

Segmentation of Abdominal Aortic Aneurysms in CT Images Using a Radial Model Approach

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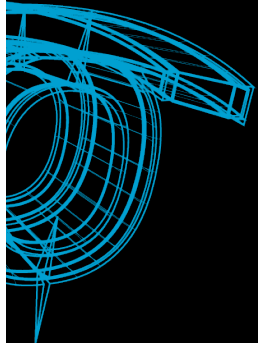
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INDICE

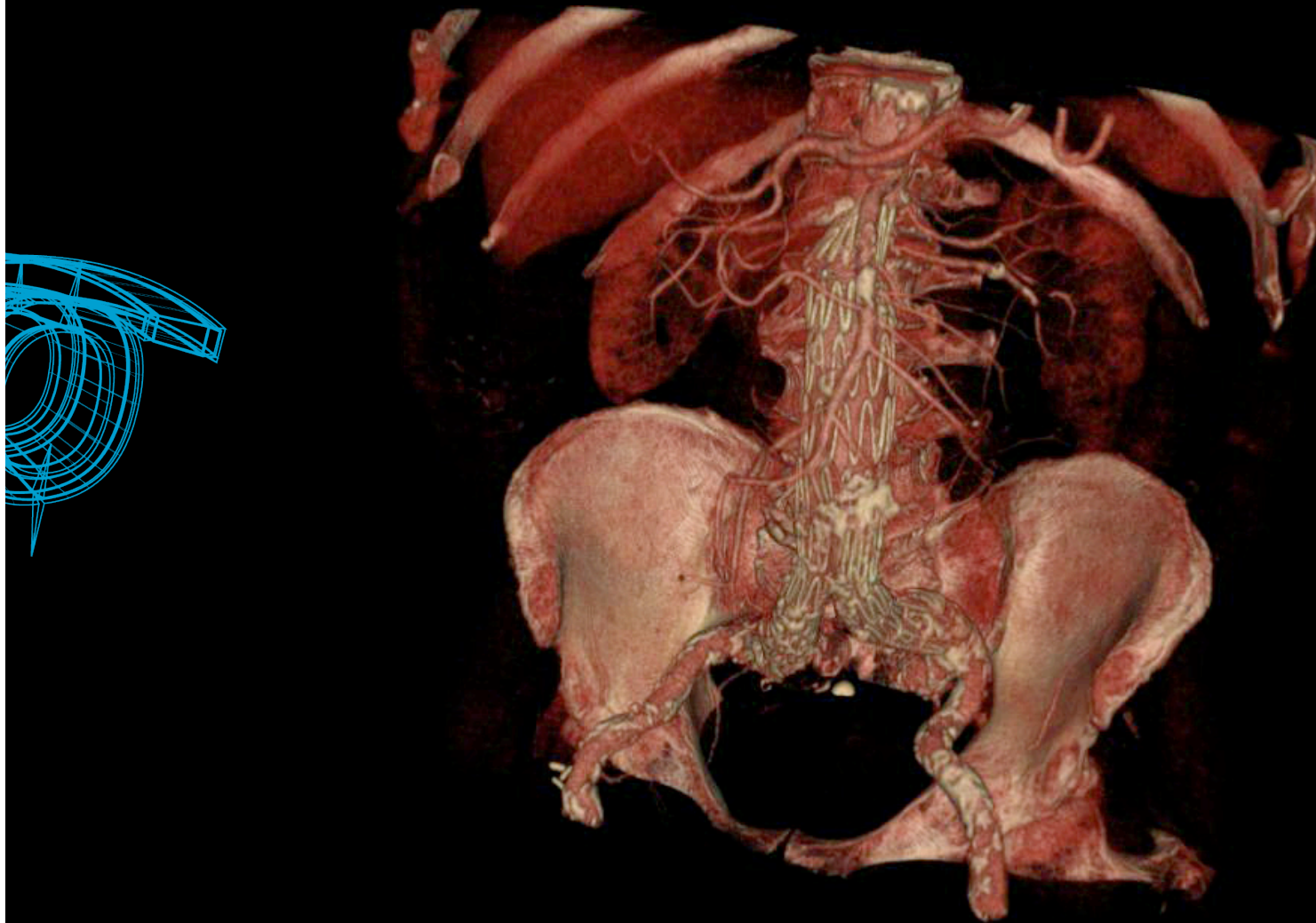
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7. Curabitur sit amet mi eget nisi sodales ornare.

