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Automated Aortic Anatomy Analysis: from Image to Clinical Indicators

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1. Clinical Background





Difficulty in accessing the supra-aortic trunks

2. Technical Background



> Segmentation and extraction of morphological features, such as aortic arch type, supra-aortic trunks diameters, take-off angles, and tortuosity, in stroke cases [2].

 \succ Detection of angles below 90° in the internal carotid artery using a deep learning model in patients undergoing endovascular thrombectomy [3].

General frameworks / Libraries

> 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.



Madhwal's aortic arch anatomy classification [1]

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.

3. Data





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

➢ Recall = 93.80%

55

 \blacktriangleright Precision = 84.10%

 \succ RCCA: Pearson correlation = 0.88 > LCCA: Pearson correlation = 0.96

Artery	Length			Tortuosity		
	Pearson	RMSE	ΜΑΡΕ	Pearson	RMSE	ΜΑΡΕ
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

Type III

Reverse curves:

Quantitative validation of take-off angles, radii and the access difficulty after engaging a supra-aortic artery in (1).

Investigate other features describing severe angulation of arteries such as kinking, looping and coiling in (2), (3) and (4).

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