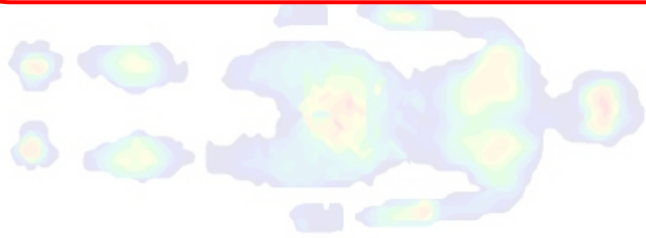
# The Illusion of Control

Pressure Maps



Help for medical device **design**.

But completely **non-ecological** for permanent, real-time clinical monitoring.



# The Diagnostic Dead End



## Diagnostic Blind Spot

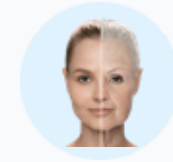
- External Sensors and Evaluation.
- No measurement of microcirculation.
- Imaging and Biopsies are limited to static monitoring.

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## Extreme Patient Variability

- Ageing effect.
- Comorbidities.
- No universal clinical and mechanical evaluation.

# The Material Twin Bridge



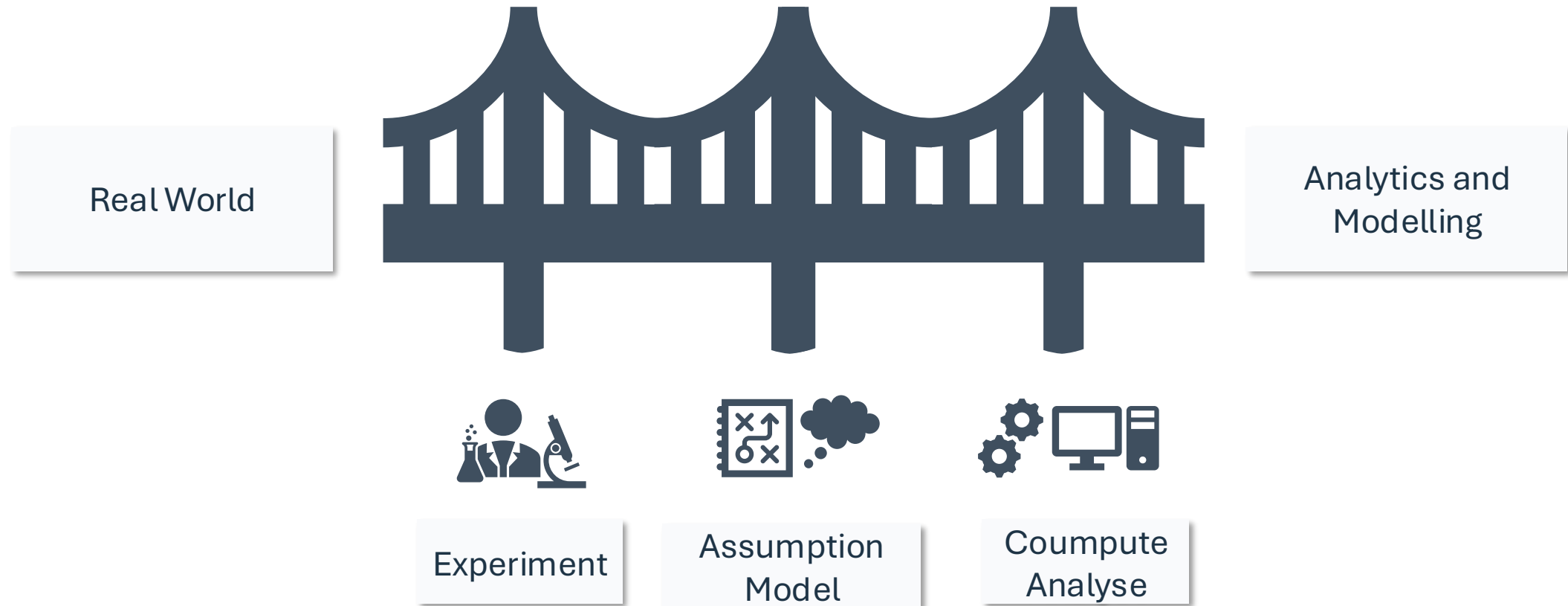
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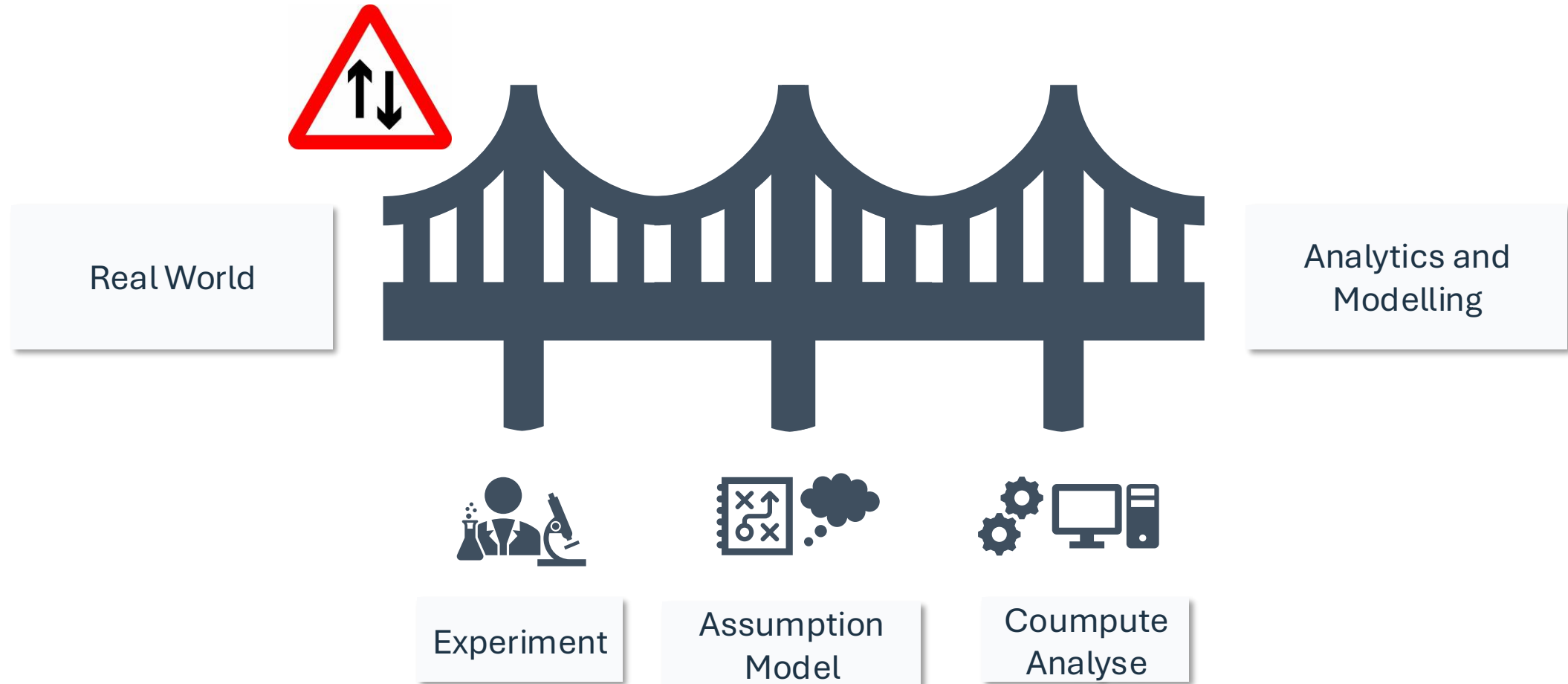
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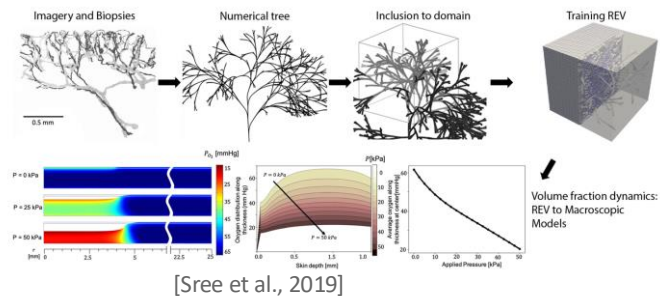
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# The Modelling Challenge

Limited access to data => Comprehensive modeling.

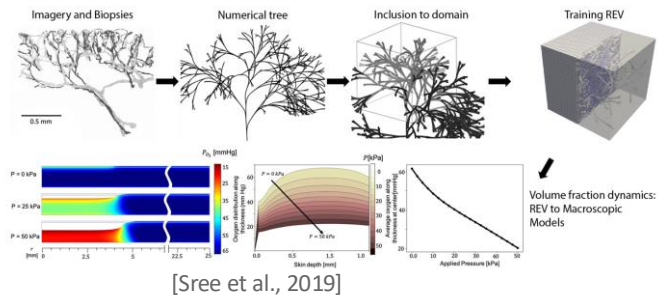
## Over simplified models



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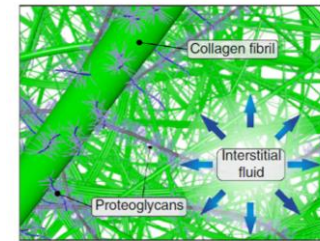
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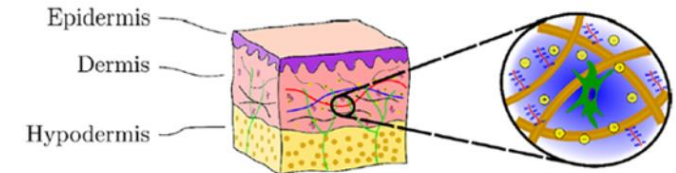


VS

## Over complexified models



[Ehret et al., 2017]

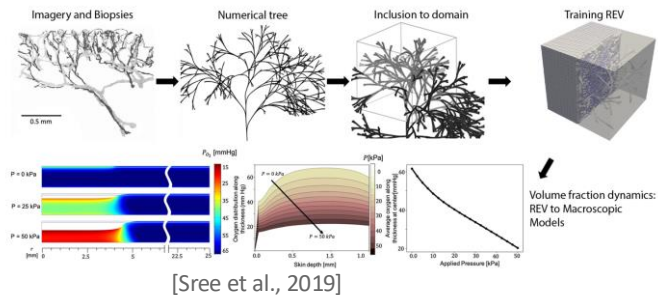


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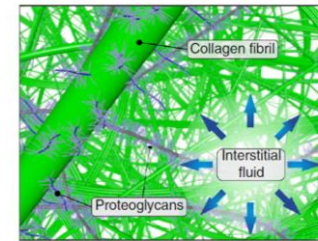
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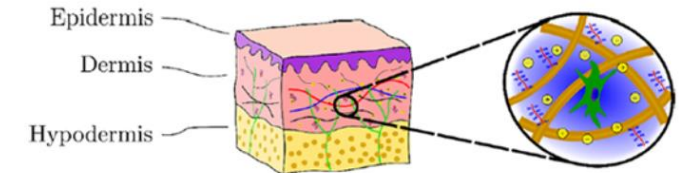
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PhD