- Abdominal Aortic Aneurysm (AAA)
 - Dangerous condition weakening and dilation of the aortic wall
 - Eventual rupture and possible death if not treated
- Endovascular Aneurysm Repair (EVAR)
 - Non-invasive technique where an **endograft** serves as a by-pass decreasing pressure in the aortic wall
 - Formation of a **thrombus**
 - If successful aneurysm size decreases
- Follow-up using CTA
 - Standard screening technique
 - Several exams at one, six and twelve months, then yearly
 - Discard the presence of **leaks**



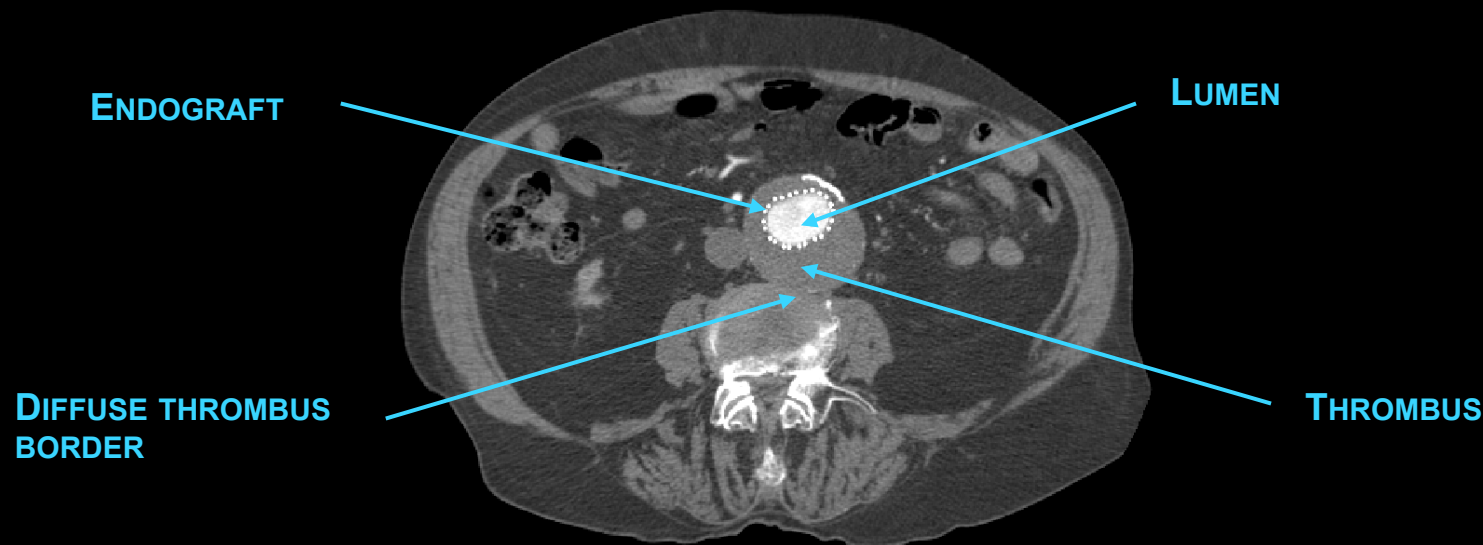
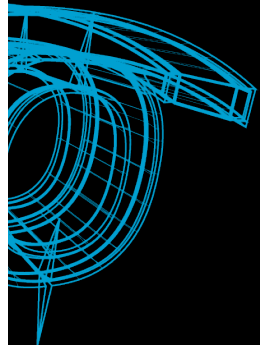
INTRODUCTION

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communication
technologies

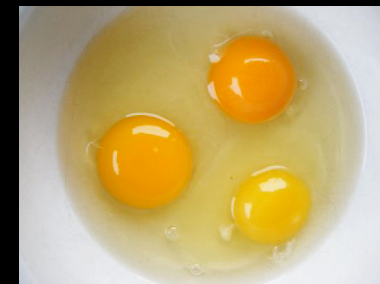
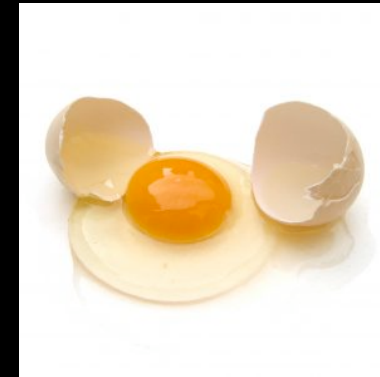
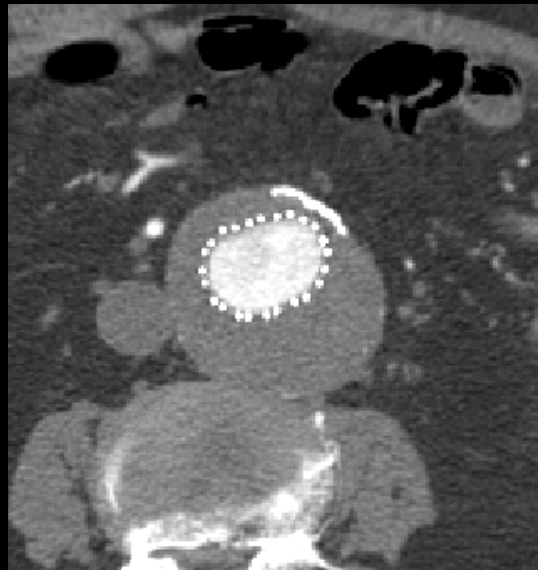
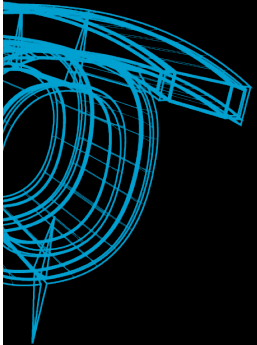


