Statistical Atlases of Bone Anatomy and Applications

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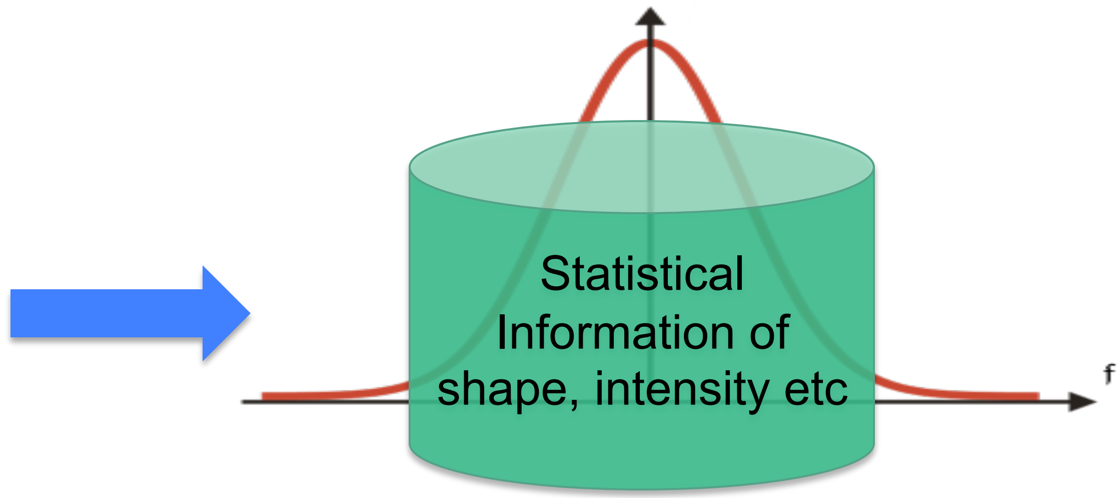
What is a “Statistical Atlas” ?

- An atlas that incorporates **statistics of anatomical shape and intensity variations** of a given population



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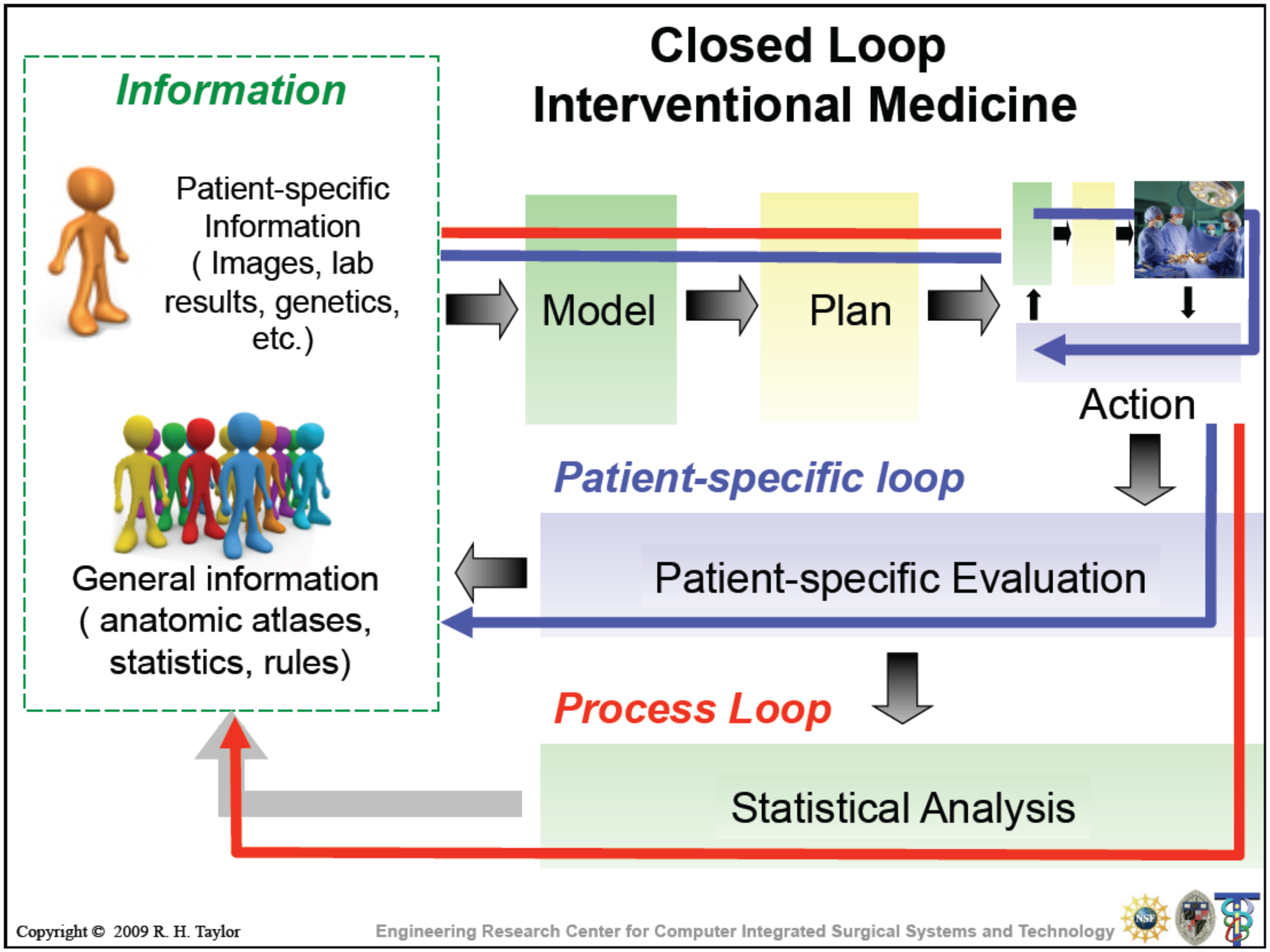
Atlases in Closed Loop Intervention



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Outline

- Statistical Atlases
  - Construction
  - Iterative Improvement
  - Validation
- Applications of atlases
  - Segmentation
  - Registration
  - Hip Osteotomy
  - C-arm Distortion Correction
- Conclusion

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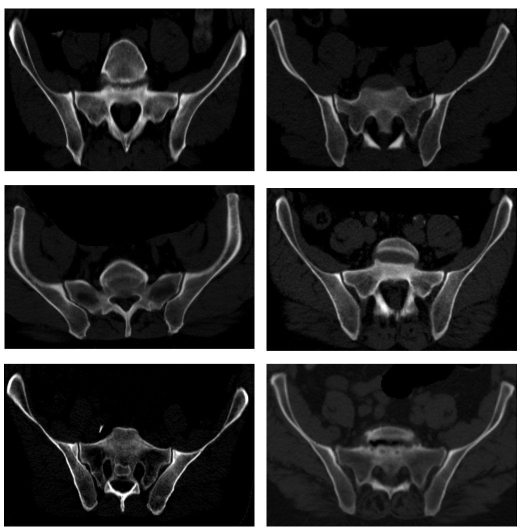
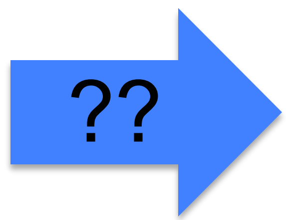
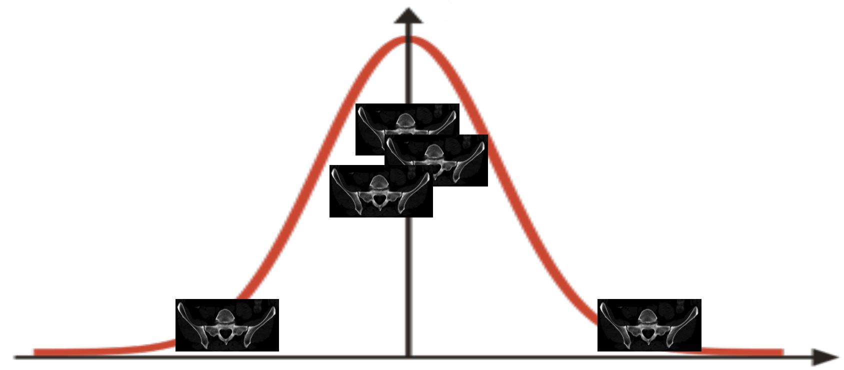
Statistical Atlases

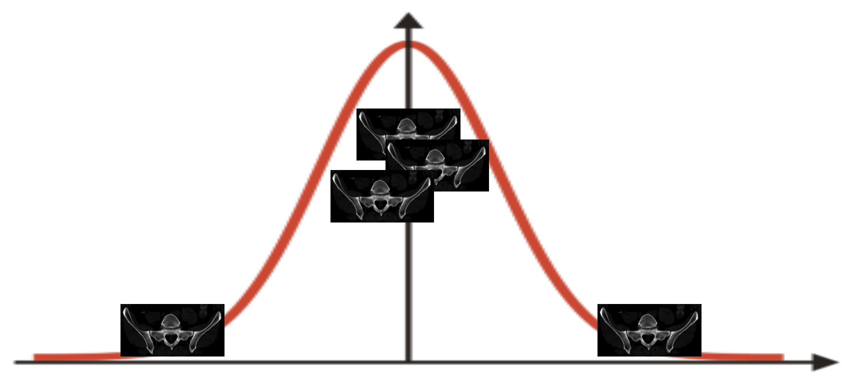


CT scans from a population





Shape distribution



Intensity distribution

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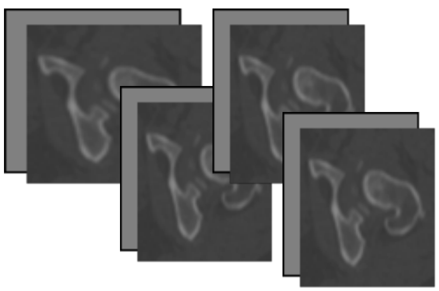
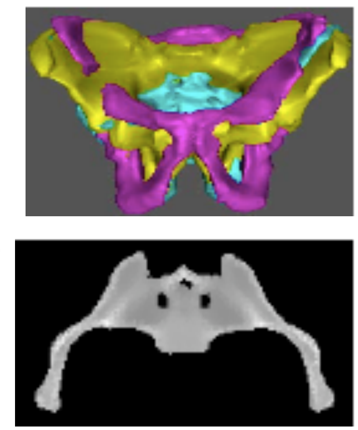
Atlas Construction



Training CT data sets

1. Model Representation
2. Model Correspondence
3. Statistical Analysis



Statistical atlas

References: Cootes *et al*. CVIU '95; Yao *et al.* IJPRAI '03;

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Model Representation

- Tetrahedral mesh represents shape

- Bernstein polynomials approximate CT density within each tetrahedron[1,2]

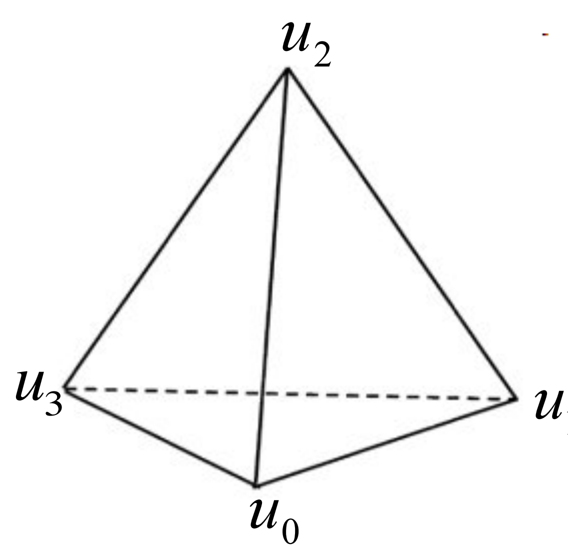
$$P^d(\mathbf{u}) = \sum_{|\mathbf{k}|=d} C_{\mathbf{k}} B_{\mathbf{k}}^d(\mathbf{u})$$

where

$$\mathbf{k} = (k_0, k_1, k_2, k_3) \quad \mathbf{u} = (u_0, u_1, u_2, u_3)$$

$$|\mathbf{k}| = k_0 + k_1 + k_2 + k_3 \qquad |\mathbf{u}| = 1$$

$$B_{\mathbf{k}}^d(\mathbf{u}) = \frac{d!}{k_0! k_1! k_2! k_3!} u_0^{k_0} u_1^{k_1} u_2^{k_2} u_3^{k_3}$$



[1] Yao, PhD Thesis, 2002; [2] Sadowsky, PhD Thesis, 2008

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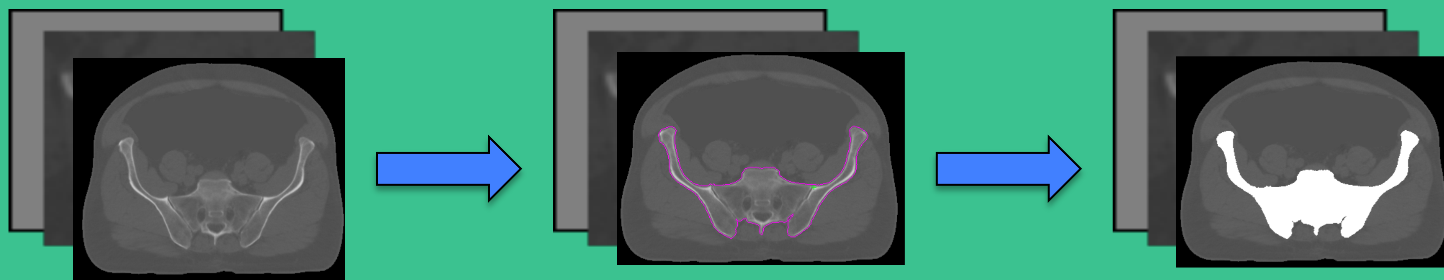
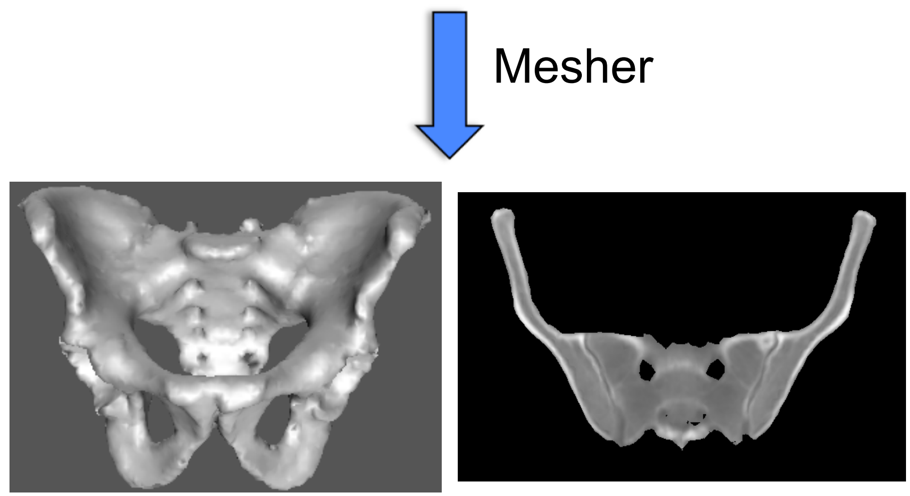
Model Creation



Segmentation of pelvis anatomy using Analyze[1]



Surface rendering of pelvis tetrahedral model; Cross-section of tetrahedral model showing CT densities

[1]Analyze, www.mayoclinic.org

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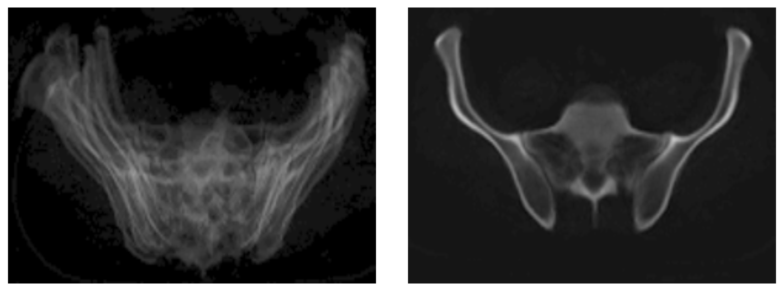
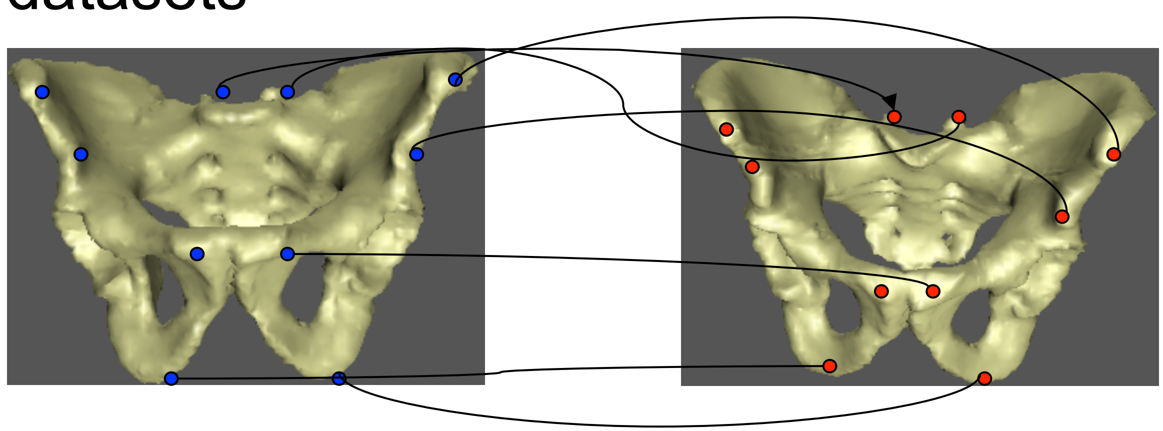
Model Correspondence

