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SEGMENTATION AND CHARACTERIZATION OF THE AORTA AND SUPRA-AORTIC TRUNKS FOR NEURORADIOLOGY PROCEDURE PLANNING

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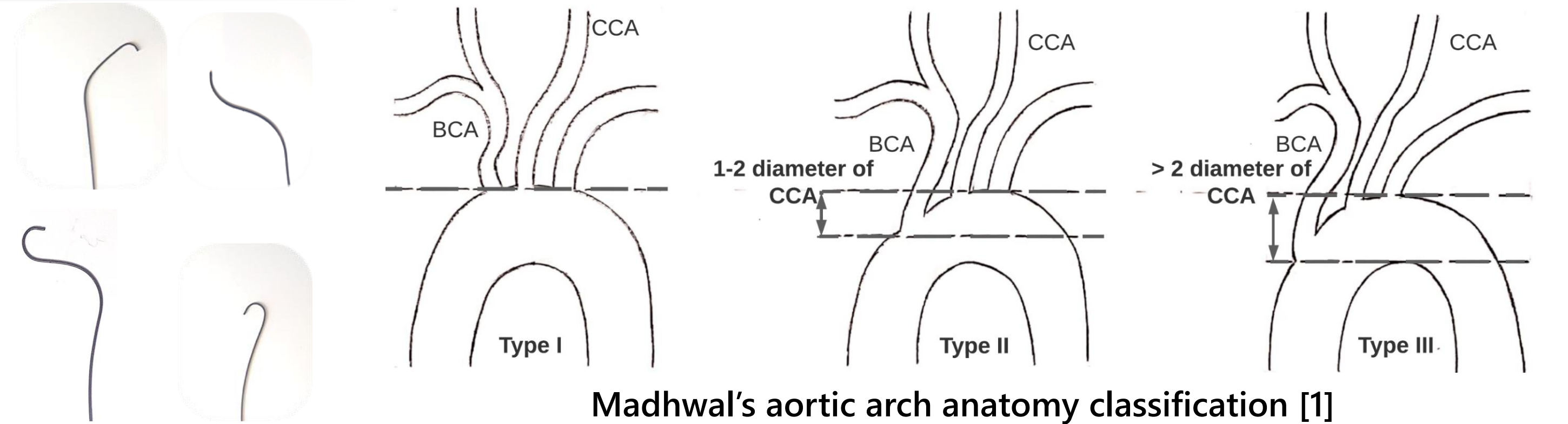
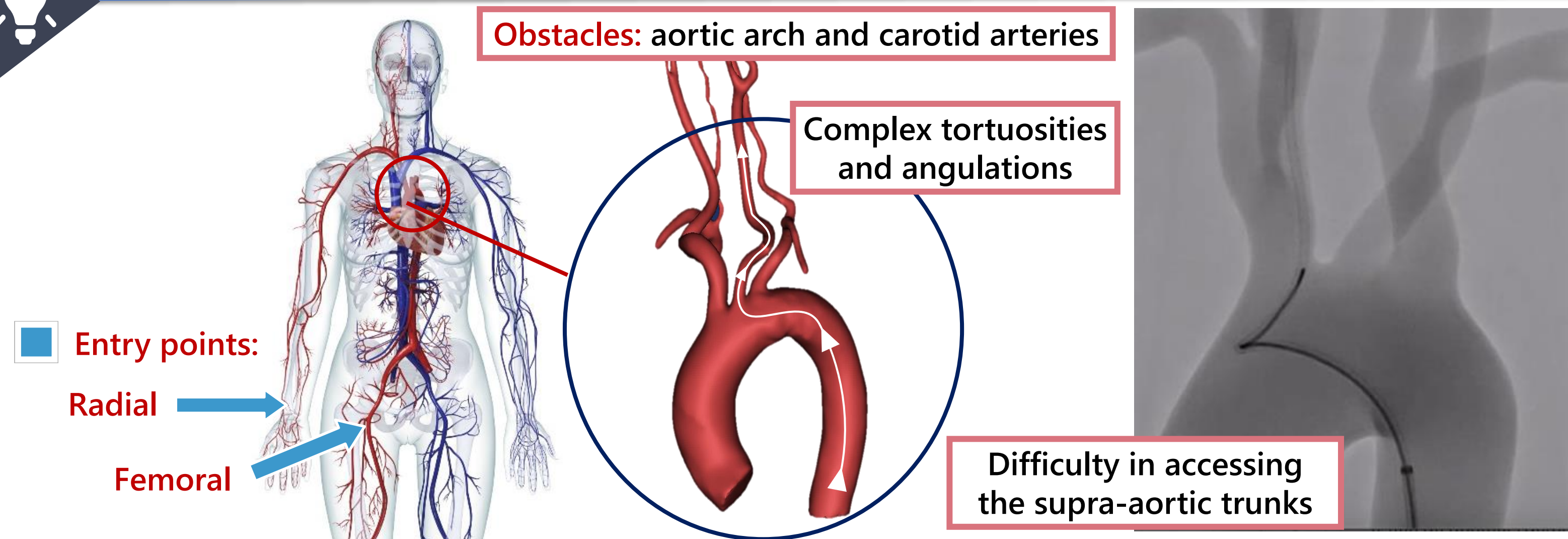
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1. Clinical background