VOLUME RENDER OF CTA OF PATIENT TREATED WITH EVAR

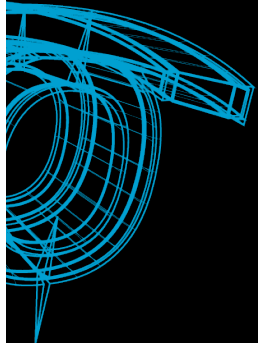
- Segmentation of AAA
 - Delineation of AAA manually is very time consuming
 - (Semi)Automatic segmentation required routinely
 - Segmentation of **lumen** is relatively easy due to contrast
 - Segmentation of **thrombus** is very challenging: little contrast with respect to adjacent structures



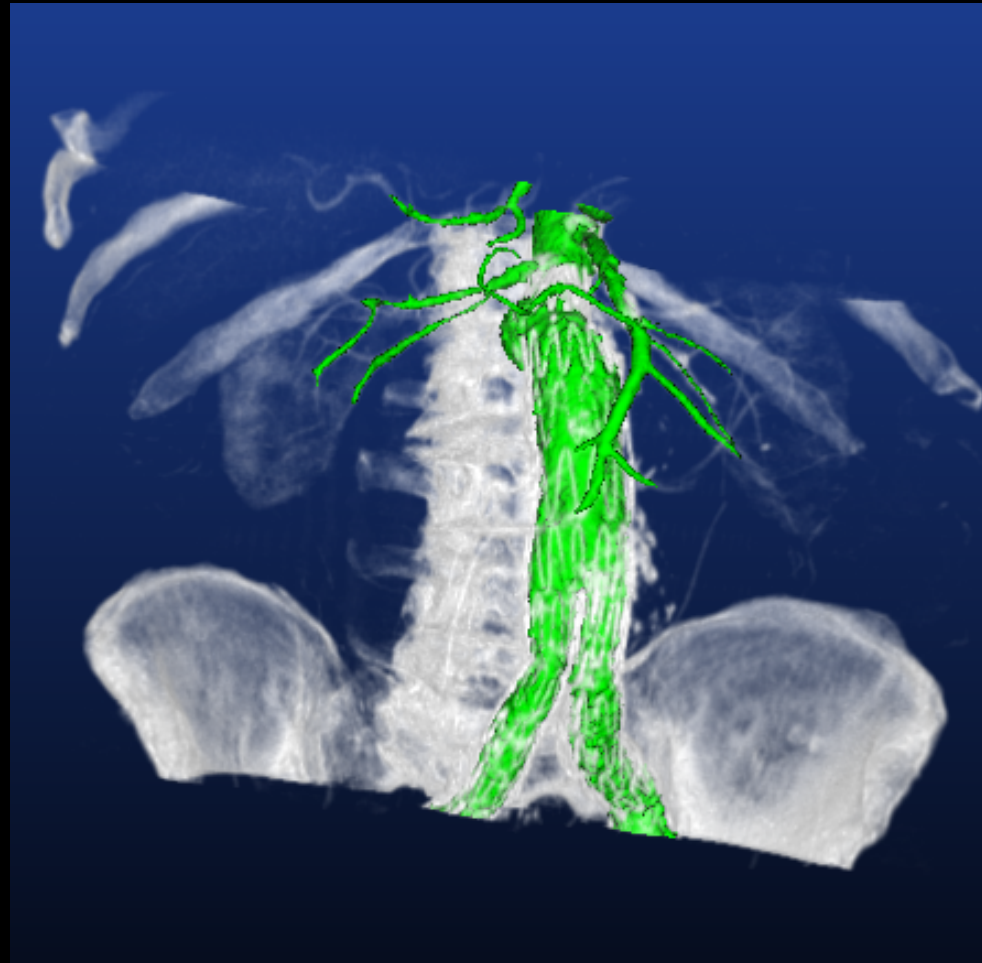
- Simile with raw egg
 - Lumen \approx Yolk : strong borders, easy to segment
 - Thrombus \approx White : border confuses with adjacent structure/egg
 - Endograft \approx shell



- Lumen is usually a starting point for thrombus segmentation
 - Approximates inner thrombus boundary (not considering endograft)
 - Allows calculation of aorta centerline
- 3D region-growing based algorithm
 - Select two seed points on the centerline determining the VOI in axial direction
 - Iterative process:
 - Calculate mean and variance in a neighborhood from a single seed point
 - Select connected points within this confidence interval
 - Calculate new mean and variance for current region
 - ...
 - Segmentation refined by morphological closing