- Need to establish a common coordinate frame for the training database



- Need to establish point correspondence between the training datasets



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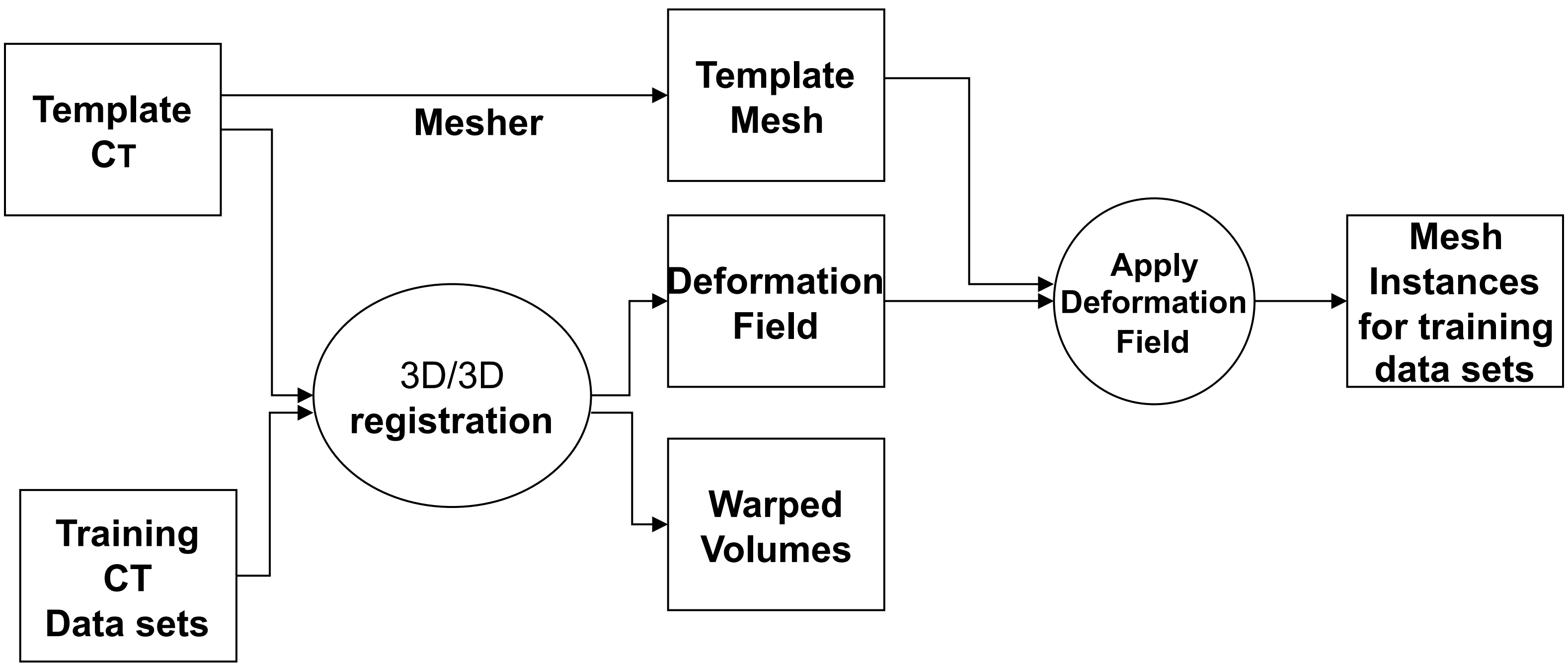
Model Shape Correspondences

- Automatic deformable registration based shape correspondences



Flowchart for establishing shape correspondences for the training sample

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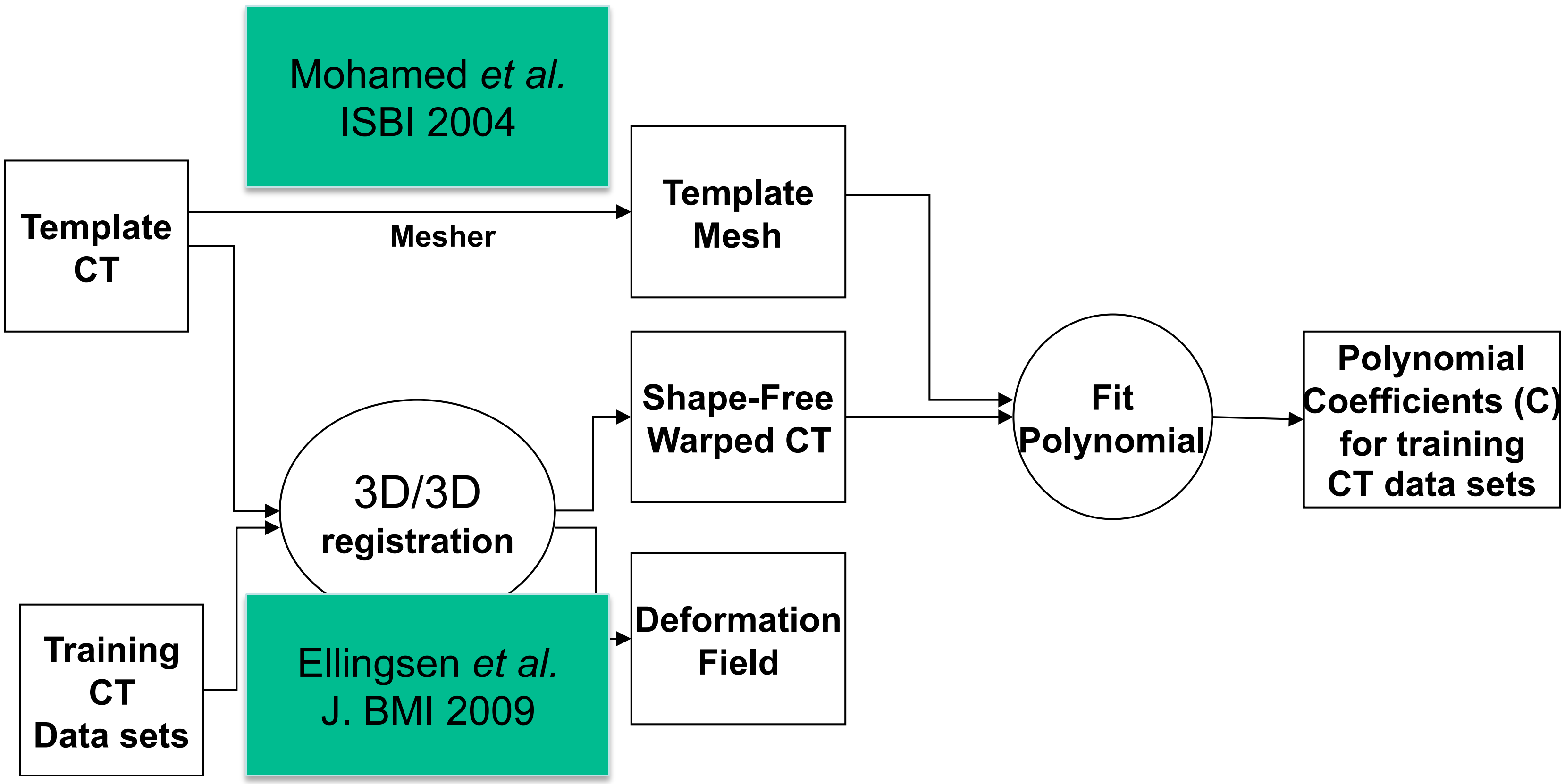
Model Intensity Correspondences

- Automatic deformable registration based correspondences



Flowchart for establishing intensity correspondences for the training sample

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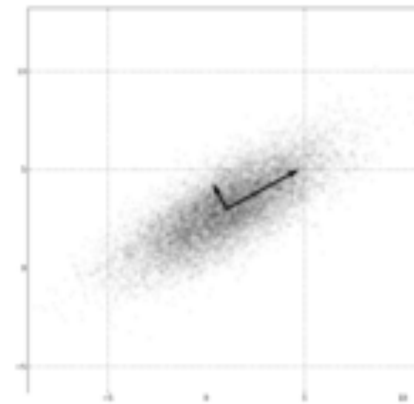
Principal Component Analysis

- Given the mesh instances of training sample



$$\underset{\sim}{S} = \begin{bmatrix} \hat{s}_1 & \hat{s}_2 & . & . & \hat{s}_N \end{bmatrix}_{3nXN} = \begin{bmatrix} x_{11} & x_{12} & . & . & x_{1N} \\ y_{11} & y_{12} & . & . & y_{1N} \\ z_{11} & z_{12} & . & . & z_{1N} \\ . & . & . & . & . \\ y_{n1} & y_{n2} & . & . & z_{nN} \\ z_{n1} & z_{n2} & . & . & z_{nN} \end{bmatrix}$$

- Compute mean and subtract the mean from the sample

$$\underset{\sim}{S} = S - \bar{s} = S - \frac{1}{N}\sum_{i=1}^{N} \hat{s}_i$$

- Compute $SVD(\underset{\sim}{S}) = UDV^T$

With principal components in U and eigen values $\lambda = \frac{1}{N-1} DD^T$

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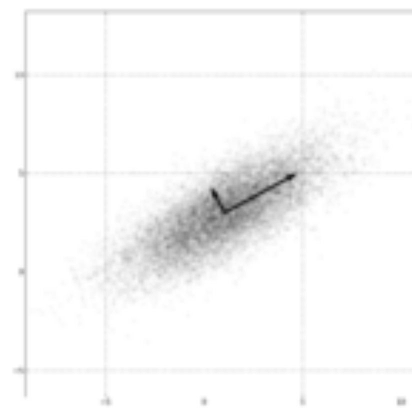
Principal Component Analysis

- Given the PCA model, any data instance can be expressed as a linear combination of the principal components

$$\bar{s} + \sum_{k=1}^{N-1} U_k \lambda_k$$



- Compact model → fewer components

- Select first 'd' components represented by the 'd' eigen values

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Statistical Shape and Intensity Models

- Shape statistical model: Mesh vertices become data matrix

$$\bar{s} + \sum_{k=1}^{d} U_k \lambda_k = \bar{s} + U^T \lambda$$

- Intensity statistical model: Polynomial coefficients become data matrix

$$\bar{c} + \sum_{k=1}^{p} Y_k \mu_k = \bar{c} + \mathrm{Y}^T \mu$$

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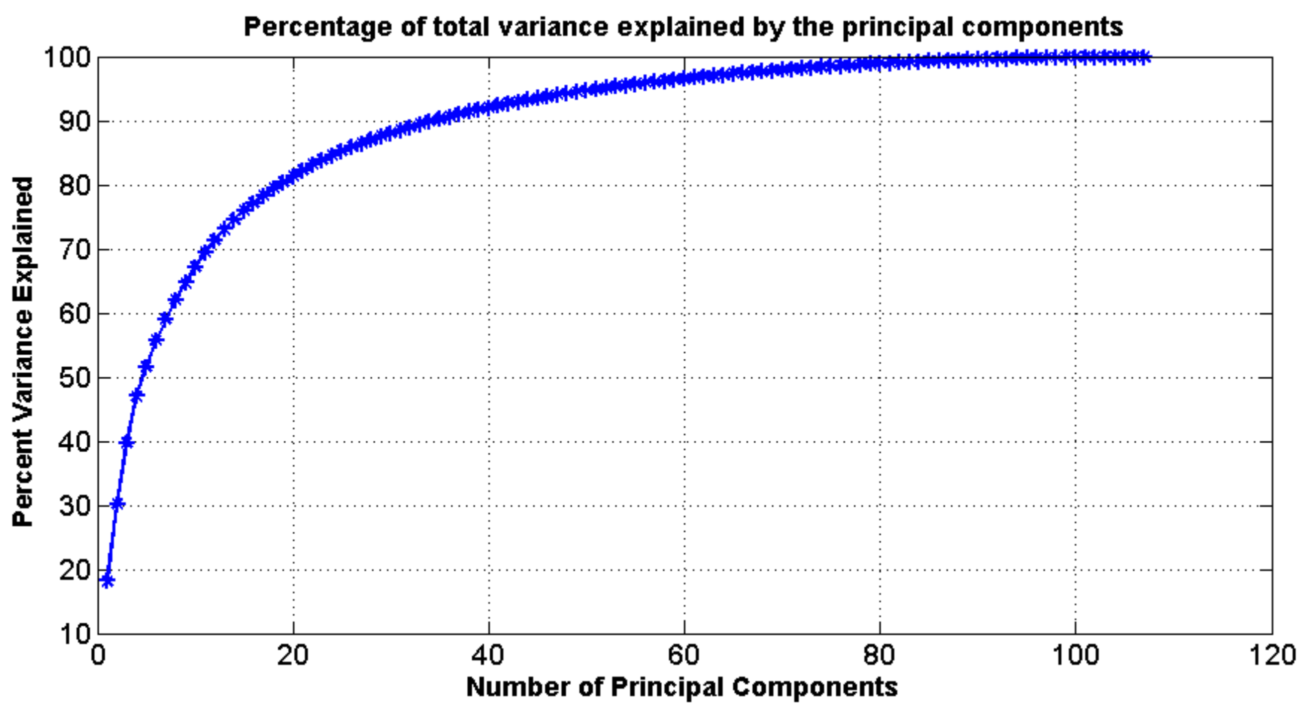
Statistical Atlas of Pelvis

- # of CT data sets in the training sample: 150
- # of data sets used for atlas building: 110
- # of shape modes retained: 18
- # of intensity modes retained: 12



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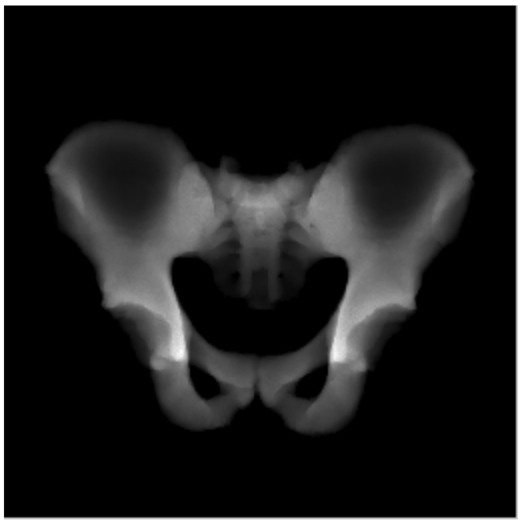
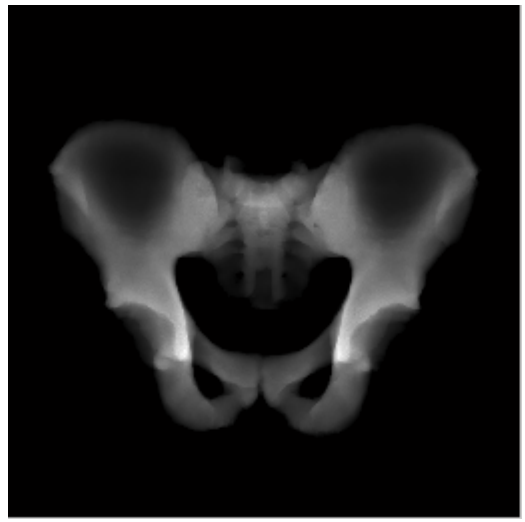
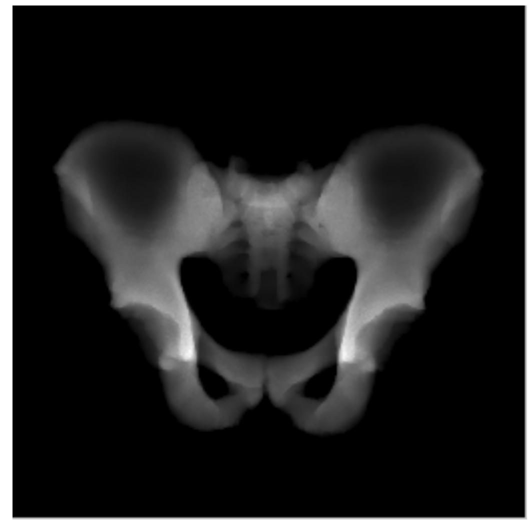
Pelvis Shape Modes



PC1



PC2



PC3

Shape variational modes from a male healthy pelvis atlas of 110 CT datasets

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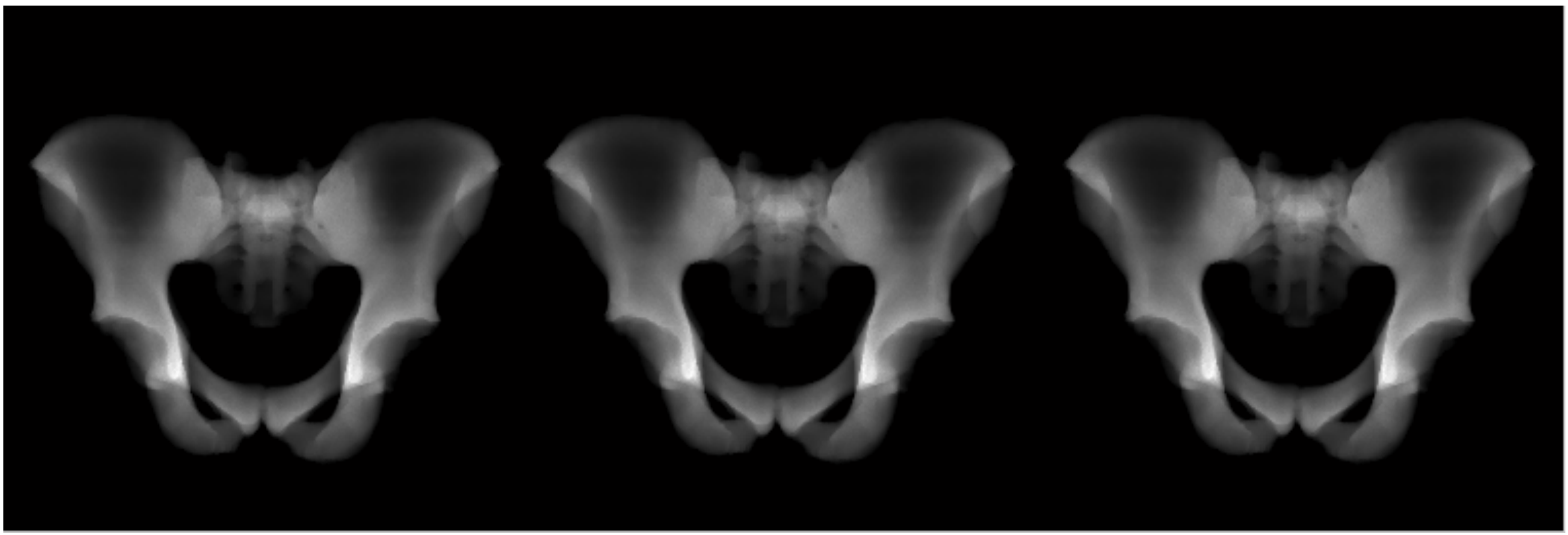
Pelvis Intensity Modes



