

Automated, accurate and fast segmentation of 4D cardiac images

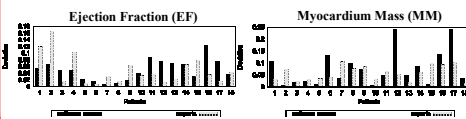
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Accuracy

- **Point to surface measurement (P2S)** from automated and manual segmentations

	Endocardial Border	Epicardial Border
Lötjönen <i>et al</i> (2004)	2.01 ± 0.31 mm	2.77 ± 0.49 mm
Mitchel <i>et al</i> (2001)	2.75 ± 0.86 mm	2.63 ± 0.76 mm
Kaus <i>et al</i> (2004)	2.28 ± 0.93 mm	2.62 ± 0.75 mm
Lorenzo-Valdés <i>et al</i> (2006)	1.88 ± 2.00 mm	2.75 ± 2.62 mm
van Assen <i>et al</i> (2006)	1.97 ± 0.54 mm	2.23 ± 0.46 mm
ours	1.51 ± 0.38 mm	1.81 ± 0.43 mm

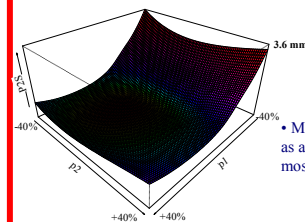
- **Left ventricular critical parameters**



EF Mean error: 0.03 (automated) and 0.05 (manual)
MM Mean error: 0.05 (automated) and 0.05 (manual)

Robustness

with respect to parameters of the method



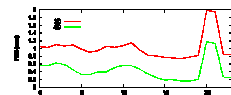
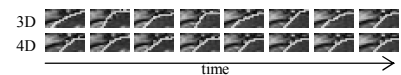
- Mean P2S (18 patients) as a function of the 2 most sensitive parameters

- Robustness with respect to small variations on the other parameters has been qualitatively verified during experimentation.

- 18 patients from routine clinical practice
- 1.5 T MR scanner (Magnetom Symphony R, Siemens)
- 3D+t representations of the LV
- **Manual segmentation** of the myocardium
 - at end-diastole and end-systole
 - by two cardiologists

Temporal consistency

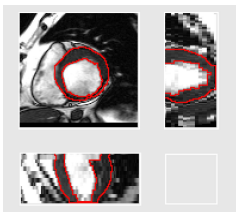
- 3D version as accurate as 4D version
- But, 4D contours are more regular along cardiac cycle



Mean P2S (18 patients) from successive segmentations along cardiac cycle

Time efficiency

- Computation time: 3 mn (Pentium 4, 3.06 GHz, 512MB)
- One unique mouse click per 3D+t sequence
- Training the method on a new MR device: 1 hour of work



Why yet another approach ?

Mathematical morphology also provides **efficient tools** for clinical routine

- 4D watershed
- Homotopic transforms
- Euclidean dilation/Closing/Opening

