

3D Surface-Based Detection of Pleural Thickenings

P. Faltin¹, K. Chaisaowong^{1,2}

¹Institute of Imaging & Computer Vision, RWTH Aachen University, 52056 Aachen, Germany

²King Mongkut's University of Technology North Bangkok, 10800 Bangkok, Thailand

Medical Background

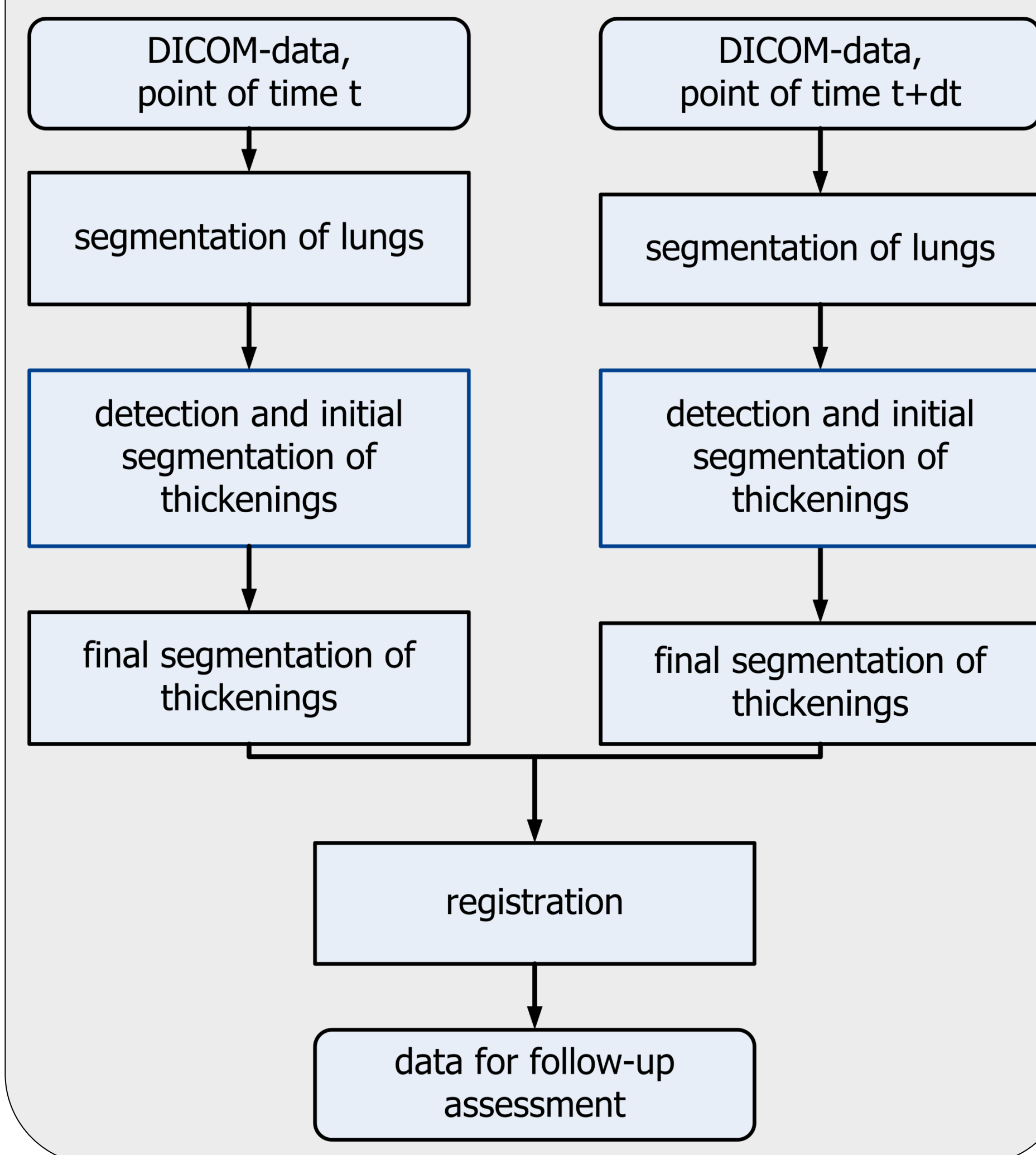
- Long-term consequences of asbestos exposure
- Commonly used till the 1990s (in Germany)
- Accumulated in the lung
- Permanent penetration of pleura
 - ⇒ Thickenings and pleuramesothelioma
 - ⇒ Long latency of 14-72 years
- Expected maximum of diagnosed cases 2018 [1]