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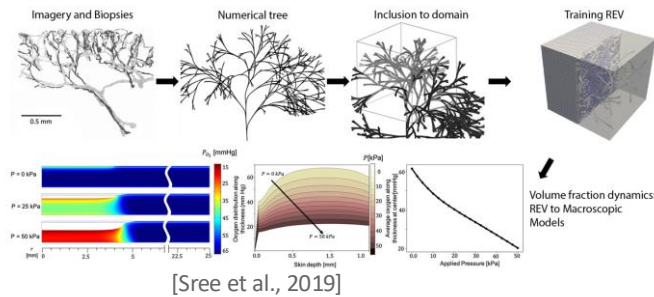


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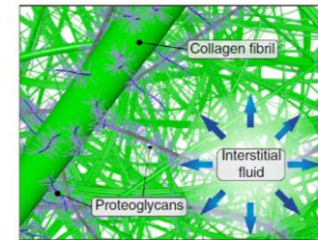
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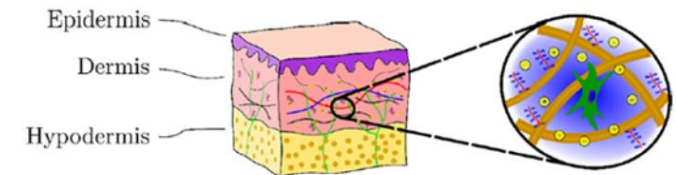
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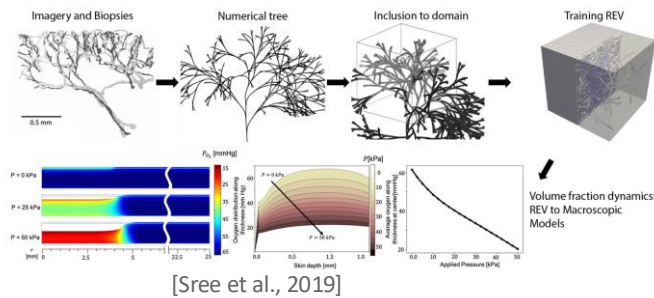
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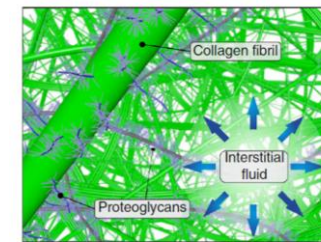
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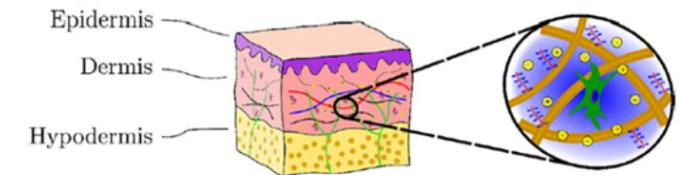
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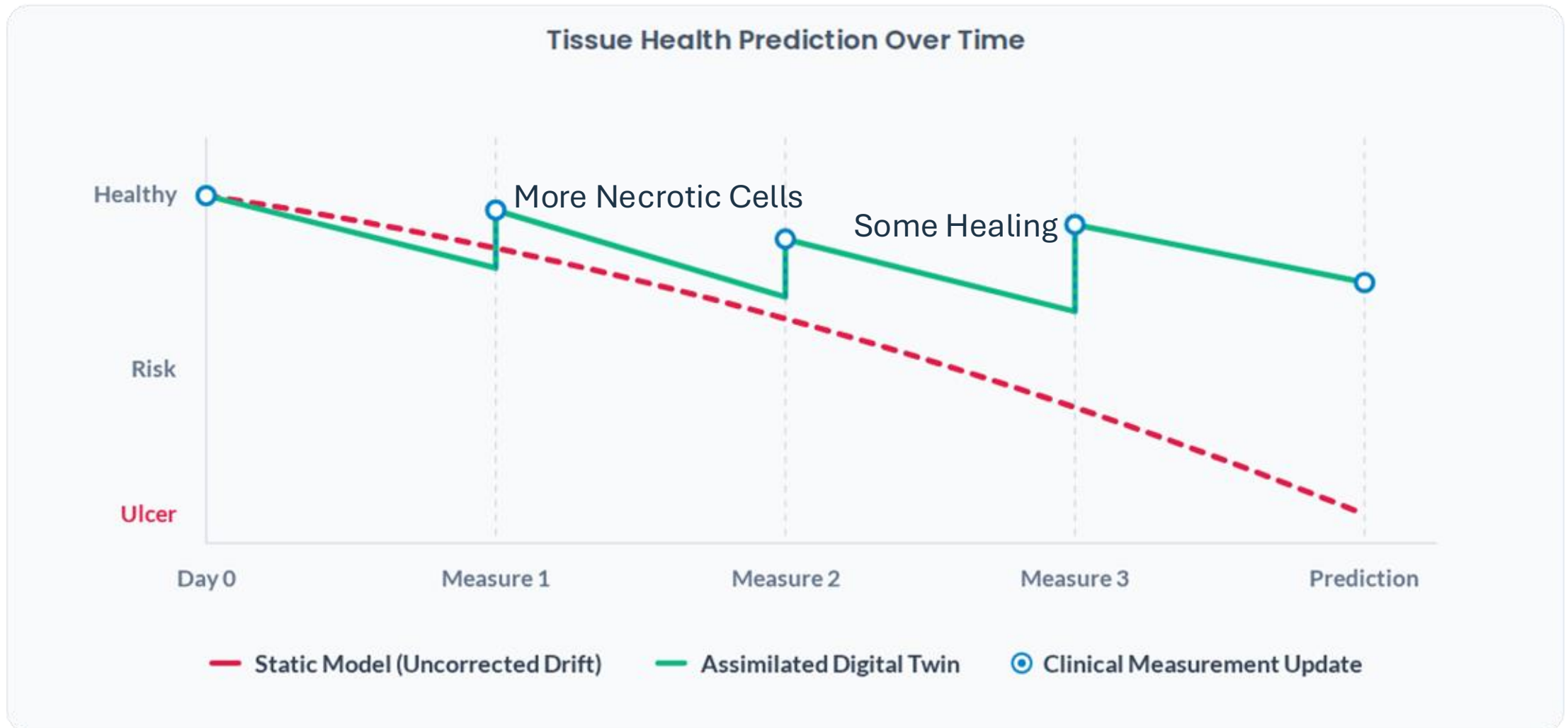
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**Few** multi-physics *in vivo* studies have been **evaluated** for skin.

**Access** to **Inter-** and **Intra-** individual variations is crucial.

Allow for **dynamic** update (remodeling).

# Data Assimilation: The Weather Forecast Analogy



# The Solution: Dynamic Digital Physical Twins

## Data Assimilation

- **Baseline:** Patient-specific anatomy & mechanics.
- **Updates:** Periodic real-world evaluations.
- **Goal:** Prevent model divergence | Assess individual parameters.

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## Biomechanical Simulation

- **Dynamics:** Simulates tissue response over hours/days.
- **Precision:** Pinpoints the exact location of ischemia.
- **Action:** Predicts collapse **before it happens.**

# Back to Physics: Skin as a Sponge



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✖ Squeeze → Fluid forced out



# Back to Physics: Skin as a Sponge

 Squeeze → Fluid forced out

 Hold → Fluid still moves



# Back to Physics: Skin as a Sponge

 Squeeze → Fluid forced out

 Hold → Fluid still moves

 Release → Fluid rushes back



# Bridging the gap



## Mechanical Models

- ✓ Captures stiffness, creep & relaxation.
- ✗ Ignores blood entirely.

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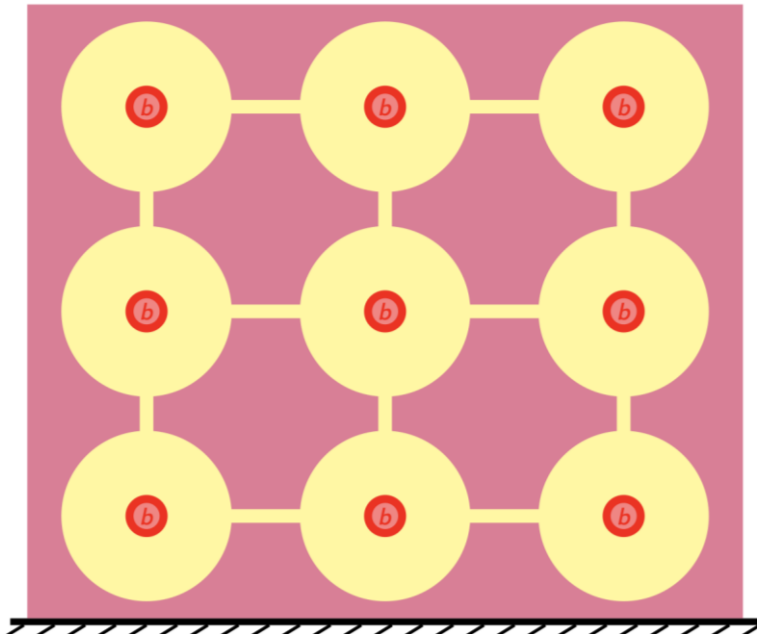
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## Poromechanics

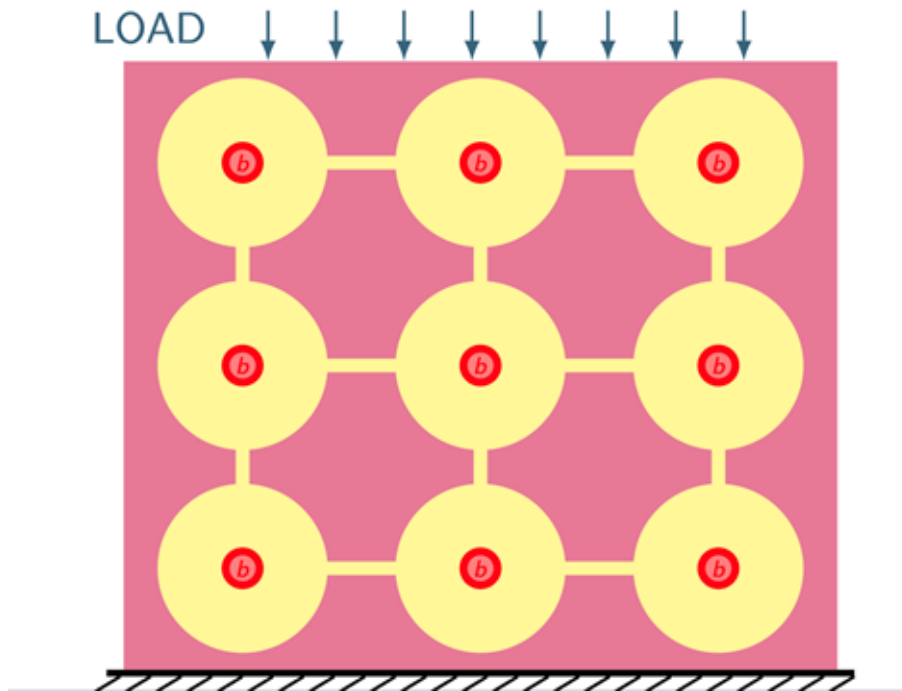
- ✓ Analytical coupling of mechanics and microcirculation.
- ✓ Average theory at organ scale.