PC1 PC2 PC3

Intensity variational modes from a male healthy pelvis atlas of 110 CT datasets

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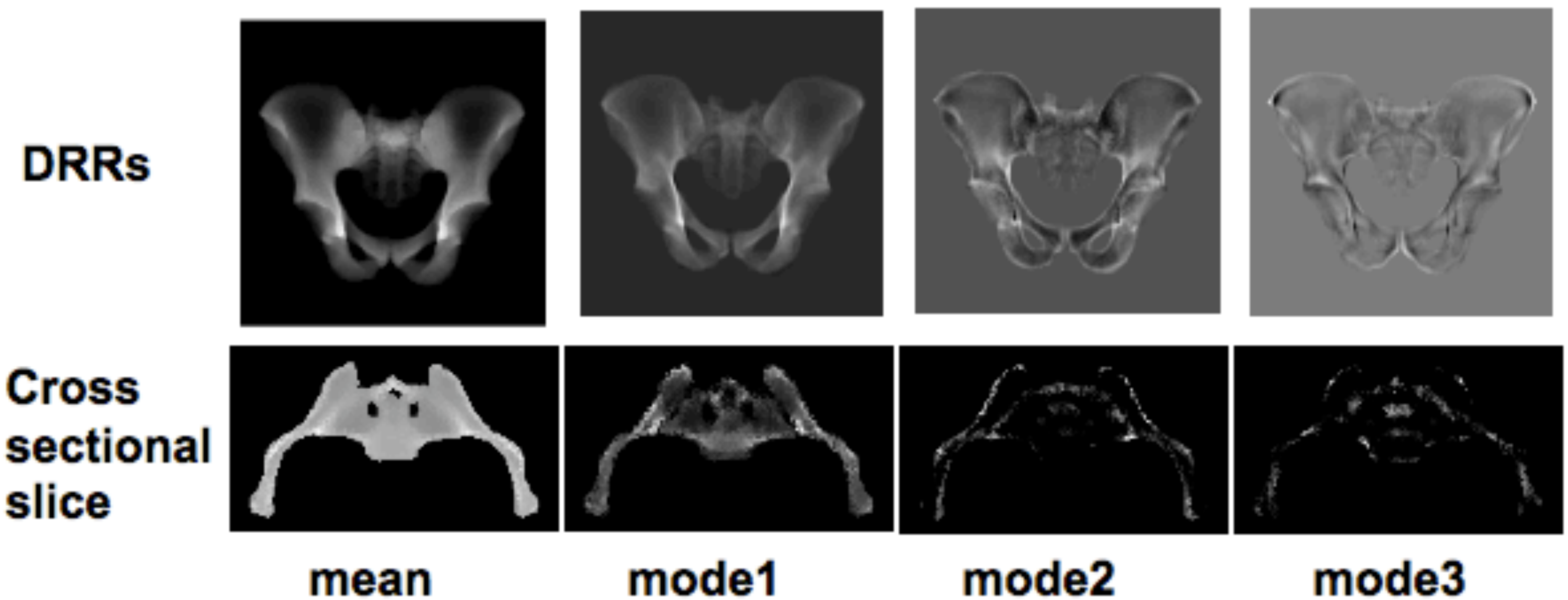
Pelvis Intensity Modes



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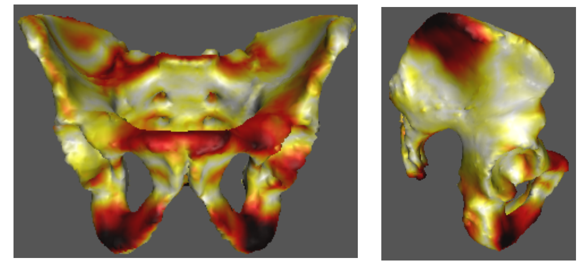
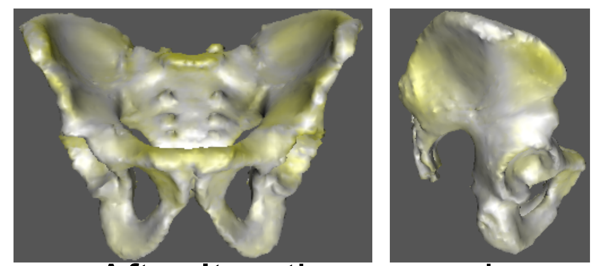
Statistical Atlas Construction

- **Problem**: Stability of the Atlas
  - Choice of deformable registration method
  - Choice of initial template
  - Size of training database



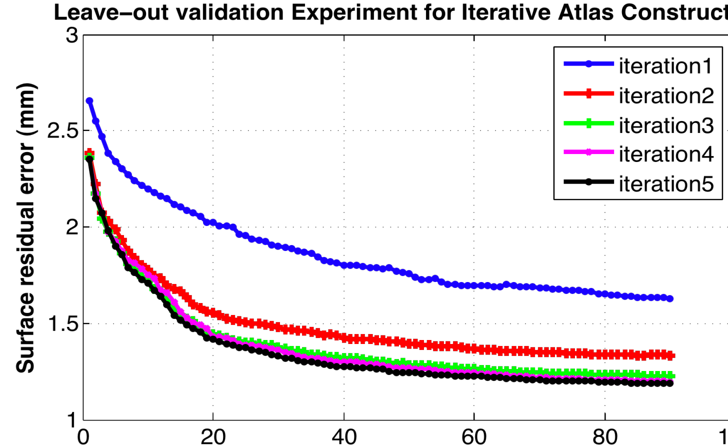
Before Iterative procedure



After Iterative procedure

- **My approach**: Iterative Bootstrapping
  - Modified deformable registration
  - Validation to assess convergence

- **Results**
  - Significantly improved stability
  - Reduced residual error in deformable registration



Chintalapani *et al.* MICCAI 2007

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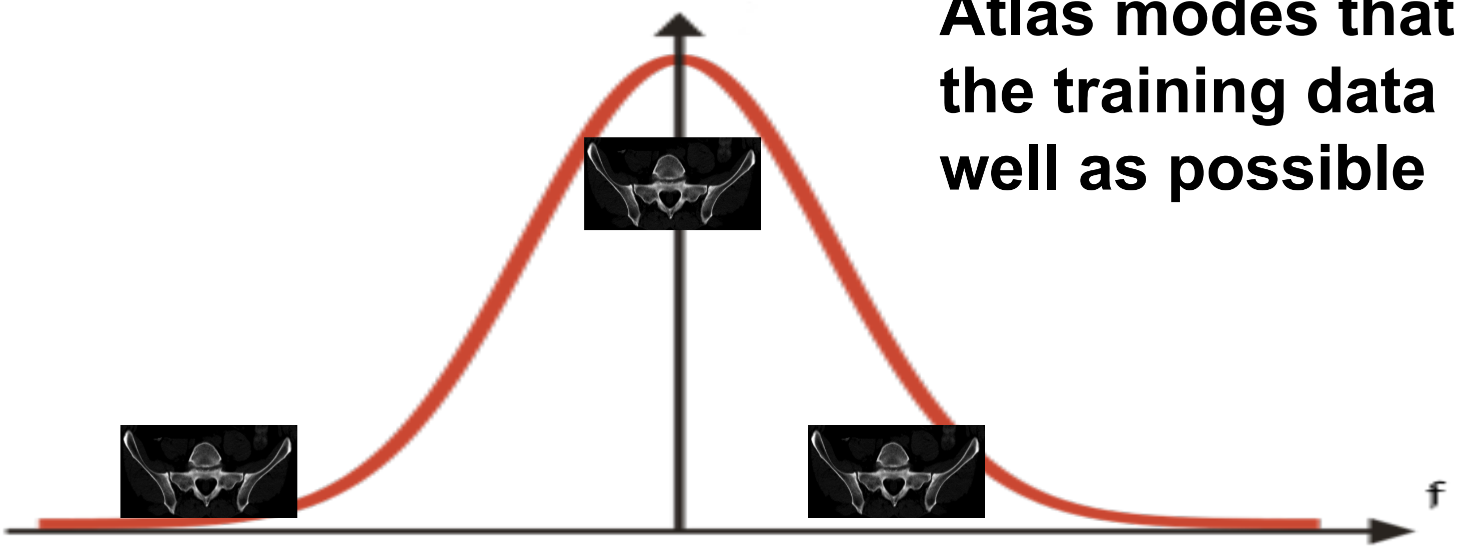
Iterative Technique - Motivation

Mean shape as a common reference frame ?

Atlas modes that explain the training data base as well as possible



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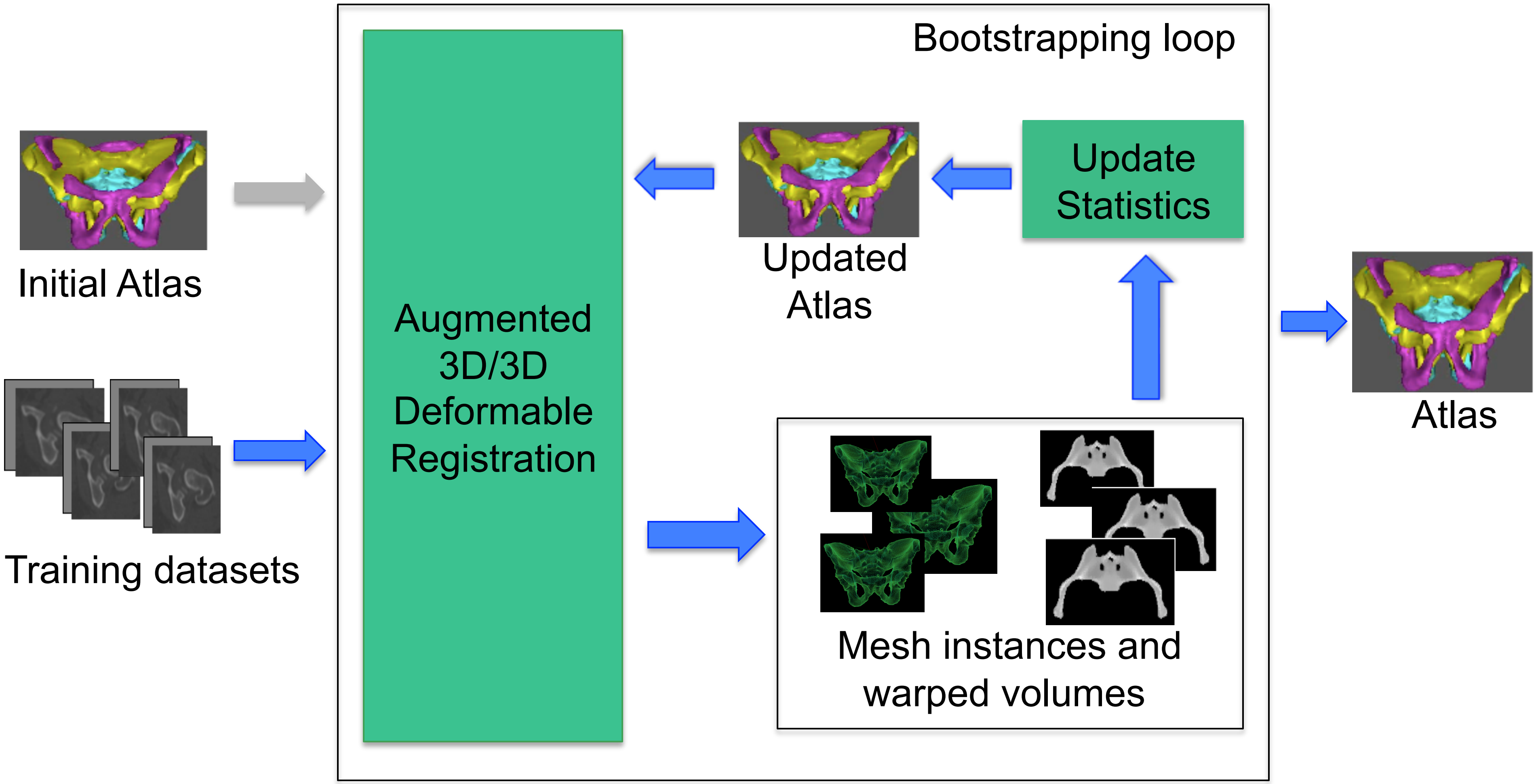
Iterative Technique



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Chintalapani *et al.* MICCAI 2007

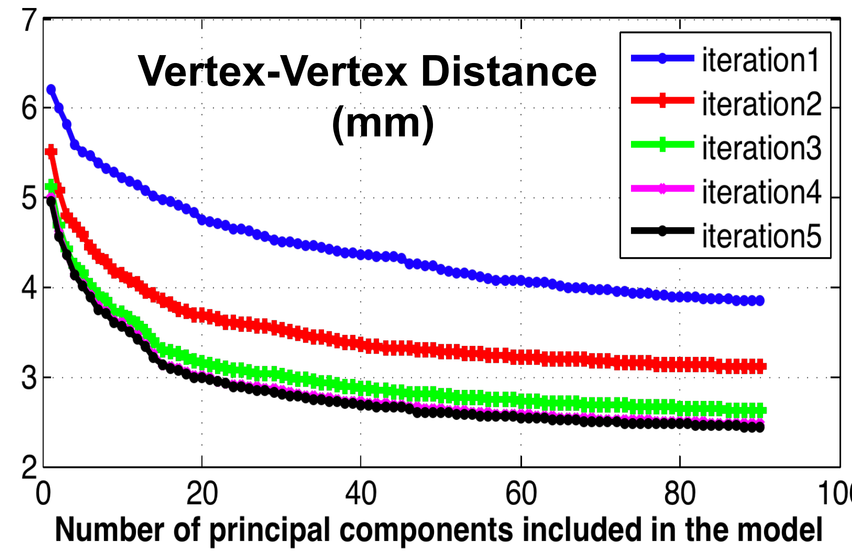
Leave-Out Validation Experiments

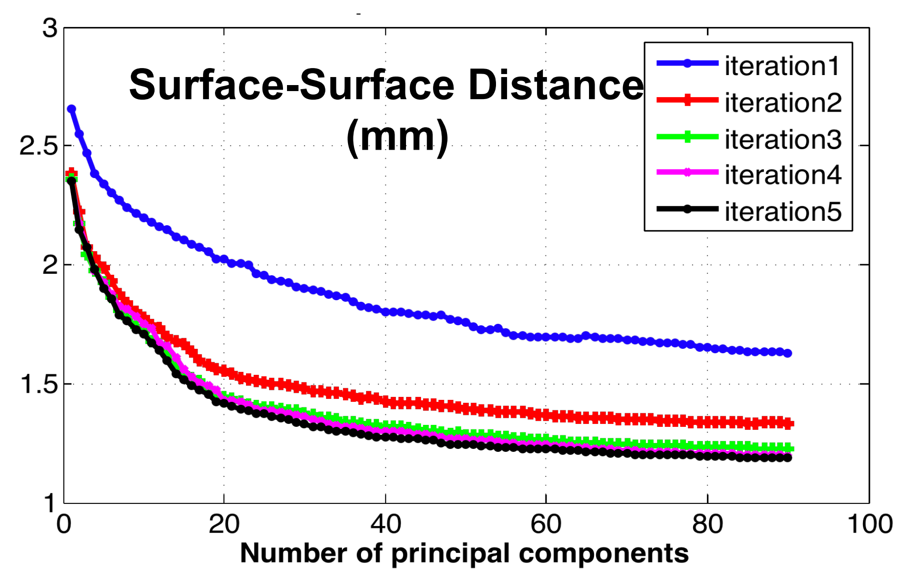
- # of iterations: 5
- # of data sets: 110
- # of data sets in atlas: 90
- # of data sets left out: 20
- Given a left-out dataset, s_j

compute the estimated shape from atlas using

$$\lambda = U'*(s_j - \bar{S})$$

$$s_j^{est} = \bar{S} + U\lambda$$





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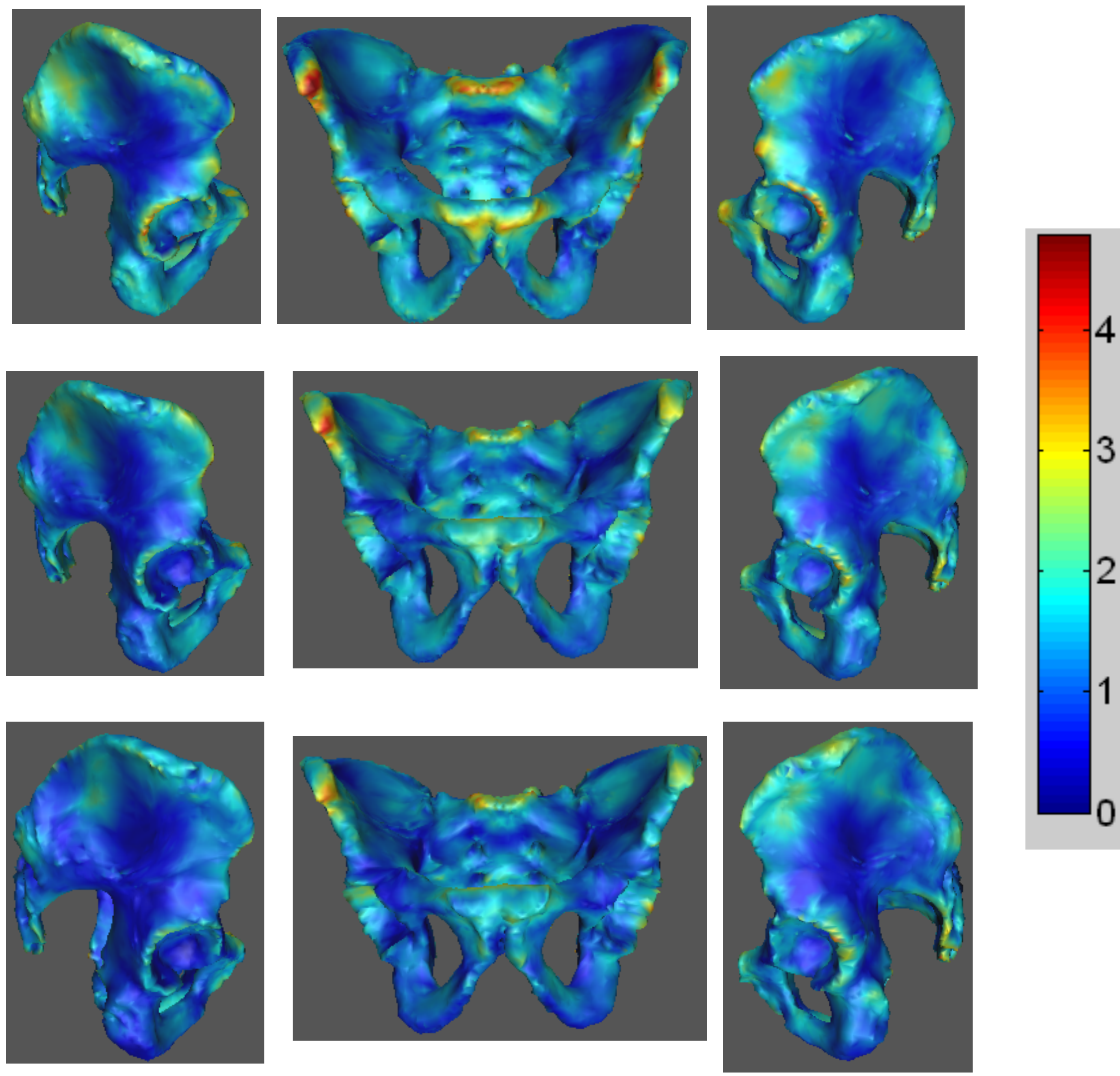
Distribution of Surface Registration Errors