Motivation

- Difficulties in diagnosis
- High workload (each datasets with 700 slices)
- Strong inter- and intra-reader variance [2]
- Manual volumetric measurements not practicable
- Follow-up assessment by matching thickenings
- To date, thickening expansion in transverse-direction only partially regarded

Framework

- Fully automatic processing
- Detected thickenings and matching modifiable
- Follow-up assessment with objective volumetric measurements
- Processing steps realized in 3D volume image



Methods

- Healthy lung modeled individually
- Potential thickenings described by difference of healthy and actual lung
- Required input data: lung mask, obtained by two-step supervised thresholding [3]
- Provided output data: pre-segmented thickenings

Sliding Convex Hull

- Definition:

$$conv(R_z) = \left\{ \sum_{i \in R_z} a_i \mathbf{i} : \sum_{i \in R_z} a_i = 1; a_i \geq 0 \right\}$$
- For each slice z :

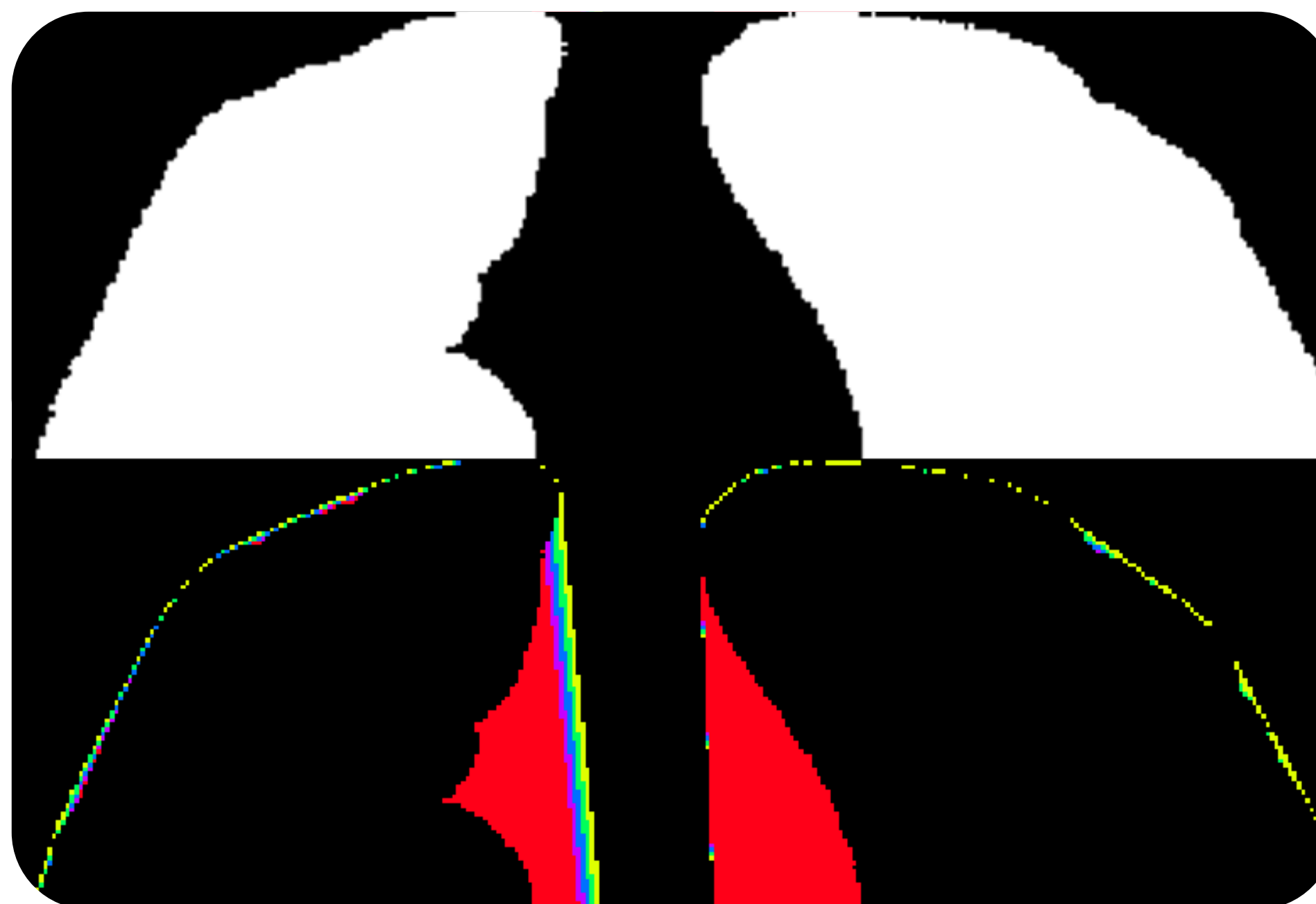
$$R_z = \{(x, y, \hat{z}) \in R : |z - \hat{z}| \leq n\}$$