LUMEN SEGMENTATION



CENTERLINE EXTRACTION

- Lumen centerline
 - Obtained as the **centroid** of the lumen region at each slice
 - Approximates the morphological **skeleton** of the whole aorta
- Centroid calculation
 - At each slice there are several connected components
 - Select nearest centroid to previous slice and discard the rest
- Algorithm

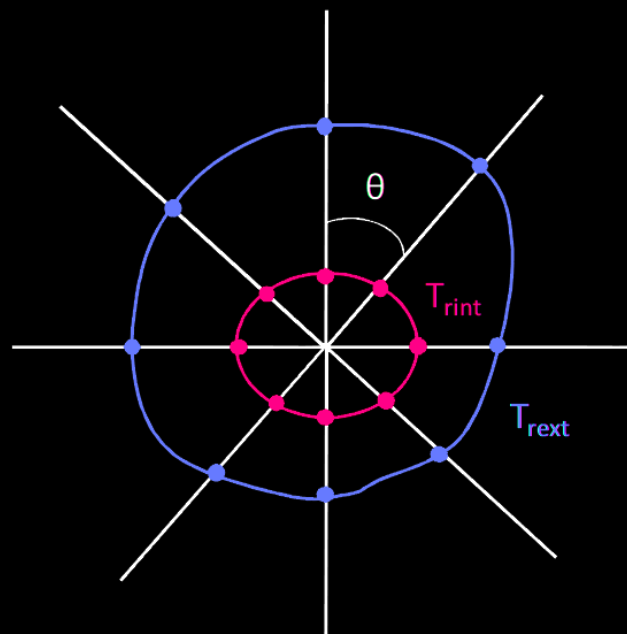
```
1: initialization of region: center line in first processed slice
2: iterative process: for all slices in 3D image do
3:   identify connected components
4:   for components in slice do
5:     compute candidate centroids
6:     compute Euclidean distances to centroid in previous slice
7:   end for
8:   keep nearest candidate centroid
9: end for
```

THROMBUS SEGMENTATION

- The VOI around the lumen centerline can be expressed in cylindrical coordinates

$$\Psi = \Psi(r, \theta, z)$$

- Model the **thrombus internal** and **external contour** as a **radial function** at each slice with origin on the centerline

