

Automatic 3-D Skeleton-Based Segmentation of Liver Vessels from MRI and CT for Couinaud Representation

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Objectives

- Visualize automatically liver components on both modalities (CT and MRI).
- Extract the hepatic vascular tree through 3D skeletonization process for Couinaud representation.

Data used:

- 20 CT from SLIVER, 20 CT from IRCAD
- 40 MRI from local hospitals

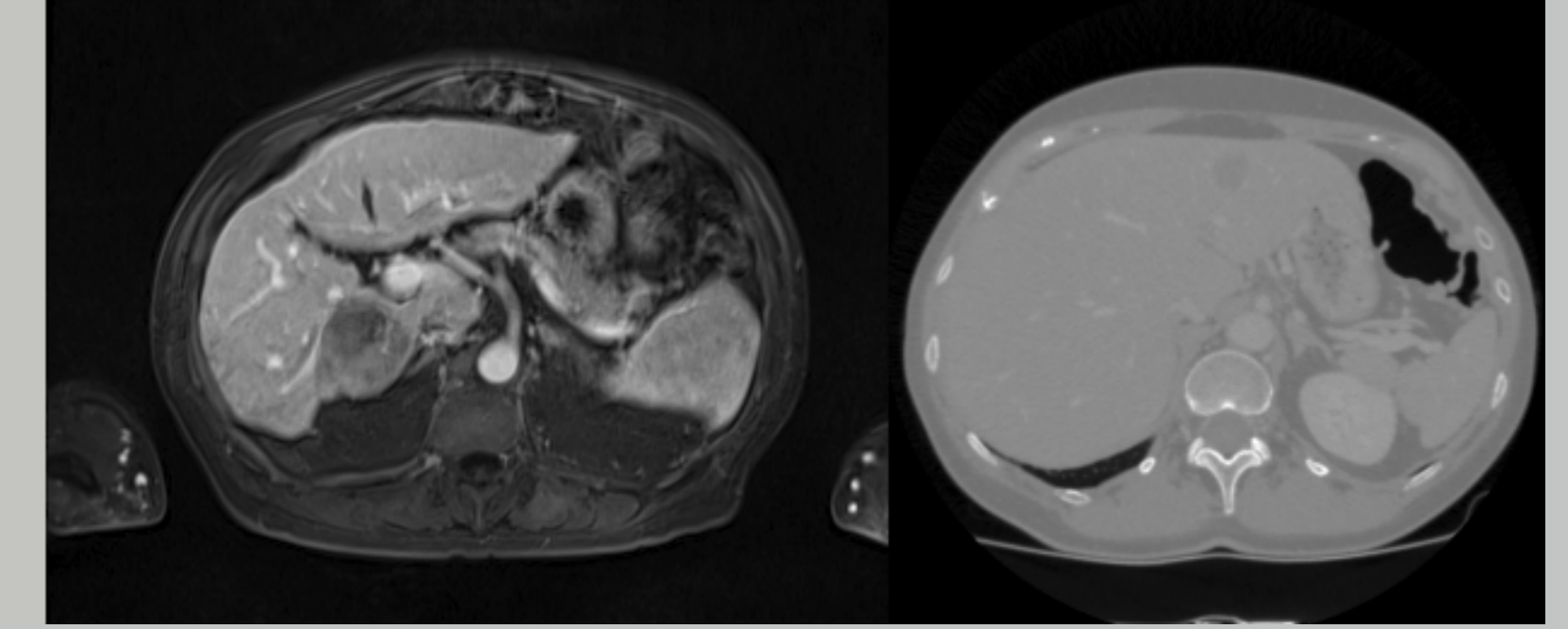
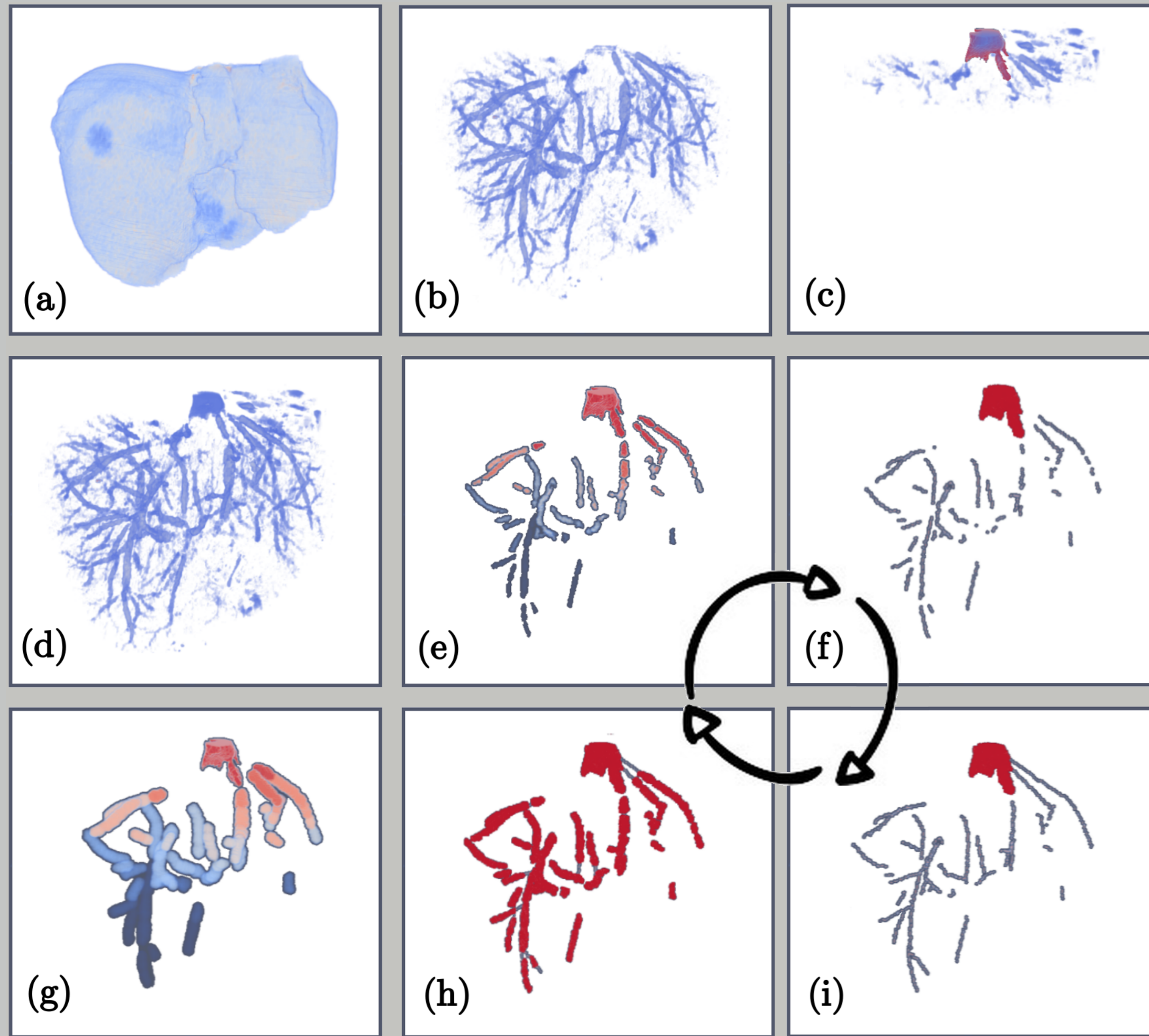


