¹Department of Neurosurgery, University of Marburg Chairman: Prof. Dr. med. Ch. Nimsky ²Department of Mathematics and Computer Science, University of Marburg Distributed Systems Group Chairman: Prof. Dr. B. Freisleben DAGM

32nd Annual Symposium of the German Association for Pattern Recognition (DAGM) September 22-24, 2010, Darmstadt, Germany

Nugget-Cut: A Segmentation Scheme for Spherically- and Elliptically-Shaped 3D Objects

Egger J^{1,2}, Bauer M H A^{1,2}, Kuhnt D¹, Carl B¹, Kappus C¹, Freisleben B², Nimsky Ch¹

Introduction:

Gliomas

- most common primary brain tumors
- evolving from the cerebral supportive cells
- Glioblastoma multiforme (GBM)
- therapy contains maximum safe resection, percutaneus radiation and chemotherapy
 survival rate is still only approximately 15 months

Clinical follow-up

- evaluation of the tumor volume is essential in the course of disease
- volumetric assessment of a tumor using manual segmentation is a time-consuming process

Methods:

Novel segmentation scheme for spherically- and elliptically-shaped objects

- sending rays through the surface points of a polyhedron
- sampling the graph's nodes along every ray
- Graph construction
- sampled points are the nodes $n \in V$ of the graph G(V, E) and $e \in E$ is a set of edges
- \blacksquare edges between the nodes and edges that connect the nodes to source s and sink t
- polynomial time s-t-cut delivers optimal segmentation of the tumor

Results:

The presented methods were implemented in C++ within the MeVisLab platform and applied to magnetic resonance imaging (MRI) datasets with GBM

One click tumor Segmentation

- 50 clinical datasets were used and manual slice-by-slice segmentation was performed by experts (neurosurgeons)
- the overall segmentation (sending rays, graph construction and min-cut computation) took less than 5 seconds in our implementation
- the average Dice Similarity Coefficient (DSC) for all datasets was 80.37±8.93%

	Volume of tumor (cm ³)		Number of voxels		
	Manual	automatic	manual	automatic	DSC (%)
Min	0.47	0.46	524	783	46.33
Max	119.28	102.98	1024615	884553	93.82
$\mu\pm\sigma$	23.66 ± 24.89	21.02 ± 22.90	145305.54	137687.24	80.37 ± 8.93

Table 1: Summary of results: min., max., mean μ and standard deviation σ for 50 gliomas



Figure 1: Principle of graph construction. a) five sampled points (red) along each of the 12 rays that provide the nodes for the graph. b) edges between the nodes belonging to the same ray. c) edges between nodes of different rays for $\Delta_{z}=0$, d) $\Delta_{z}=1$, e) $\Delta_{z}=2$ and f) $\Delta_{z}=3$. g) complete graph for $\Delta_{z}=0$. h) complete graph with 32 surface points, 3 nodes per ray and $\Delta_{z}=0$







Figure 2: 3D views of an automatically segmented tumor and the voxelized tumor mask



Figure 3: Result of automatic tumor segmentation (DSC=81.33%). The yellow point (inside the tumor) in the fourth image from the left side is the user-defined seed point. Manual segmentation performed by a neurological surgeon took 16 minutes for this dataset

Conclusion:

In this paper, a graph-based segmentation scheme for spherically- and elliptically-shaped objects was presented. The introduced method uses only one user-defined seed point inside the object to set up a 3D graph and to perform the segmentation. Therefore, rays are sent out radially from the seed point through the surface points of a polyhedron to generate the directed graph. After graph construction, the minimal cost closed set on the graph is computed via a polynomial time s-t cut, creating an optimal segmentation of the object. The presented method has been tested on 50 MRI datasets with World Health Organization grade IV gliomas (glioblastoma multiforme). The ground truth of the tumor boundaries were manually extracted by three neurological surgeons with several years of experience in resection of gliomas and was compared with the automatic segmentation results.

References:

- 1. Kleihues, P., Louis, D. N., Scheithauer, B. W., Rorke, L. B., Reifenberger, G., Burger, P. C., Cavenee, W. K.: The WHO classification of tumors of the nervous system. Journal of Neuropathology & Experimental Neurology; 61(3): 215-229 (2002)
- Angelini, E. D., et al.: Glioma Dynamics and Computational Models: A Review of Segmentation, Registration, and In Silico Growth Algorithms and their Clinical Applications. Current Medical Imaging Reviews, 3, pp. 262-276 (2007)
 Foore, L. Bauer, M. H. A., Kuhnt, D., Kappus, C., Carl, B., Freislehen, B., Nimsky, Ch.: A Flexible Semi-Automatic Anoroach for Glioblastoma multiforme Segmentation. Biosional Processing Conference, DGBMT, Charité, Berlin, Germany (2010)
- Egger, J., Bauer, M. H. A., Kunnt, D., Kappus, C., Can, B., Fresieben, B., Nimsky, Ch.: A Flexible Semi-Automatic Approach for Globalastoma multiforme Segmentation. Biosignal Processing Conference, DisMi J. Charlet, Berlin, Gert
 Boykov, Y., Kolmogorov, V.: An Experimental Comparison of Min-Cut/Max-Flow Algorithms for Energy Minimization in Vision. IEEE Transactions on Pattern Analysis and Machine Intelligence, 26(9), pp. 1124-1137 (2004)
- by kov, r., kolinogo v. v. al experimental comparison of min-curva and internet and a second and internet and a second a second and a second second a s
- 6. Zou, K. H., Warfield, S. K., Bharatha, A., et al.: Statistical Validation of Image Segmentation Quality Based on a Spatial Overlap Index: Scientific Reports. Academic Radiology, 11(2), pp. 178-189 (2004)



Correspondence:

Department of Neurosurgery, University of Marburg, Baldingerstrasse, 35033 Marburg, Germany Dr. J. Egger egger@med.uni-marburg.de www.neurochirurgie-marburg.de