# Bi-Compartment Porous Model



Adapted from the TCAT, [Gray and Miller, 2014]

# Bi-Compartment Porous Model



How does it work?

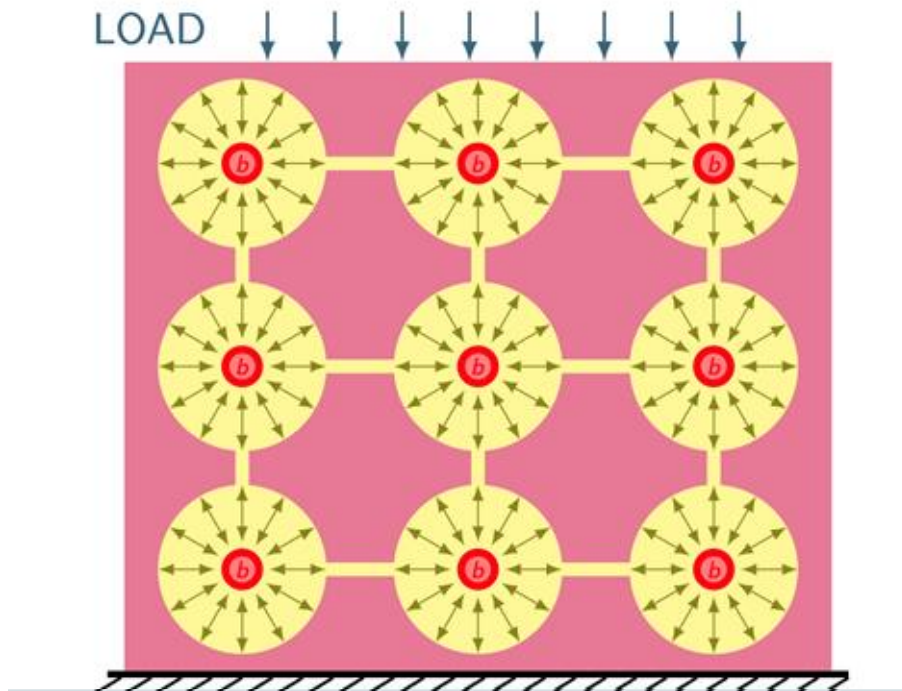
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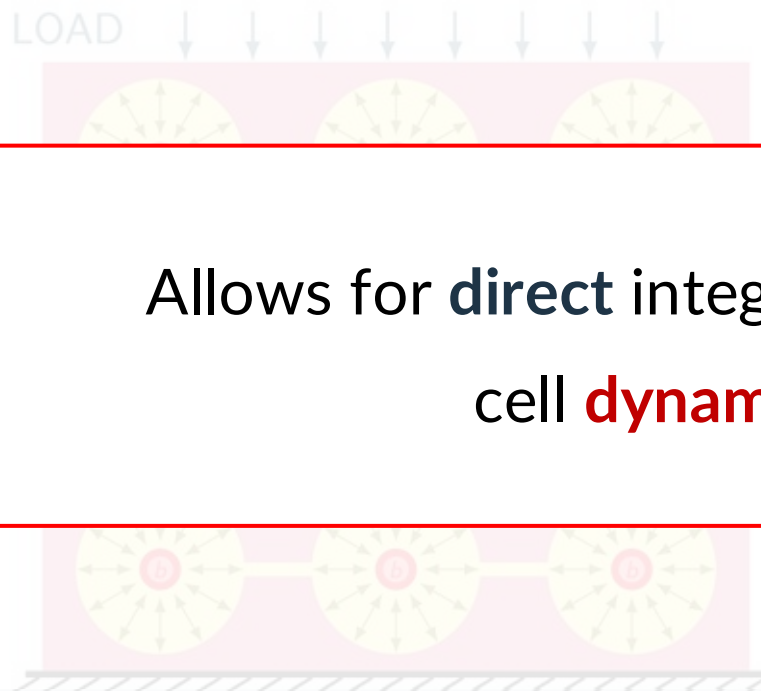
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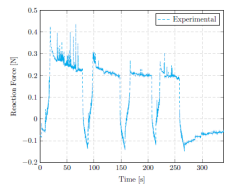
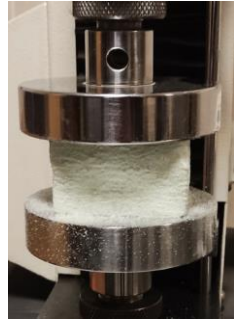
Allows for **direct** integration of **biological exchanges** and cell **dynamic death/healing** rates.

Squeezed blood vessels

Adapted from the TCAT, [Gray and Miller, 2014]

# Challenging the Model

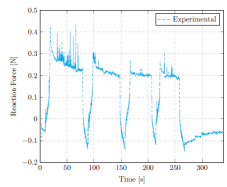
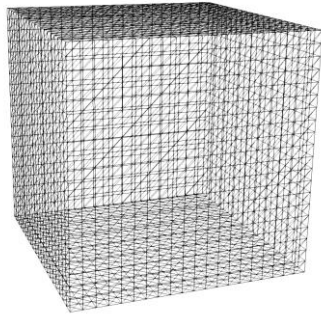
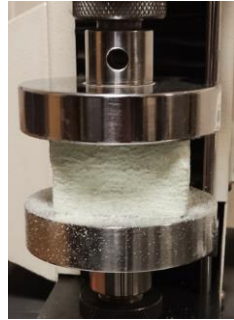
Real World



# Challenging the Model

Real World

Discretized Domain

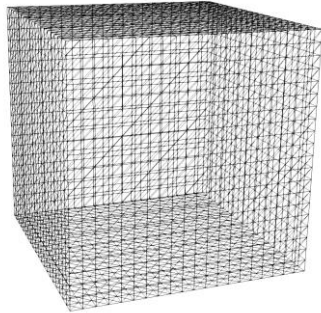
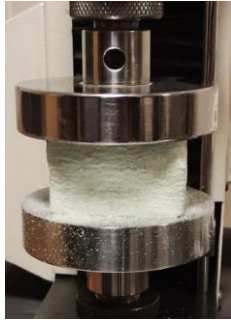


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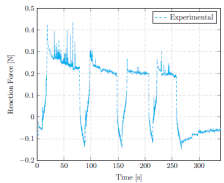
Model



Mass is conserved

$$\begin{aligned}
 & \int_{\Omega} C_{m,s} \frac{D^t p^k}{Dt} q^k d\Omega + \int_{\Omega} S^k \frac{k^b}{\mu^b} \nabla p^b \nabla q^k d\Omega + \int_{\Omega} \frac{k^c}{\mu^c} \nabla p^c \nabla q^k d\Omega \\
 & - \int_{\Omega} \frac{k^c}{\mu^c} \nabla p^b \nabla q^k d\Omega + \int_{\Omega} S^c \nabla \cdot \left( \frac{D^t \mathbf{u}^t}{Dt} \right) q^k d\Omega = 0, \forall q^k \in L^2_0(\Omega) \\
 & \int_{\Omega} \frac{k^b}{\mu^b} \nabla p^b \nabla q^k d\Omega + \int_{\Omega} \left[ \frac{k^c}{\mu^c} + \frac{k^l}{\mu^l} \right] \nabla p^l \nabla q^k d\Omega \\
 & - \int_{\Omega} \frac{k^c}{\mu^c} \nabla p^b \nabla q^k d\Omega + \int_{\Omega} \nabla \cdot \left( \frac{D^t \mathbf{u}^t}{Dt} \right) q^k d\Omega = 0, \forall q^k \in L^2_0(\Omega) \\
 & \int_{\Omega} C_{e,p} \frac{D^t p^l}{Dt} q^l d\Omega - \int_{\Omega} C_{e,s} C_{mass} \frac{D^t p^k}{Dt} q^k d\Omega - \int_{\Omega} C_{e,p} \frac{D^t p^b}{Dt} q^b d\Omega \\
 & + \int_{\Omega} \frac{k^b}{\mu^b} \nabla p^b \nabla q^k d\Omega + \int_{\Omega} \varepsilon^b \nabla \cdot \left( \frac{D^t \mathbf{u}^t}{Dt} \right) q^k d\Omega = 0, \forall q^k \in L^2_0(\Omega)
 \end{aligned}$$

$$\begin{aligned}
 & \int_{\Omega} \mathbf{t}^{int}(\mathbf{u}^t) : \nabla \mathbf{w} d\Omega - \int_{\Omega} (1 - \varepsilon^b) (p^l - S^l p^c) \nabla \cdot \mathbf{w} d\Omega \\
 & - \int_{\Omega} \varepsilon^b \nabla \cdot \mathbf{w} d\Omega - \int_{\Gamma_i} \mathbf{t}^{imposed} \cdot \mathbf{w} d\Gamma_i = 0, \forall \mathbf{w} \in [H^1(\Omega)]^3
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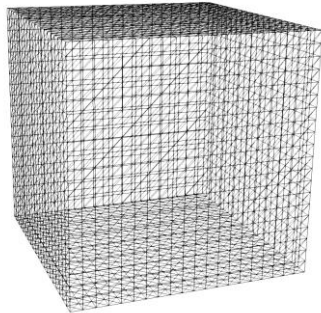
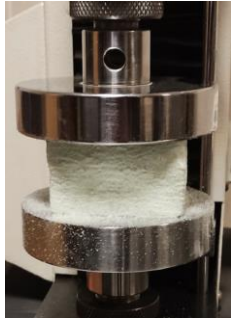
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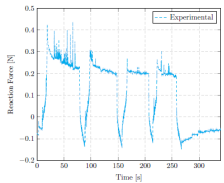
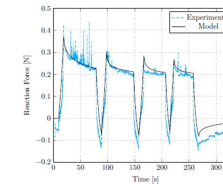
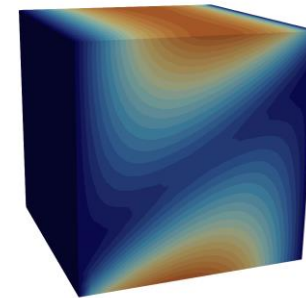
Model