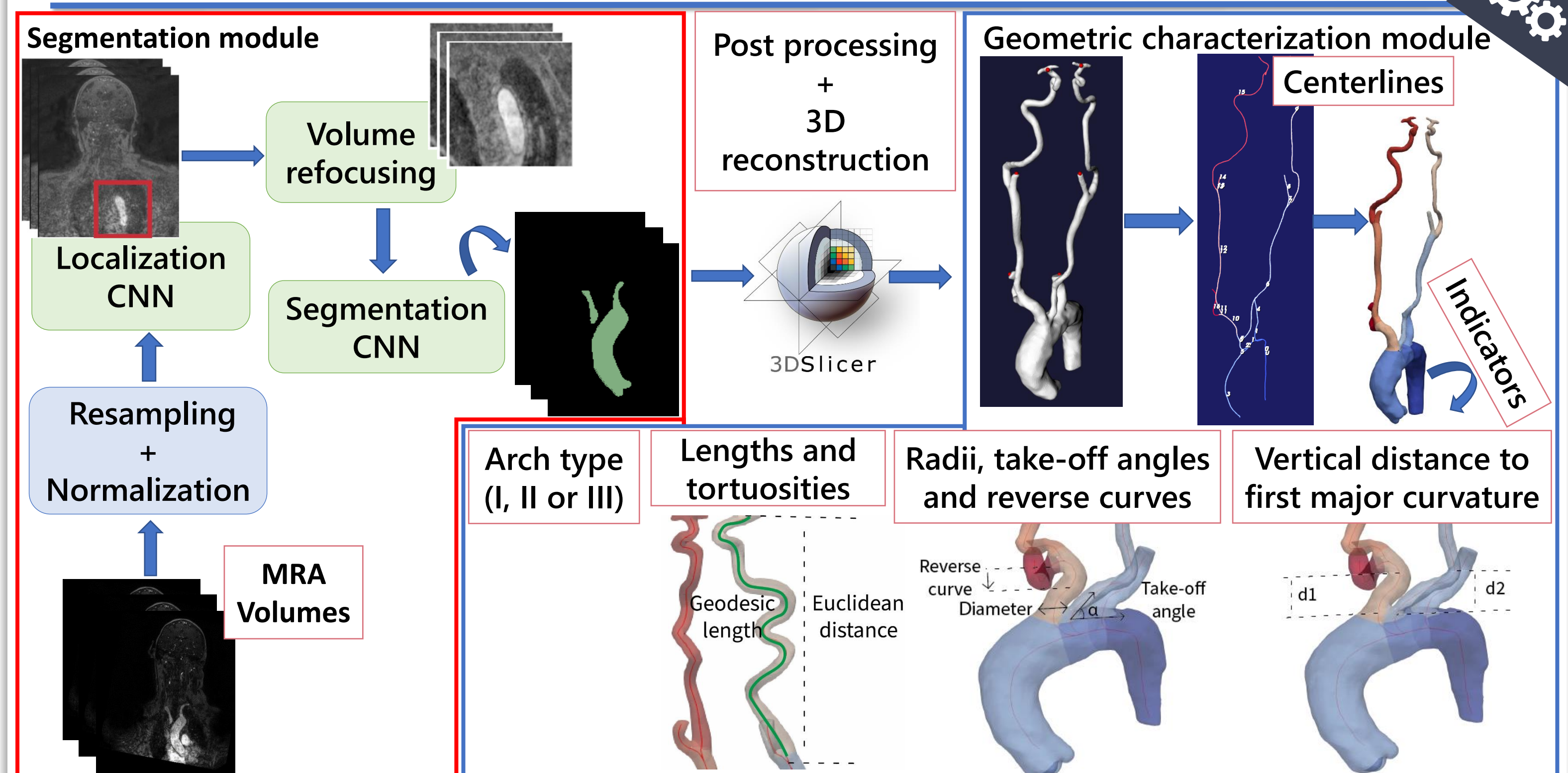


■ The type of aortic arch provides information on the complexity of navigation to the pathological area and helps to better plan procedures and choose the appropriate catheter.

2. Technical background

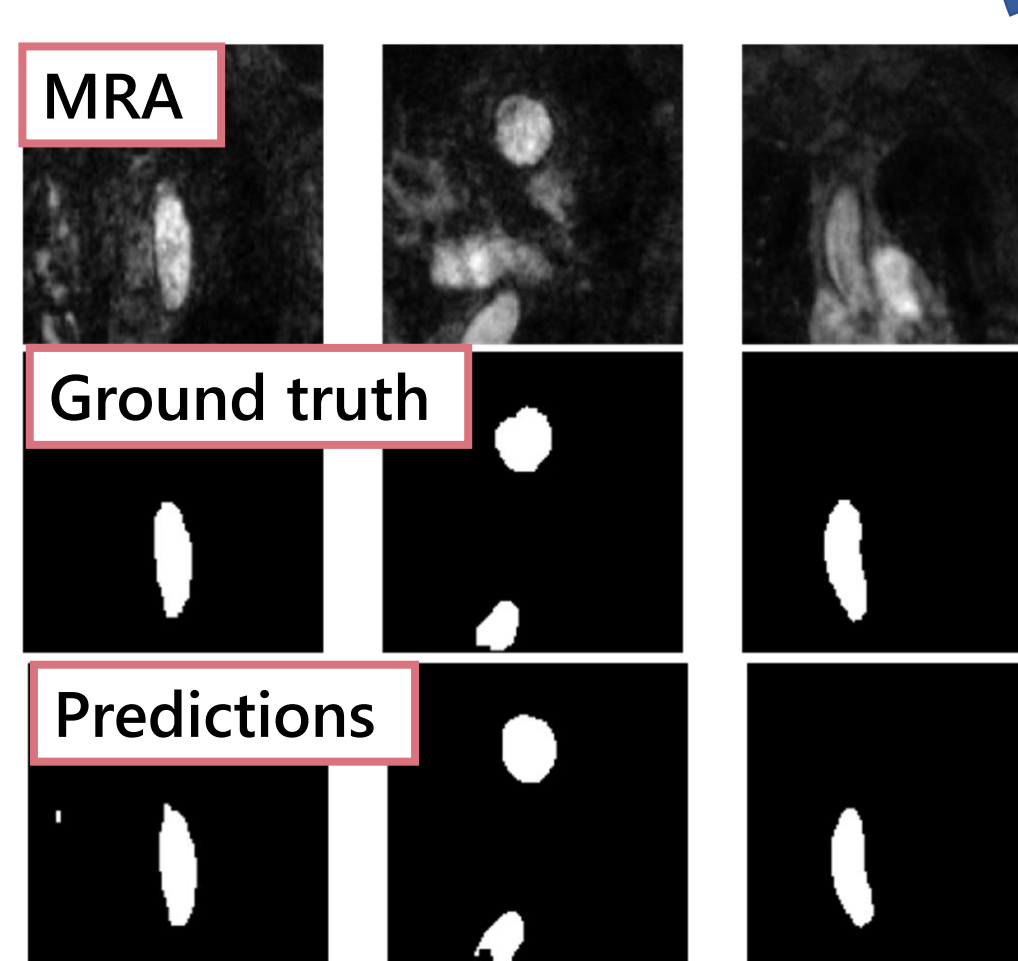
Task	Studies
SEGMENTATION	<ul style="list-style-type: none"> Studies are oriented towards the use of CTA volumes. U-Net variants are the most used architectures. Approaches like multi-view 2D CNNs [2] and multi-stage pipelines were used [3]. Segmentation is often pathology oriented e.g. segmentation of type B aortic dissection [3].
CHARACTERIZATION	<ul style="list-style-type: none"> Generic frameworks with sets of functions for geometric quantification of anatomical features and vessel characterization [4, 5]. These frameworks are suitable for engineers for research but not relevant for clinicians to use in a medical setting.