Thickening Segmentation

- Thickenings are small (<2000 mm³) compared to expected healthy anatomical structures (>10000 mm³)
- Thickening tissue has higher CT-number (20 to 60 HU) compared to fat tissue (-220 to -50 HU)

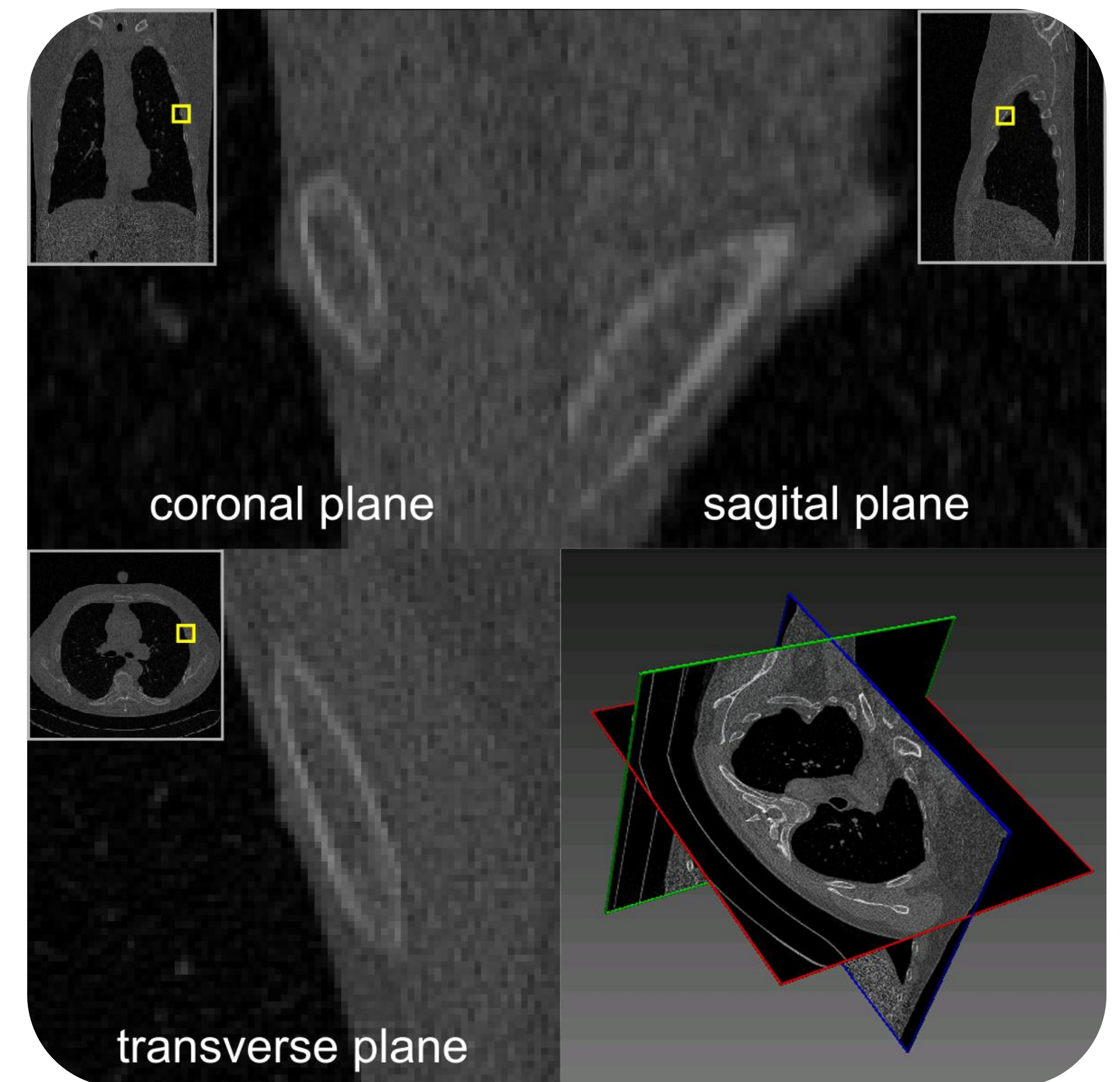
Exclude Healthy Structures

- Macroscopic anatomic structures might cover thickenings
- Structures masked by erosion
- Growing structuring element
- Combination of results from all erosion levels provides final set of thickenings

