

# NA-MIC National Alliance for Medical Image Computing http://www.na-mic.org

#### Automatic Segmentation of Traumatic Brain Injury MRI volumes using Atlas Based Classification and 3D Slicer

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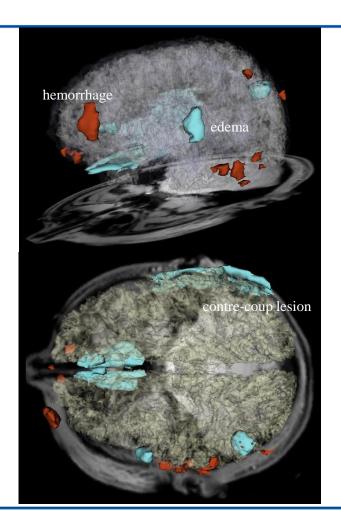
# NA-MIC National Alliance for Medical Image Computing http://www.na-mic.org

# Originally submitted to the Summer 2011 NA-MIC Tutorial Contest, End-to-End Solution contest category



## **Learning Objectives**

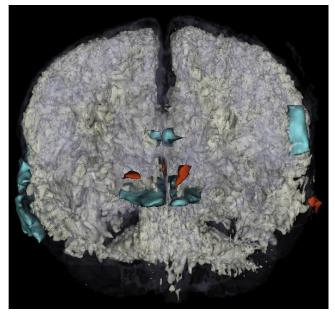
- acquire familiarity with several MR sequences commonly used for TBI imaging
- learn how to apply ABC to perform joint co-registration and automatic segmentation of TBI volumes
- acquire expertise on how to identify and characterize TBI pathology using various MRI sequences
- gain exposure to informed strategies for quantification of TBI-related edema or hemorrhage





#### **Pre-requisites**

- This tutorial assumes that you have already completed the following tutorials:
- Slicer 3 Visualization Tutorial by Sonia
   Pujol, available at
  - http://www.slicer.org/slicerWiki/images/2/2e/Slicer3\_Data
     LoadingAndVisualization\_UCSF2010\_SoniaPujol.pdf
- Interactive Editor Tutorial by Sonia Pujol, available at
  - http://www.slicer.org/slicerWiki/images/6/69/InteractiveEditorT utorial\_Slicer3.6-SoniaPujol.pdf



Edema (cyan) and hemorrhage (red) in a traumatic brain injury patient, with white matter (solid beige) and gray matter (transparent hue) superposed.

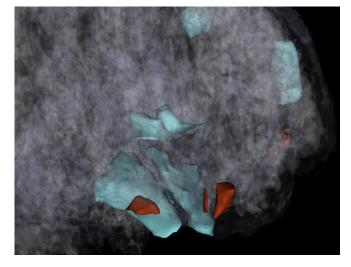


This tutorial requires the installation of the **Slicer4.2.x release** and the tutorial dataset. They are available at the following locations:

Slicer4.2.x download page

http://download.slicer.org/

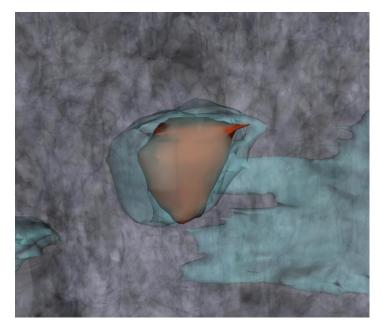
**Tutorial dataset:** The dataset can be downloaded here.



Enhanced view of frontal edema and hemorrhage several days after the insult. This type of pathology is very common in traumatic brain injury.



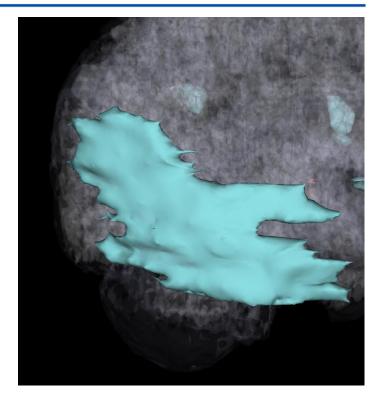
- This tutorial has been developed on Windows 7. It is compatible with the following platforms:
  - Windows XP, Windows 7
  - Linux 32, Linux 64
  - Mac/Darwin



Detailed view of parietal edema (teal) and hemorrhage. It is interesting to note how the non-hemorrhagic edemic region encases the brain portion that is actively bleeding. With recovery, it is expectable for the hemorrhage to shrink in both volume and mass.



- Clinical background
- Clinical workflow
  - installation of the ABC module
  - loading and exploration of TBI data
  - understanding common MR sequences for TBI
  - automatic segmentation of TBI using ABC
  - generation of 3D models
  - lesion segmentation and model generation
- Conclusions



Contre-coup edema due to acceleration/deceleration forces at work during traumatic brain injury. Although contralateral with respect to the primary injury, the spatial extent of this edemic region is notable.

