

# Applications of Computer Vision in Medical Imaging

Preliminary Steps in  
Quantifying Pulmonary  
Emphysema

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Lung Segmentation  
Algorithm for Low-Dose  
Radiation CT Scans

# What is Pulmonary Emphysema?

- A **degenerative disease** that develops after many years of assault on lung tissues from cigarette smoke or other toxins that pollute the air.
- Emphysema causes **irreversible lung damage**.
- Currently, there is **NO CURE**.

# What is Pulmonary Emphysema?

- Nearly three million Americans over the age of 18 have been diagnosed with Pulmonary Emphysema.
- The key to managing emphysema is to **identify the disease as early as possible** so that preventive and therapeutic measures can be instituted.



# Preliminary Steps

- Years of research have shown me the importance of the integrity of starting data.
- Input data: segmented lung images.
- Accuracy of data greatly affects the quality of the final analysis.

# Lung Segmentation

- *Segmentation* is the process by which structures of interest are separated from the rest of the image.
- Considerable challenge to make fully-automated.
- Difficulty inversely proportional to radiation exposure, due to increased noise presence. (Prevalent in low-dose CT Scans.)

# Lung Picture

- Low-dose lung CT scan image

**Img1.vr**

# Lung Segmentation Algorithm for Low-dose CT scans

- Developed in a modular way
- Fully automated

**Lung-Components  
Segmentation**

**Segmented Lung**

**Lung Segmentation  
w/ Vessels Removal**

**Segmented Lung  
w/o Vessels**

**Lung Segmentation  
w/ Airway Removal**

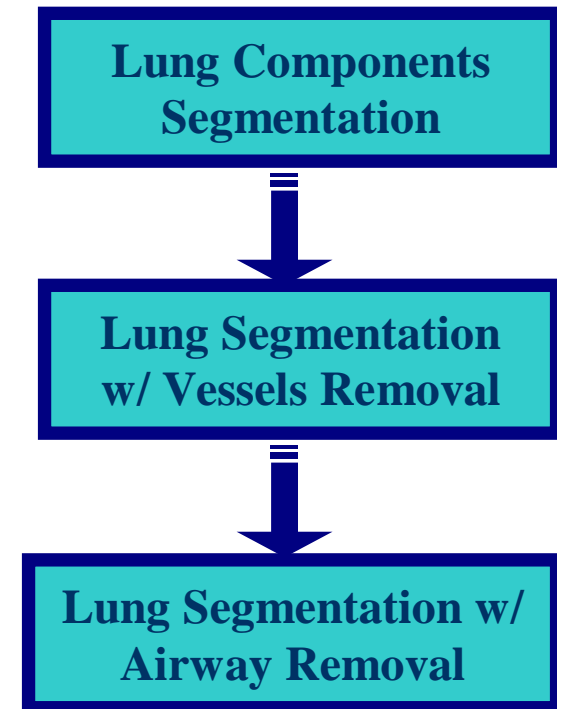
**Segmented Lung  
w/o Airways**

**Airway Mapping**

*(Algorithms 1 and 2)*

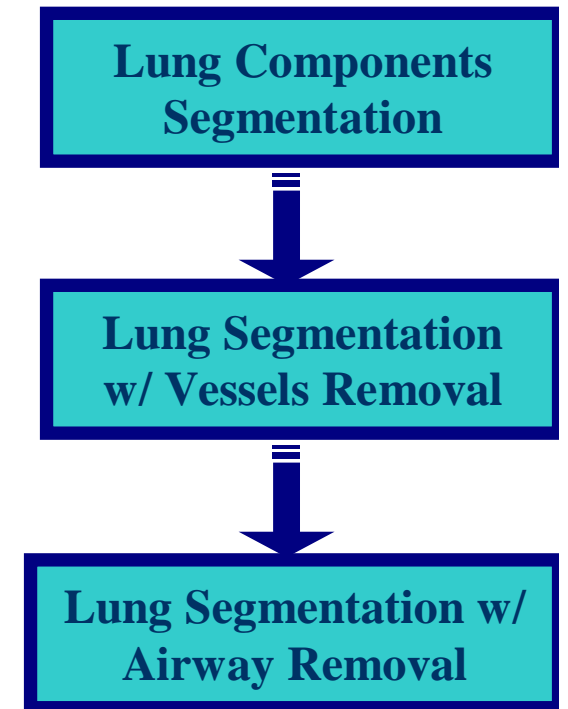
# Lung Components Segmentation

- Areas of the body's tissue irrelevant to the lungs are removed (ribcage, mediastinum).
- Issues:
  - Increased noise levels
- Techniques:
  - Thresholding
  - Connected-Component Analysis
  - Image Masking
  - Background Labeling



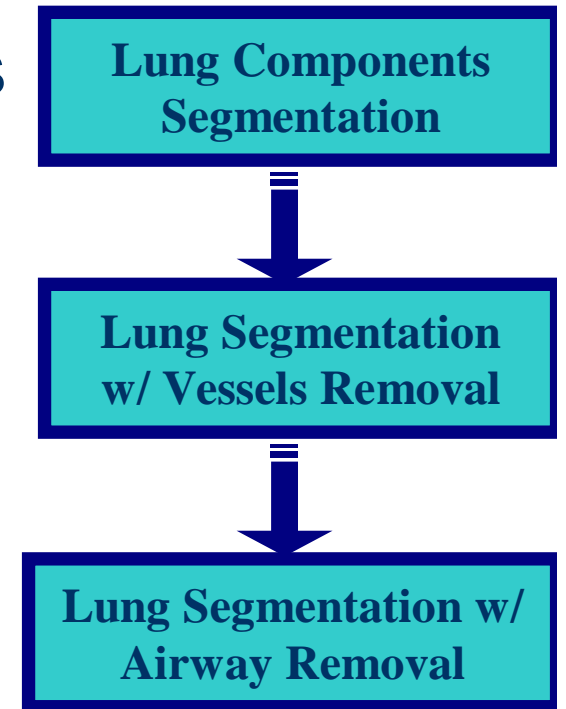
# Vessels Removal

- Removal of blood vessels embedded in the parenchyma.
- Issues:
  - Close contact with parenchyma
  - Vasculature size minute in some areas
  - Partial volume errors
- Techniques:
  - Median Filtering, Thresholding, CCA
  - Morphological Operations
  - Image Masking, Background Labeling



# Airway Removal

- Segments out the lung airways from trachea to small bronchioles merging into parenchyma.