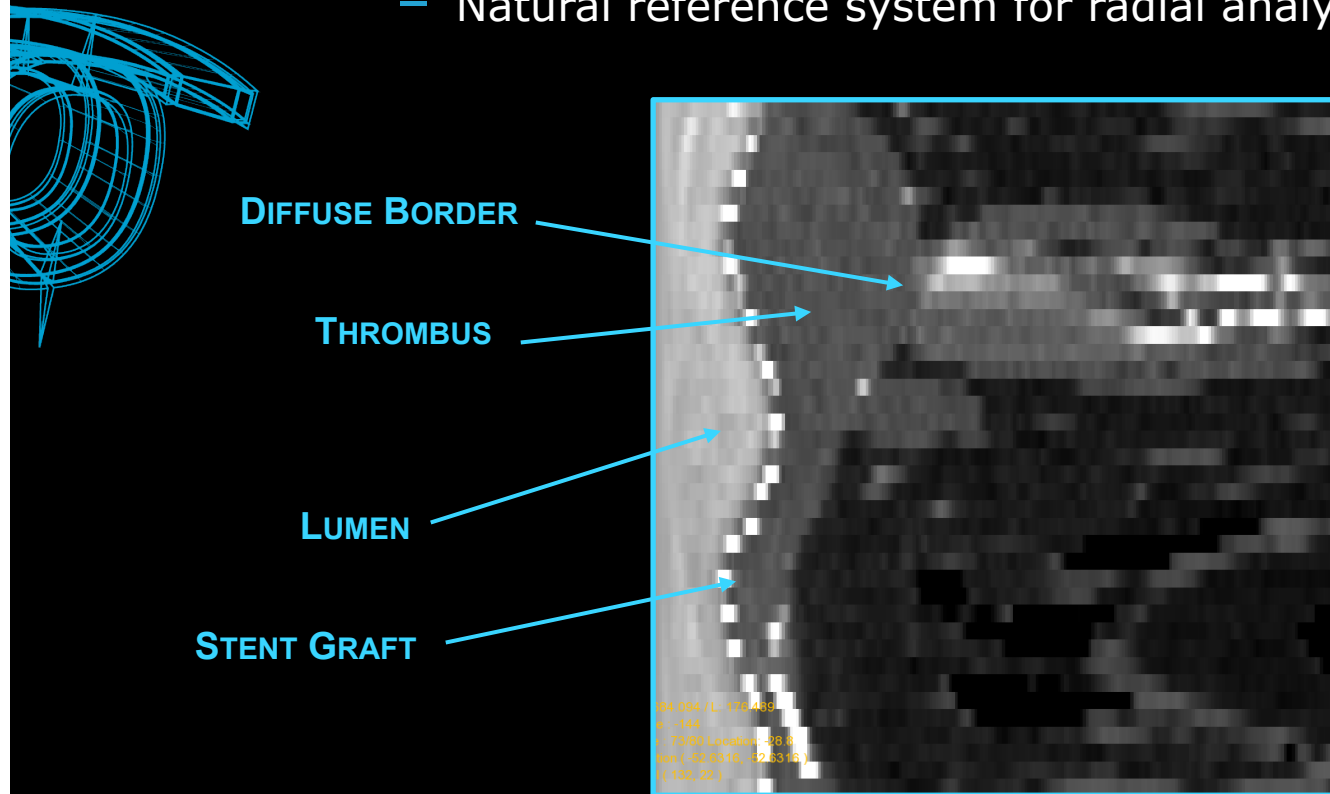


$$T_{\text{rint}} = \Psi_{\text{rint}}(\theta, z)$$

$$T_{\text{rert}} = \Psi_{\text{rert}}(\theta, z)$$

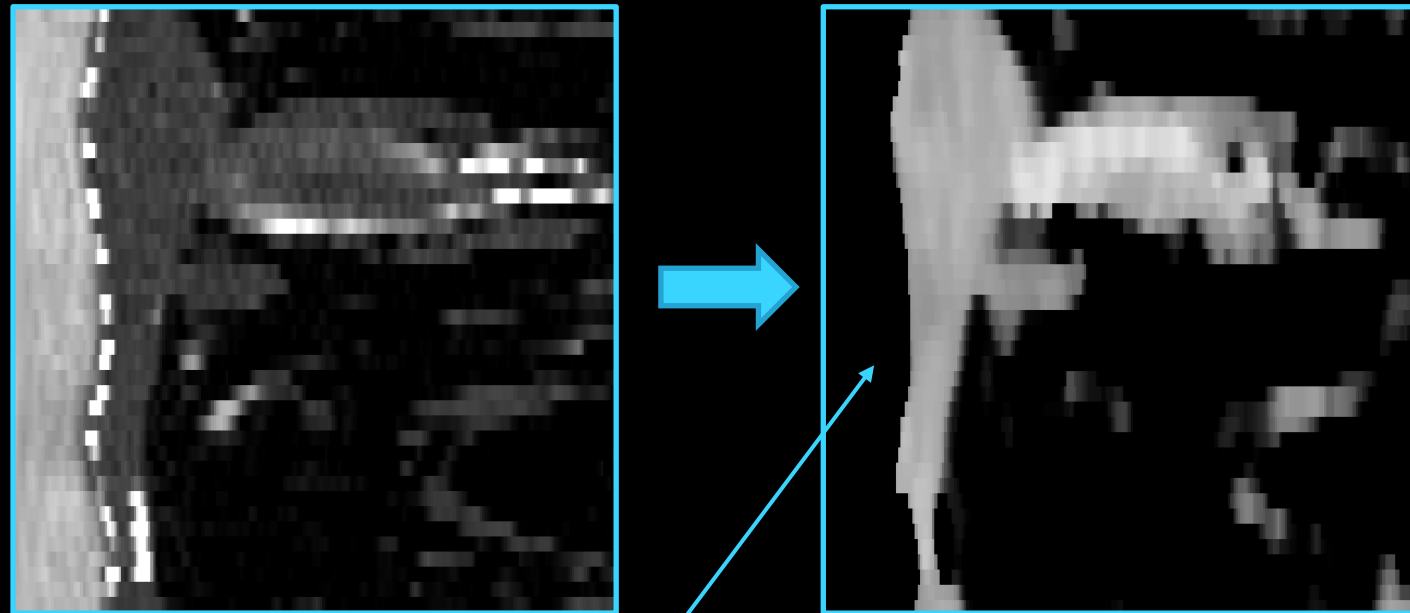
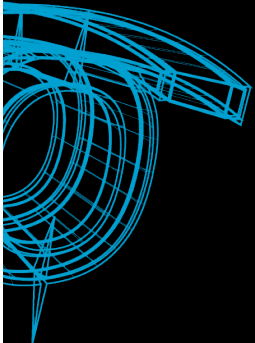
THROMBUS SEGMENTATION

- Resample each slice from cartesian to polar coordinates
 - Left origin is centerline point
 - The VOI is now a wide tube instead of a rectangular prism
 - Natural reference system for radial analysis



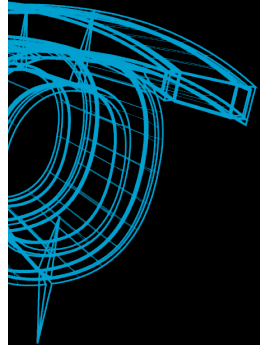
THROMBUS SEGMENTATION

- Pre-processing
 - Remove noise using **median** filtering
 - **Threshold** above 150 HU to a background value of -100 HU
 - Removes **lumen** and **endograft** on the left side
 - Makes the thrombus the brightest structure closest to the centerline