Computed Fields



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$$\begin{aligned}
 & \mathbf{u}^t = \mathbf{u}_{\text{imposed}} \text{ on } \partial\Omega_u \\
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 & \int_{\Omega} C_{,m} \frac{D^t p^t}{Dt} q^t d\Omega + \int_{\Omega} S^t \frac{k^b}{\mu^b} \nabla p^b \nabla q^t d\Omega + \int_{\Omega} \frac{k^c}{\mu^c} \nabla p^c \nabla q^t d\Omega \\
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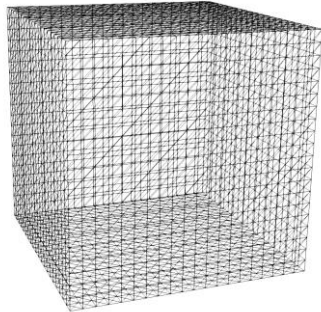
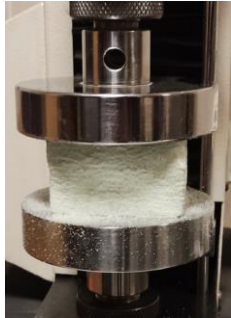
# Challenging the Model

Real World

Discretized Domain

Model

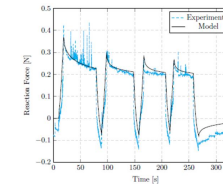
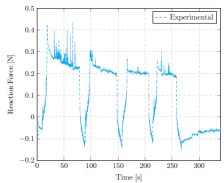
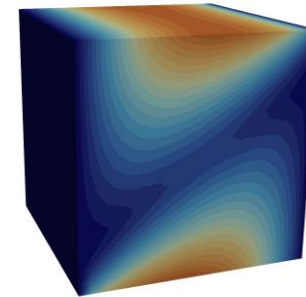
Computed Fields



+

Mass is conserved

$$\begin{aligned}
 & \int_{\Omega} C_{m,s} \frac{D^t p^c}{Dt} q^t d\Omega + \int_{\Omega} S^t \frac{k^b}{\mu^b} \nabla p^b \nabla q^t d\Omega + \int_{\Omega} \frac{k^c}{\mu^c} \nabla p^c \nabla q^t d\Omega \\
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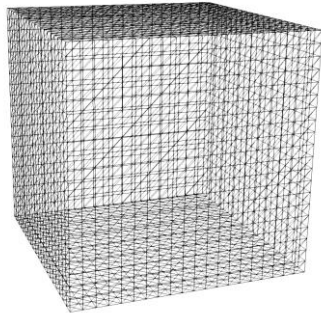
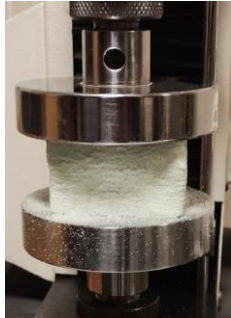
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Real World

Discretized Domain

Model

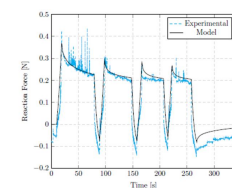
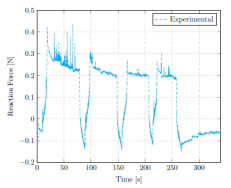
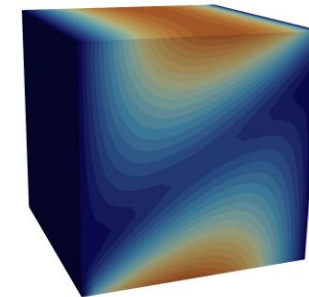
Computed Fields



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Mass is conserved

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Random Variation of Parameters and impact assessment (T. Lavigne et al., 2025b)

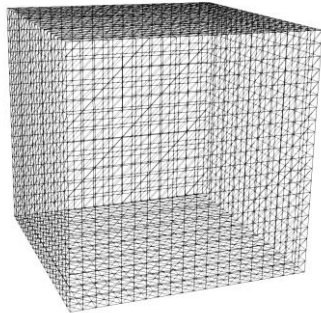
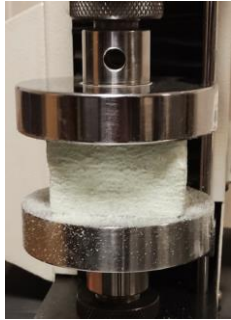
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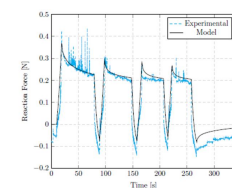
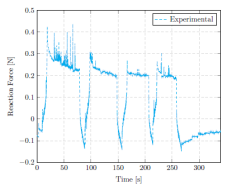
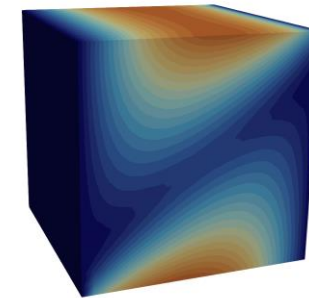
Computed Fields



+

Mass is conserved

$$\begin{aligned}
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# Challenging the Model

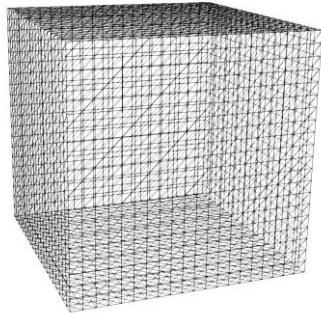
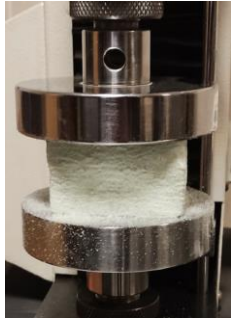
Real World

Discretized Domain

Model

Computed Fields

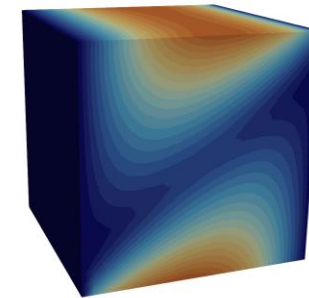
Future outlook



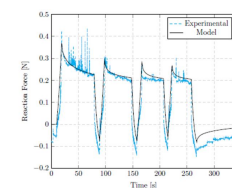
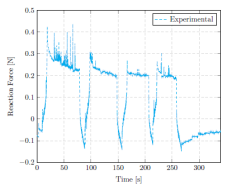
+

Mass is conserved

$$\begin{aligned}
 & \mathbf{u}^t = \mathbf{u}_{\text{imposed}} \text{ on } \partial\Omega_u \\
 & p^t = p_{\text{imposed}} \text{ on } \partial\Omega_p^* \\
 & \int_{\Omega} C_{m,s} \frac{D^t p^t}{Dt} q^t d\Omega + \int_{\Omega} S^t \frac{k^t}{\mu^t} \nabla p^t \nabla q^t d\Omega + \int_{\Omega} \frac{k^t}{\mu^t} \nabla p^t \nabla q^t d\Omega \\
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 \end{aligned}$$



**Quantitative risk assessment.**  
Digital Twins inform on each specific risk scale.  
**Perspective of my work**



New set of Parameters

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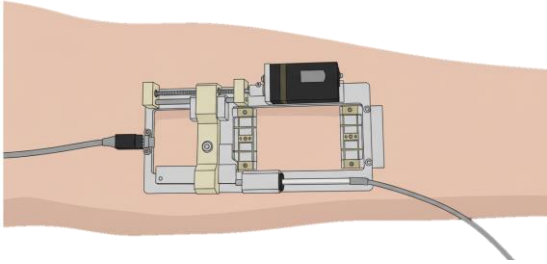
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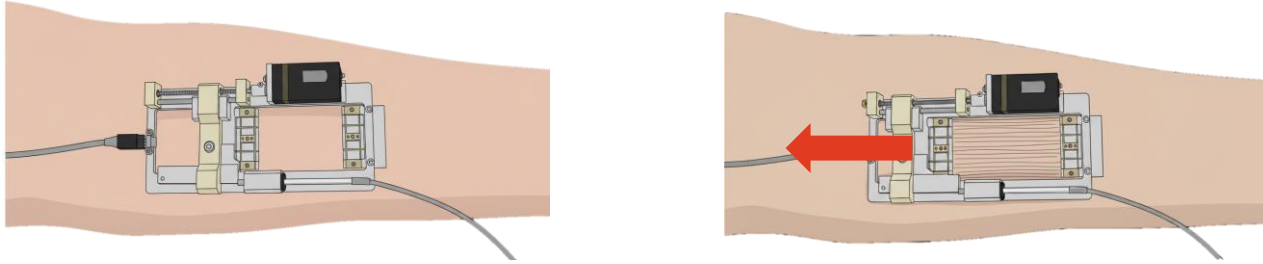
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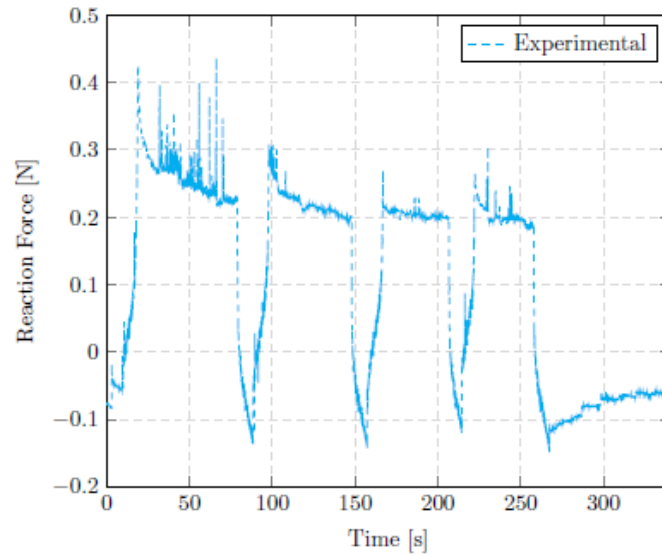
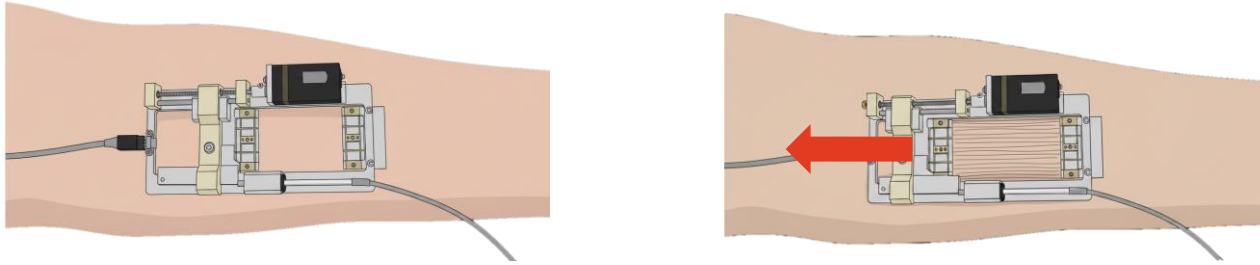
# In Vivo Evaluation: Hold phase