# Airway Removal

(continued)

- Issues:

- Determining initial seed of trachea
- False-positives in trachea split detection
- Varying sizes of airways
- Branching occurs at different angles
- Frequent contact with parenchyma
- Bronchi size extremely minute in some areas

- Techniques:

- Connected Component Analysis
- 2D/3D Region Growing
- 2D “Explosion” Detection
- 3D Component Tracing
- Split Detection

**Lung-Components  
Segmentation**

**Segmented Lung**

**Lung Segmentation  
w/ Vessels Removal**

**Segmented Lung  
w/o Vessels**

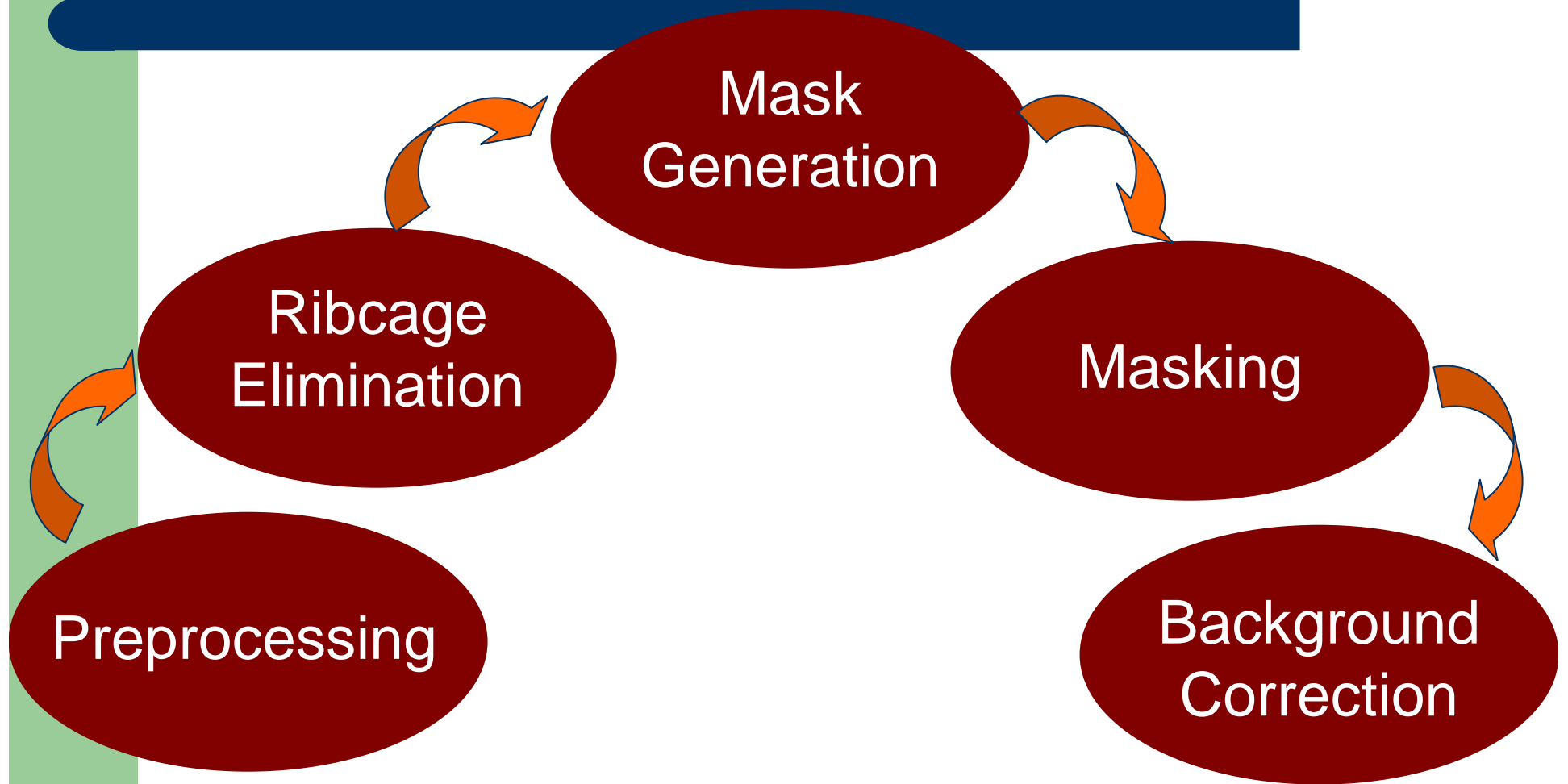
**Lung Segmentation  
w/ Airway Removal**