REMOVED LUMEN AND STENT

THROMBUS SEGMENTATION



- Local analysis based on two concepts
 - Radial Connected Component (RCC): connected component on a row of a slice in polar coordinates
 - Slice Connected Component (SCC): connected component on a slice in polar coordinates
 - Stored used run-length encoding
- The basic idea is to filter the CCs in order to keep only those that are part of the thrombus, based on
 - A priori knowledge: thrombus is brightest structure closest to centerline
 - Spatial coherency: thrombus is a connected structure whose radius varies smoothly
- Main problem is identifying the external thrombus radius

THROMBUS SEGMENTATION

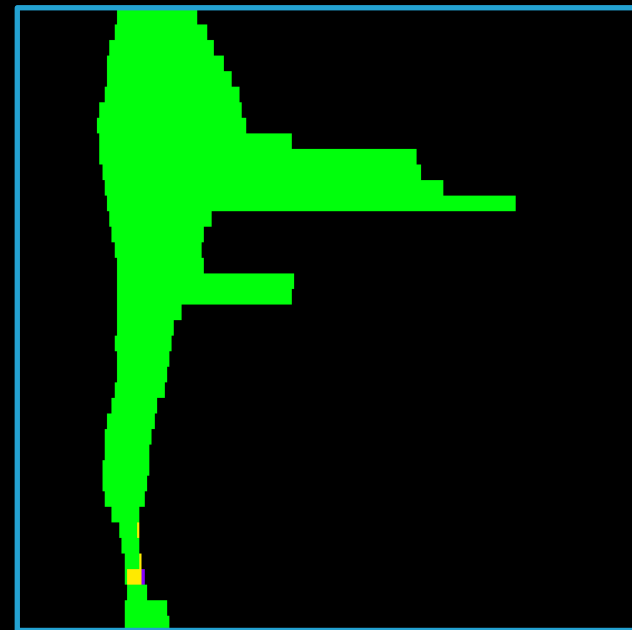
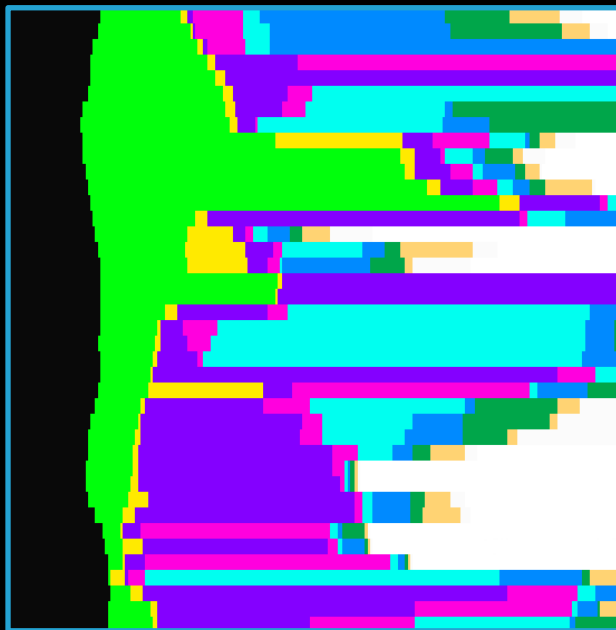
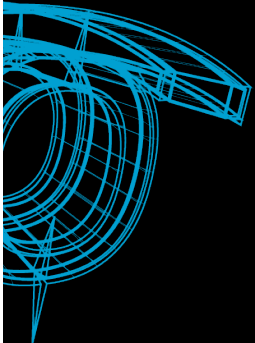
- First **create RCCs** by row-by-row analysis of slices
 - Current **membership** criterion is difference from mean < 20 HU
 - During the process **lumen radius** is identified (first RCC with -150 HU as set before)

```

1: Initialization of region: center line in first processed slice
2: Iterative process: for all polar slices do
3: for all rows in current polar slice do
4:   create new RCC and insert first voxel in row
5:   for all voxels in current row do
6:     if ( intensity(voxel) Intensity range(RCC) ) then
7:       insert voxel in current RCC
8:     else
9:       create new RCC and insert current voxel
10:    end if
11:    calculate and store lumen external radius for the row
12:  end for
13: end for
14: end for
  
```

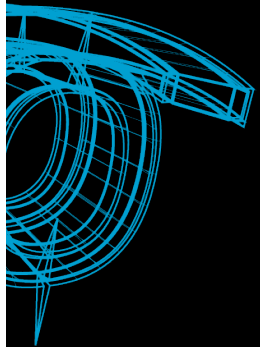
THROMBUS SEGMENTATION

- Filter RCCs with conservative criteria
 - Remove RCCs outside 0-200 HU range
 - Remove RCCs > 5 mm. away from external lumen radius
 - Should work for most datasets (more validation needed)