Figure 1: Different modalities: MRI (left) and CT (right)

Methodology

I. Partial skeletonization:



- (a) Automatic liver segmentation: I [1]
- (b) Brightest vessels detected by Sato's filter: I_s
- (c-d) Largest component detection for the common trunk
- (e) Main components extraction
- (f) Centerlines extraction
- (g-h) **Centerlines extension - Connection - Validation**
- (i) Skeleton : $S_{partial}$

II. 3-D Reconstruction

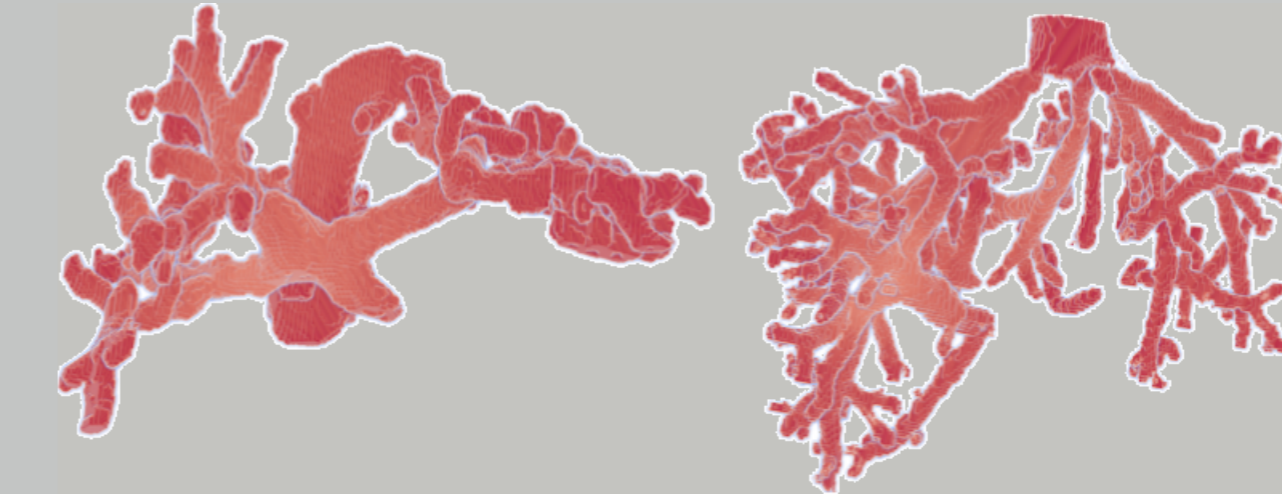


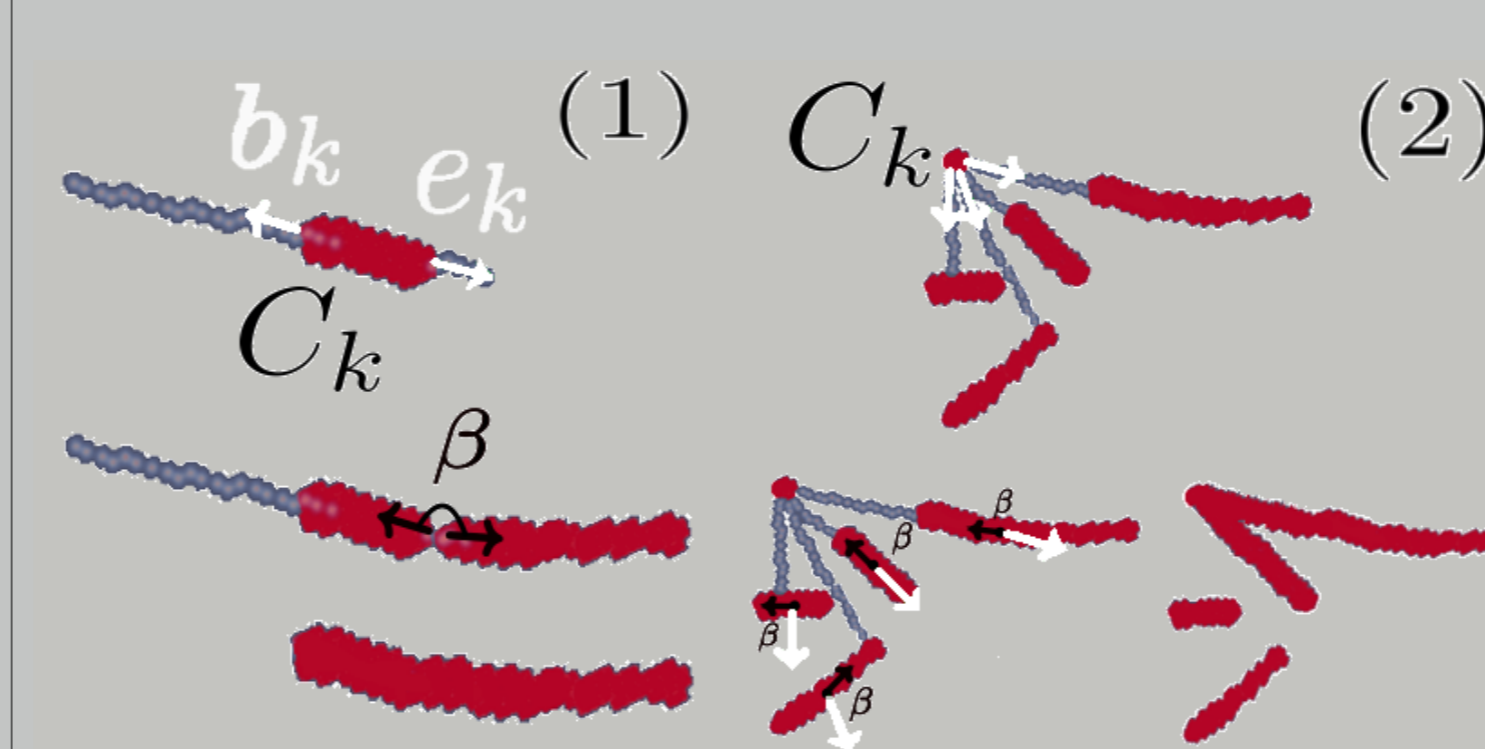
Figure 2: Results on MRI (left) and CT (right)