**Segmented Lung  
w/o Airways**

**Airway Mapping**

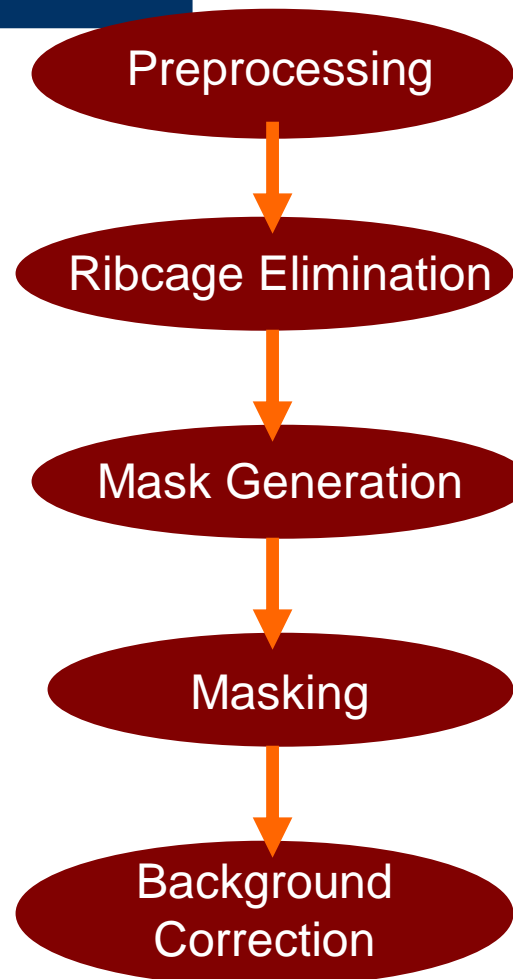
*(Algorithms 1 and 2)*

# Lung Component Segmentation



# Lung Component Segmentation

- Preprocessing
  - Noise filtering (median, mean)
  - Applied only to images generating a lung mask
- Ribcage Elimination
  - Recursive 3D filling algorithm
  - Region-growing



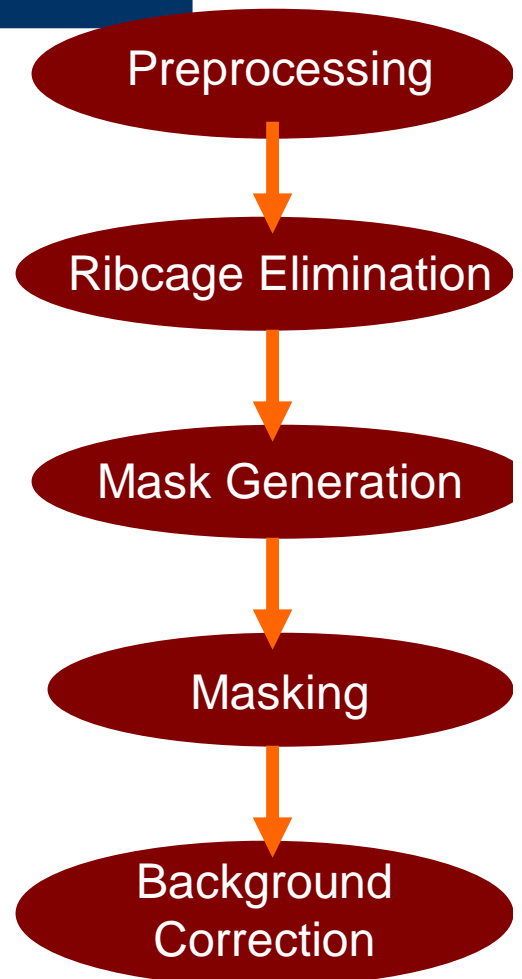
# Ribcage Removal

- Intermediary images in the process of mediastinum and ribcage removal

**Img2.vr**

# Lung Component Segmentation

- Lung Mask Generation
  - Thresholding combined with shape and connectivity constraints
  - CCA for detecting largest 3D component not at boundary of image
  - Closing operation (de)



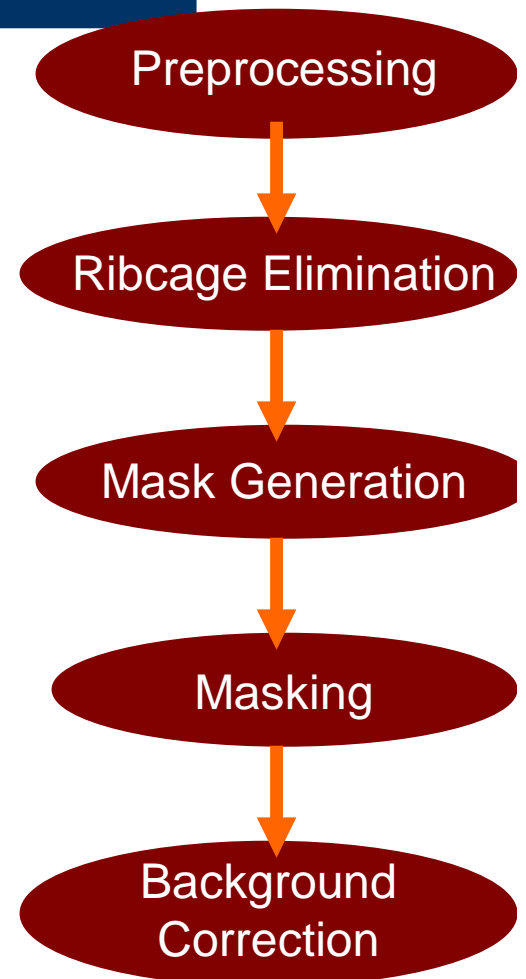
# Lung Mask Generation Picture

- Intermediary image: mask of the lung

**Img3.xv**

# Lung Component Segmentation

- Masking
  - Original Image & Mask  
→ Segmented Lung Image
- Background Correction
  - Background relabelling with values outside the range of the lung data
  - Needed for later quantification of COPDs



# Lung Segmentation Pseudo-code

```
Lung-Segmentation ( image ) {  
  // Initially the main structures appearing are:  
  // ribcage (white), lung with vessels and airways (grey),  
  // air outside the human body (grey).  
  
  preprocessed-image ← Preprocessing( image );  
  lungs-outsideair   ← Ribcage-Elimination( preprocessed-image );  
  mask               ← Lung-Mask-Generation( lungs-outsideair );  
  segmented-lung    ← Masking( image, mask, "*" );  
  
  return Background-Correction( segmented-lung );  
}
```