Iteration 1

Iteration 3

Iteration 5



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Choice of Initial Template

- Claim:
  - iterative method does not depend on the choice of template
- Criteria:
  - Mean shape converges
  - Modes exhibit similar deformation patterns
- Experimental setup:
  - Three random templates
  - Atlases with and without bootstrapping compared
- Result
  - All three atlases exhibit similar deformation patterns after bootstrapping

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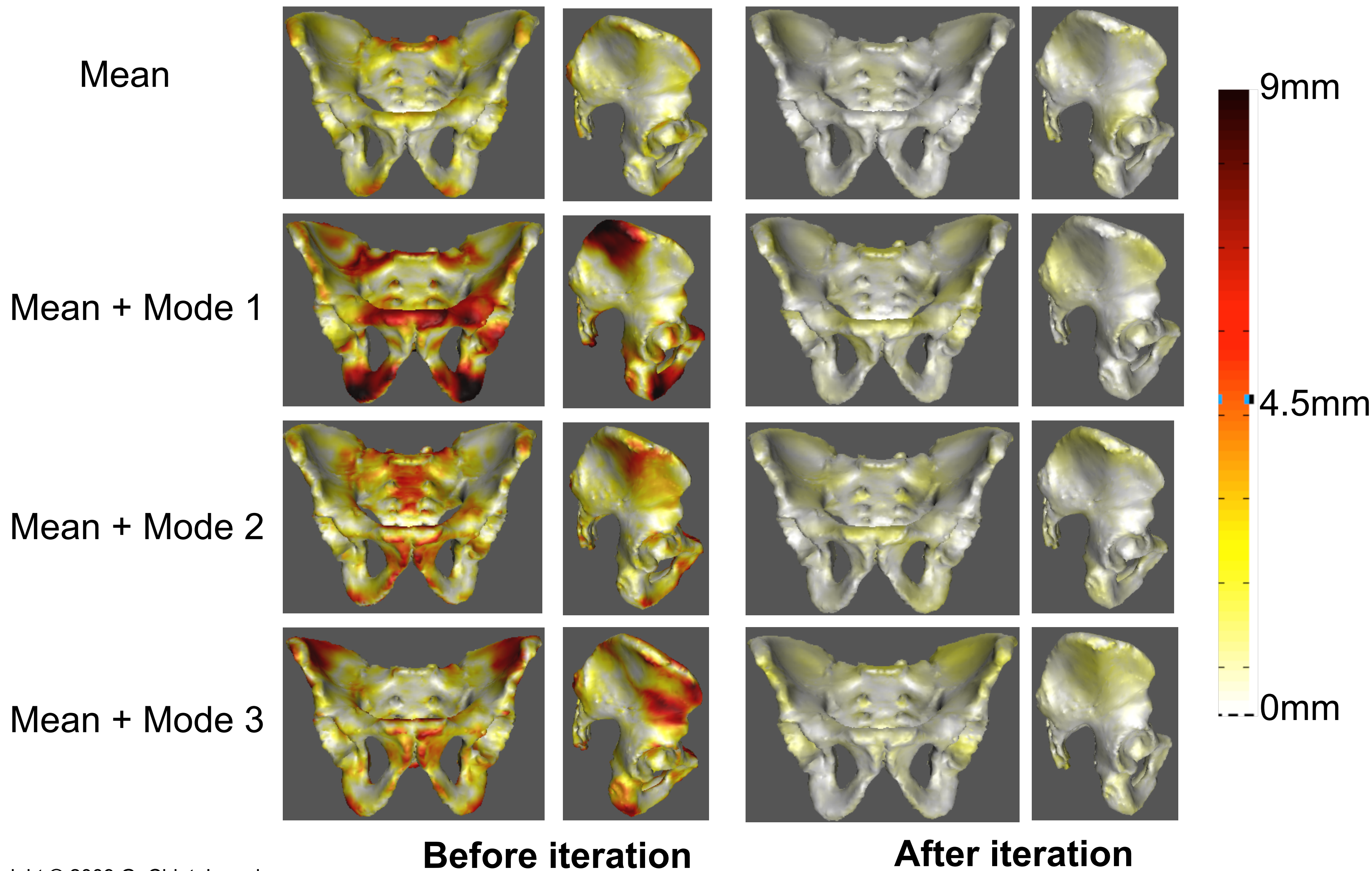
Average Difference between Atlases 1,2 and 3



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Training Sample Size

- Goal:
  - To determine the size of the training sample to build a stable statistical atlas
- Criteria:
  - Atlas is stable
  - No significant improvement in residual error
- Experimental setup:
  - Varying sample size 20, 40, 60, 80
  - Leave-20-out validation test
- Result:
  - Minimum of 50 data sets are required for pelvis atlas

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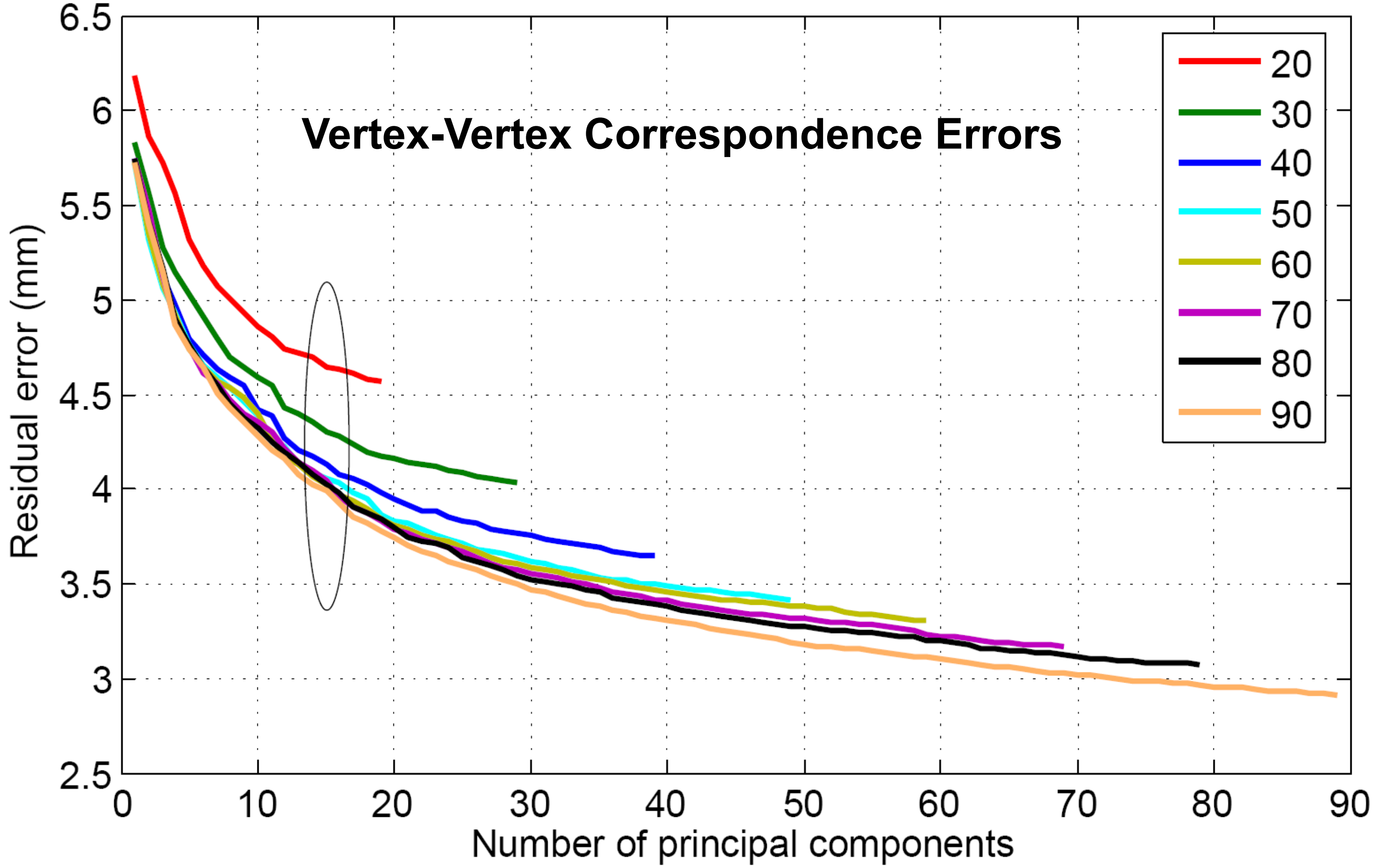
Training Sample Size



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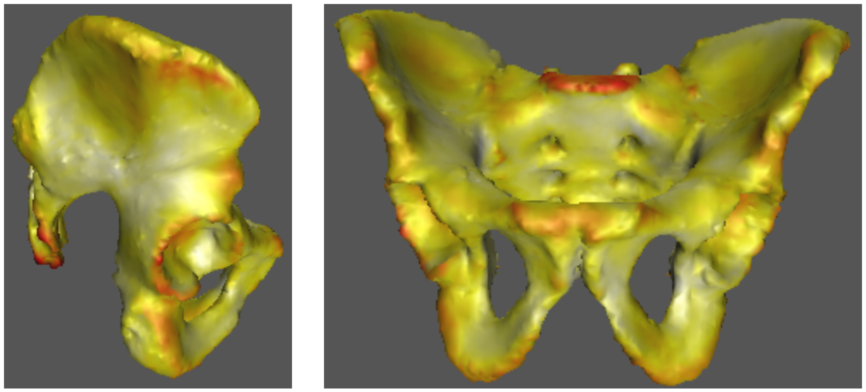
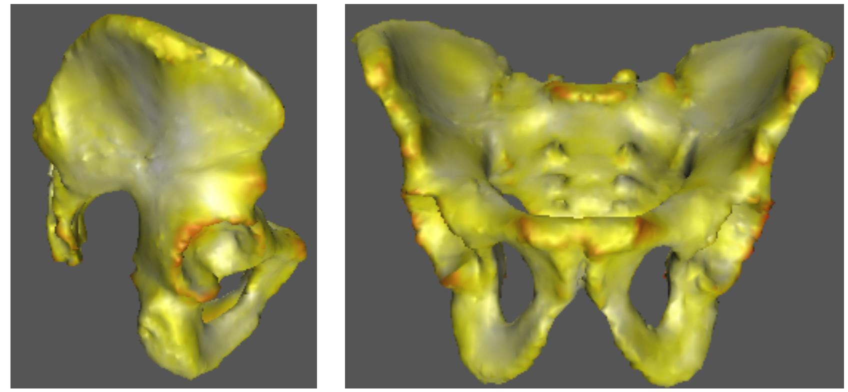
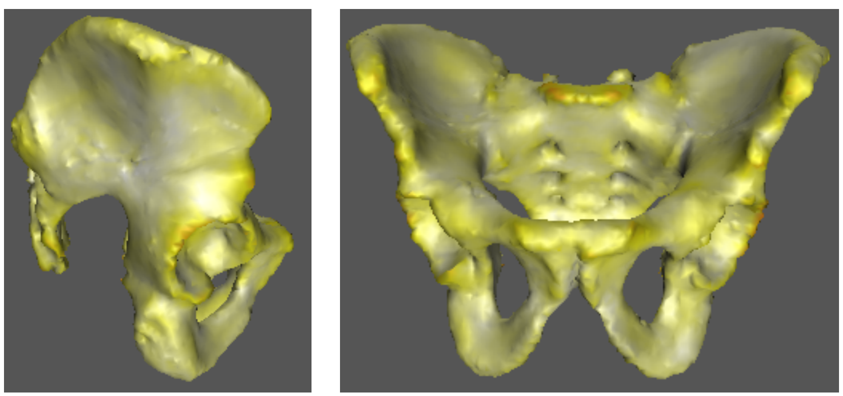
Surface residual error using 18 modes for different sample set sizes



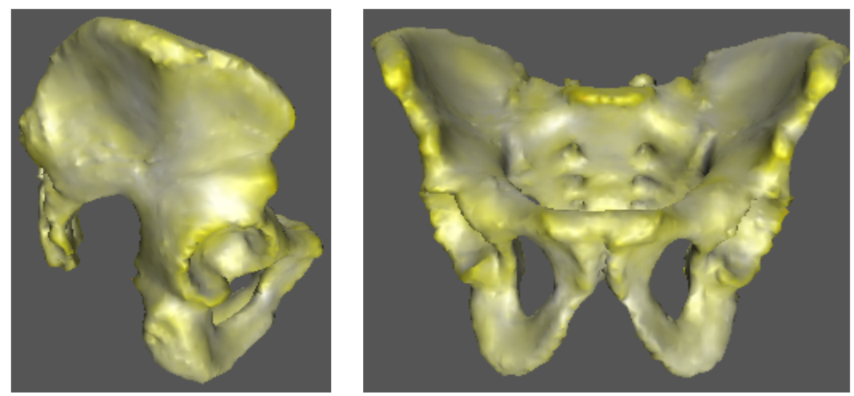
20 dataset atlas



40 dataset atlas



60 dataset atlas



80 dataset atlas

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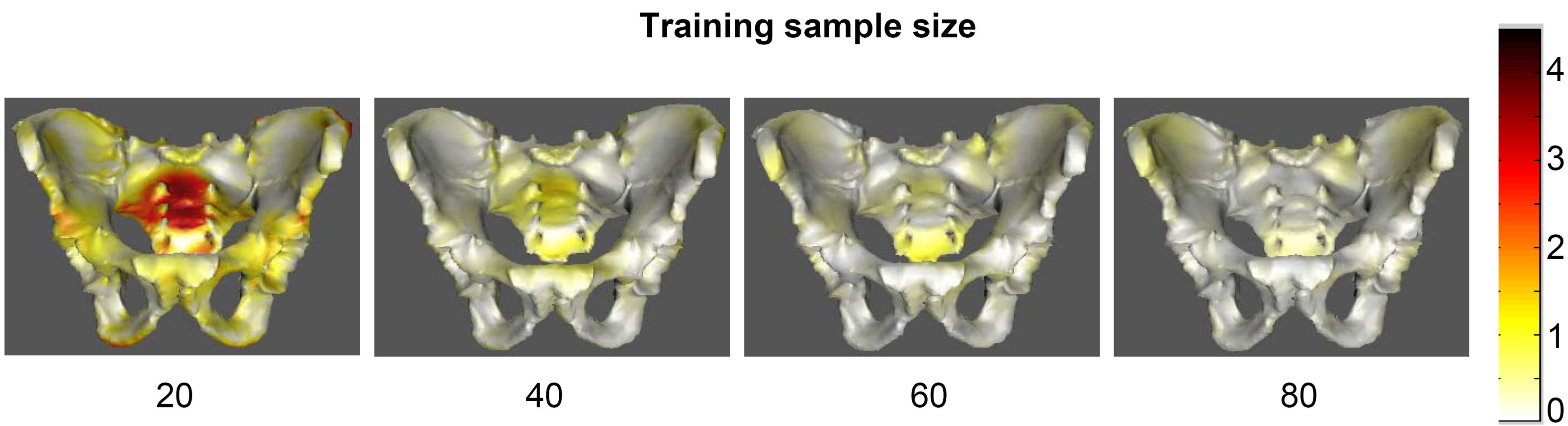
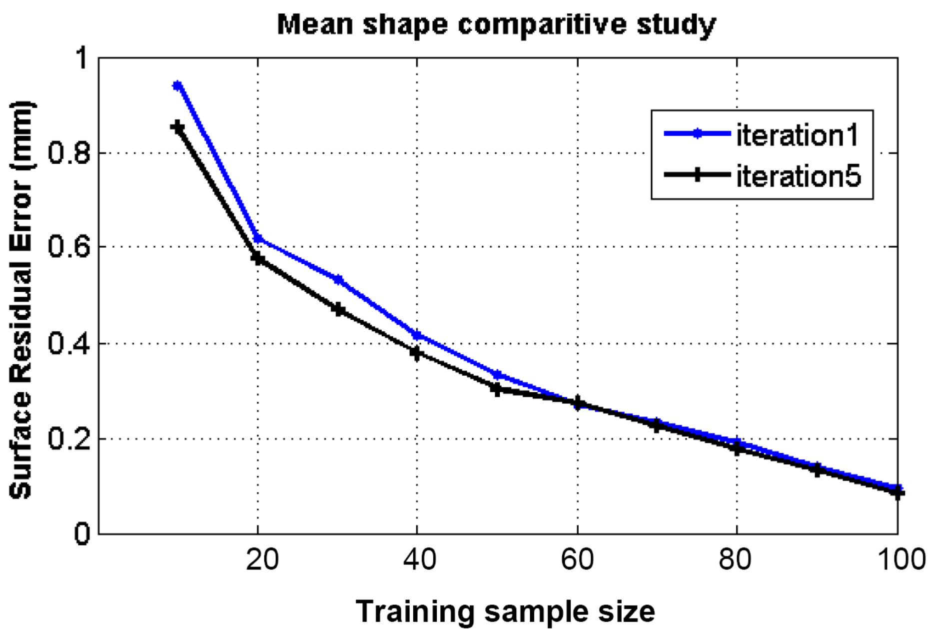
Stability Analysis – Mean Shape