4. Segmentation and characterization pipeline



5. Results

- Dice score = 88.07%
- Precision = 84.10%
- Recall = 93.80%



3D reconstruction Geometric characterization

Arch type	Precision	Recall	F1-score
Type I	1.00	1.00	1.00
Type II	0.80	1.00	0.89
Type III	1.00	0.92	0.96

- Reverse curves:
- RCCA: Pearson correlation = 0.88
 - LCCA: Pearson correlation = 0.96

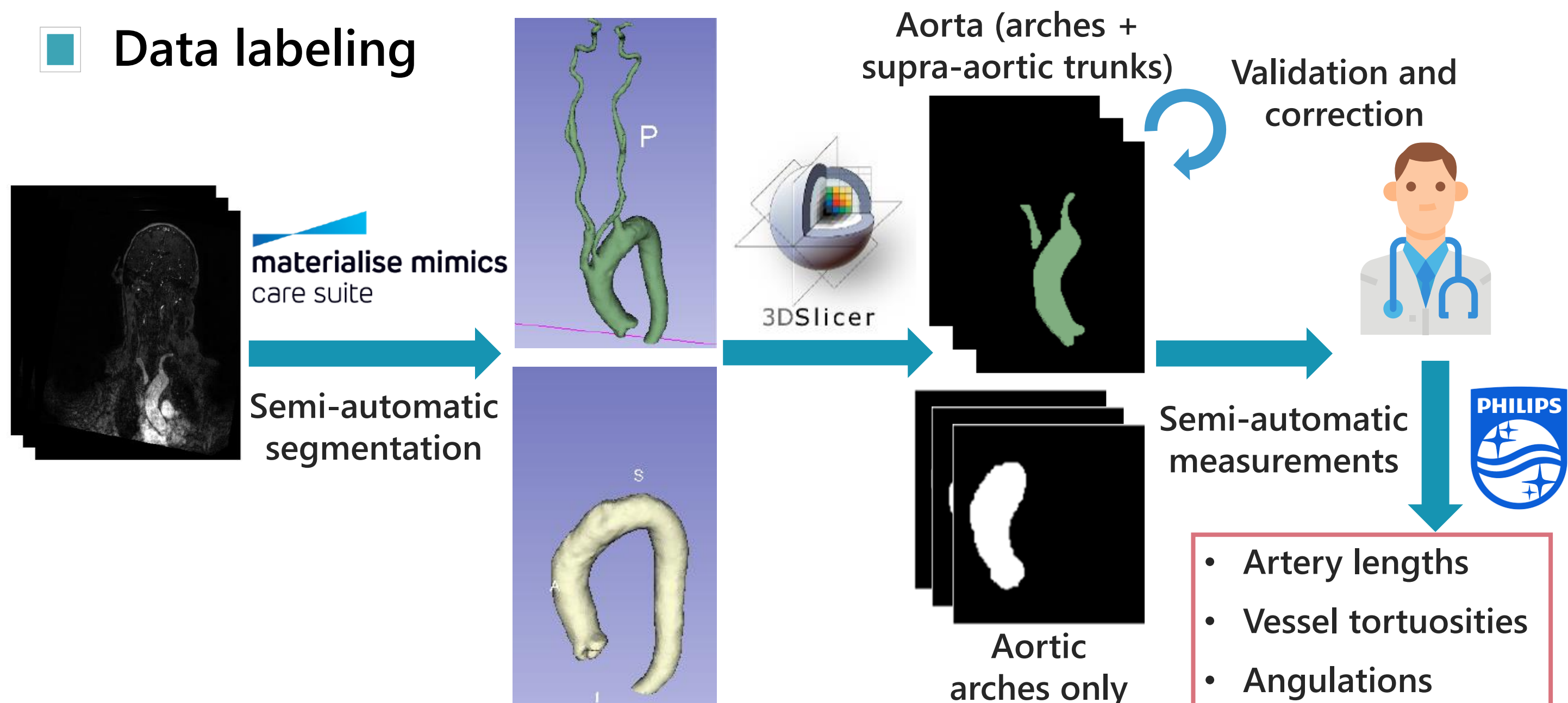
Artery	Length			Tortuosity		
	Pearson	RMSE	MAPE	Pearson	RMSE	MAPE
RCCA	0.97	5.97	1.75	0.93	0.06	3.32
LCCA	0.92	6.80	1.74	0.95	0.04	2.30

3. Data

■ 22 patients underwent 3T MR exams of aortic arch, supra-aortic branches and intracranial vessels on Philips imaging system (Ingenuia 3T, Best, The Netherlands).