# Segmented Lung Components

CT-Scan of the segmented lung components

**Img4.vr**

**Lung-Components  
Segmentation**

**Segmented Lung**

**Lung Segmentation  
w/ Vessels Removal**

**Segmented Lung  
w/o Vessels**

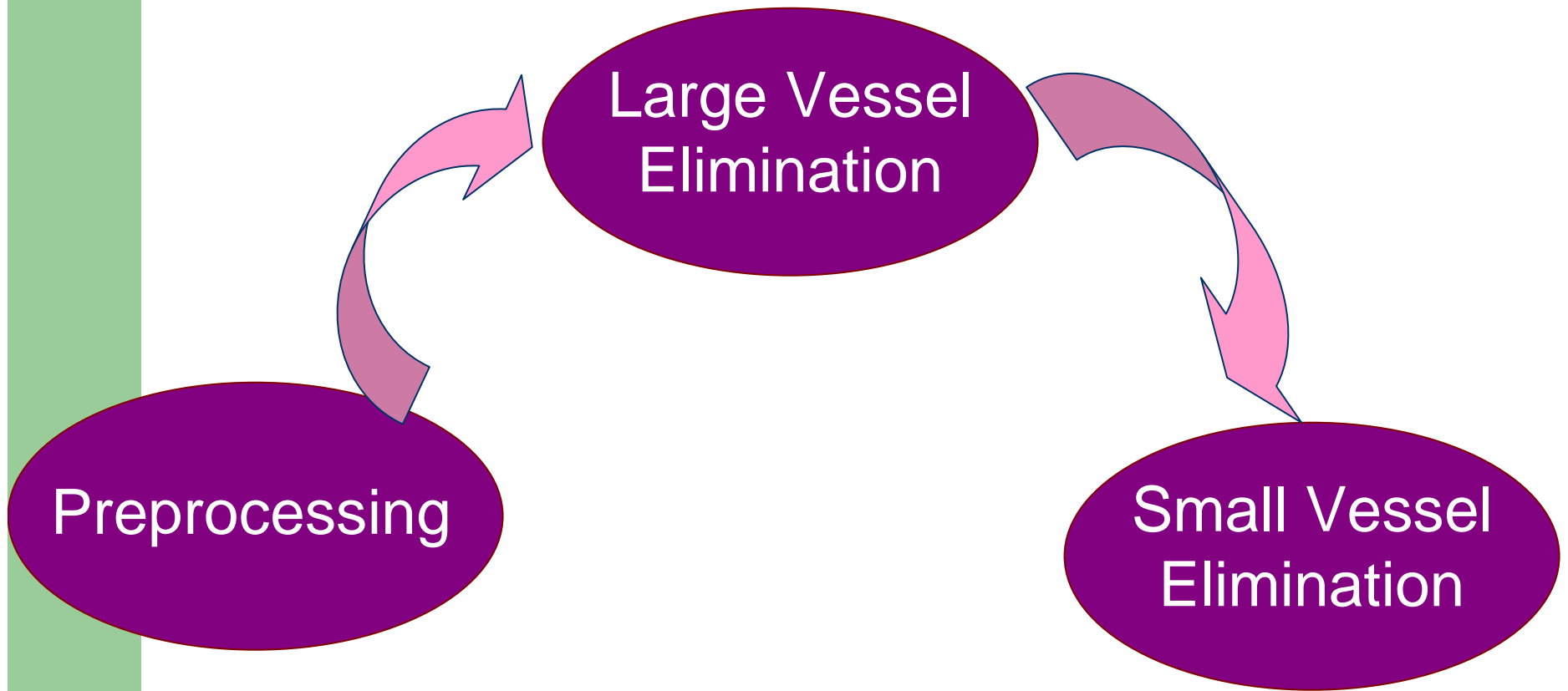
**Lung Segmentation  
w/ Airway Removal**

**Segmented Lung  
w/o Airways**

**Airway Mapping**

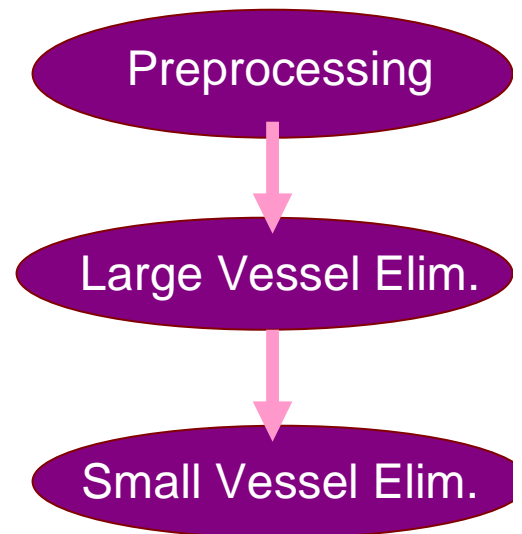
*(Algorithms 1 and 2)*

# Vessels Removal



# Vessels Removal

- Preprocessing
  - Median Filter (2x2) for smoothing the image and eliminating noise
- (Large/Small) Vessels Removal
  - Mask Generation
    - Threshold (TH1 / TH2)
    - CCA (SIZE1 / SIZE2)
  - Masking (&&)
  - Background Re-labeling