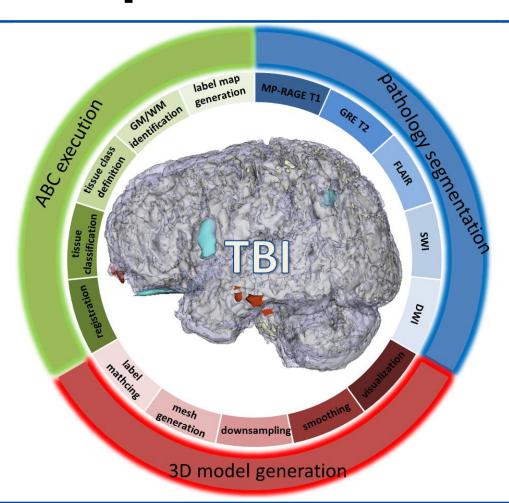


### **Traumatic Brain Injury (TBI)**

- With traumatic brain injury (TBI), there are an estimated 1.7 million cases in the United States alone every year, with an estimated 1.2 million ER visits and over 50,000 deaths.
- Over 5.3 million cases of required long-term daily assistance exist as a result of TBI, which results in health care costs of over \$60 billion/year
- Despite many innovations, progress towards patient-tailored characterization of the structural and functional substrates associated with TBI-related neural and cognitive impairment remains dissatisfactory and the relationship between neurophysiological markers of cognitive dysfunction and TBI structural damage has not been acceptably elucidated
- 3D Slicer offers a powerful and unparalleled set of tools for the exploration and quantification of TBI



#### **Conceptual Framework**





#### **Installing ABC**

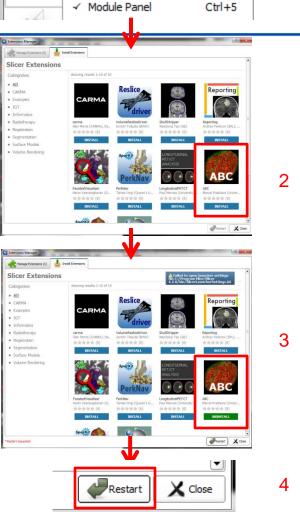
- © 3D Slicer 4.2.0

  File Edit View Help

  Python Interactor Ctrl+3

  Extension Manager Ctrl+4

  ✓ Module Panel Ctrl+5
- After Slicer has been loaded, the Welcome window will appear.
- To install the ABC module:
  - 1 Click on *View* → *Extension Manager*
  - 2 Click on ABC under the Install Extensions tab
  - 3 Click *Install*
  - 4 Click Restart at the bottom right





#### **Loading TBI data**

© 3D Slicer 4.2.0

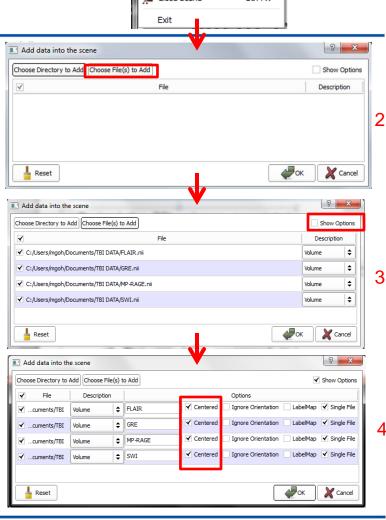
File Edit View Help

Add Data Ctrl+A

DICOM
Download Sample Data
Save Ctrl+S
Recently Loaded
Close Scene Ctrl+W

Exit

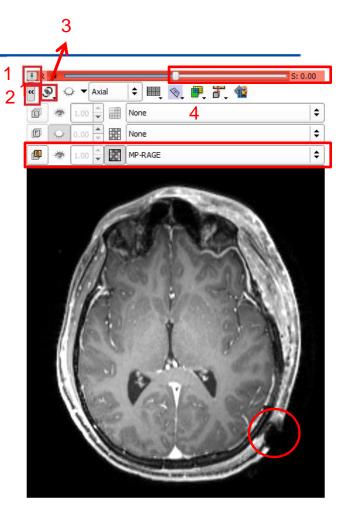
- To load the TBI volumes associated with the case study:
  - 1 Click on File → Add Data
  - 2 Click on Choose File(s) to add.
     Navigate to the data folder and select the desired files to add.
  - 3 Click on Show Options
  - 4 In the Add Data dialog box, check all the boxes that say Centered. This will ensure all volumes are centered about the same origin.