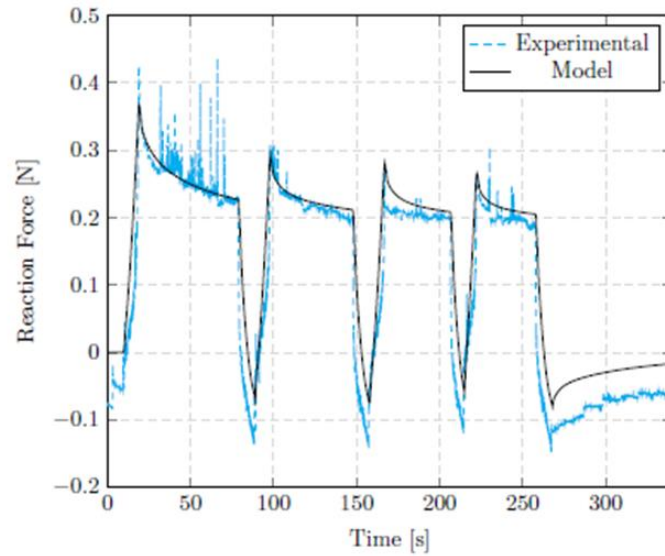
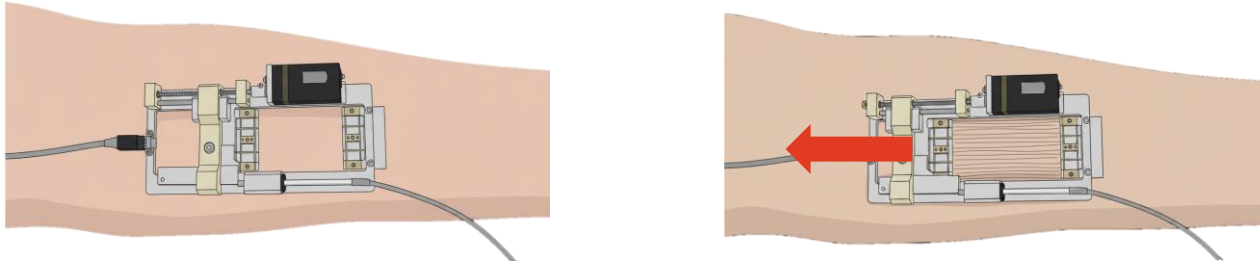
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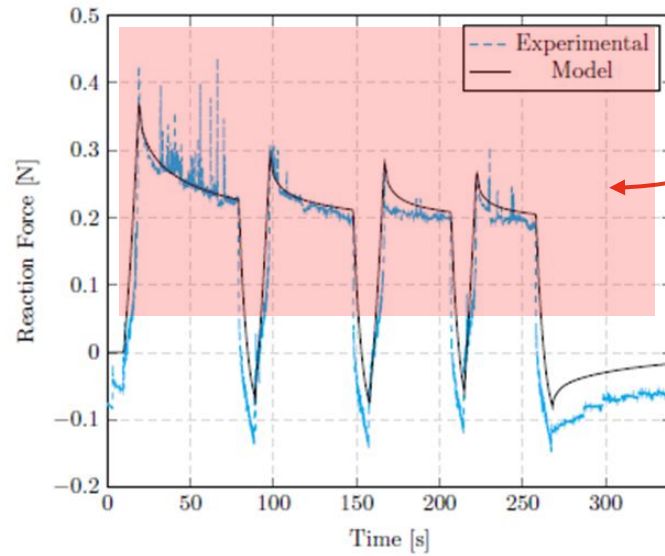
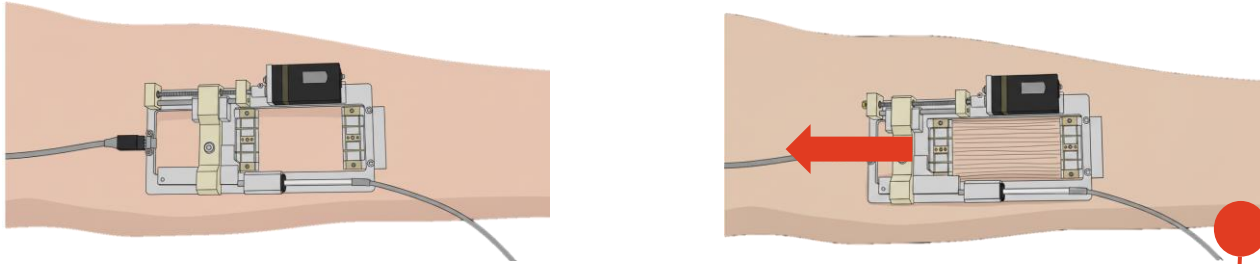
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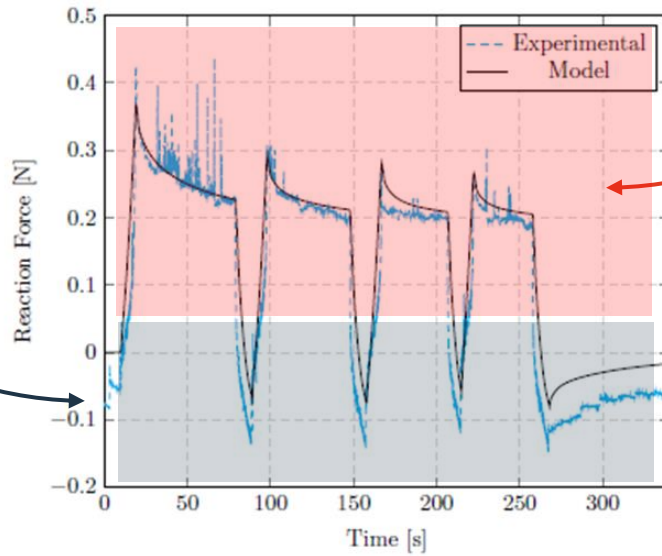
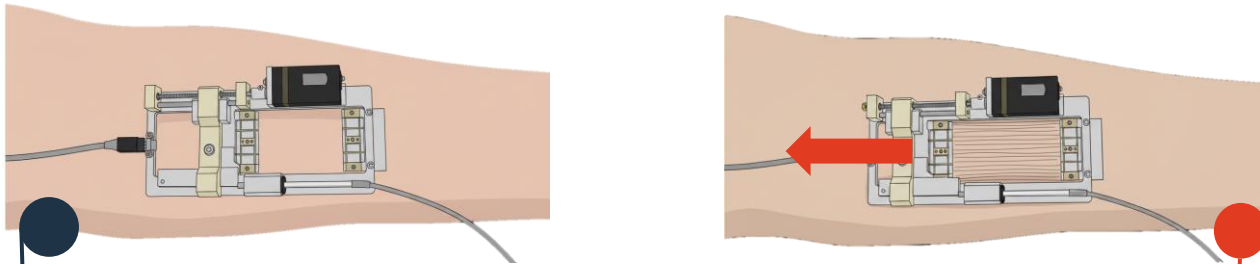
# In Vivo Evaluation: Hold phase



# In Vivo Evaluation: Hold phase



# In Vivo Evaluation: Hold phase



**Physics matches reality.**

Patient Specific Mechanical Properties.

Poromechanics as an alternative to empirical viscoelasticity.

# In Vivo Evaluation: Perfusion vs Mechanics

Ethical approval (national registration number RCB: 2023- A00418- 37)



**11** Human Volunteers

# In Vivo Evaluation: Perfusion vs Mechanics

Ethical approval (national registration number RCB: 2023- A00418- 37)



**11** Human Volunteers



**Gender-Inclusive** Cohort

# In Vivo Evaluation: Perfusion vs Mechanics

Ethical approval (national registration number RCB: 2023- A00418- 37)