# Intermediary images

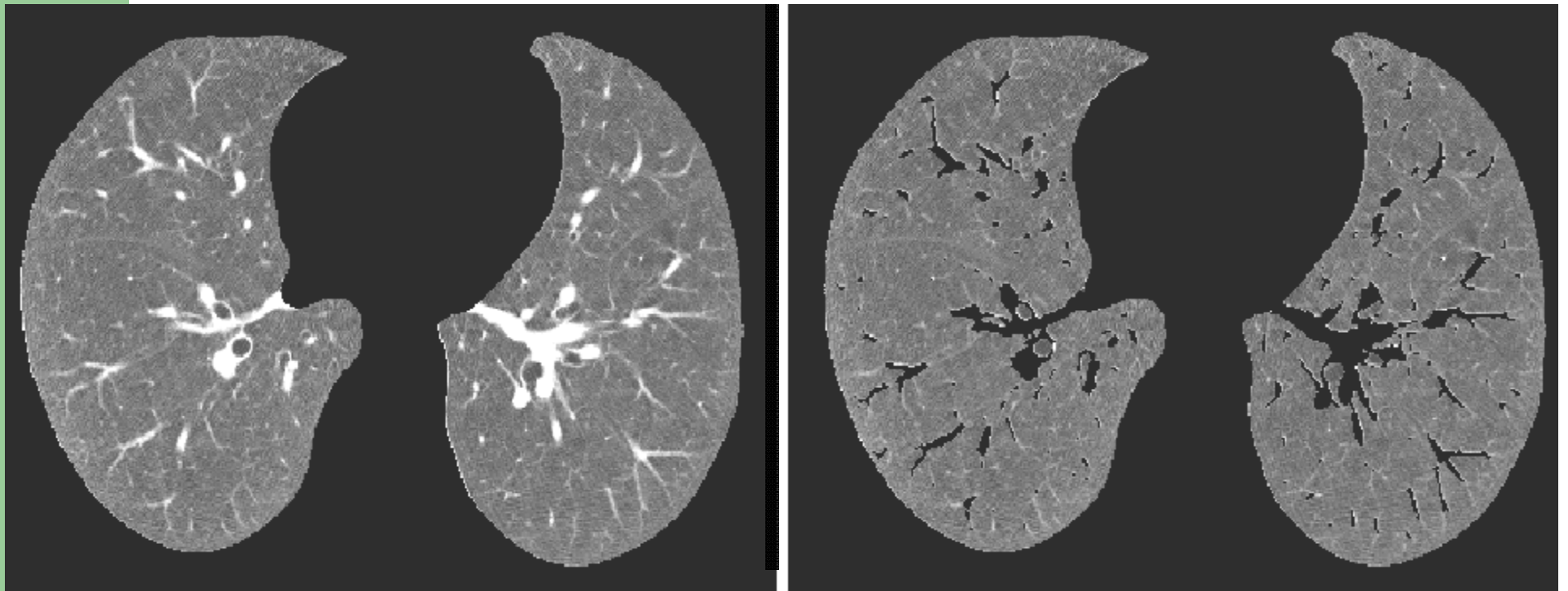
- Image of the vessels

**Img5.vr**

# Vessels Removal Pseudo-code

```
Vascular-Segmentation ( image ) {  
    Preprocessing();  
  
    // Process large vessels  
    mask1 ← Vasculature-Mask-Generation( th1, size1, image );  
    lung-without-vessels1 ← Masking( image, mask1, "&" );  
    processed1 ← Background-Correction( lung-without-vessels1 );  
  
    // Process small vessels  
    mask2 ← Vasculature-Mask-Generation( th2, size2, processed1 );  
    lung-without-vessels2 ← Masking( processed1, mask2, "&" );  
    processed2 ← Background-Correction( lung-without-vessels2 );  
  
    return processed2;  
}
```

# Vessels Removal Results



**Lung-Components  
Segmentation**

**Segmented Lung**

**Lung Segmentation  
w/ Vessels Removal**

**Segmented Lung  
w/o Vessels**

**Lung Segmentation  
w/ Airway Removal**

**Segmented Lung  
w/o Airways**

**Airway Mapping**

*(Algorithms 1 and 2)*

# Airways Removal

- Most lung segmentation algorithms in the literature do not remove airways.
- Removal is necessary in later steps of our research.
- The algorithm also generates a map of the airways, useful in quantification of other COPDs.

# Airways Removal

- First Algorithm, based on Burrowing and Split Detection
- Second Algorithm, redesigned, adding Dynamic Component Tracking
- Our discussion focuses on the second

# Airways Removal Algorithm Outline

- Seed Selection acquires the trachea
- Airways followed from trachea to bronchioles
  - Adaptive morphological considerations
  - Novel changes to traditional 3D region growing
- Possible outputs
  - Airway Map
  - Segmented Lung without Airways