Acquisition parameters: coronal plane covering: 250 slices; active TR/TE = 5.5/2.2 ms; flip angle = 27°; number of excitations = 1; acquisition bandwidth = 476.7 Hz; FOV = 380 x 321; voxel size = 0.5 x 0.5 x 1.0 mm; imaging time = 69 sec; Bolus track injection technique.

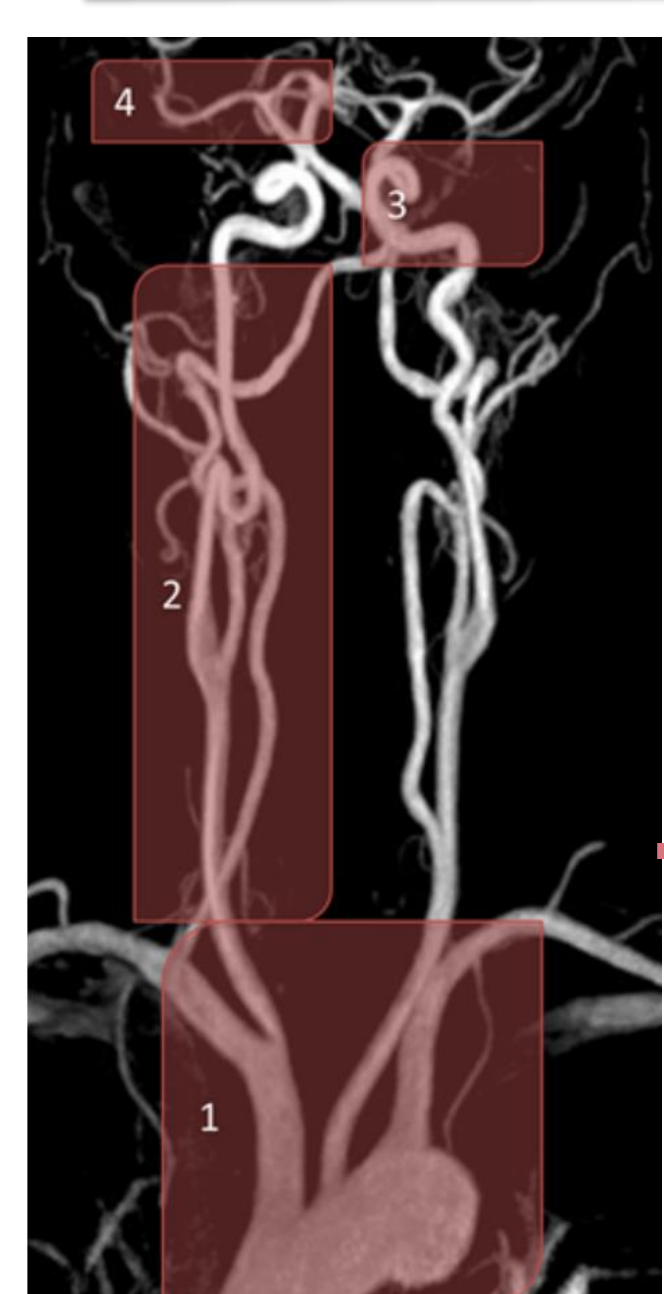
Data labeling



References

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6. Conclusion and perspectives



- Complete analysis pipeline, from MRA images to high-level features: arch type, tortuosities, reverse curves, take-off angles and access difficulty after engaging an artery.
- Quantitative and qualitative validation by comparison to the medical reference (manual measurements and segmentations).

■ Clinical validation of our features on a diversified dataset in terms of demographic, pathological and imaging data of different modalities.

1) and 2) Aortic arch and supra-aortic branches, 3) and 4) intracranial vessels. Vascular structures of different anatomical characteristics: vessels become more tortuous, and their diameter decreases as they ascend to the brain.

■ 3D extension of our CNN pipeline to better capture vessels of different diameters.