#### **Exploring the data**

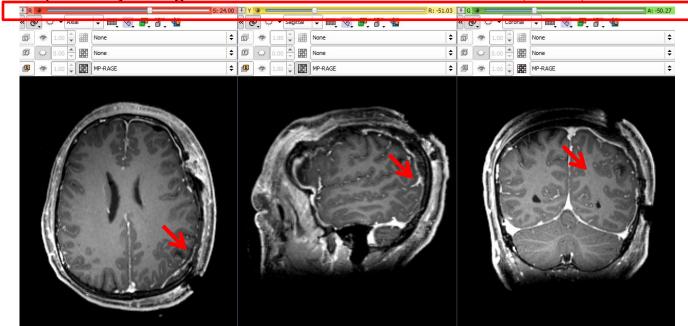
- 4 TBI data volumes are provided for this tutorial: MP-RAGE, FLAIR, GRE, and SWI.
- MP-RAGE: this is an anatomical volume acquired using a T1-weighted sequence, in which white matter has higher intensity than gray matter
  - To explore a TBI-related lesion in this patient:
    - 1 Hover over to reveal the dropdown menu. (Click to pin the menu)
    - 2 Click ( » ) to reveal more menu options
    - 3 Link the views using ( )
    - 4 Select the MP-RAGE.nii volume from the background drop-down menu and navigate to slice 0 using the slider
  - The lesion associated with open-head TBI becomes apparent as a hypo-intensity located in the parieto-occipital region (see circle to the right)





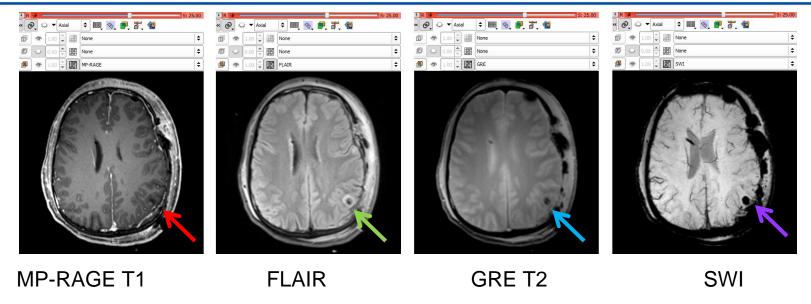
#### **Exploring the data**

- To locate the lesion more accurately within the head:
  - 1 navigate to the following slices using the sliders:
    - Slice 24 in the axial view, -51 in the sagittal view, and 79 in the coronal view
- The lesion and open head injuries are now apparent on all three views
- Similar exploratory navigation can reveal the lesion in FLAIR, GRE, and SWI volumes





#### **Exploring the data**

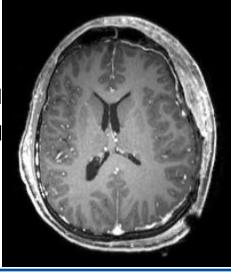


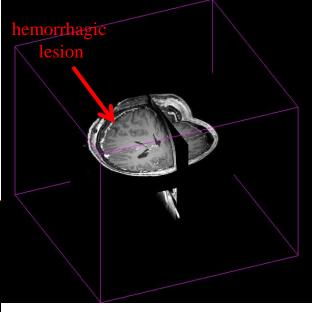
- Use of multiple image channels provides complementary information on pathologies
- T1 is a standard volume, with good anatomical resolution and high WM/GM contrast
- FLAIR is excellent for revealing CSF-perfused lesions as image hyper-intensities
- T2 GRE is useful for discerning areas associated with hemorrhages
- SWI is suitable for the detection of micro-bleeds and is superior to GRE in this respect



#### Sequence types: MP-RAGE

- MP-RAGE = magnetization prepared rapid gradient echo
- This sequence is a fast 3D gradient echo sequence designed for rapid acquisition with T1-weighted dominance, rapid sampling time, high signal intensity and contrast
- Although ideal for the acquisition of anatomical data sets, the abilities of this sequence to detect TBI-related pathology is very limited and its use must usually be complemented by other sequences

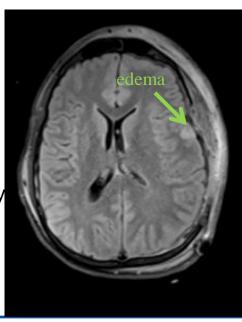


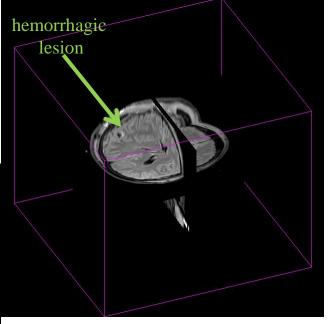




### Sequence types: FLAIR

- FLAIR = fluid attenuation inversion recovery
- This sequence is an inversion recovery sequence with long TI adjusted to the TR of a fluid type whose effect is sought to be removed from the result image
- Hyperintensities in FLAIR images are indicative of CSF-perfused, edemic cortical tissue
- Compared to other sequences, FLAIR is not very useful for hemorrhage detection





