Cellular Automata Segmentation of the Boundary between the Compacta

of Vertebral Bodies and Surrounding Structures TUKGM®

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Introduction

Due to the aging population, spinal diseases get more and more common nowadays; e.g., lifetime risk of osteoporotic fracture is 40% for white women and 13% for white men in the United States. Thus the numbers of surgical spinal procedures are also increasing with the aging population and precise diagnosis plays a vital role in reducing complication and recurrence of symptoms. Spinal imaging of vertebral column is a tedious process subjected to interpretation errors. In this contribution, we aim to reduce time and error for vertebral interpretation by applying and studying the GrowCut-algorithm for boundary segmentation between vertebral body compacta and surrounding structures. GrowCut is a competitive region growing algorithm using cellular automata. For our study, vertebral T2weighted Magnetic Resonance Imaging (MRI) scans were first manually outlined by neurosurgeons. Then, the vertebral bodies were segmented in the medical images by a GrowCut-trained physician using the semi-automated GrowCutalgorithm. Afterwards, results of both segmentation processes were compared using the Dice Similarity Coefficient (DSC) and the Hausdorff Distance (HD). In addition, the times have been measured during the manual and the GrowCut segmentations, showing that a GrowCut-segmentation – with an average time of less than six minutes (5.77 ± 0.73) – is significantly shorter than a pure manual outlining.

Results

As comparison metrics for our study, the GrowCut-based vertebral body segmentation results have been evaluated against manually slice-by-slice segmentations using the Dice Similarity Coefficient (DSC) and the Hausdorff Distance (HD). The DSC is a measure for spatial overlap of different segmentation results, which is commonly used in medical imaging studies to quantify the degree of overlap between two segmented objects A and R:

$$DSC = \frac{2 \cdot V(A \cap R)}{V(A) + V(R)}$$

Thereby, the DSC can have a value ranging from zero to one, and is defined as

Methods

Similar to¹⁻³ for glioblastoma multiforme (GBM)^{4,5}, Pituitary Adenoma⁶ and lung cancer the software used during this study for the semi-automatic segmentation work was Slicer (www.slicer.org)^{7,8}. Thus, the following step-by-step workflow to perform vertebral body segmentation has been used:

-loading the patient dataset into the Slicer Platform;

-initializing the foreground and background for GrowCut, by marking an area inside and around the identified vertebral bodies;

-running the automatic competing region-growing in Slicer; and

-using morphological operations like dilation, erosion, and island removal for postediting after visual inspection of the results.

Briefly, GrowCut is a competitive region-growing algorithm using cellular automata

two times the volume of the intersection between the two segmentations A and R, divided by the sum of the volumes of the two segmentations. A value of zero indicates no overlap and a value of one indicates a perfect agreement, and as a consequence higher values indicate a better agreement. The Hausdorff Distance is used to calculate how far away (in voxel) the two segmentations A and R are. As gold standard to calculate the DSCs and the Hausdorff Distances we had manual segmentations of vertebrae boundaries extracted by several clinical experts (neurological surgeons) with many years of experience in spine surgery. Compared with the GrowCut-based segmentation results from a trained physician we discovered an average Dice Similarity Coefficient of $82.99 \pm 5.03\%$ and Hausdorff Distance of 18.91 ± 7.2 voxel. For visual inspection, a direct comparison of a manual (yellow) and a GrowCut-based segmentation (green) on a sagittal slice is presented in Figure 2: the left image shows the original MRI slice, the next image from the left presents the manual segmentation, the third image from the left presents the GrowCut-based segmentation result, and the right image presents both segmentations (manual and GrowCut) superimposed on the original MRI slice.



Figure 2 – Direct comparison of a manual (yellow) and the automatic segmentation (green) on a sagittal slice: The left image shows the original MRI slice, the adjacent image

that uses an iterative labeling procedure. Figure 1 shows a L4 vertebra after the dataset is loaded with a typical user initialization for GrowCut on the axial, sagittal and coronal cross-sections on the right side.



Figure 1 – Typical user initialization of GrowCut.

presents the manual segmentation, the third image from the left presents the GrowCut segmentation result and the right image presents both segmentations (manual and GrowCut) superimposed on the MRI slice.

Conclusions

In this study, we used the interactive GrowCut algorithm, based on cellular automata, for 3D segmentation of vertebral bodies (note: preliminary results have been presented at the spine congress of the DGNC in Frankfurt, Germany). In summary, we found that a semi-automated segmentation using the GrowCut algorithm reduces segmentation time while at the same time achieves a similar accuracy as pure manual slice-by-slice segmentations. For evaluation of the GrowCut segmentation results, we used vertebrae images from MRI datasets, which have been manually outlined by physicians, and which took in average over ten minutes (10.75 ± 6.65) for a single vertebra in our datasets. There are several areas of future work: The GrowCut algorithm initialization has initially been set up by the user in three slices for this study. However, instead of initializing the foreground and background on three single 2D slices, one single 3D initialization could be used by means of generating a sphere around the position of a user-defined seed point near the center of the vertebral body. Furthermore, we want to test GrowCut on longitudinal/tubular structures, like vessels⁹⁻¹⁴ or fiber tracts^{15,16}.

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