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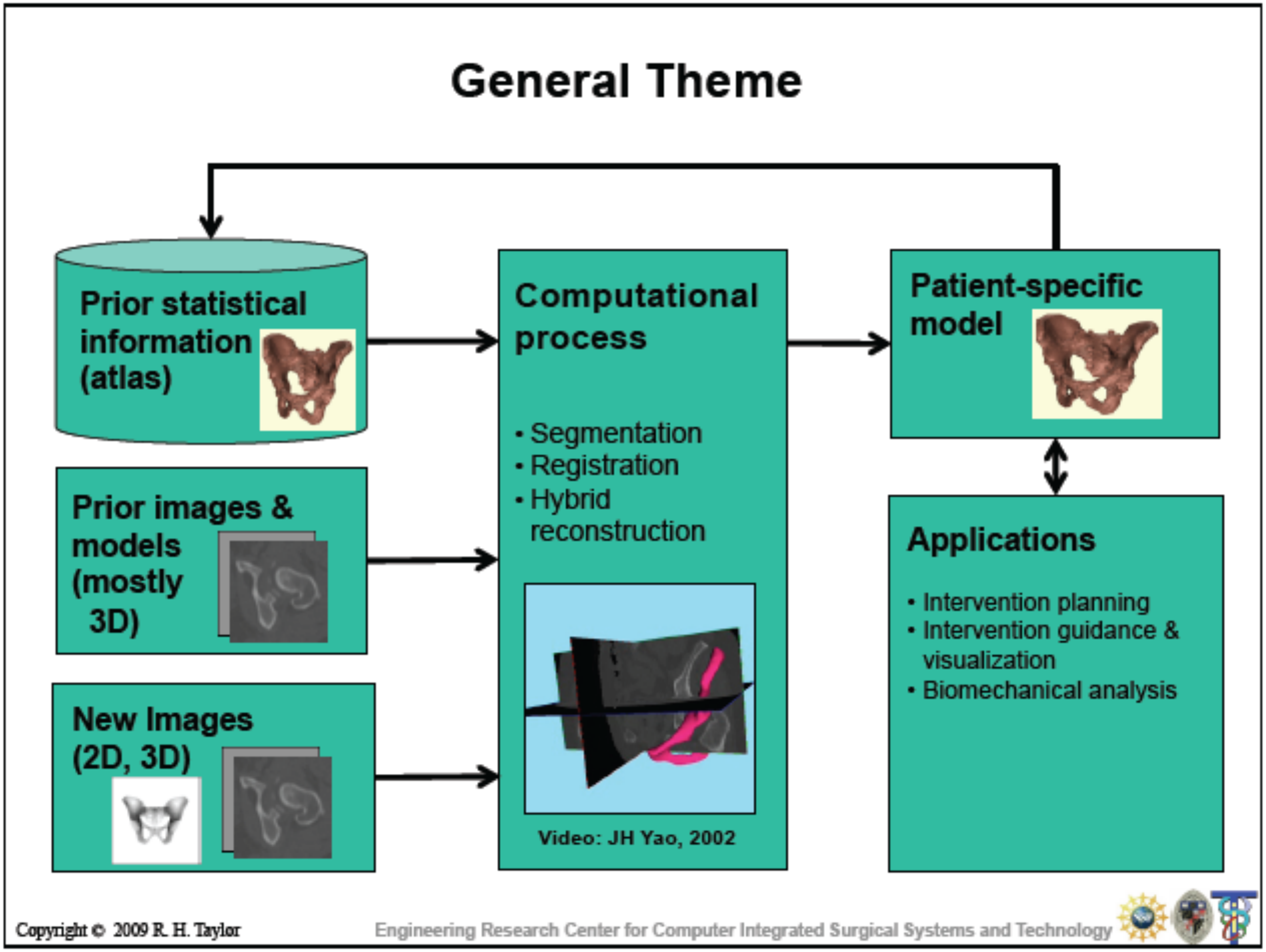
Applications of Atlases



Cc

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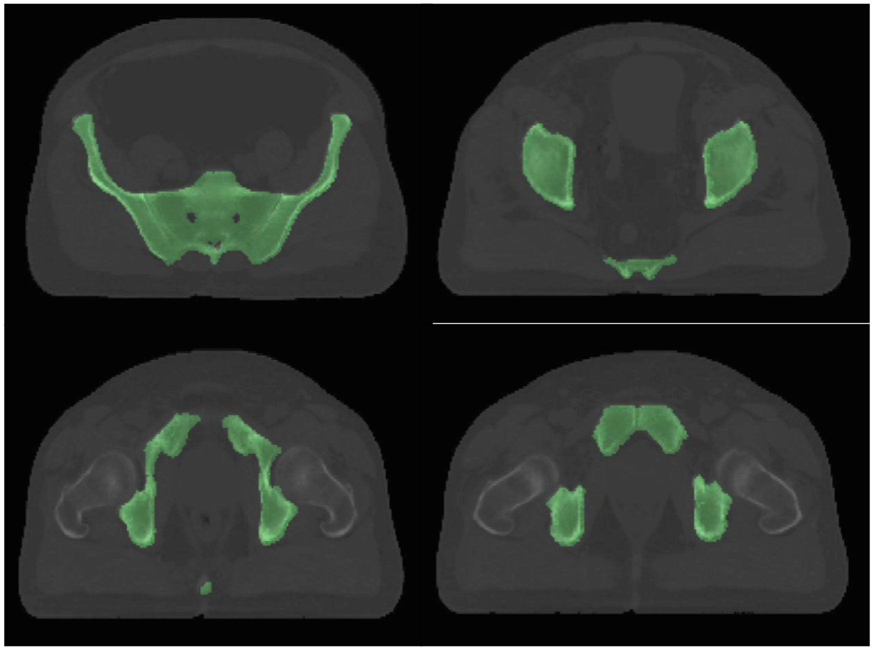
Image Segmentation

- Automatic segmentation through atlas deformations [1]



[1] Ellingsen L.M., Chintalapani G., Taylor, R.H., Prince J.L.. CMIG 2009

[1]

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Outline

- Statistical Atlases
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  - 2D/3D Registration
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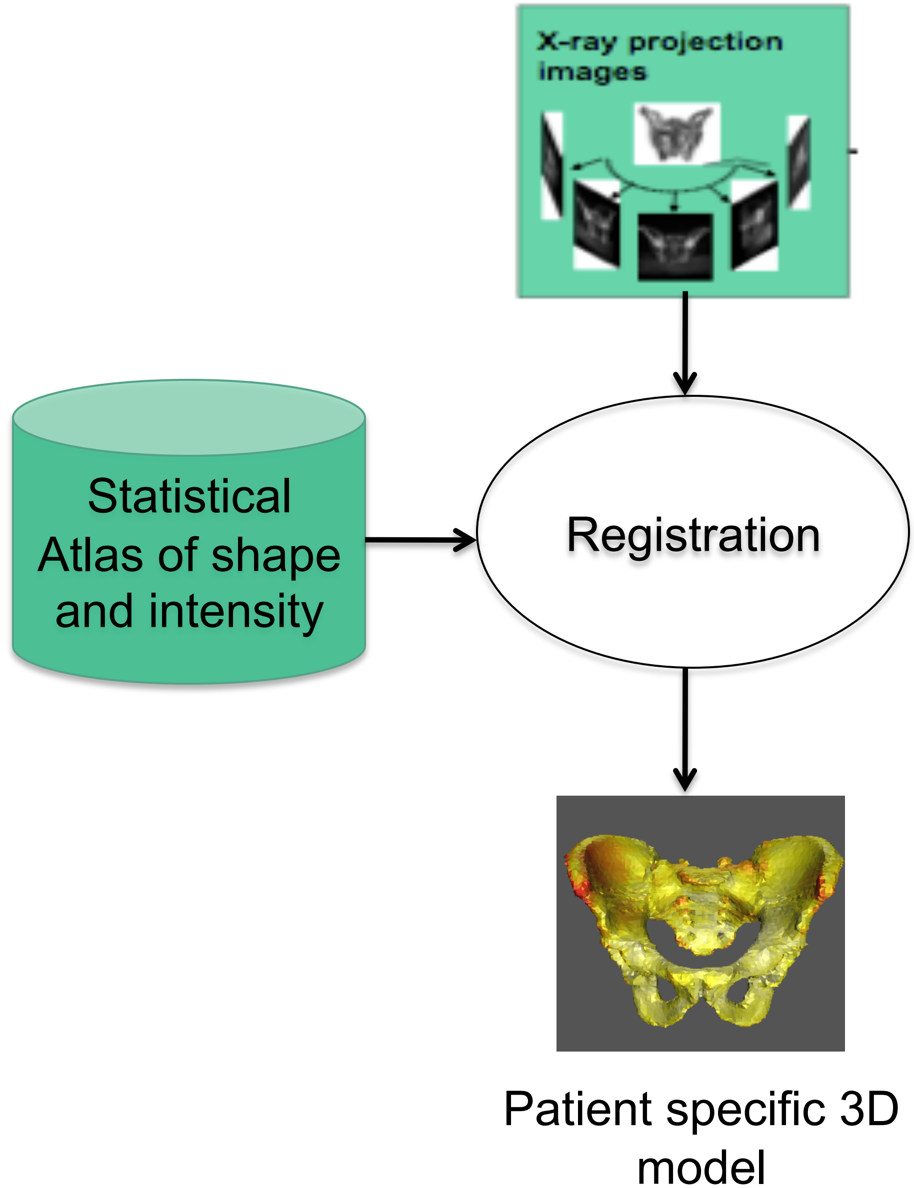

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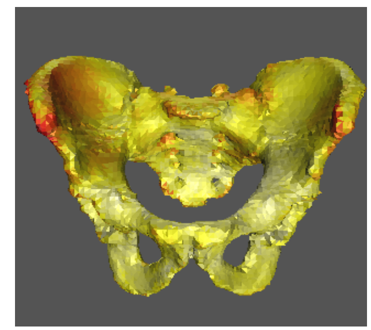
Applications – 2D/3D Registration

Statistical Atlas of shape and intensity

Patient 2D X-ray Images



Patient specific 3D Model

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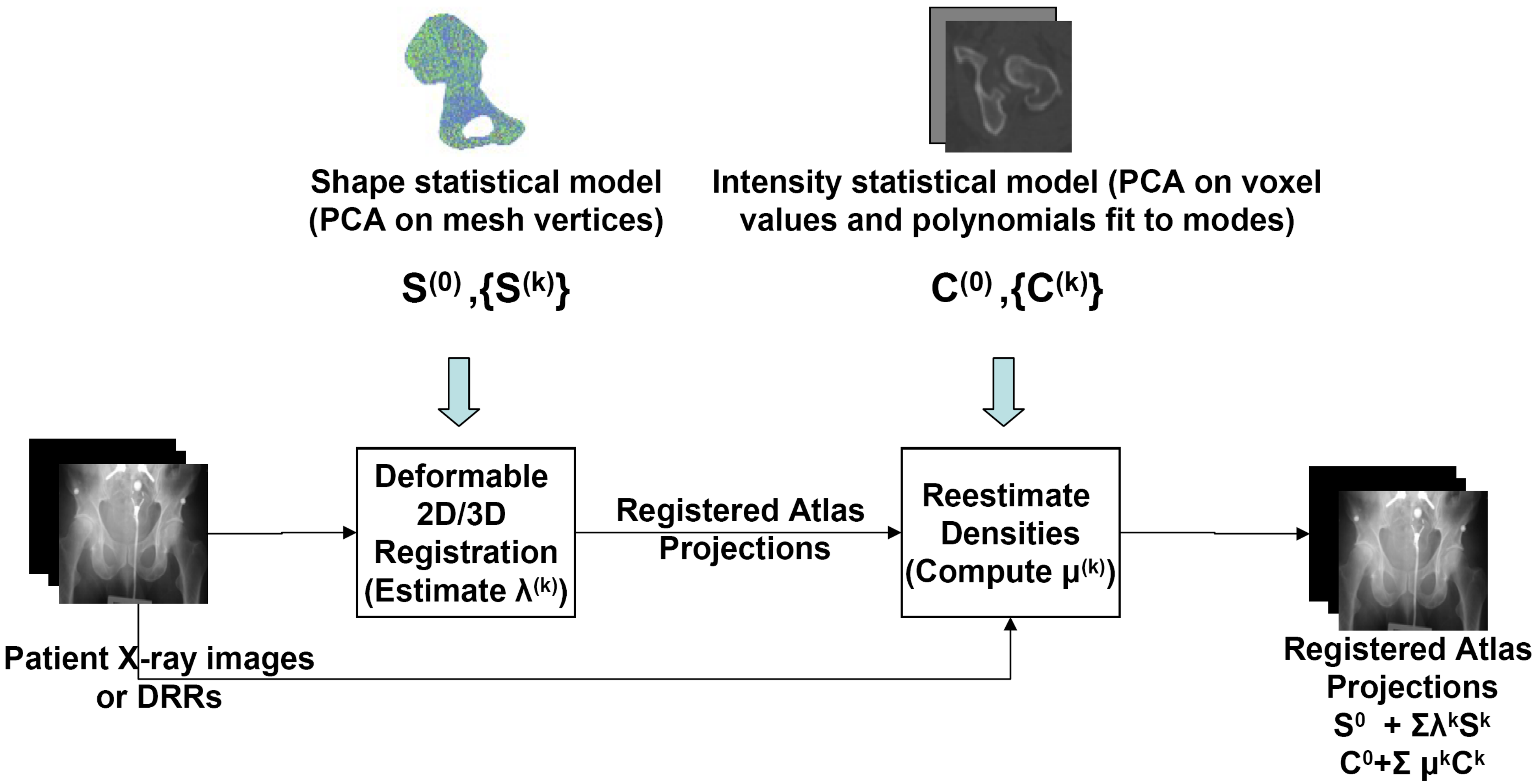
2D/3D Registration – Shape and Intensity Models



[1] Sadowsky, O., Chintalapani, G., Taylor, R.H., MICCAI 2007;
[2] Chintalapani *et al.* PMMIA/MICCAI 2009

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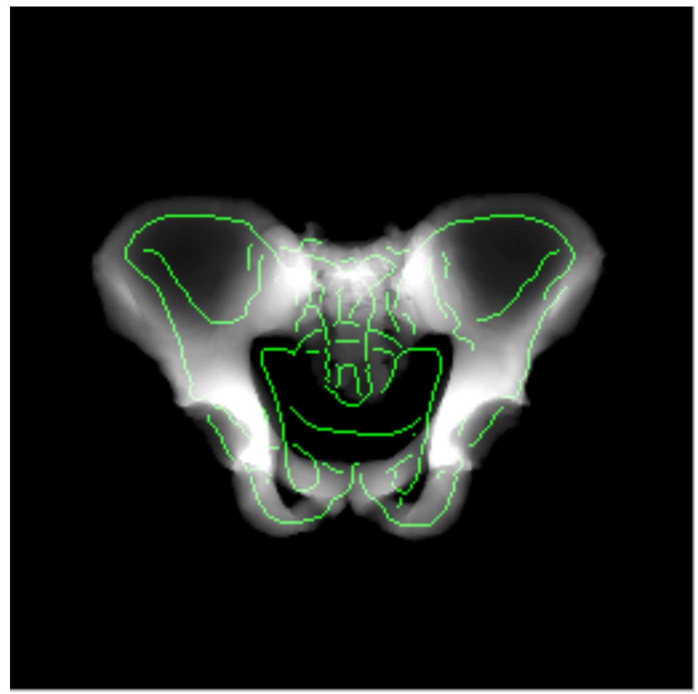
2D/3D Registration – Shape and Intensity

(1) #	(2) $S^{true} - S^{est}$ (mm)	(3) RMS (V^{true} , V^{est}_{mean}) (HU)	(4) RMS(V^{true} , V^{est}_{modes}) (HU)	(5) Δ ((3)-(4))/(3) %
1	1.94	109.92	58.88	**46.43**
2	1.62	128.32	96.0	**25.19**
3	1.90	98.4	77.12	**21.63**
4	2.60	51.68	41.6	**19.50**
5	2.48	109.44	84.8	**22.51**
6	1.95	73.44	50.56	**31.15**
7	2.30	72.96	47.52	**34.84**
8	2.93	101.28	85.76	**15.32**
avg	**2.21**	**93.18**	**67.78**	**27.07**

Table 1: Residual errors from leave-out-validation tests of the augmented registration algorithm. Column 2 shows the surface distance after 2D/3D shape registration. Columns 3 shows residual errors when using mean density only and column 4 shows residual errors with mean density and density modes. The % reduction in RMS error between columns 3 and 4 is given in Column 5

Avg surface registration accuracy: 2.21mm
Avg. reduction in RMS errors intensity: 27%



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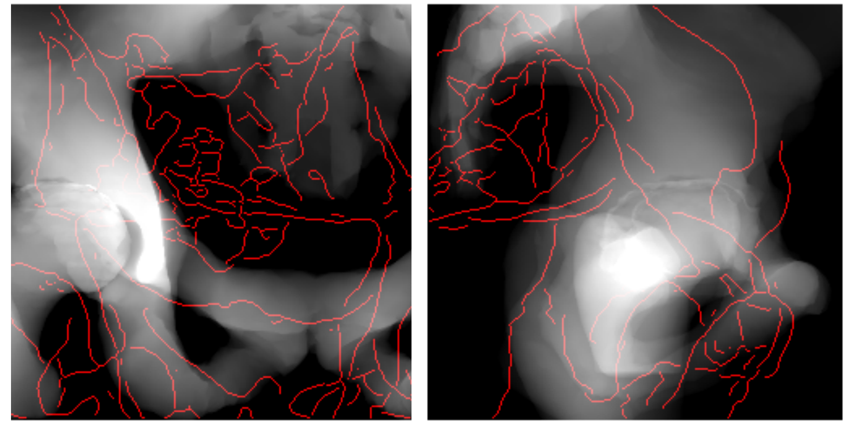
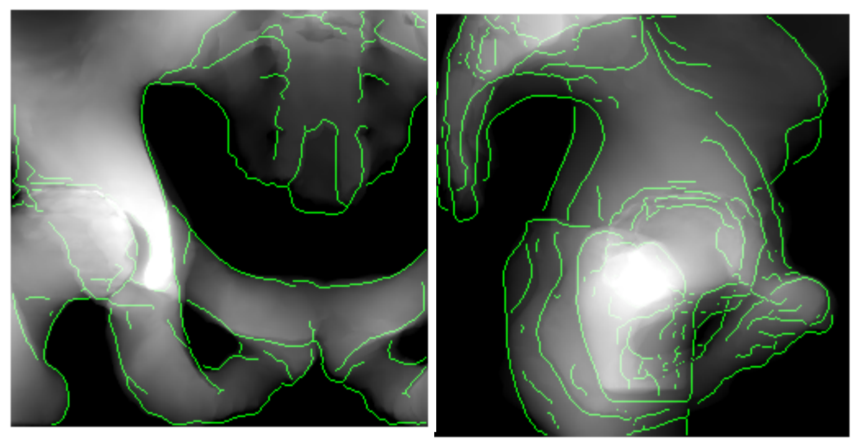
2D/3D Registration – Hip Model