- RORPO algorithm applied on the liver segmentation I , it enables multi-scale vessel extraction: I_{RORPO} [3]
- Fast marching phase used at each voxel of $S_{partial}$ in I_{RORPO} (Figure 2)

III. Hepatic and portal veins extraction

- Erosion of the vessel segmentation obtained in step II. to retrieve largest vessels
- Extraction of the two main components (hepatic and portal veins are not connected) (Figure 3)
- Extraction of their centerlines (Figure 4)

Centerlines extension - Connection - Validation



- (1) C_k with $|l_k| > 1$: directional vectors computation b_k and e_k and centerlines extension
- (2) C_k with $|l_k| = 1$: four closest components and directional vectors computation

- Validation according to conditions on β and r_j with $j \in \{1, 2\}$ defined by:

$$r_j = \frac{\sum_{i=1}^{|E_{k,j}|} I_s^j[i]}{\max(I_s^j) \times |E_{k,j}|} \quad (1)$$

$E_{k,j}$: voxels centerline between C_k and the encountered component C_j .

I_s^j : results from Sato's filter with the j th set of parameters.

$I_s^j[i]$: intensity with $i \in \{1, |E_{k,j}|\}$ of each voxel of $E_{k,j}$ in I_s^j .

Results

Performance of vessels segmentation on 15 CT and one MRI:

Table 1: Results on CT and MRI.

CT	Accuracy	Specificity	Sensitivity
	0.97 ± 0.01	0.98 ± 0.01	0.69 ± 0.10
	Precision	False Positive Rate	False Negative Rate
	0.61 ± 0.07	0.01 ± 0.01	0.32 ± 0.09

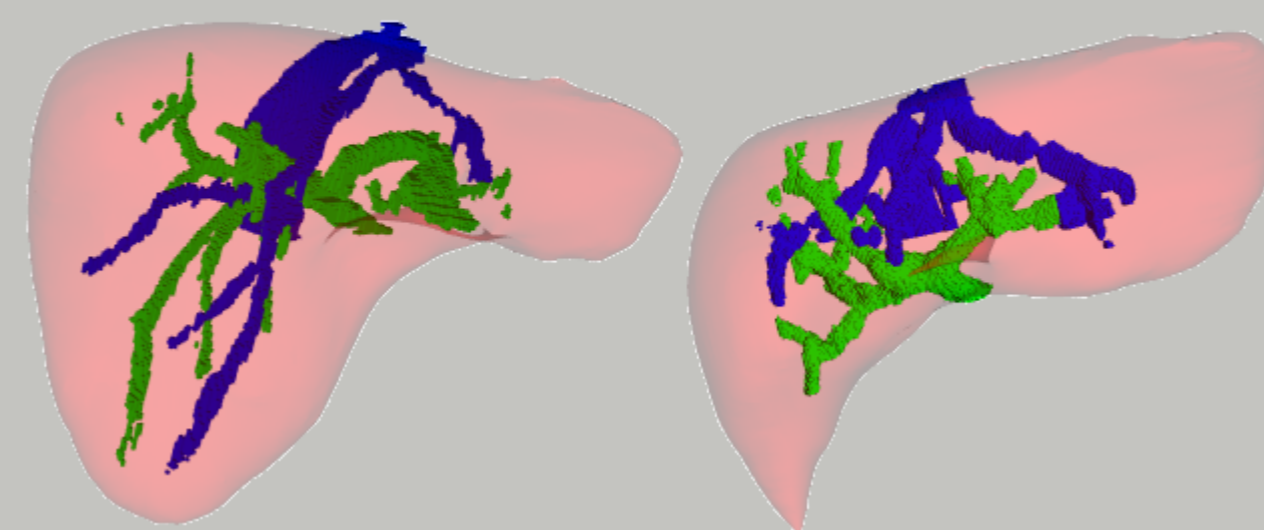


Figure 3: Results of hepatic vein (blue) and portal vein (green) extraction on MRI of patients with advanced cirrhosis