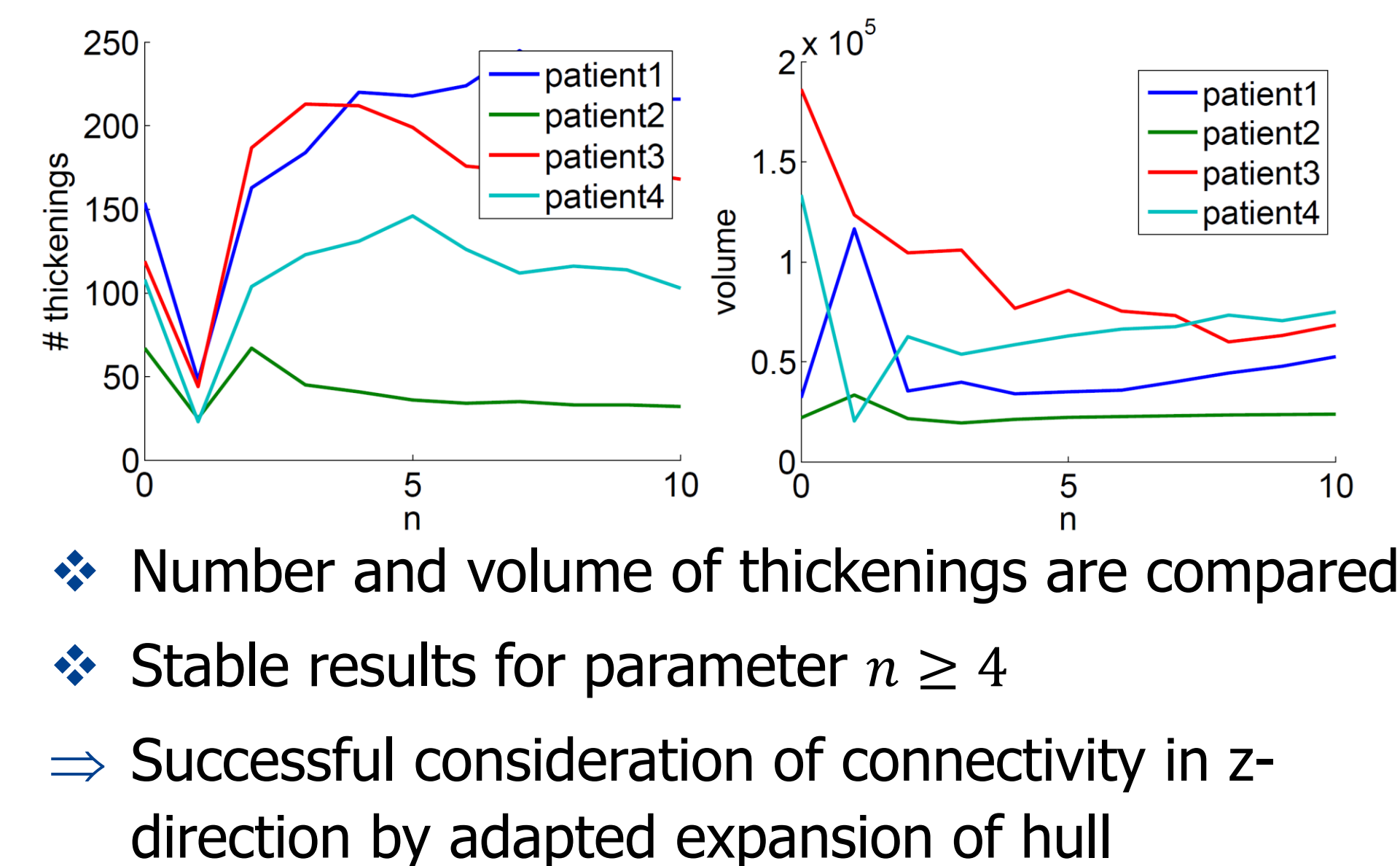


Notes on the Implementation

- Number of points reduced by edge detection
- Convex hull created by Quickhull algorithm [4]
- Fast voxelisation of triangles by extracting slice crossing triangles