- **Problem**: To create patient specific models using atlas
  - single organ atlases are insufficient
- **My approach**: Develop a multi-component atlas
  - Use hip atlas instead of a pelvis or femur atlas
  - Extend atlas building framework to incorporate hip joint
  - Extend the registration framework to incorporate articulated hip joint
- **Results**
  - Multi-component atlas registration is accurate compared to individual organ atlas



Pelvis atlas registered to hip projection images



Hip atlas registered to hip projection images

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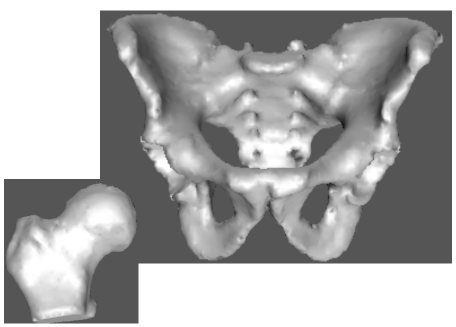
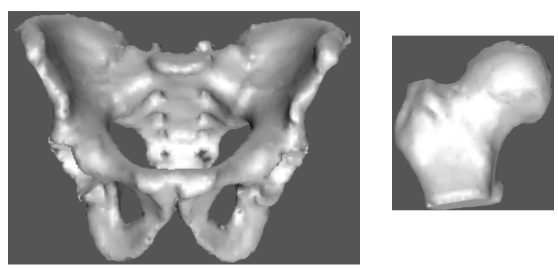
Multi-Component Atlas

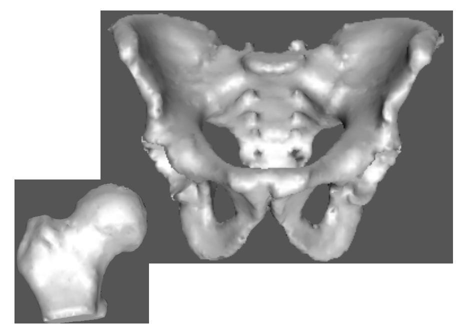
1. Two components – pelvis and femur
2. Create mesh instances of pelvis and femur separately
3. Align pelvis and femur meshes together
4. Align pelvis meshes
5. Align femur meshes
6. Concatenate pelvis and femur meshes
7. PCA on the concatenated mesh



Combined Rigid+Scale



Separate Rigid



Combined Statistical Analysis

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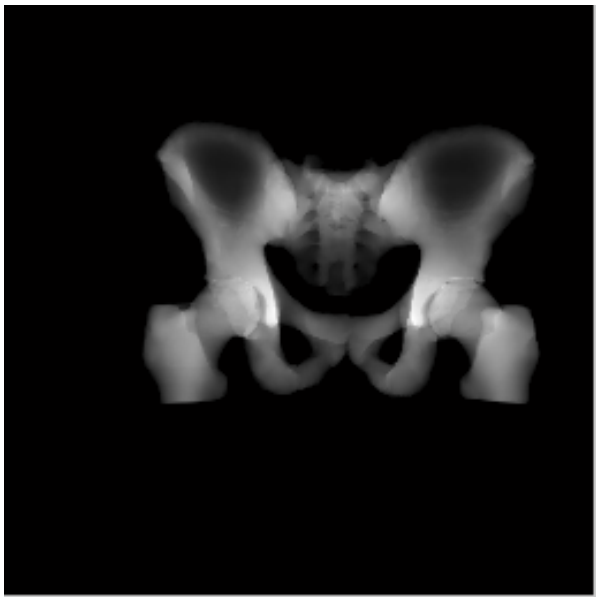
Multi-Component Hip Atlas



PC1

PC2

PC3

[1] Chintalapani *et al.* CAOS 2009

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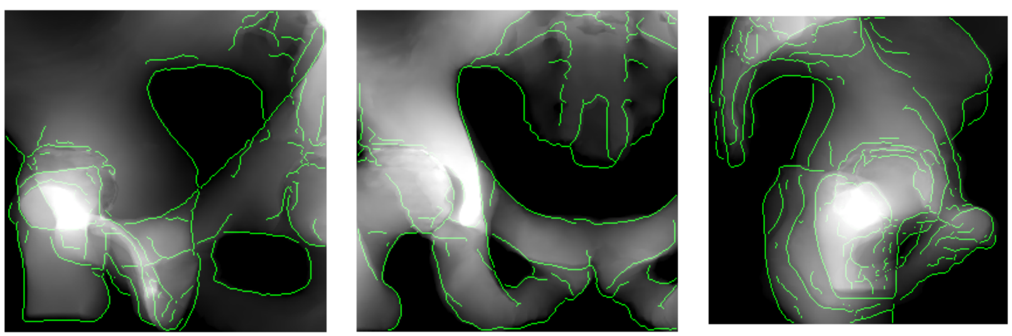
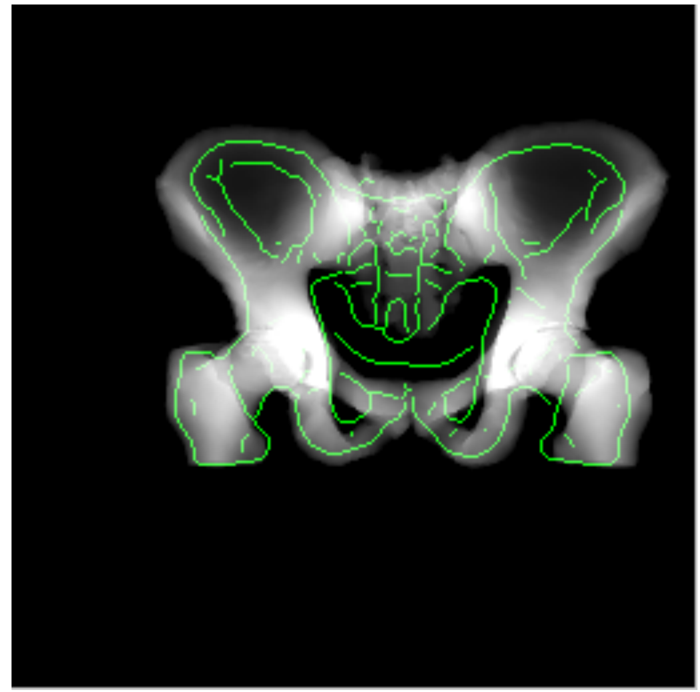
2D/3D Registration – Hip Model

- Registration with truncated images
  - FOV: 160mm
  - Three views
- Avg surface registration accuracy: 2.15 mm



Atlas projections overlaid on DRR images after registration



2D/3D deformable registration

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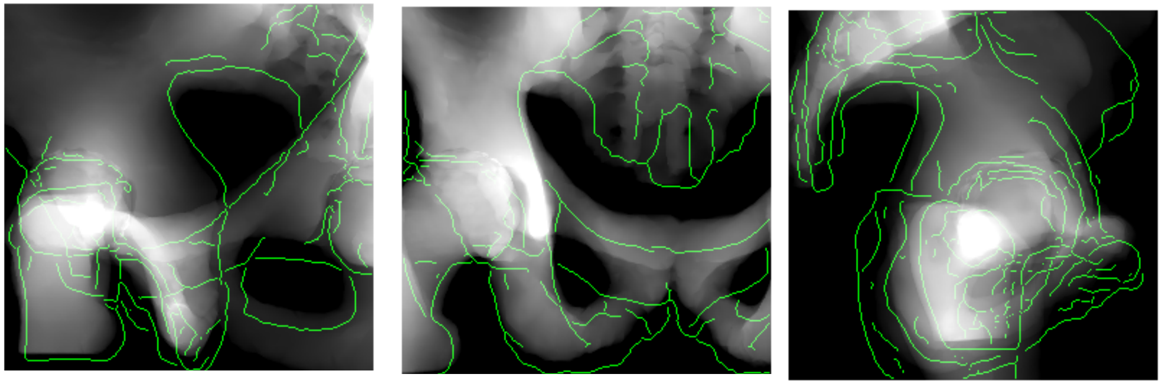
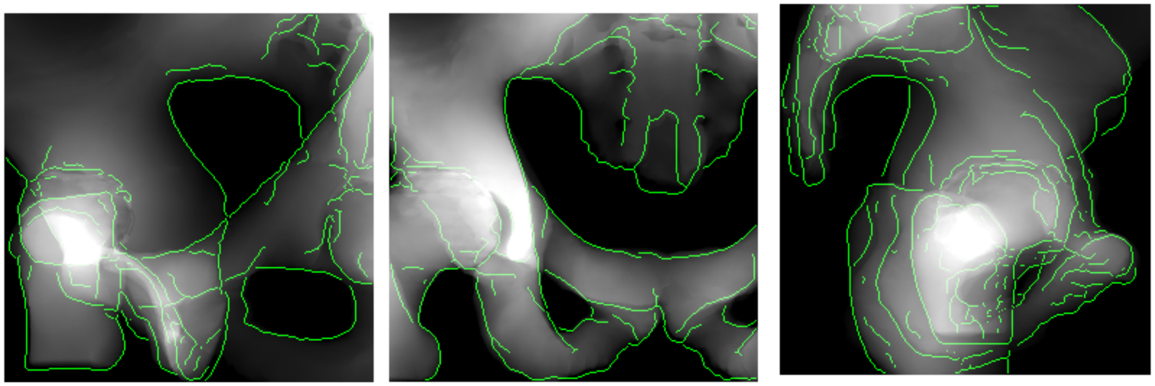
2D/3D Registration – Hip Model

- Registration with truncated images
  - FOV: 160mm
  - Three views



Atlas projections overlaid on DRR images before registration

- Avg surface registration accuracy: 2.15 mm



Atlas projections overlaid on DRR images after registration

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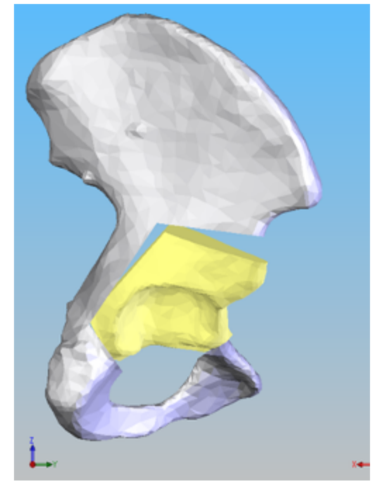
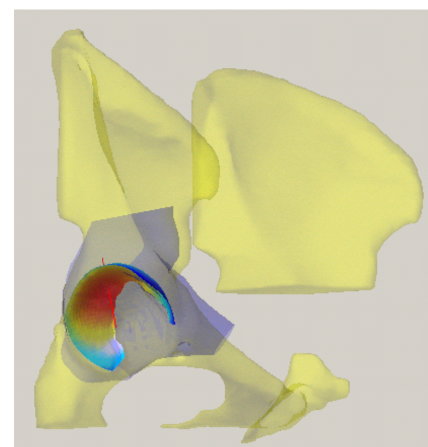
Outline

- Statistical Atlases
  - Construction
  - Iterative Improvement
  - Validation
- Applications of atlases
  - Segmentation
  - 2D/3D Registration
  - Hip Osteotomy
  - C-arm Distortion Patterns
- Conclusions





Chintalapani *et al.* SPIE 2010 – Honorable Mention Poster Award

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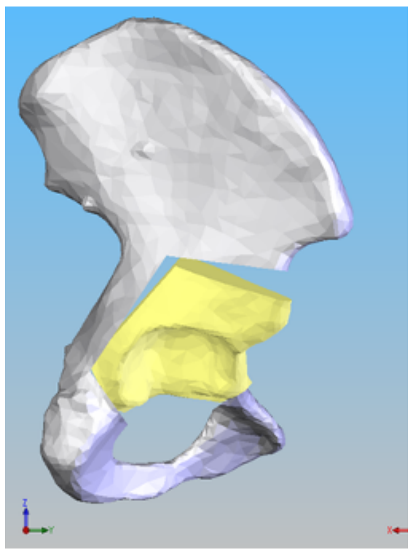
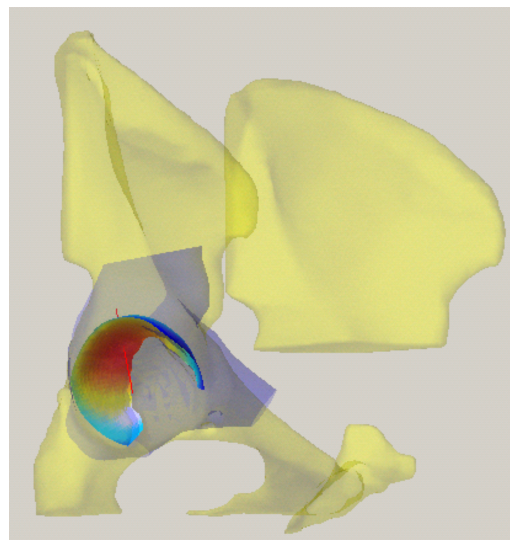
Applications – Hip Osteotomy





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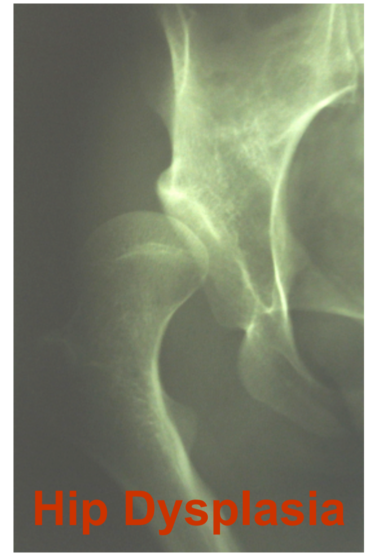
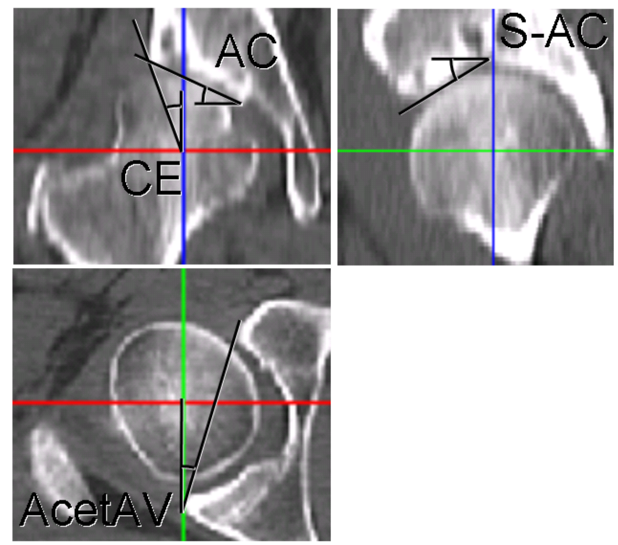
Background

- **Hip dysplasia:**
  - Malformation of the hip (normally a ball and socket joint)
  - Significant cause of osteoarthritis, especially in young adults
- **Surgery goals:**
  - Reduce pain symptoms
  - Realign joint to contain the femoral head
  - Diminish risk for degenerative joint changes
  - Improve contact pressure distribution
- **Periacetabular Osteotomy (PAO):**
  - Maintains pelvic structural stability
  - Preserves viable vascular supply
  - Technically challenging tool placement and realignment procedure
- **Limitations of current navigation systems:**
  - Lack the ability to track bone fragment alignment
  - Do not provide anatomical measurements
  - Omit biomechanical-based planning and guidance
  - Ignore the risk of reducing joint range-of-motion





Anatomical measurements used to diagnose hip dysplasia

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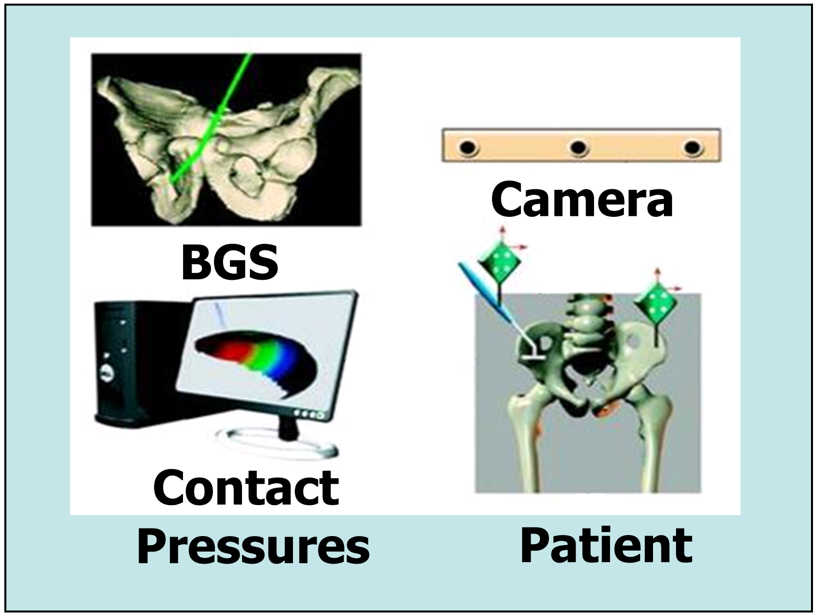
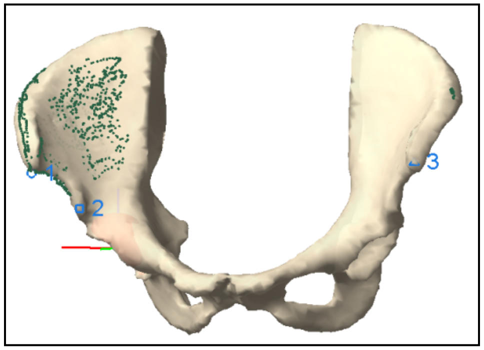
Slide src: Dr. Armand Mehran