MRI	Acc	Spec	Sens	Pre	FPR	FNR
hepatic	0.98	0.98	0.54	0.30	0.010	0.45
portal	0.97	0.98	0.70	0.51	0.002	0.32

Performance of hepatic and portal veins skeletonization on one MRI:

$$M_0 = \frac{|S_{partial}|}{|I_{Ref}|} \quad (2)$$

M_0 : overlap of the detected skeleton $S_{partial}$ within the reference vascular segmentation image I_{Ref} [2]

Table 2: Overlap rate $M_0(\%)$ and mean distance $M_d(mm)$ with the reference skeleton

Hepatic vein	$M_0(\%)$	$M_d(mm)$	Portal vein	$M_0(\%)$	$M_d(mm)$
	95.46	8		100	7

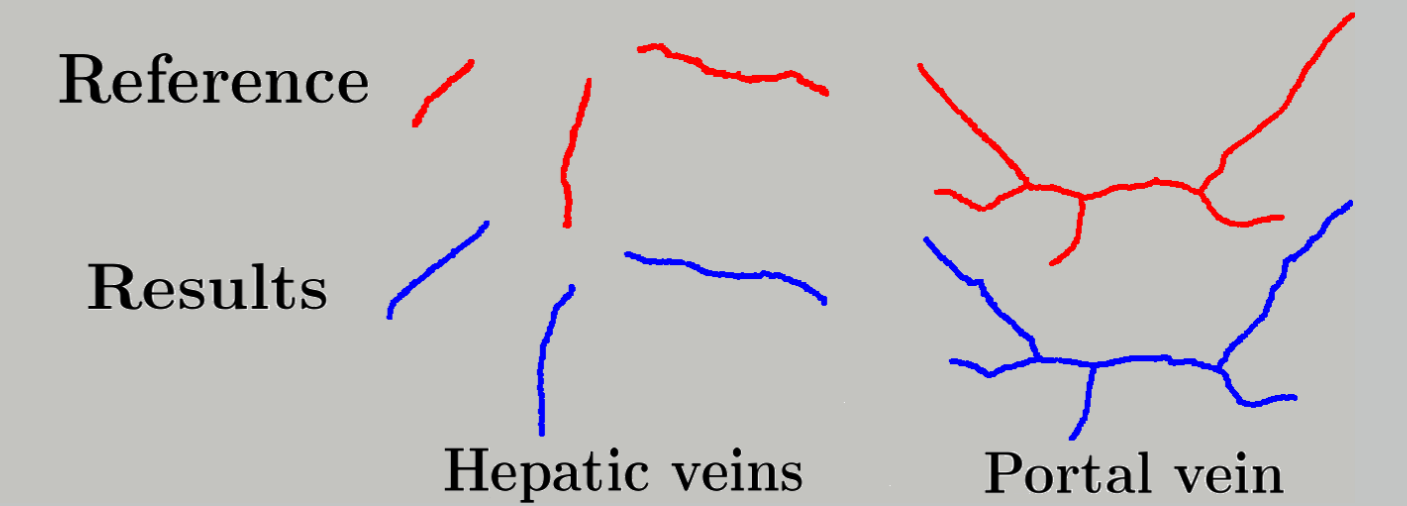


Figure 4: Results on one MRI

This step is essential to construct the Couinaud scheme whose method will be presented in a future work

Discussion & future works

- Automatic 3D liver vessels segmentation based on partial skeletonization process
- Efficient on MRI and CT even in case of advanced disease
- Segmentation of enough vessels to obtain a Couinaud representation
- Add comparisons with skeletonization process
- Evaluate more results on MRI
- Create gold MRI standard annotations for benchmarking
- Evaluate the Couinaud representation on CT and MRI

References

- [1] MA Lebre, K Arrouk, AKV Ván, A Leborgne, M Grand-Brochier, P Beaurepaire, A Vacavant, B Magnin, A Abergel, and P Chabrot. Medical image processing and numerical simulation for digital hepatic parenchymal blood flow. *SASHIMI, MICCAI*, 2017.
- [2] K Lidayová, H Frimmel, C Wang, E Bengtsson, and O Smedby. Fast vascular skeleton extraction algorithm. *Pattern Recognition Letters*, 76, 2016.
- [3] O Merveille, H Talbot, L Najman, and N Passat. Curvilinear structure analysis by ranking the orientation responses of path operators. *TPAMI*, 40, 2018.