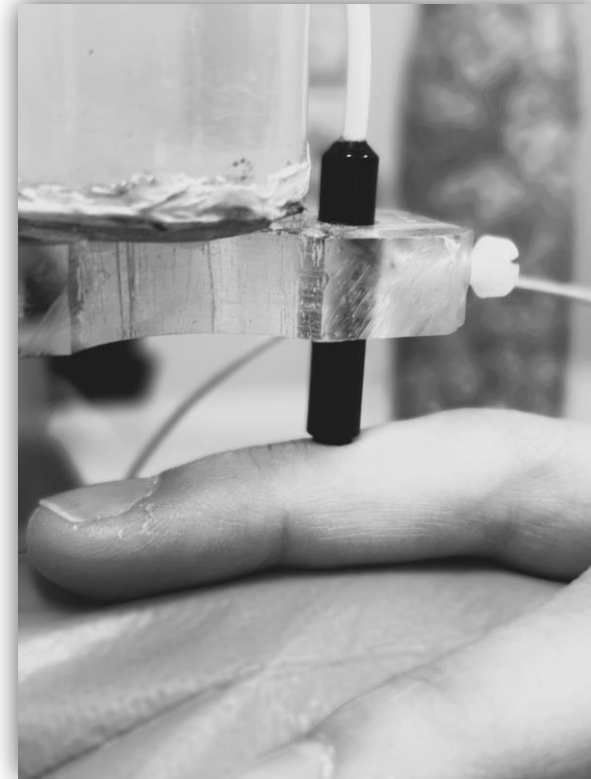
**11** Human Volunteers



**Gender-Inclusive** Cohort



**Controlled** Finger Indentation



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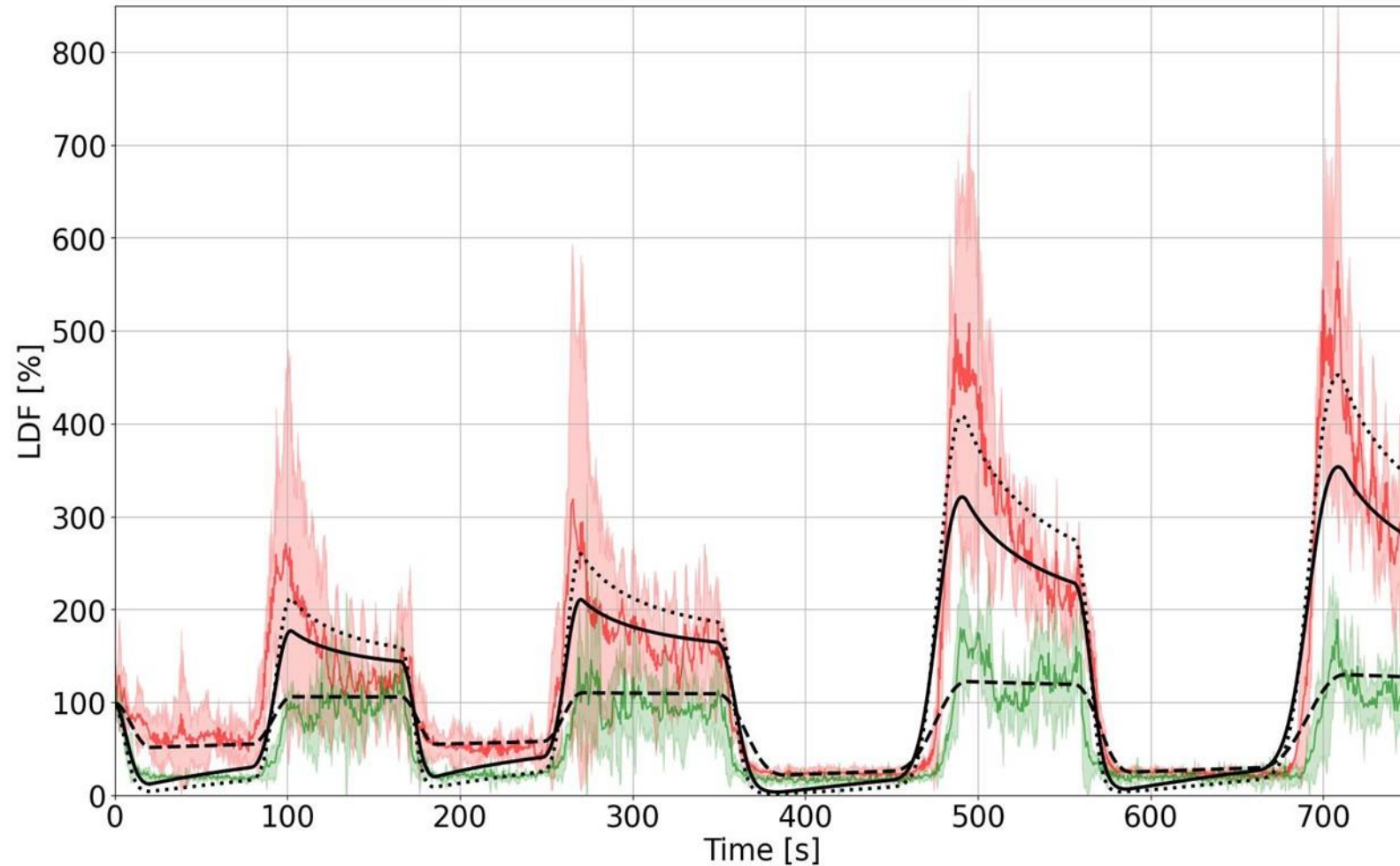
**Controlled** Finger Indentation