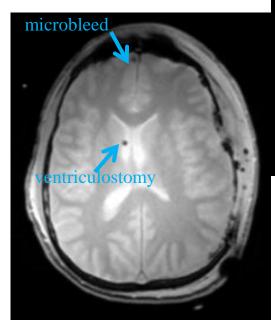


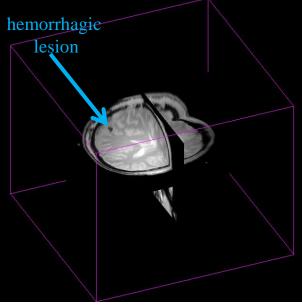
#### **Sequence types: GRE T2**

- GRE = gradient recalled echo
- This T2 weighted sequence has some very useful, though rather limited, ability to identify hemorrhage
- In our dataset, it can identify one microbleed in the

frontal lobe, as well as the ventriculostomy

 Some studies have proposed that, although useful, GRE T2 sequences are not as sensitive to microbleeds as SWI

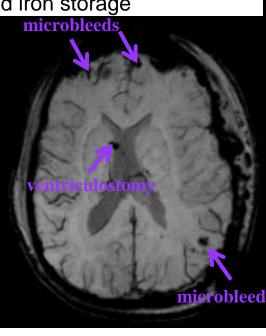


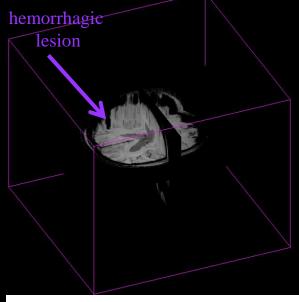




#### Sequence types: SWI

- SWI = susceptibility weighted imaging
- This sequence exploits susceptibility differences between tissues to create an enhanced contrast magnitude image which is exquisitely sensitive to venous blood, bleeds, and iron storage
- In our dataset, this sequence identifies several micro-bleeds as well as the ventriculostomy
- SWI is a classical sequence used for TBI imaging which can reveal the path of the ventriculostomy

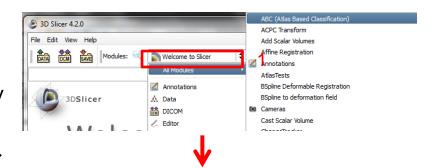


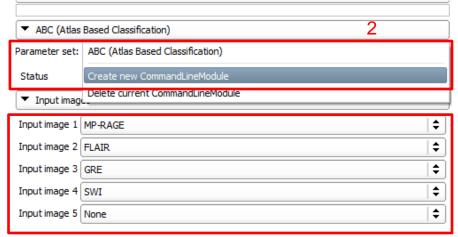




#### **Configure ABC**

- To load ABC, click on:
  - 1 –Welcome to Slicer → All Modules → ABC
- The ABC interface appears on the left. To specify input data:
  - 2 click ABC (Atlas Based Classification) → Create New Command Line Module
  - 3 click *Input image 1 → MP-RAGE.nii*
  - 4 click Input image 2 → FLAIR.nii
  - 5 click Input image 3 → GRE.nii
  - 6 click Input image 4 → SWI.nii

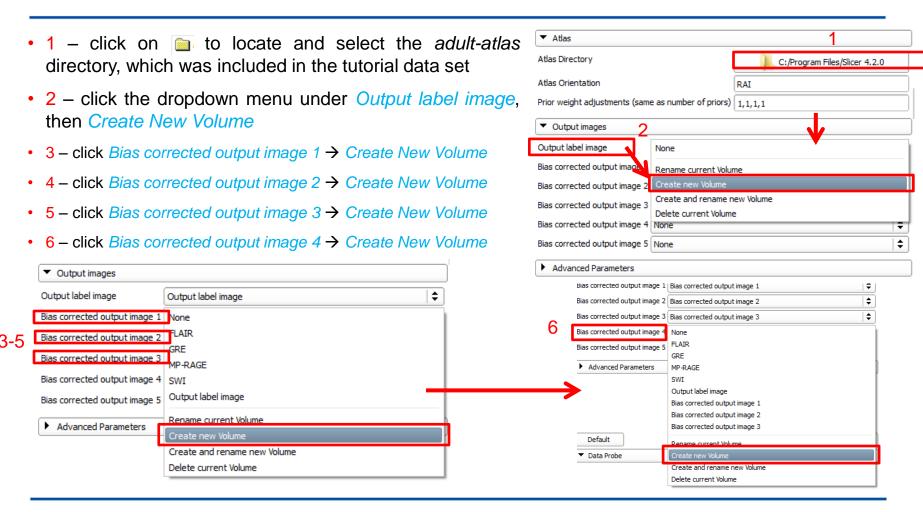




3 - 6



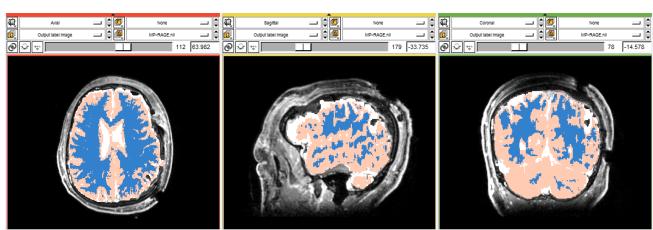
### **Configure ABC**





#### **Execute ABC**

- 1 click on the Advanced Parameters arrow
- 2 enter 0 (off) for the number of fluid iterations
- 3 click *Apply* to run ABC on the dataset
- ABC will now co-register the FLAIR, GRE and SWI images to the MP-RAGE image, and perform the tissue classification
- Allow up to several hours for ABC execution
- ABC produces 3 tissue categories:
  - gray matter
  - white matter
  - · CSF