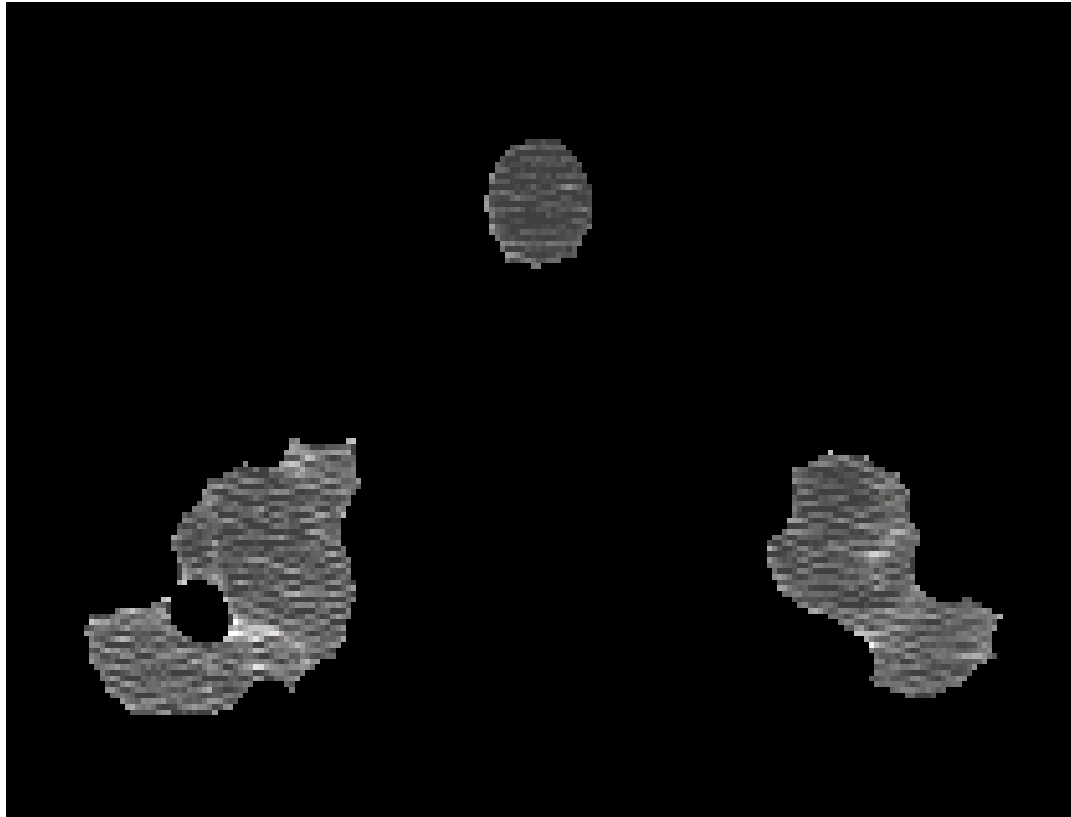
# Morphological Properties

- Large database of CT images allows for an extensive study of the growth and properties of airways and lungs.

# Morphological Properties

- Lungs located inside ribcage  
Streaking artifacts and increased noise in the upper and lower area of the lungs
- Relative 2D transversal position of lungs and trachea
- Trachea in the center of the image
- Apices of the lungs in the lower right & left region
- Right lung is larger and taller than the left lung

# Morphological Properties



# Algorithmic Approach

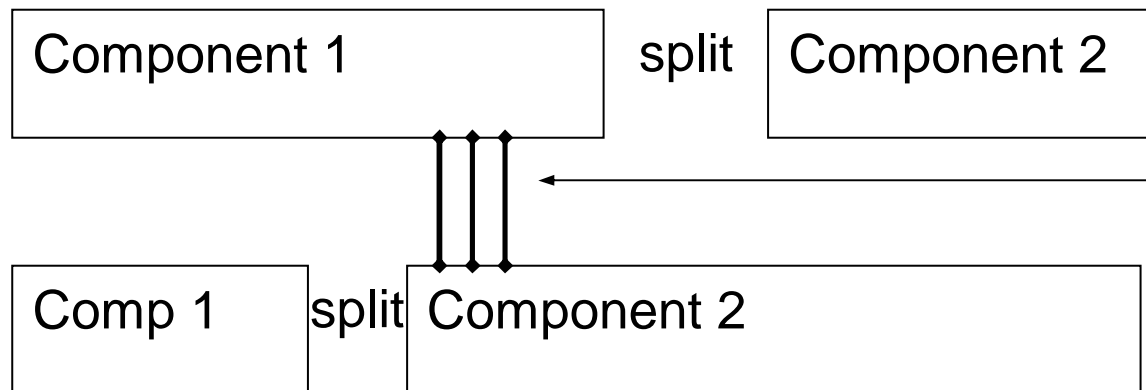
- Seed selection using redundant seeds in an adaptive neighborhood
- Scan for seeds is vertically, starting from the top ( $y_{hi} \rightarrow y_{lo}$ ), working right to left ( $x_{hi} \rightarrow x_{lo}$ )
- Size checks to disregard seed set inside parenchyma

# Morphological Properties

- Trachea doesn't always split evenly into two main bronchi
  - Simple detection of a split can be done by comparing the size of the region obtained through 3D growth with the size of any chosen 2D component within the same slice
- A region split on a single slice does not imply that the main trachea bifurcates
- After the split, main bronchi split into secondary and tertiary bronchi at different angles

# Algorithmic Approach

- Split-detection



Split is discontinuous because of overlap of component 1 and 2.

- Upwards and downwards tracing

# Morphological Properties

- Lung airways have a tree-like structure
- Each branching decreases the size of airway
- Branching stops after several levels

# Algorithmic Approach

- Area “explosion” detection for collisions with parenchyma
- Setting an adaptive growth factor as a function of branching level

# Morphological Properties

- Both airways and emphysematous regions contain air, overlap in intensity range
- Further exacerbated by partial volume errors

# Algorithmic Approach

- As the tracing descends into the lung, the acceptable threshold range for what is considered airway is narrowed.

# Morphological Properties

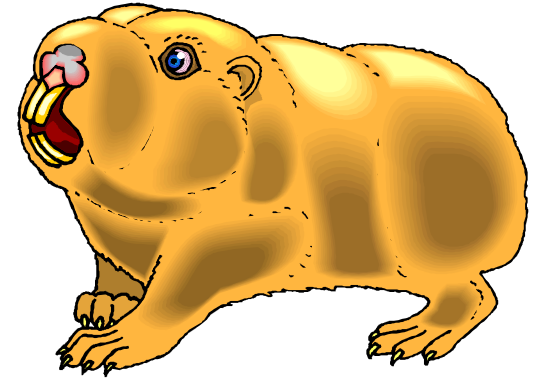
- Leaves of airway tree do not merge into lung parenchyma simultaneously.
- Airways may touch the parenchyma at some point, but continue expanding before a final merge.

# Algorithmic Approach

- Burrowing technique
- Dynamic component labeling and tracking



# Burrowing



- Novel replacement for traditional 3D growth, replacing it with copying and 2D expansion, backing up and correcting itself with limited growth when parenchyma is encountered
- Think of a gopher digging a long hole downwards

# Burrowing



- Prevent the “cascading” of errors
  - Undesirable components are eliminated long before they are transferred to the next slice.
- Tracing of airways that contact with parenchyma
  - At the level of bronchioles, instead of eliminating components that have grown to encapsulate lung mass, these components were burrowed w/o 2D growth.

# Burrowing Pseudo-code



```
for each slice > split-slice
  for component-set
    eliminateUndesired( region-label, slice );
    burrowDown( region-label, slice, slice + 1, allowGrowth );

// Detect region merging into lung parenchyma caused
// by burrow & growth
if      Region-Size-2D( region-label, slice + 1 ) >
      growthFactor * Region-Size-2D( region-label, slice )
then   clear pixels created by burrowing
      burrowDown( region-label, slice, slice + 1, noGrowth );
```

# Dynamic Component Tracking

- Components on a slice are labeled throughout the tracing.
- Each component is associated with an ancestor and children for upwards and downwards tracing.
- Growth and shrinkage of airways is recorded through merging and splitting components.