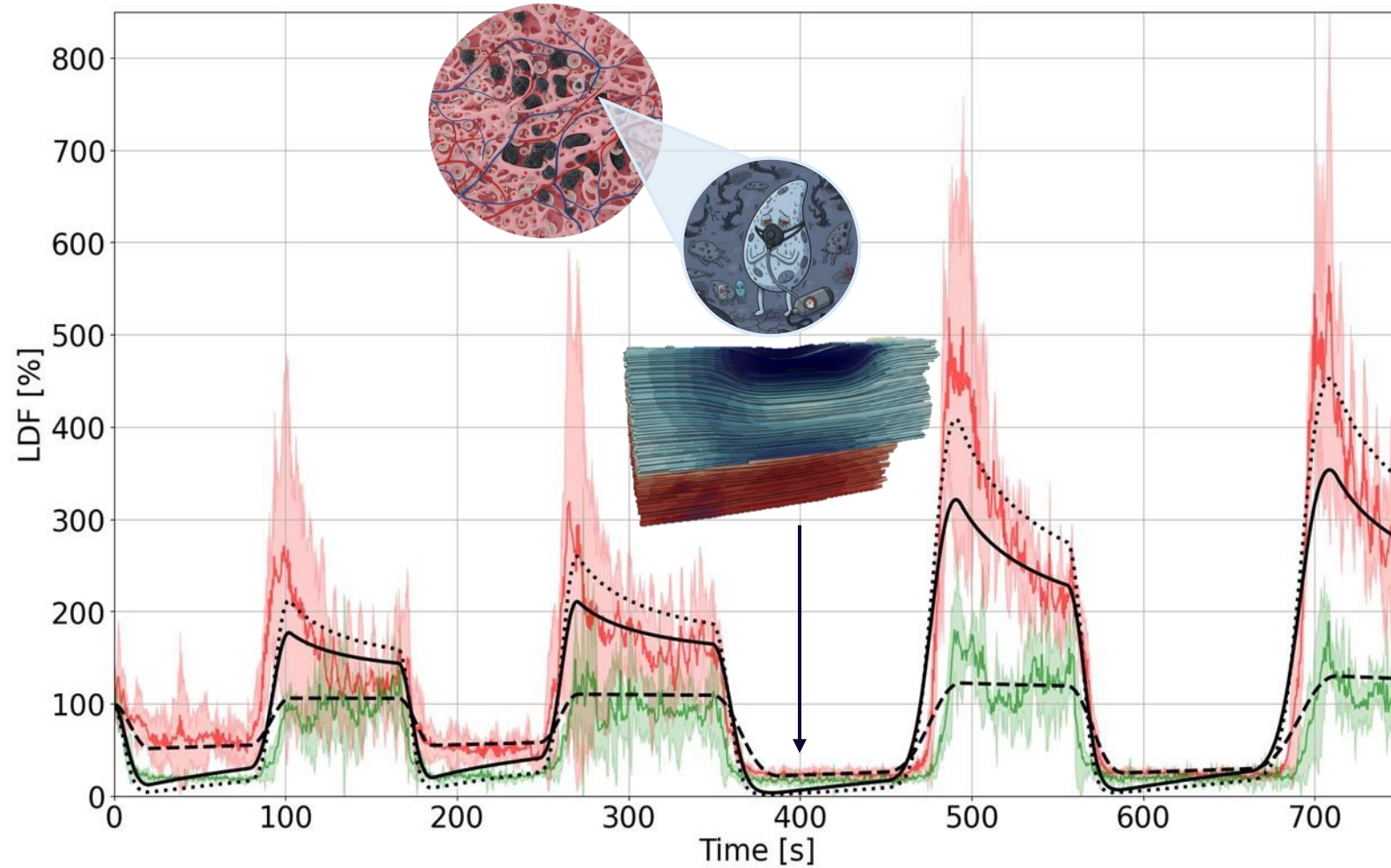
**Real-Time** LDF Blood Flux



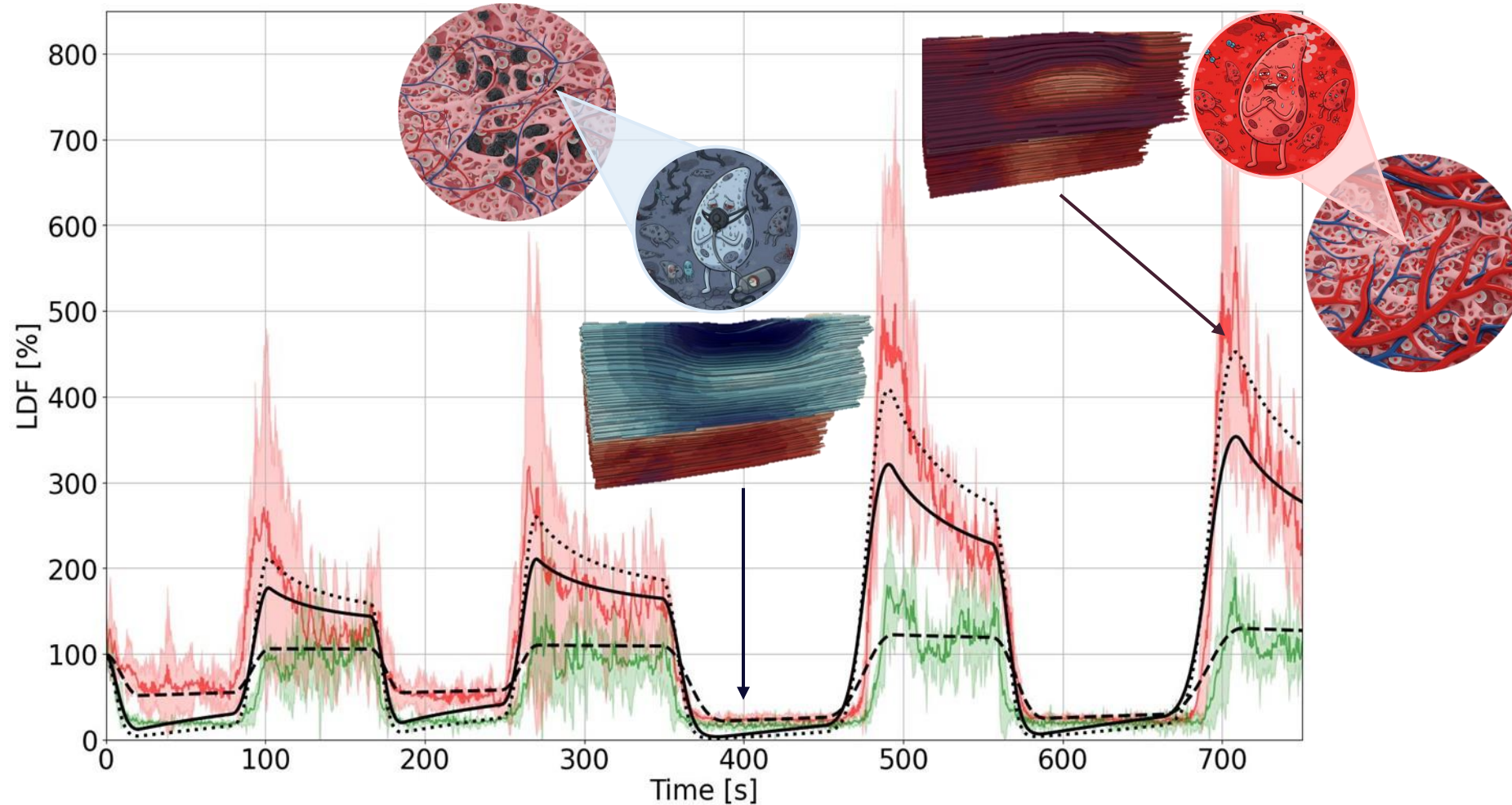
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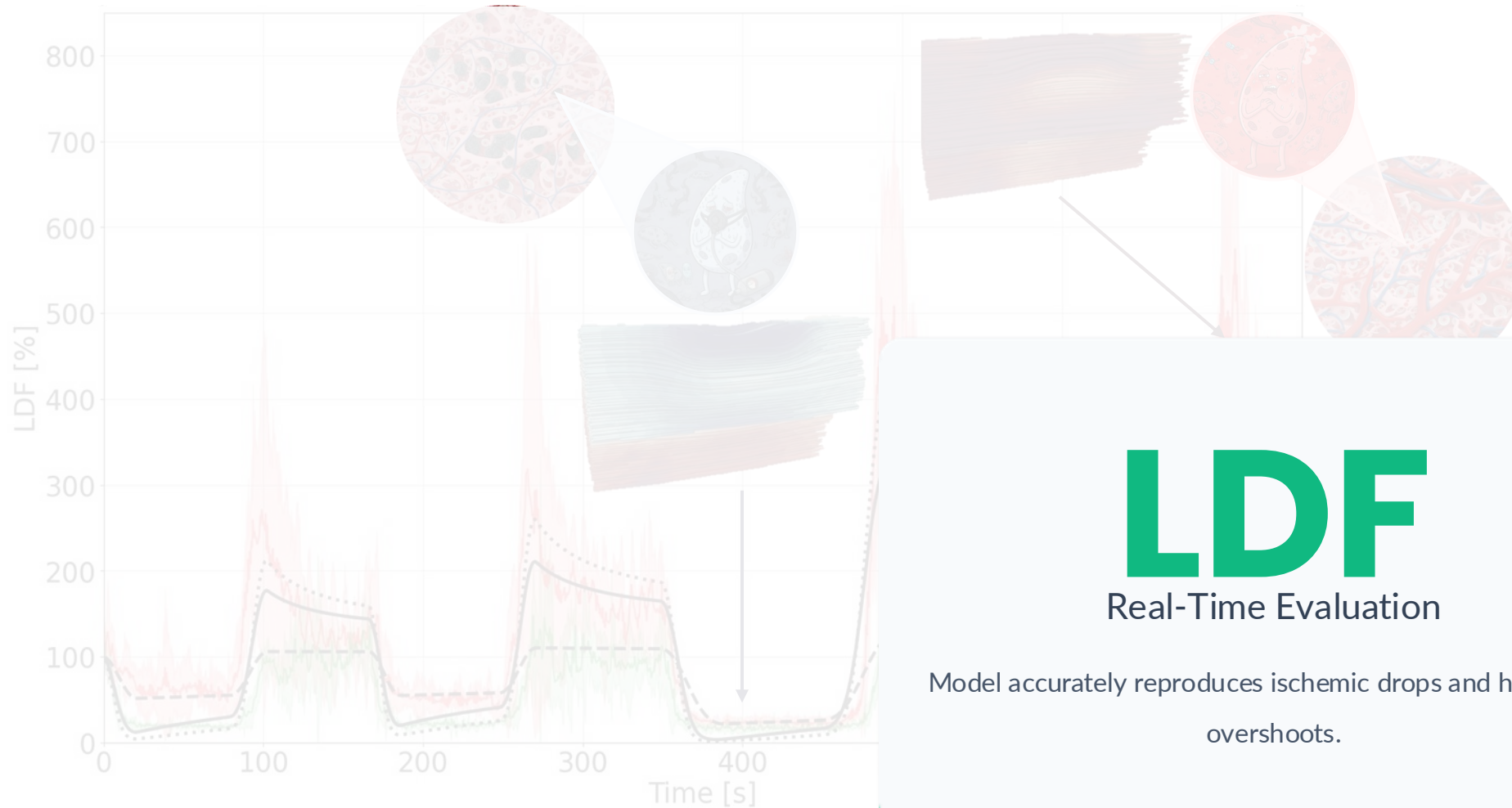
# In Vivo Evaluation: Perfusion vs Mechanics



# In Vivo Evaluation: Perfusion vs Mechanics



# In Vivo Evaluation: Perfusion vs Mechanics



**LDF**  
 Real-Time Evaluation

Model accurately reproduces ischemic drops and hyperemic overshoots.

# Impact & Open Science



## Output

6 Journal Articles

2025 Excellent Thesis Award  
Best Poster (2nd), PhD Day '24



## Open Source

FEniCSx & GitHub

Inria: "Reproducible Research"  
Anonymised and available data

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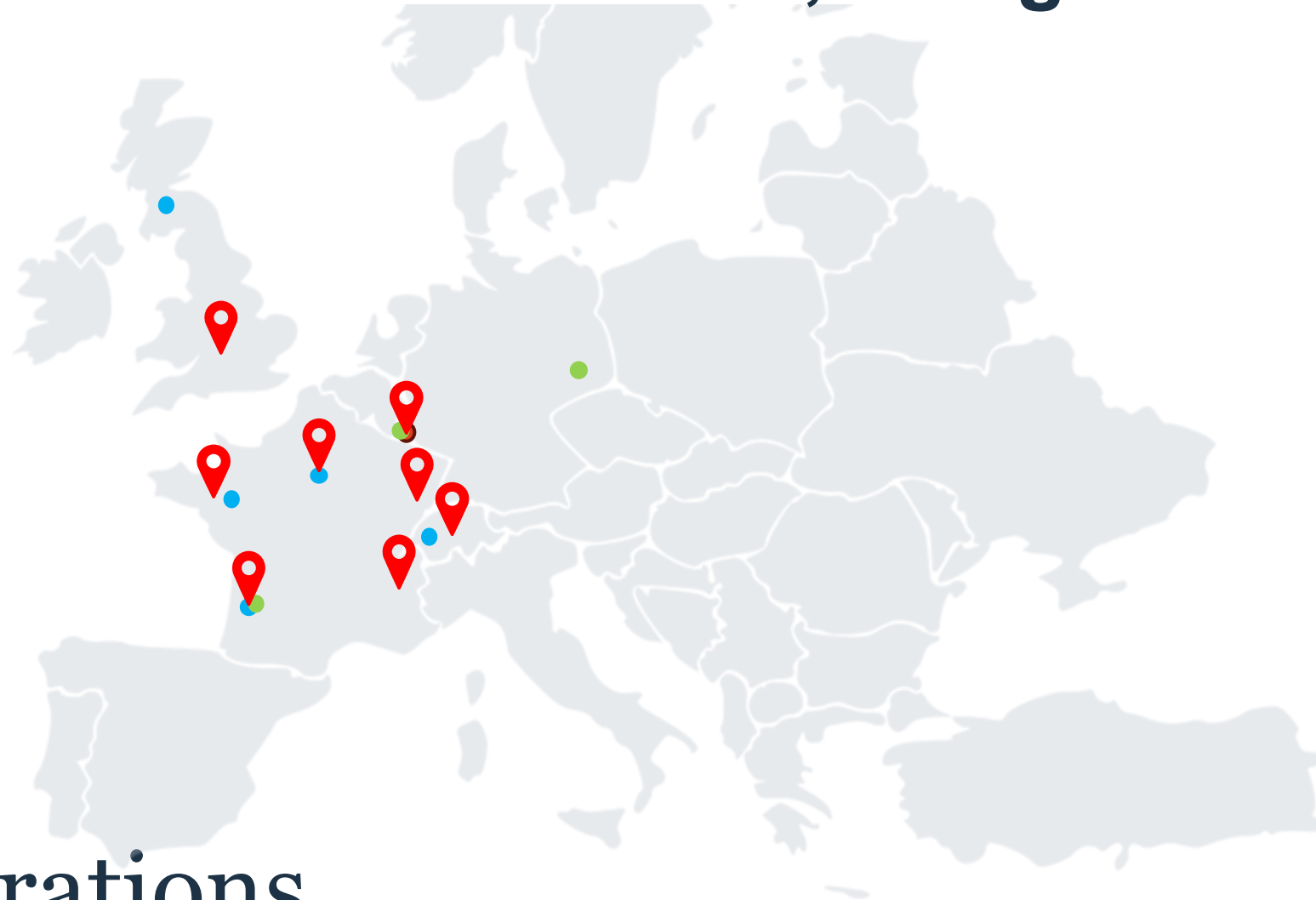
Inria: "Reproducible Research"  
 Anonymised and available data

An **openly available comprehensive** and **evaluated toolbox** to go towards **patient-specific** pressure ulcer risk assessment and digital twins.