Advanced Parameters

PreFiltering iterations (0 = off): PreFiltering time steps:

Bias Field Polynomial Degree (0 = off):
Initial distribution estimator:

Atlas Warping Fluid Iterations (0 = off): 0

Atlas Warping Fluid Maximum Step: 0.

Curvature flow

affine rigid

standard

identity

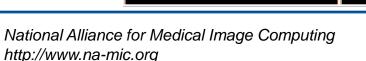
0.01

Grad aniso diffusion

PreFiltering method:

Atlas Transform Type:

Coregistration Transform Type:



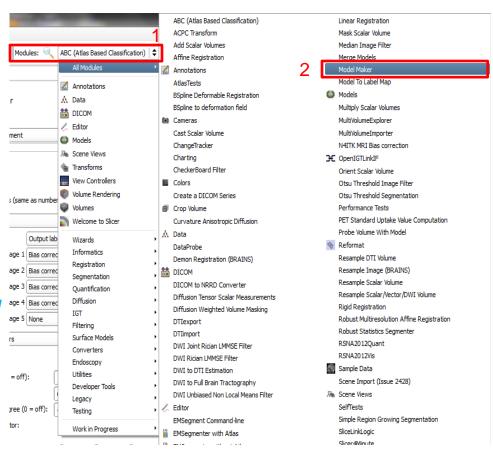


#### **Generate 3D Models**

Now that we have obtained the label map of GM, WM and CSF using ABC, we can generate the 3D models associated with each of these three tissue types.

- 1 From the Modules drop-down menu, select All Modules
- 2 From the second column, select *Model Maker*

This will display the interface of the *Model Maker* module, which allows one to create 3D models in Slicer.



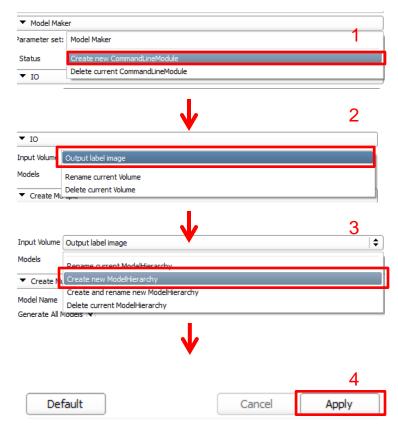


#### **Generate 3D Models**

#### To generate the 3D models:

- 1 From the Parameter Set drop-down menu, select Create New Command Line Module
- 2 From the *Input Volume* drop-down menu, select *Output label image*
- 3 From the *Models* drop-down menu, select *Create New Model Hierarchy*
- 4 Click Apply

These steps will create 3D models for WM, GM and CSF.





#### Choose color map scheme

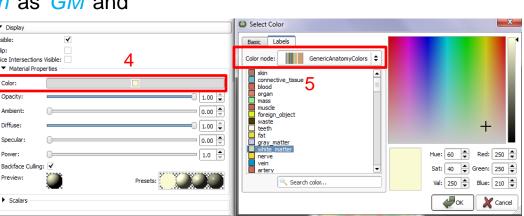
To choose an appropriate color map for the models:



- 1 From the top tool bar, click the Models button
- 2 Under Scene on the left panel, right click Model\_1\_jake

 3 –Select Rename Model(s) and type WM; repeat steps 1-2 to rename Model\_2\_Peach as GM and Model 3 Brain as CSF

- 4 Select the WM model, and click on Color in the Display panel
- 5 Select Generic Anatomy Colors
   as the color map; this will assign a
   color scheme in accordance with
   Slicer conventions.



▶ Help & Acknowledgement

Delete Model(s)

Rename Model(s)



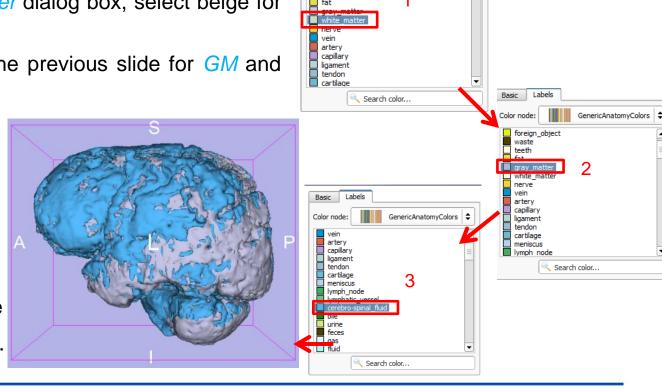
#### Choose color map scheme

Now that we have selected an appropriate color scheme, we need to assign suitable colors to each tissue type.