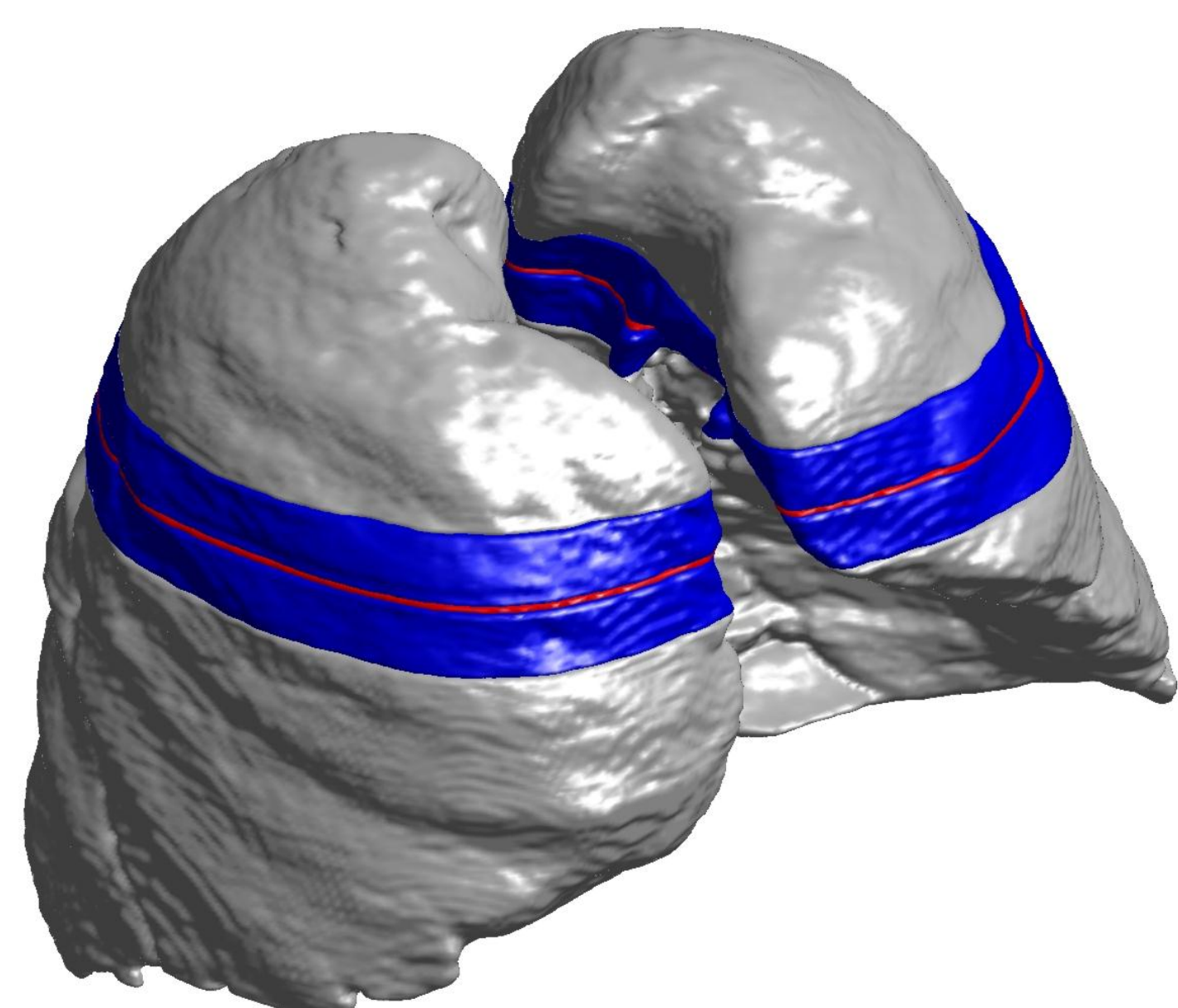


Results & Conclusion