# Airways Tracing

The airways mask

**Img6.vr**

# Airway Tracing

## Create Component Tracking Table

*compSize[#\_comps][#\_slices][ancestor]*

## Segmented Lung Image

*im*

## New Blank Image

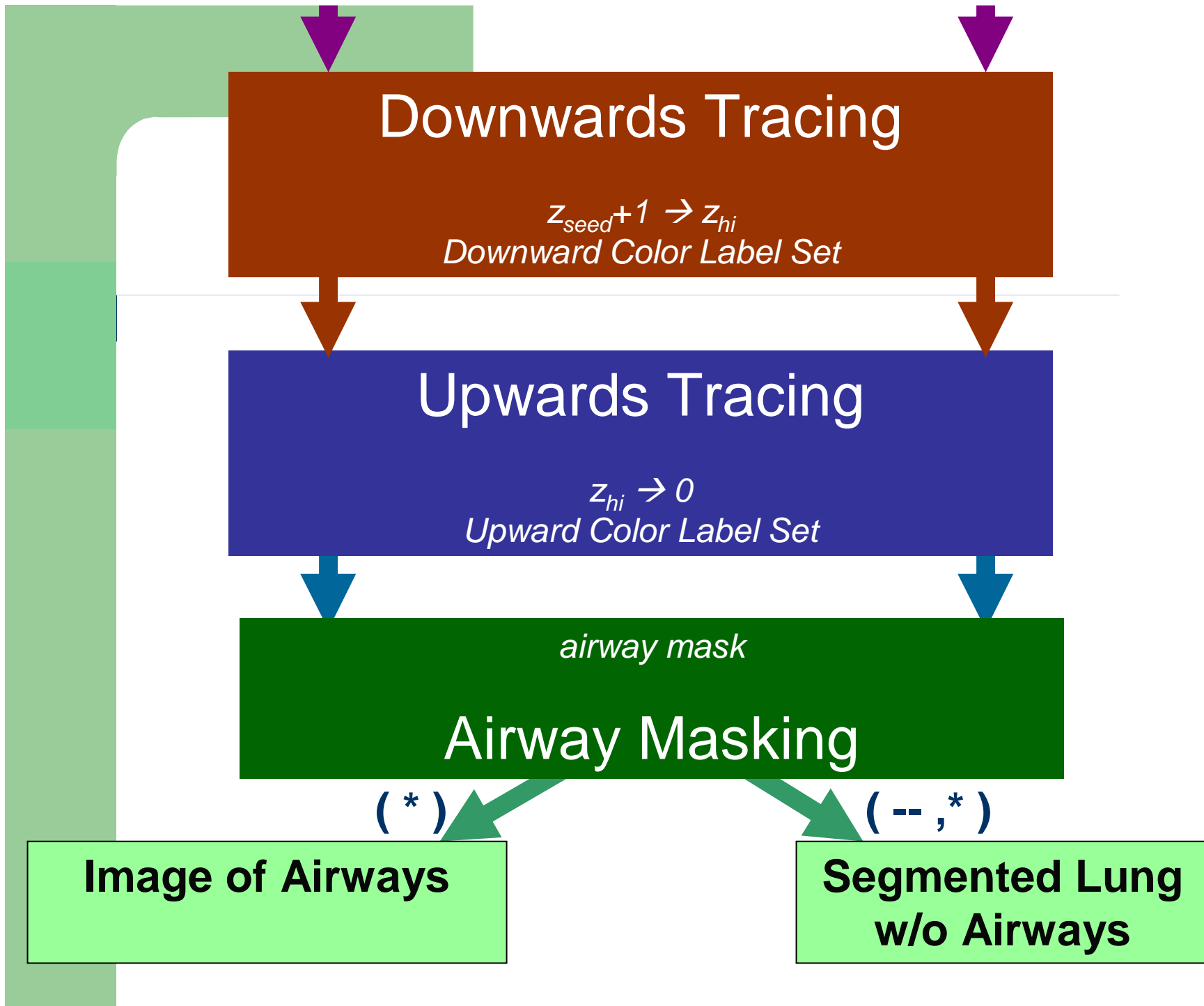
*nim*

## Select Trachea Seed

- *Adaptive Neighborhood*
- *$x_{hi} \rightarrow x_{lo}, y_{hi} \rightarrow y_{lo}$*
- *Redundant seed number*