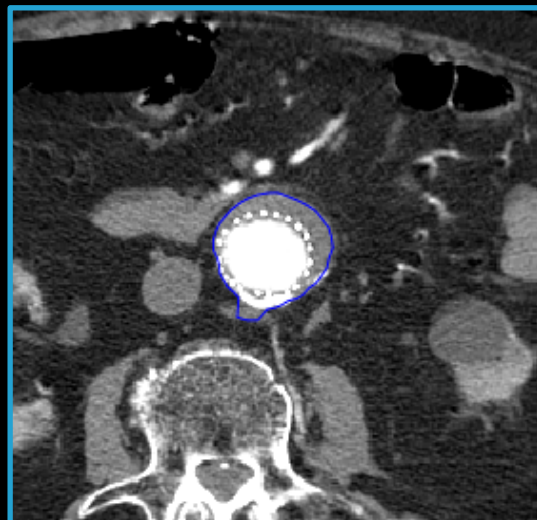
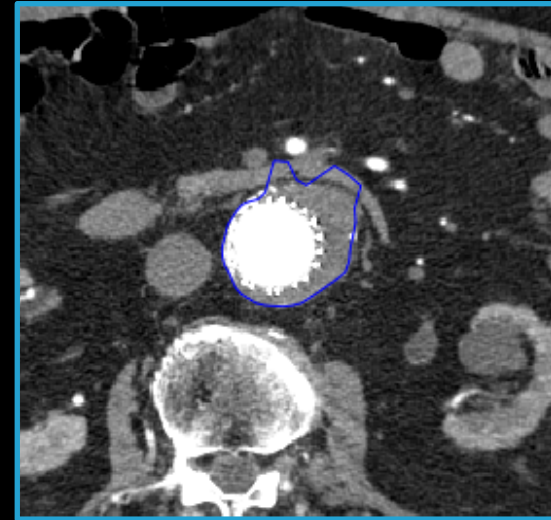
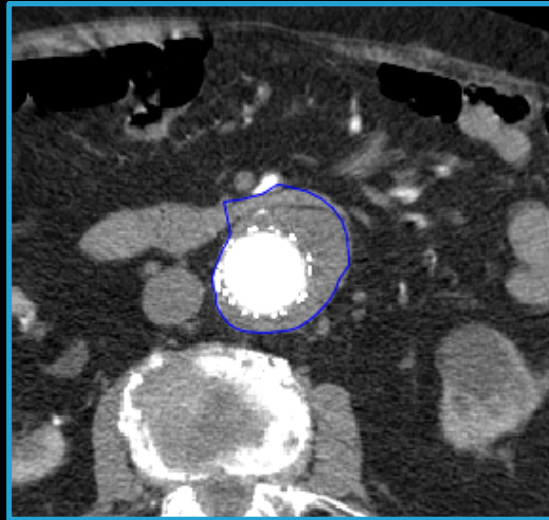
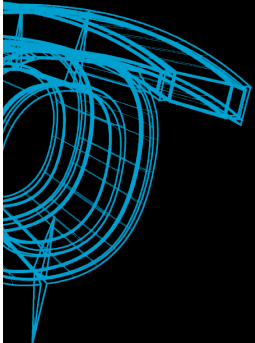


THROMBUS SEGMENTATION

- Now create SCCs for each slice
 - SCCs are connected groups of RCCs (referenced)
 - Use same membership criteria as with RCCs
- Filter SCCs (and contained RCCs):
 - By size: remove SCCs with less than 10 voxels (typically noise)
 - By position of centroid:
 - Calculate median value of centroid of remaining RCCs on a slice
 - Calculate centroid of each SCCs
 - Compare SCC centroid with median value for the slice and if > 20 mm. remove it
- From remaining RCCs calculate for each row of each slice:
 - Internal thrombus radius (T_{rint}): start index of first RCC
 - External thrombus radius (T_{rext}): end index of last RCC