• 1 – In the *Color Picker* dialog box, select beige for WM

Repeat steps 2-5 on the previous slide for GM and **CSF** 

- 2 For GM, click on purple as shown
- 3 For CSF, click on blue as shown. The 3D model should now look as to the right. Note the variable CSF thickness.



Color node:

mass

musde foreign\_object waste

GenericAnatomyColors



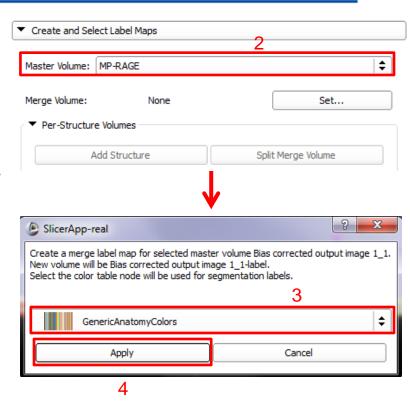
#### Create labels for pathology

We can now create a label map for pathology:



- 1 From the tool bar, click on the Editor button
- 2 On the left panel, set Master Volume to MP-RAGE
- 3 In the pop up window, select General Anatomy Colors
- 4 Click *Apply*

This will create a label map for pathology which is distinct from the label map for normal tissue as created by ABC.

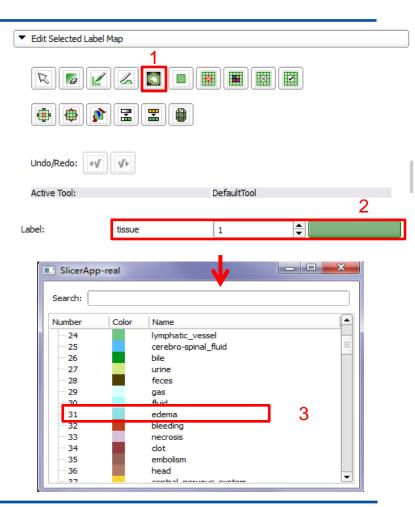




#### Assign label for edema

Now we can assign labels for the two pathology types, namely edema and bleeding:

- 1 From the label edit bar, click on Level Tracing
- 2 Click on the color button next to the Label
- 3 In the *Color Box* dialog box, select 31: edema

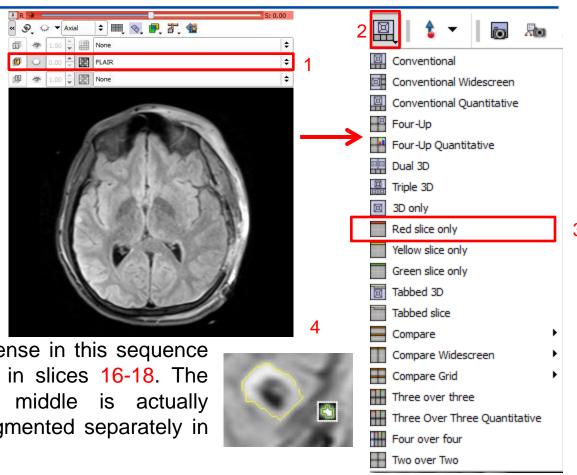




#### Segment edema from FLAIR

- 1 In the Foreground menu, select FLAIR.nii
- 2 Click on the tool bar menu
- 3 Select Red slice only Layout
- 4 Use the level tracing tool to segment the edema using the FLAIR volume.

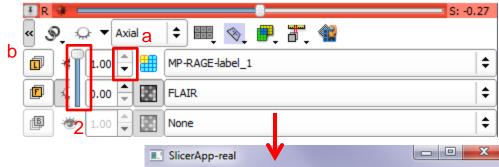
Recall that edema is hyperintense in this sequence modality, and that it appears in slices 16-18. The hypointense region in the middle is actually hemorrhage, but it will be segmented separately in following steps





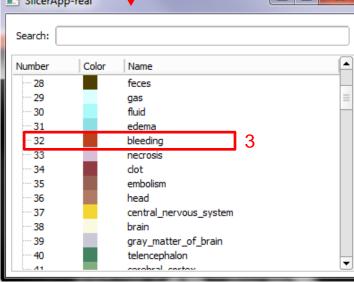
#### Assign label for bleeding

Once the edema has been segmented, we can proceed to the segmentation of hemorrhage. Viewing the label map and the underlying image at the same time can be accomplished by adjusting label map opacity.



- 1 From the red slice image options menu, mouse over the arrows (a) on the label map (b) bar.
- 2 Use the slider to select a convenient opacity
- 3 In the Color Box dialog box, select 32: bleeding

This step ensures that 3D Slicer color labeling conventions are respected.