# Invited Talks and Conferences, and global Collabs.



# Invited Talks and Conferences, and global Collabs.



 Collaborations

# Curriculum

<p>2016 – 2018</p>	<p><b>Classes Préparatoires (PCSI/PSI*)</b> Lycée Hoche, Versailles</p>
<p>2018 – 2020</p> <p></p>	<p><b>M1 &amp; Bachelor's in Mechanical Engineering</b> ENS Paris-Saclay</p>
<p>2020 – 2021</p> <p></p>	<p><b>MSc in Biomechanics</b> ENSAM Paris</p>
<p>2021 – 2022</p> <p> </p>	<p><b>Pre-Doctoral Research Year</b> Univ. Luxembourg / ENS Paris-Saclay</p>
<p>2022 – 2025</p> <p>   </p>	<p><b>PhD in Engineering Sciences (Biomechanics)</b> Univ. Luxembourg / ENSAM / I2M · AFR-FNR</p>
<p>2025 – 2025</p> <p></p>	<p><b>Post-Doctoral Researcher</b> Univ. Bordeaux, I2M</p>
<p>2025 – 2027</p> <p></p>	<p><b>Post-Doctoral Researcher</b> École Polytechnique, CNRS, ANR ROSALY</p>



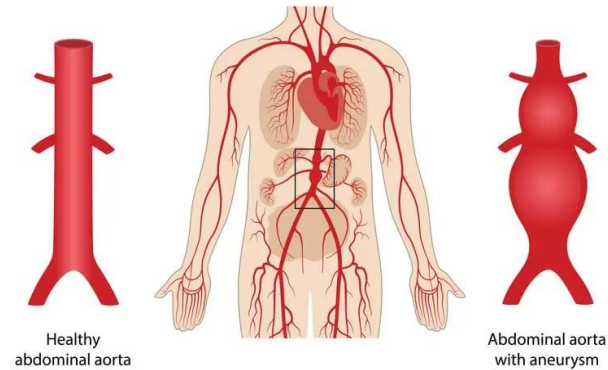
# From Foundation to Multi-Organ Application



## Brain Glioblastoma

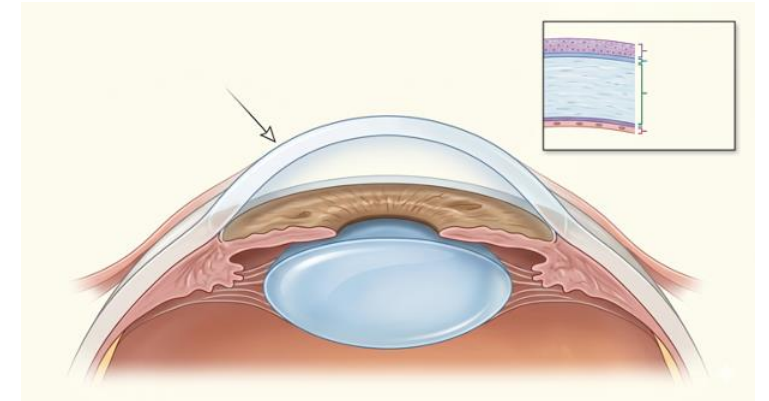
Porous frameworks to account for cancer cells diffusion.

Abdominal Aortic Aneurysm



## Aneurysm Risks

Embedding smooth muscle cells in collagen hydrogels.

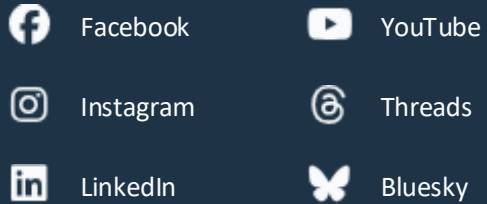


## Ophthalmology

Computational models to improve myopia surgery outcomes.

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Virtual Tour: [www.virtualtour.uni.lu](http://www.virtualtour.uni.lu)



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# Thank **You!**

"Predict ulcers before the tissue dies."

<https://th0maslavigne.github.io>

AFR-FNR Grant #17013812

# References

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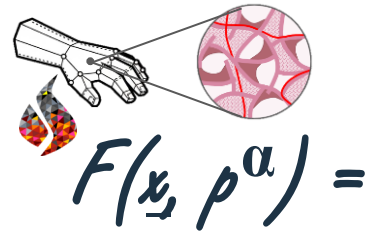
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Bi-Compartment  
Porous Model

# The Model: what is behind?



## Conservation Laws

Mass Conservation

$$\begin{cases} \sum_{\alpha} \varepsilon_{\alpha} = 1 \\ \dot{\varepsilon}_{\alpha} + \nabla \cdot (\varepsilon_{\alpha} \mathbf{v}_{\alpha}) = 0 \end{cases}$$

Force Equilibrium

$$\nabla \cdot \sigma_{tot} = 0$$



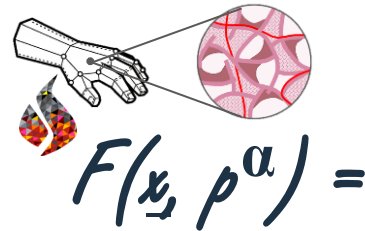
## Constitutive Laws





Bi-Compartment  
Porous Model

# The Model: what is behind?



## Conservation Laws

### Mass Conservation

Solid

IF

$$\begin{cases} \sum_{\alpha} \varepsilon_{\alpha} = 1 \\ \dot{\varepsilon}_{\alpha} + \nabla \cdot (\varepsilon_{\alpha} \mathbf{v}_{\alpha}) = 0 \end{cases}$$

### Force Equilibrium

Total stress

Darcy IF

$$\nabla \cdot \sigma_{tot} = 0$$



## Constitutive Laws

### Solid

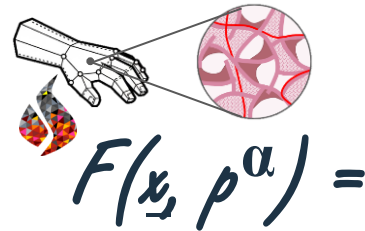
Stress-Strain law





Bi-Compartment  
Porous Model

# The Model: what is behind?



## Conservation Laws

### Mass Conservation

Solid

Cells

IF

$$\begin{cases} \sum_{\alpha} \varepsilon_{\alpha} = 1 \\ \dot{\varepsilon}_{\alpha} + \nabla \cdot (\varepsilon_{\alpha} \mathbf{v}_{\alpha}) = 0 \end{cases}$$

### Force Equilibrium

Total stress

Darcy IF

Darcy Cells

$$\nabla \cdot \sigma_{tot} = 0$$



## Constitutive Laws

### Solid

Stress-Strain law

### Pores

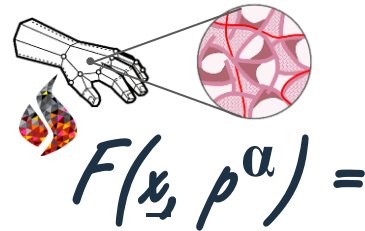
IF pressure / Cell Saturation





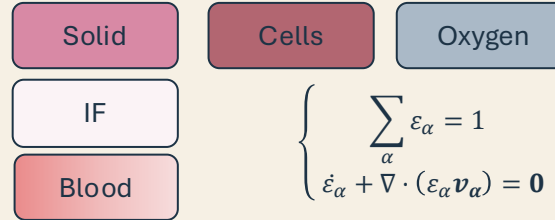
Bi-Compartment  
Porous Model

# The Model: what is behind?

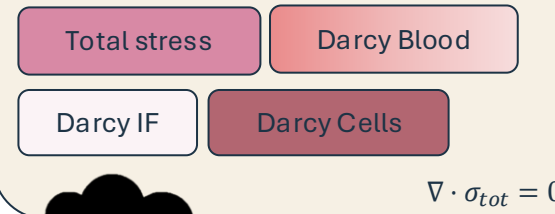


## Conservation Laws

### Mass Conservation



### Force Equilibrium

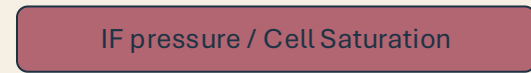


## Constitutive Laws

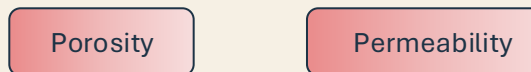
### Solid



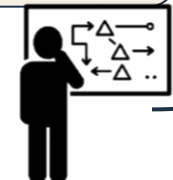
### Pores



### Vascular phase



### Oxygen



# Bi-Compartment Porous Model

The Analytical approach directly **links** macroscopic **mechanical loading** to microscopic **ischemia** through coupled physical laws, computed efficiently via the open-source FEniCSx.

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## Darcy Flow (Fluid Velocity)

$$\mathbf{v}_{\alpha} = -\frac{K_{\alpha}}{P_{\alpha}} \nabla P_{\alpha}$$

# Who is at risk ?

You might know concerned people:



## Diabetic Foot Ulcer

My uncle (>60y) developed an ulcer **despite wearing specialized medical shoes.**

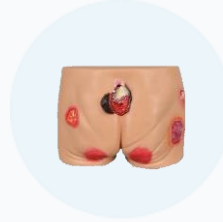
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## Wheelchair User

A 40y-o patient spent **1 year** in the hospital treating an ulcer... only for a new one to develop after **just 1 week** at home.

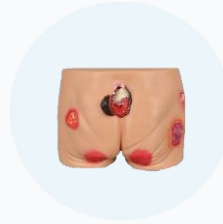
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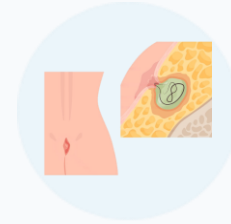
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## Similar Disease

My own pilonidal cyst surgery resulted in **long-term healing** and **limited mobility.** (Common in teenagers).

# Image Sources



[https://www.researchgate.net/figure/MAP-OF-THE-PRESSURE-DISTRIBUTION-ON-THE-RESIDUAL-LIMB\\_fig4\\_322392490](https://www.researchgate.net/figure/MAP-OF-THE-PRESSURE-DISTRIBUTION-ON-THE-RESIDUAL-LIMB_fig4_322392490)



Source: [www.researchgate.net](http://www.researchgate.net)

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Source: [www.istockphoto.com](http://www.istockphoto.com)

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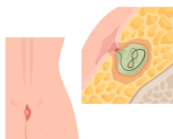
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[https://www.ultrassist.com/products/buttocks-decubitus-ulcer-simulator?srsItd=AfmBOoqCMK7ILUR6TuC1KmwWvqRLSigy\\_\\_NzVaXvgiTyKhGkTE7CDGXA](https://www.ultrassist.com/products/buttocks-decubitus-ulcer-simulator?srsItd=AfmBOoqCMK7ILUR6TuC1KmwWvqRLSigy__NzVaXvgiTyKhGkTE7CDGXA)

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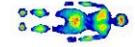
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# Image Sources



<https://www.mescan.com/ergonomie-confort>



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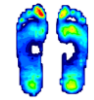
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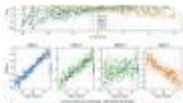
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<https://dnpierresarradon.com/anevrisme-aortiques-thoraco-abdominaux-toulon/>

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Source: [organicmerchant.com.au](http://organicmerchant.com.au)

# Skin as a **S**ponge

How pressure kills blood flow — and how patient-specific modeling can stop it.

**Thomas Lavigne<sup>1,2,3</sup>, PhD**

**Supervisors: S.P.A Bordas<sup>1</sup>, P-Y. Rohan<sup>2</sup>, G. Sciumè<sup>3</sup>**

**1: University of Luxembourg, Doctoral School in Science and Engineering (DSSE)**

**2: Ecole Nationale Supérieure d'Arts et Métiers, Ecole Doctorale Sciences et Métiers de l'ingénieur (ED SMI)**

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