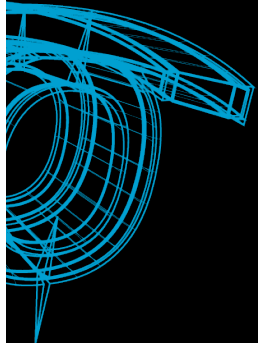


THROMBUS SEGMENTATION

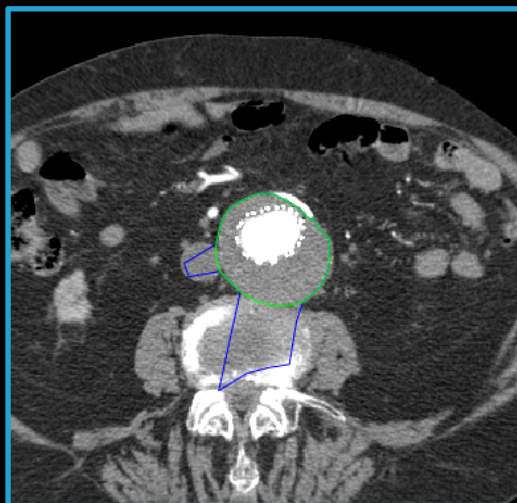
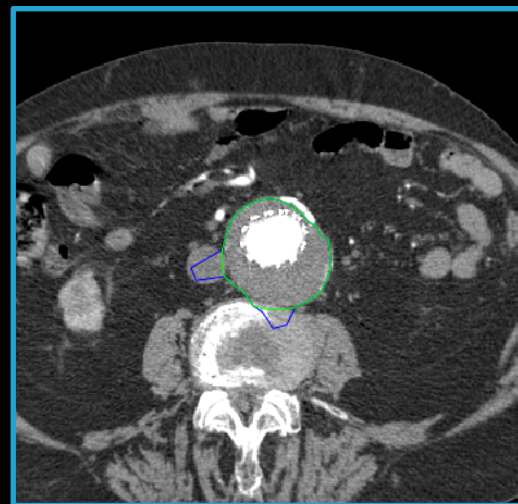
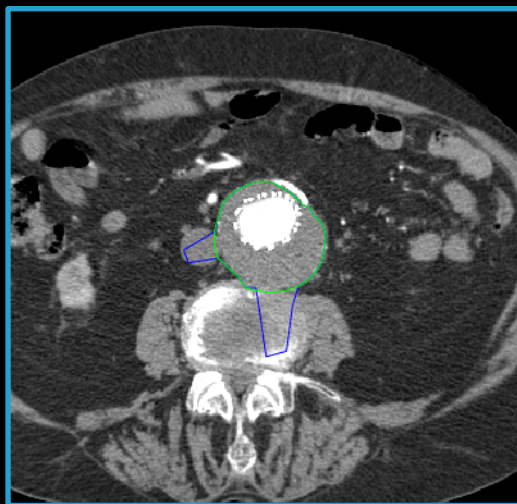
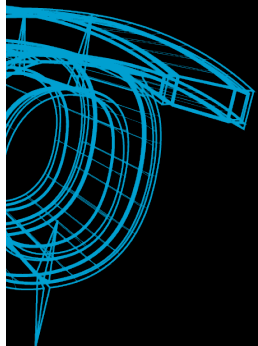


THROMBUS SEGMENTATION

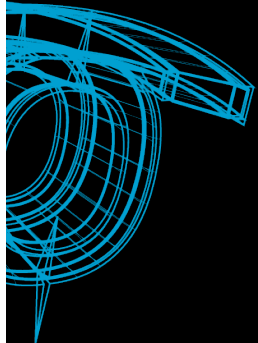
- **Problem:** the thrombus **leaks** on adjacent structures with similar intensity values
 - Seen as discontinuities in calculated external radius
 - Thrombus radius should be smooth at each slice
- **Solution:**
 - Impose a **continuity** criteria:
 - Identify discontinuities
 - Recalculate their radius by interpolation



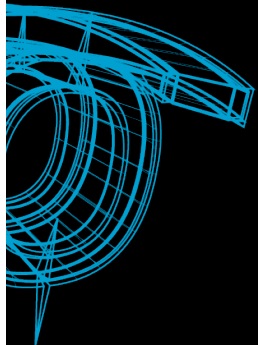
THROMBUS SEGMENTATION



- Preliminary work: method not validated but promising
- Initial results:
 - Lumen segmentation and centerline extraction is accurate and efficient.
 - Good estimation of thrombus contour in places where other algorithms fail due to leakage on adjacent structures
 - The thrombus external radius is sometimes underestimated
 - Very fast method!

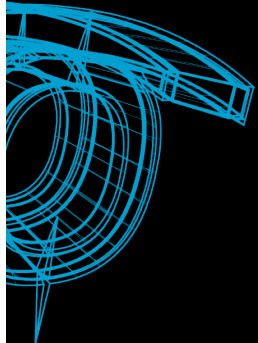


- Novel technique for semi-automatic segmentation of AAAs from CTA images:
 - Lumen is obtained using a region growing-based algorithm followed by centerline extraction
 - Centerline is origin of a polar representation of the input slices
 - Thrombus contours modeled as radial functions
 - Radial function for the external radius obtained by local and slice-level analysis of CCs and a priori knowledge of the location, size and intensity of the thrombus.
- Advantages:
 - The algorithm does not depend on any user-defined contour or initial manual segmentation
 - User interaction is minimal
 - Very fast



CONCLUSIONS

- Promising results on real datasets
 - Accurate segmentations are obtained in areas where it is difficult to distinguish the thrombus from adjacent structures
- Future work
 - Need further validation
 - Need to fine-tune or remove parameters
 - Improve thrombus model



THANK YOU FOR YOUR ATTENTION!



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