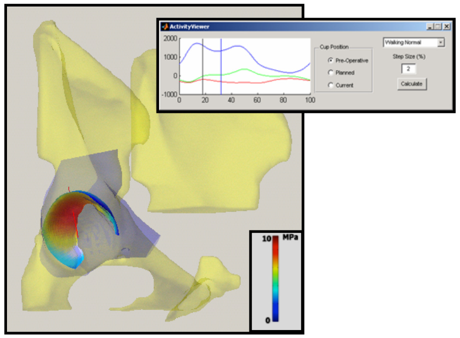
Biomechanical Guidance System (BGS)

- **BGS Preoperatively:**
  - Plans surgical cuts
  - Optimizes contact pressures and joint realignment
  - Calculates anatomical-based angles that are meaningful to the surgical team
- **BGS Intraoperatively:**
  - Tracks surgical tools and bone fragment alignment
  - Computes resulting contact pressures
  - Calculates hip range-of-motion
  - Visualizes the surgical cuts
  - Displays radiation-free Digitally Reconstructed Radiographs (DRR)

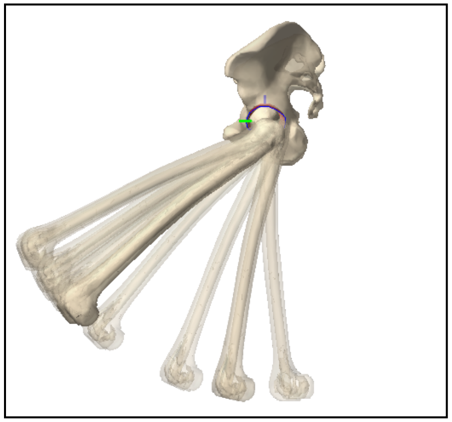




Model to Patient Registration



Joint contact-pressure after PAO



Hip-range-of-motion

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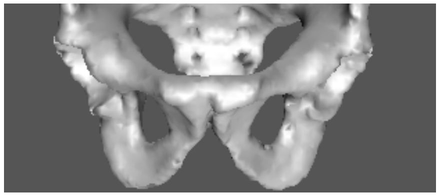
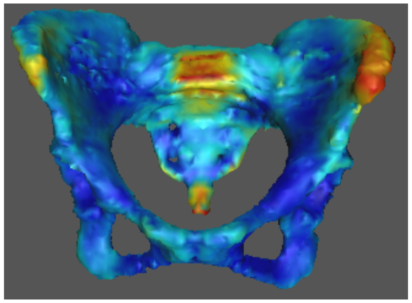
Slide src: Dr. Armand Mehran

Atlas Based Extrapolation of CT

- **Problem**: Partial CT scans of patients
  - Dose minimization for young female patients
  - But the BGS needs full pelvis CT for planning
- **My approach**: Use atlas to predict the missing data
  - Robust probabilistic atlases
  - Improve prediction using pre-op and intra-op x-ray images
- **Preliminary Results**
  - Comparable to the registration errors from full CT scans



Typical pre-operative CT scan of a dysplastic patient undergoing osteotomy



Distribution of surface registration errors of a patient pelvis model estimated from partial CT scan

Chintalapani *et al.* SPIE 2010

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Revisiting PCA with Missing Data

- Let S_I be the available data and S_J be the missing data, such that

$$S = \begin{bmatrix} S_I \\ S_J \end{bmatrix} \qquad C = \begin{bmatrix} S_I S_I' & S_I S_J' \\ S_J S_I' & S_J S_J' \end{bmatrix}$$

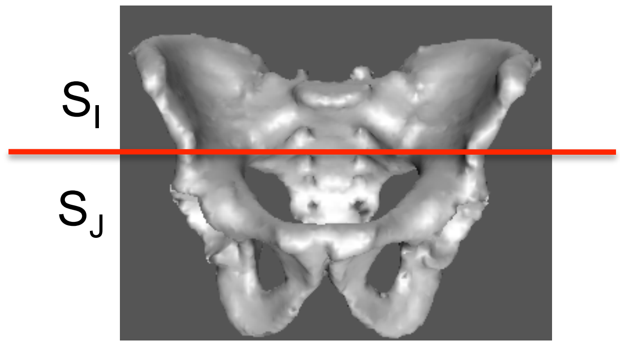
- Rearrange U such that $U = \begin{bmatrix} U_I \\ U_J \end{bmatrix}$

- Solve $$\dot{\lambda} = \arg\min_{\lambda} \|\hat{S}_I - U_I{}^T \lambda\|^2$$

  s.t. $\lambda_{\min} \le \dot{\lambda} \le \lambda_{\max}$

where $\lambda_{\min}$ and $\lambda_{\max}$ are derived from the training database

- Estimated shape $$S_i^{est} = \overline{S} + U^T \lambda$$



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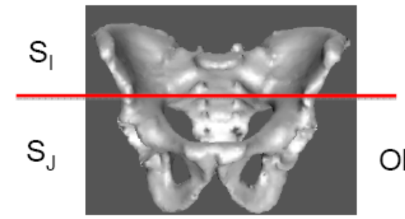
Atlas Adaptation to Partial Data

- Surface based registration of the observed data
  - Rearrange $\bar{S}$ and U such that $\bar{S} = \begin{bmatrix} \bar{S}_I \\ \bar{S}_J \end{bmatrix}$ $U = \begin{bmatrix} U_I \\ U_J \end{bmatrix}$
  - Compute the rigid transformation (R, T) between the atlas and the patient data along with the mode weight parameters



  - Infer the missing region

$$S^{est} = \begin{bmatrix} S_I^{est} \\ S_J^{est} \end{bmatrix} = \begin{bmatrix} \bar{S}_I \\ \bar{S}_J \end{bmatrix} + \lambda \begin{bmatrix} U_I \\ U_J \end{bmatrix}$$

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Atlas Adaptation to Partial Data with Xray Images

- 2D/3D registration[2] of inferred data with X-ray images

$$F, \Phi = \underset{(F,\Phi)}{\operatorname{argmax}} \sum_{i} MI\left(I_i, DRR\left(F.\left(\bar{S}_I + \Phi U_I\right)\right)\right)$$

- Final atlas extrapolated model is given as

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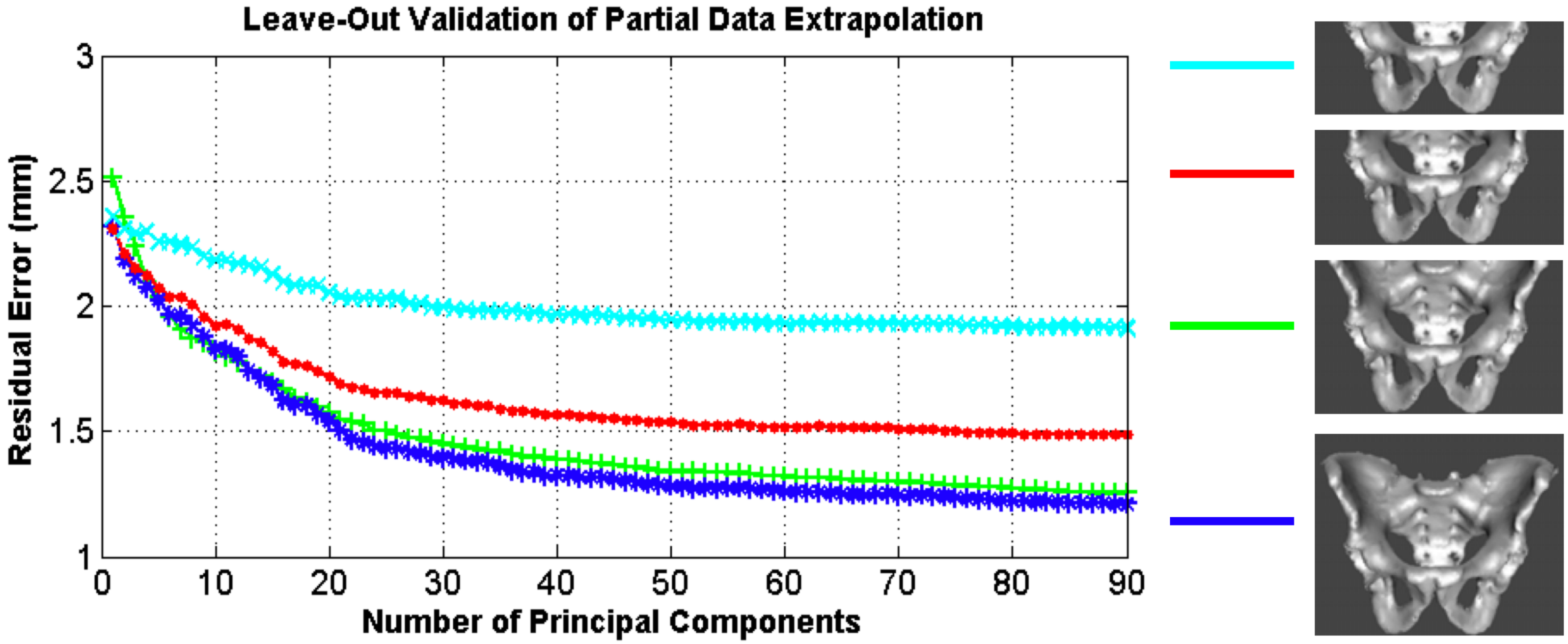
Results



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Results – Atlas Experiments

Atlas inferred CT using full CT scan

Atlas extrapolated CT using partial CT scan

Atlas extrapolated CT using partial CT scan and X-ray images

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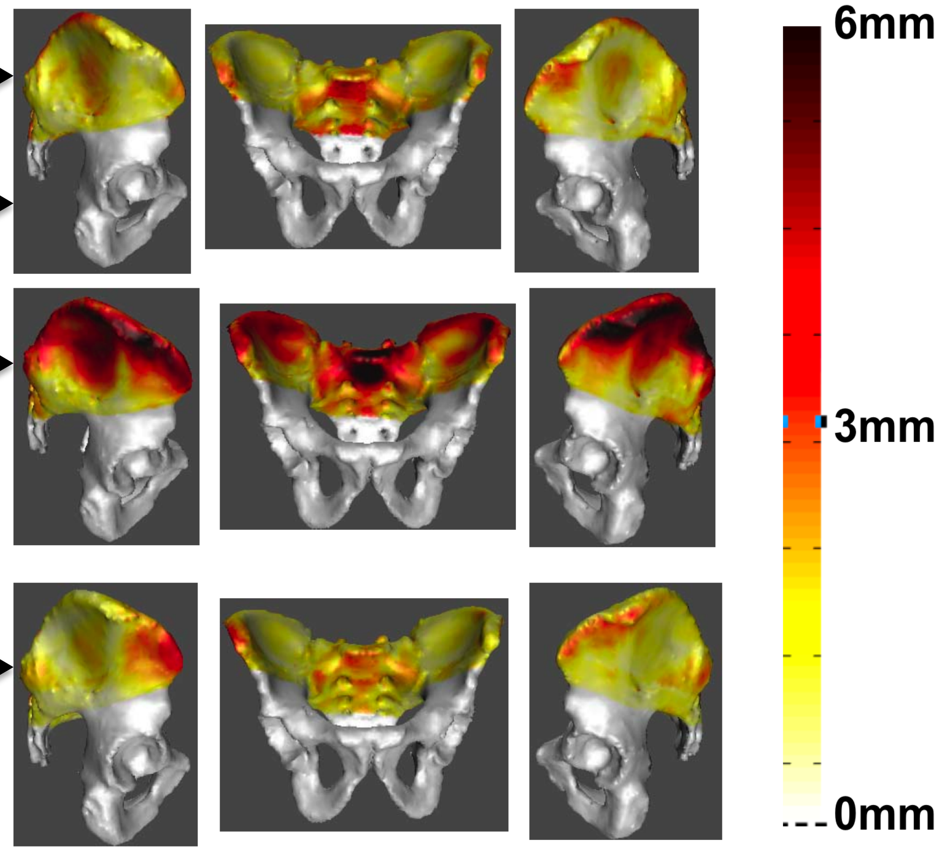
Results – Atlas Experiments

Inferred CT from full CT scan

True CT scan

Extrapolated CT from partial CT scan

Extrapolated CT from partial CT scan and X-ray images



Distribution of surface errors between atlas extrapolated models and the true CT model

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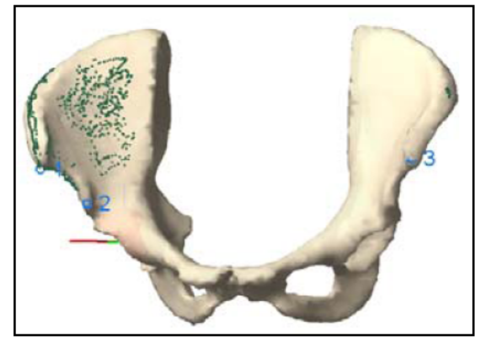
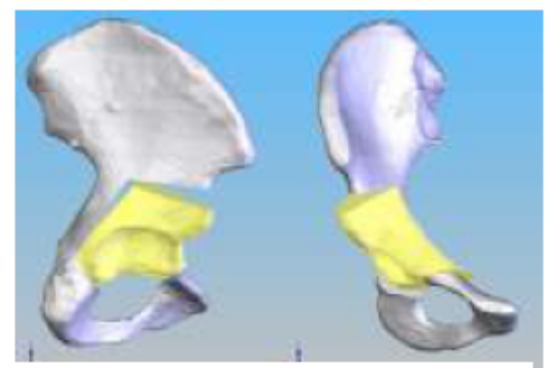
Osteotomy Simulations

- Atlas extrapolated model is used primarily for two reasons:

1. Model to patient registration
   - simulation experiments
   - six leave out experiments
   - FRE error metric



2. Fragment tracking
   - Simulated osteotomy cuts
   - Applied known transformation to the
   - Fragment
   - Computed the fragment transformation
   - Compared it to the known transformation



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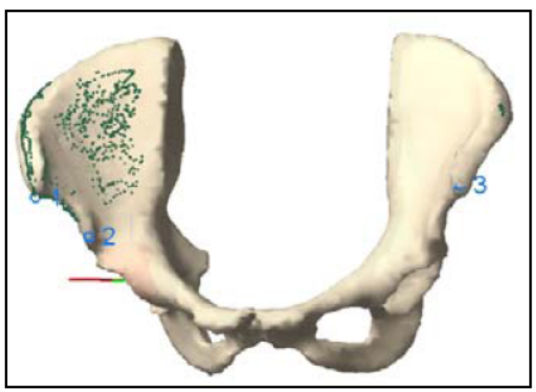
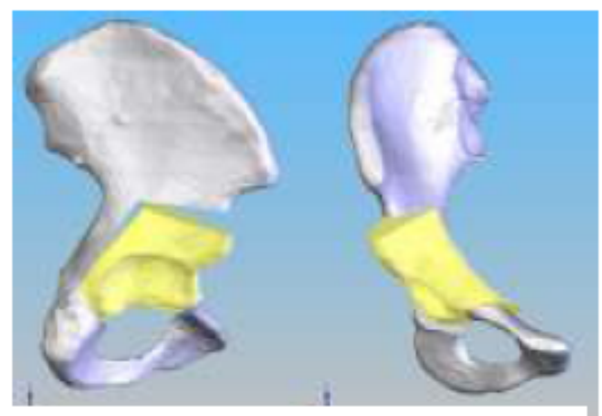
Results – Osteotomy Simulations

- Atlas extrapolated model is used primarily for two reasons:

1. Model to patient registration
2. Fragment tracking





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Results – Osteotomy Simulations

#	Full CT				Partial CT				Partial CT + X-ray			
	rot	trans	mean	max	rot	trans	mean	max	rot	trans	mean	max
	(○)	(mm)	(mm)	(mm)	(○)	(mm)	(mm)	(mm)	(○)	(mm)	(mm)	(mm)
1	2.63	1.03	1.68	5.86	4.23	2.17	2.05	7.55	2.56	2.73	1.65	5.86
2	1.29	0.97	1.42	5.56	2.62	3.39	1.77	7.15	2.18	3.90	1.85	8.26
3	1.66	3.58	1.46	5.94	8.37	6.27	1.87	6.41	3.06	3.92	1.50	5.87
4	0.87	0.91	1.21	4.16	2.00	2.32	1.64	5.96	1.42	2.64	1.46	6.35
5	1.27	1.09	0.95	3.68	4.96	5.87	1.61	5.47	2.20	1.87	1.22	4.53
6	1.64	1.97	1.58	6.93	4.32	4.12	1.84	8.75	1.46	2.74	1.44	6.17
avg	1.56	1.59	1.38	5.35	4.41	4.02	1.79	6.88	2.14	2.96	1.52	6.16

Results from ICP registration experiments

Results from Fragment Tracking Experiments

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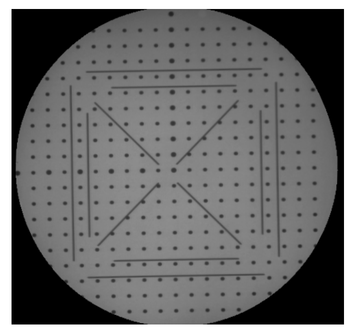
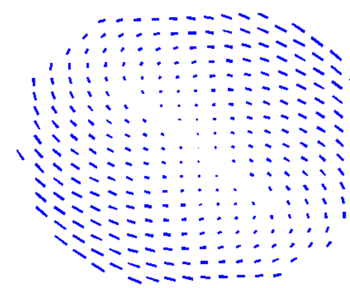
Outline

- Statistical Atlases
  - Construction
  - Iterative Improvement
  - Validation
- Applications of atlases
  - Segmentation
  - Registration
  - Hip Osteotomy
  - C-arm Distortion Patterns
- Conclusions