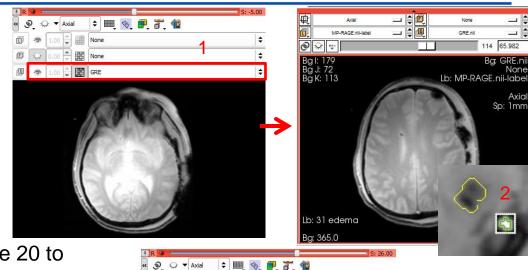
## Segment bleeding from GRE

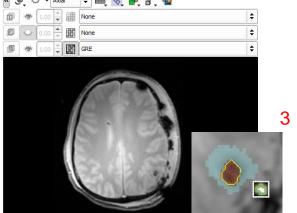
We can now segment bleeds.

- 1 From the red slice background menu, click on GRE.nii
- 2 Use the label map opacity slider as shown on the previous slide as well as the level

tracing tool as demonstrated on slide 20 to obtain a convenient view of the hemorrhage in relation to the surrounding edema.

3 – Segment the bleeding in slices 17-27. The label map should now be similar to the inset shown to the right. Note that hemorrhage is surrounded by edemic region which does not bleed.



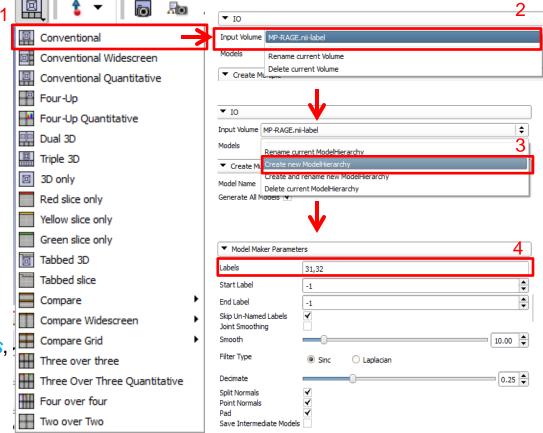




#### Create pathology 3D models

Once pathology has been segmented, their 3D models can be created.

- 1 From the tool bar menu, select the Conventional
- 2 For *Input Volume*, select *MP-RAGE.nii-label*. This is the label map for the pathology.
- 3 Under Models, select Create
   New Model Hierarchy
- 4 Under Model Maker Parameters,
   type "31,32" in the Label input box.
- 5 Click on *Apply*





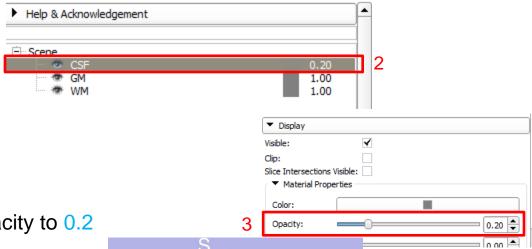
#### Visualize full 3D model

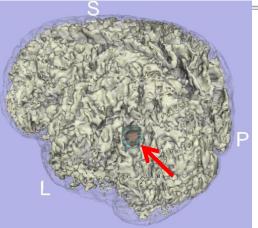
We can now visualize the full model, which includes both pathology and healthy-looking tissue.



- 1 On the tool bar, click Models
- 2 Under Scene, select CSF
- 3 Under Display, decrease the opacity to 0.2

This will allow us to visualize the edema and hemorrhage in relationship to the rest of the brain, as shown to the right.







#### **Exploring the results**

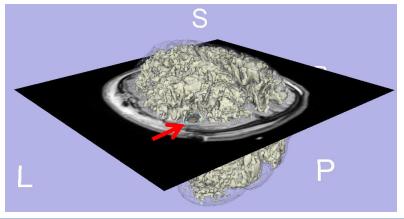
Further exploration of these results might include simultaneous overlay of a desirable slice:

1 – On the red box tool bar, toggle slice visibility (left below)

One can also display the pathology with GM/WM transparency (see figure to the right below)

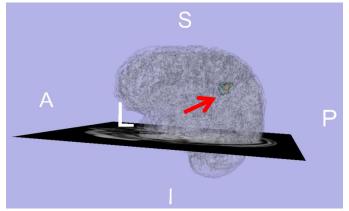
2 – Under Hierarchy and Display, set WM opacity to 0.2