## Grow Trachea / 1<sup>st</sup> Slice

- *grow2D( seed-set )*
- *Initial Label*



# Downwards Tracing

*adaptive thresholding and growth checks*

**Burrow**

**Expand in 2D**

**Examine Collisions & Splits**

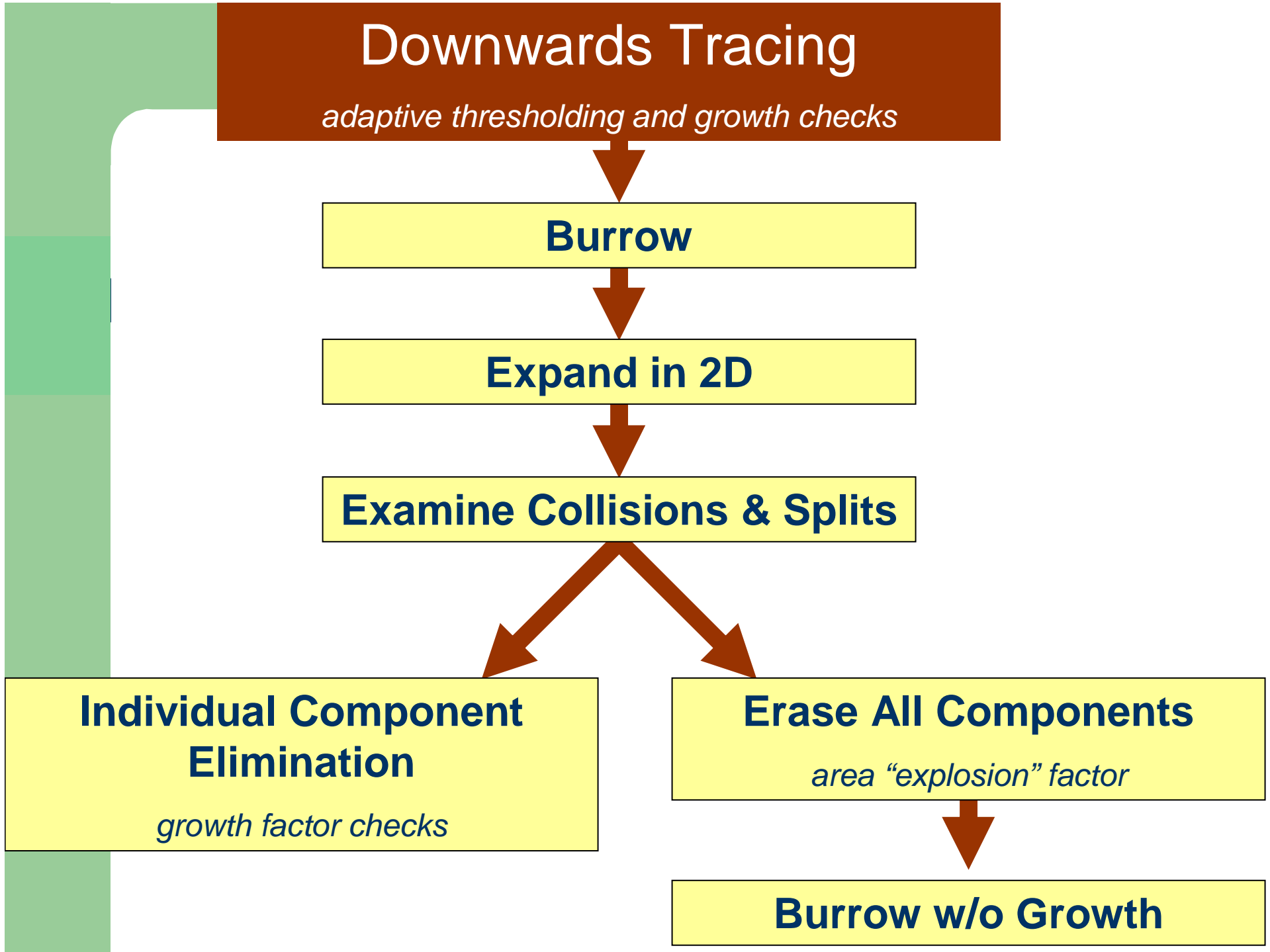
**Individual Component  
Elimination**

*growth factor checks*

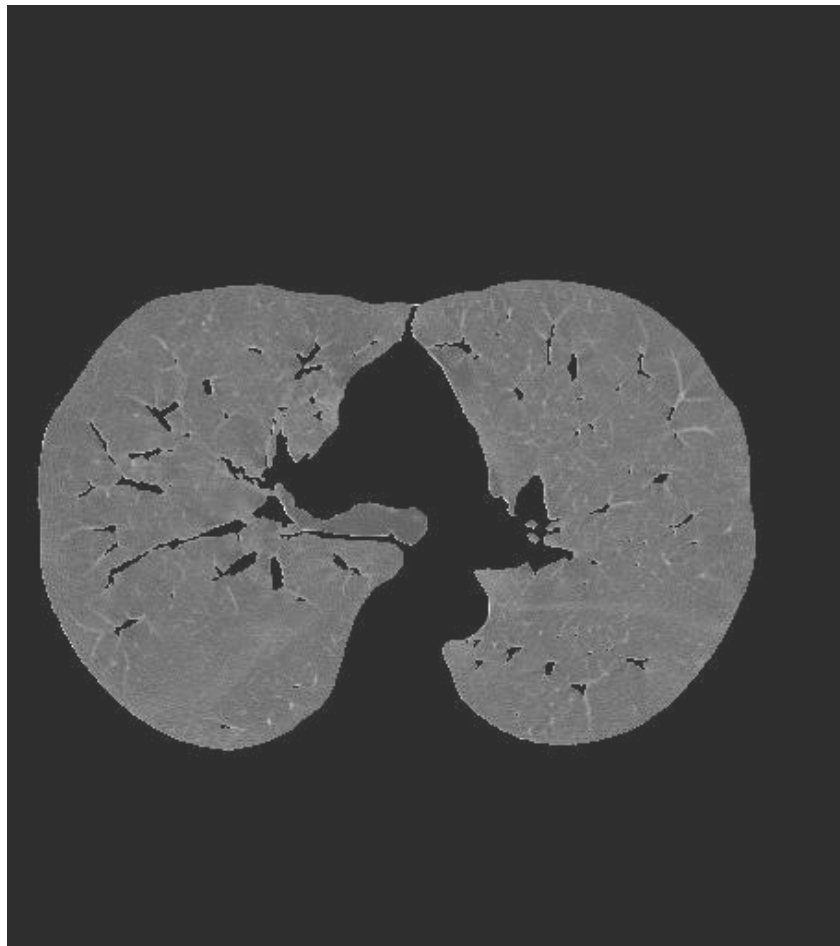
**Erase All Components**

*area "explosion" factor*

**Burrow w/o Growth**



# Airway Removal Results





# Lung (w/airways) and Airways Mask



Image clip: **Img7.vr**

Image clip: **Img8.vr**

# Segmented lung with vessels and airways removal

**Img9.vr**

# Conclusion

- A good lung segmentation program would allow for the concurrent evaluation of emphysema in the context of screening for other diseases.