Thanks to GE for donating us an OEC 9600 C-arm

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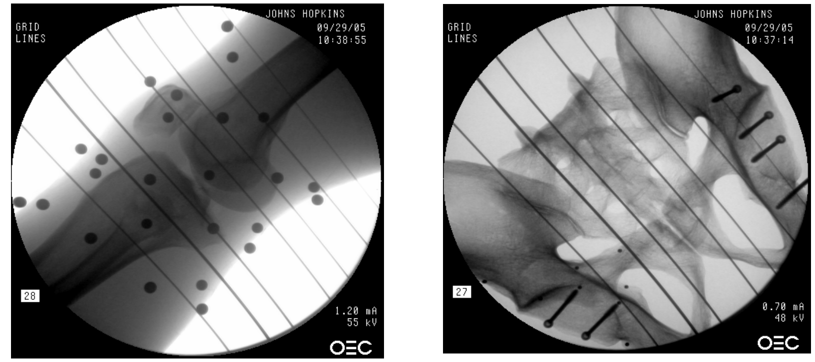
C-arm Distortion

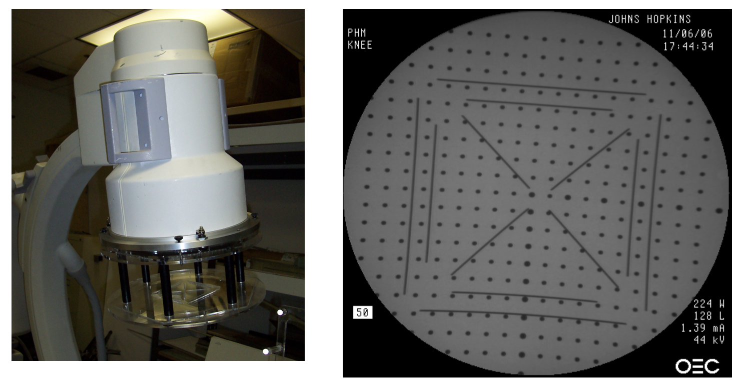
- What is distortion ?
  - –Avg distortion**: 2.14** mm/pixel
  - –max distortion: **4.60** mm/pixel

- How to rectify images ?
  - Phantom based correction
  - Polynomial functions to model distortion

$$(u_d, v_d) = \sum_{i=0}^{n} \sum_{j=0}^{n} C_{ij} B_{ij}(u_0, v_0)$$



Example C-arm images showing distortion, straight metal wires appear curved due to distortion



Typical bi-planar phantom used for C-arm calibration

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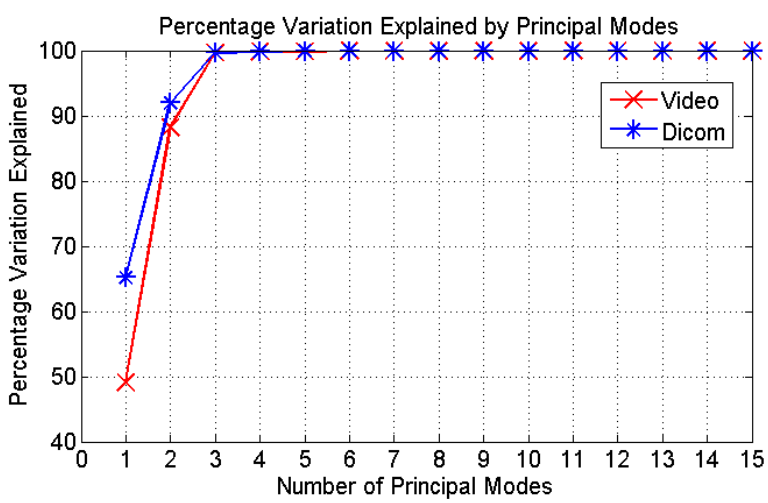
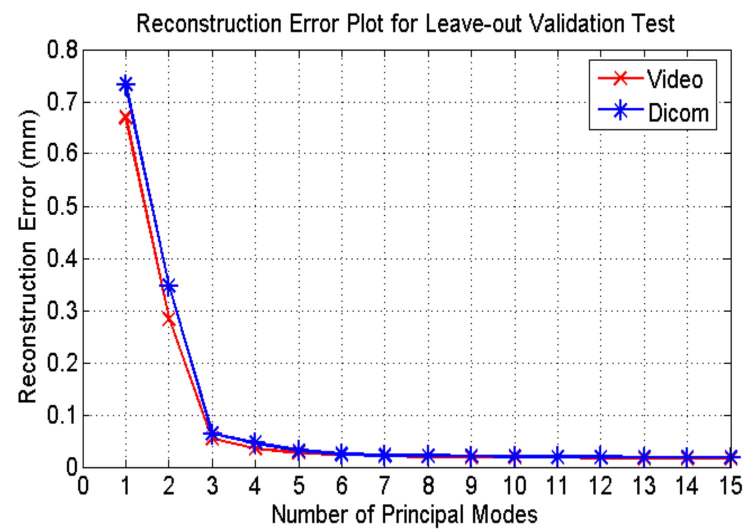
Statistical Characterization of C-Arm Distortion correction using PCA

- Principal componet analysis on distortion maps
  - 120 images, one every 3 degrees approx., along propeller axis (similar to the full sweep data used for 3D reconstruction)
  - 200 images to span the sphere defined by the "C" of the c-arm





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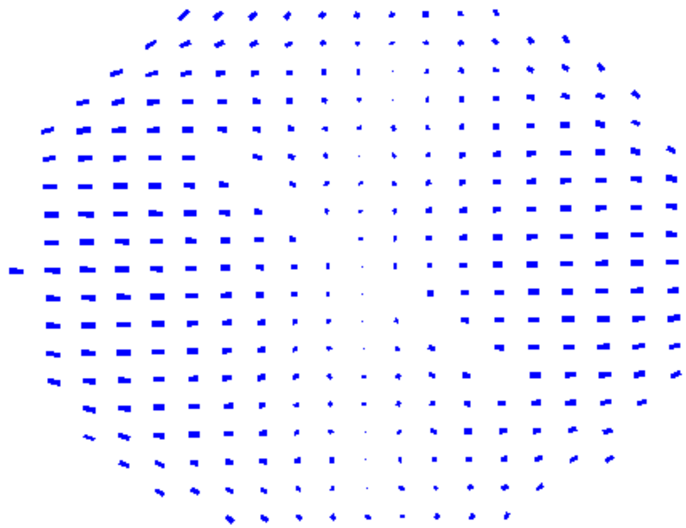
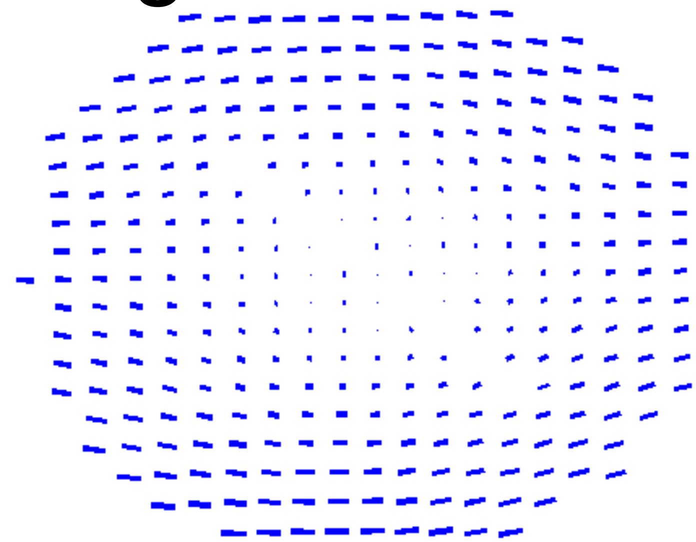
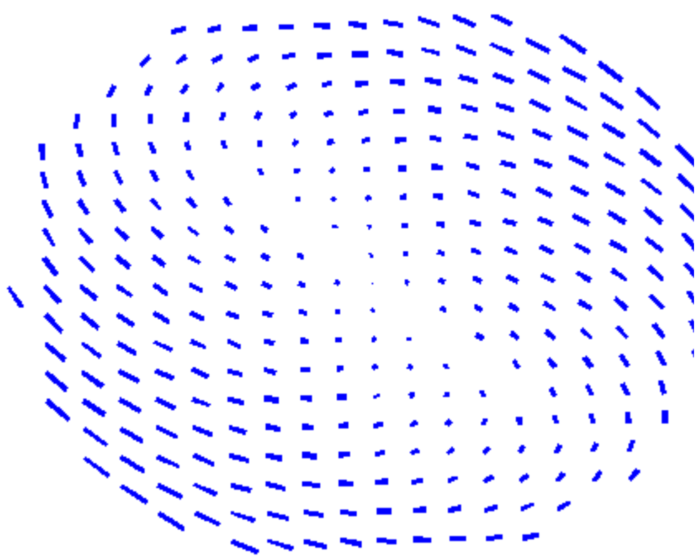
Distortion Pattern from Eigen Modes



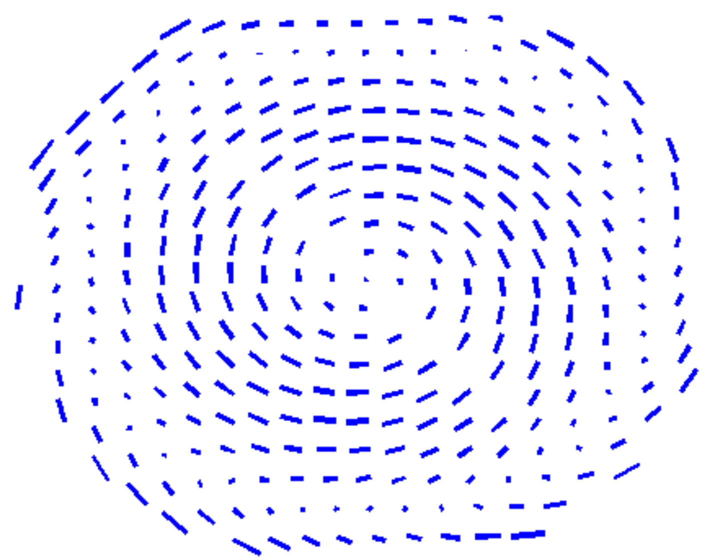
Mean distortion map



$+3\sigma_1$Mode1



$+3\sigma_2$Mode2



$+3\sigma_3$Mode3

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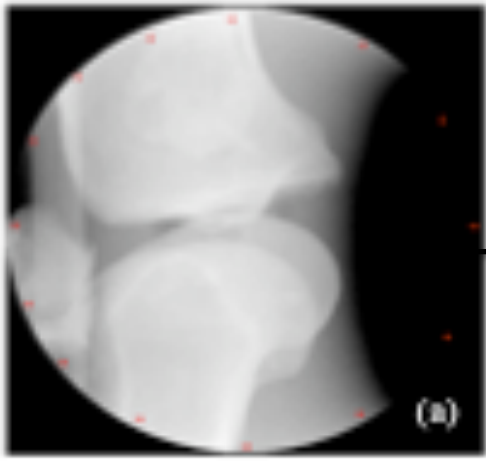
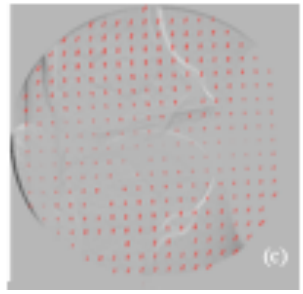
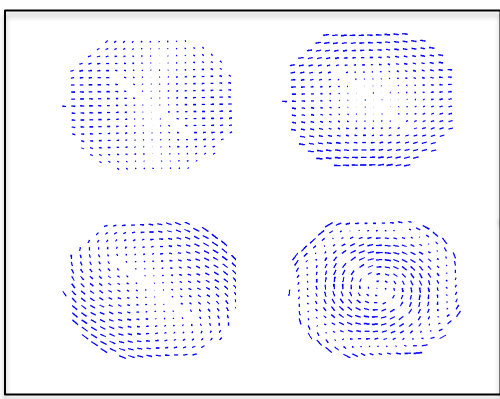
Small Phantom based Distortion Correction



Example patient image with a small phantom

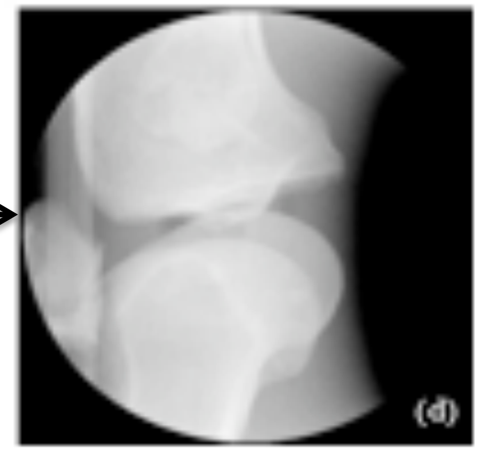




Prior distortion model

Distortion mode matching

Distortion corrected image



Avg. residual error: 0.2mm/pixel
Max. residual error: 0.8mm/pixel

Chintalapani *et al.* SPIE 2007

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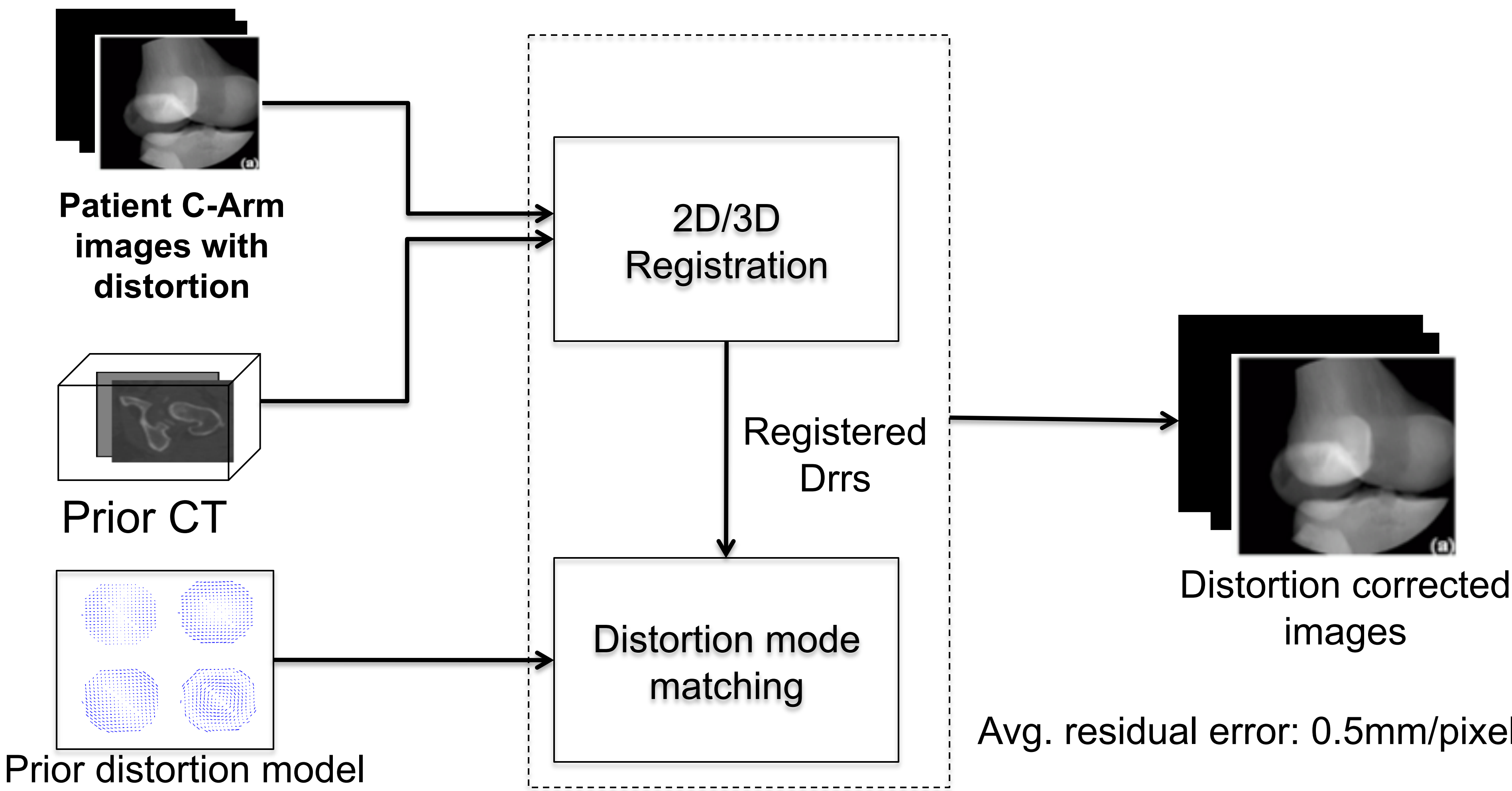
Using Patient CT as Fiducial



Avg. residual error: 0.5mm/pixel

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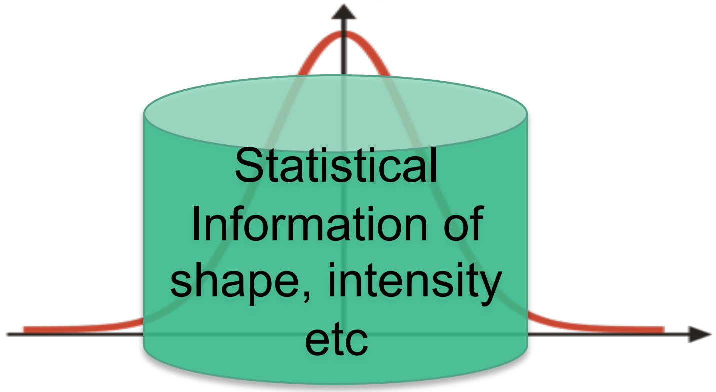
Conclusions



Construction
Validation

Registration
Segmentation

Applications:
Hip Osteotomy
Hybrid Reconstruction
Bio-mechanical Analysis
………..
…………

Population

Patient-specific models

Patient

Devices

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Acknowledgments

- X-ray group, JHU
  - Russell H. Taylor, Jerry L. Prince, Ofri Sadowsky, Lotta Ellingsen, Pauline Pelletier, Junghoon Lee
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  - Dr. Ted Deweese (JHMI), Dr. Lee Myers (JHMI), Dr. Nobuhiko Sugano (Osaka University, Japan)

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Thank You !

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