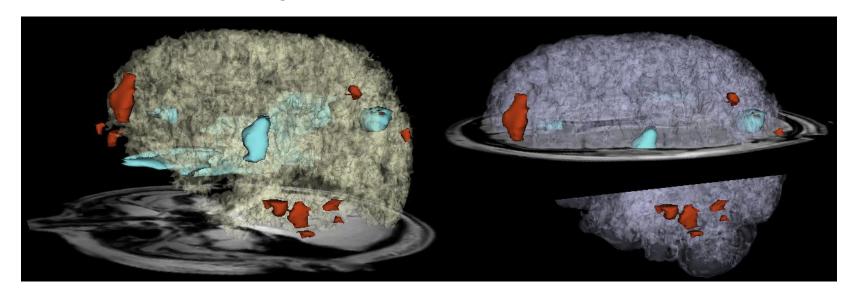






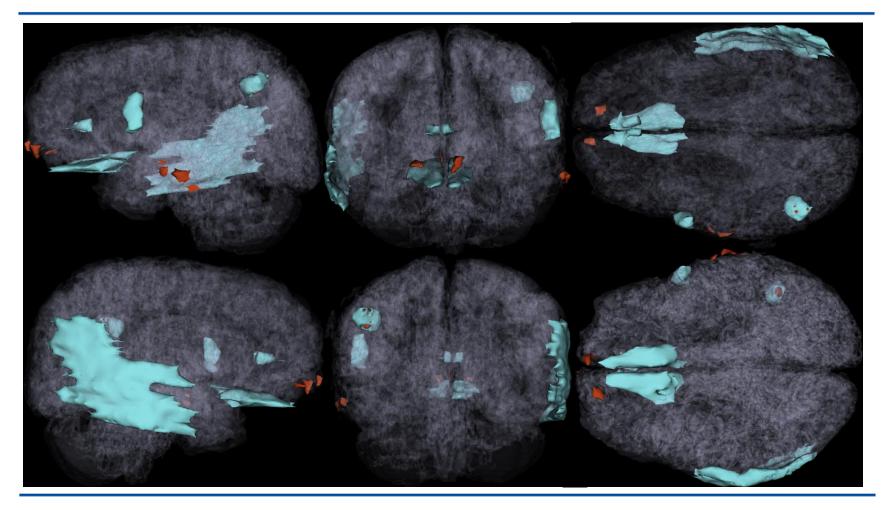
#### The complete model

Segmentation of remaining lesions and hemorrhages in this subject can be accomplished using the tools and workflows demonstrated in this tutorial. Sample images of this undertaking are illustrated below.



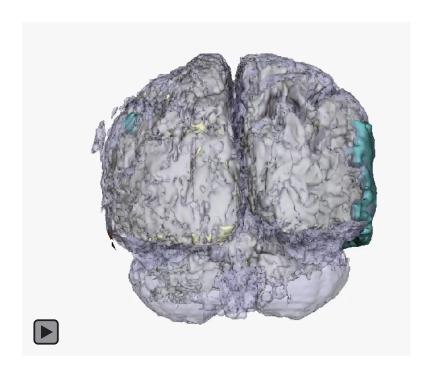


## The complete model





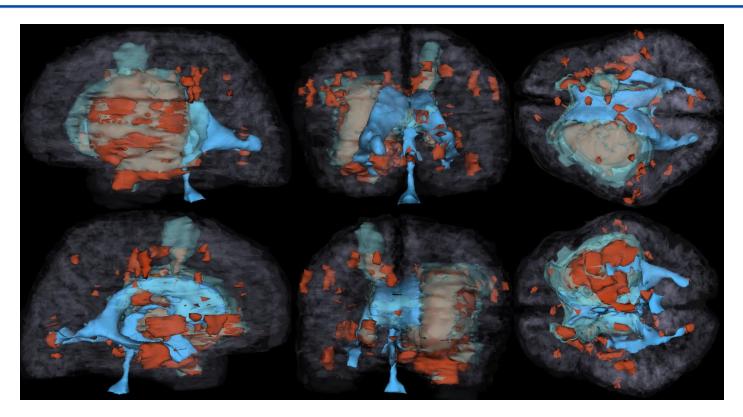
#### Complete model animation



Click on image to play



#### **Example of severe TBI segmentation**



Download movie of this subject's segmentation from link below:

http://wiki.na-mic.org/Wiki/index.php/File:TBISegmentation-Subject2.avi



#### Conclusion

- 3D Slicer offers powerful methodologies for the visualization of pathology due to traumatic brain injury
- Use of multiple MR image channels greatly enhances the ability to study and understand TBI structure/extent
- ABC is a robust algorithm to perform joint coregistration and automatic segmentation of TBI
- Completion of this tutorial allows one to acquire useful expertise on how to identify and characterize TBI
- Use of 3D Slicer can offer informed strategies for quantification of TBI-related edema or hemorrhage and for improved insight of clinical relevance



## **Personal Acknowledgments**

The members of the UCLA TBI team would like to convey our special gratitude to Dr. Ron Kikinis for his excellent support, direction and leadership of the concerted efforts that have made this work possible.

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University of California, Los Angeles

Director: Arthur W. Toga PhD



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- Van Horn, J. D., Irimia, A., Torgerson, C. M., Chambers, M. C., Kikinis, R. and Toga, A. W. (2012). "Mapping connectivity damage in the case of Phineas Gage." PLoS ONE 7(5): e37454.



## Further reading

#### On TBI:

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