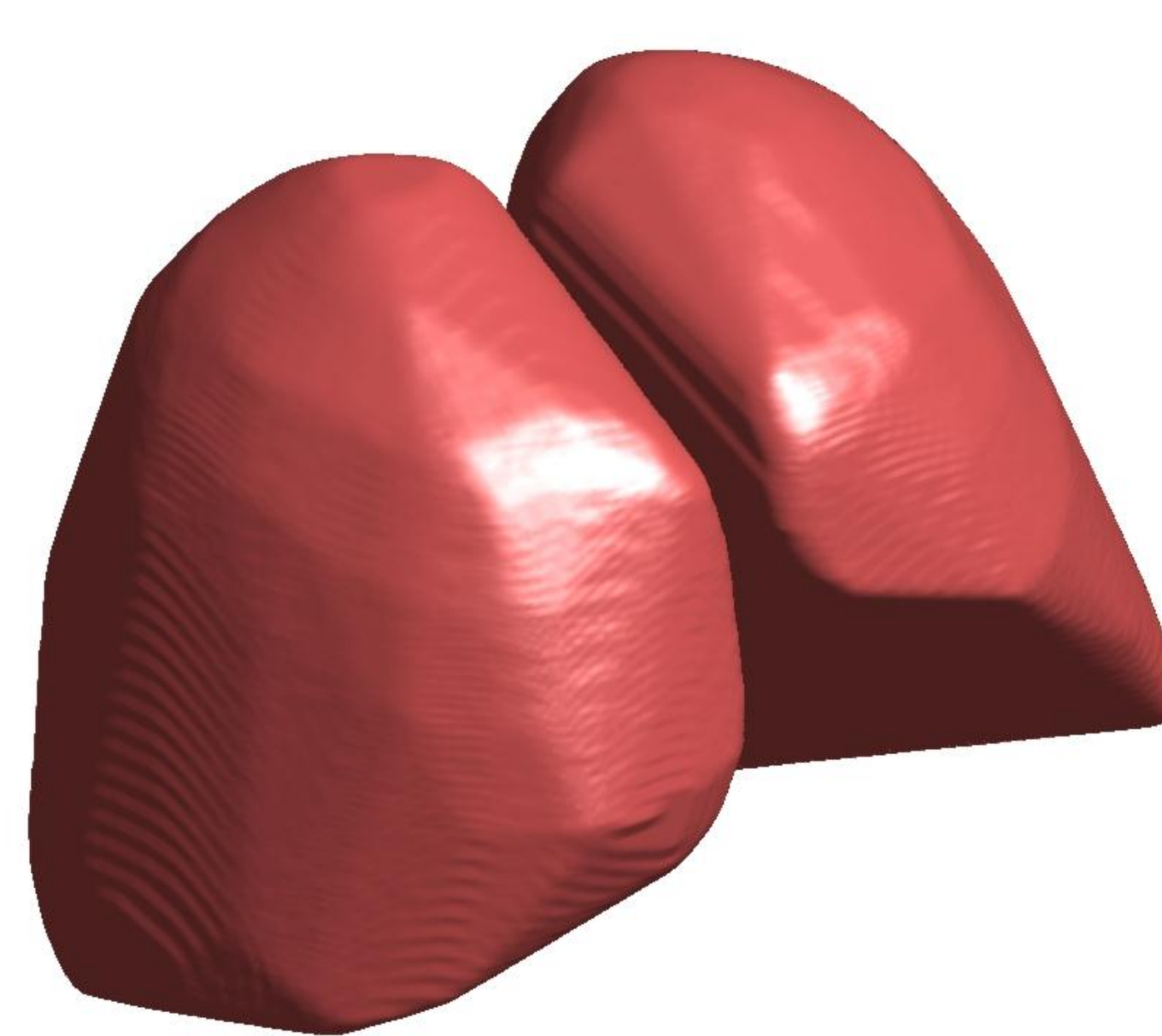


References

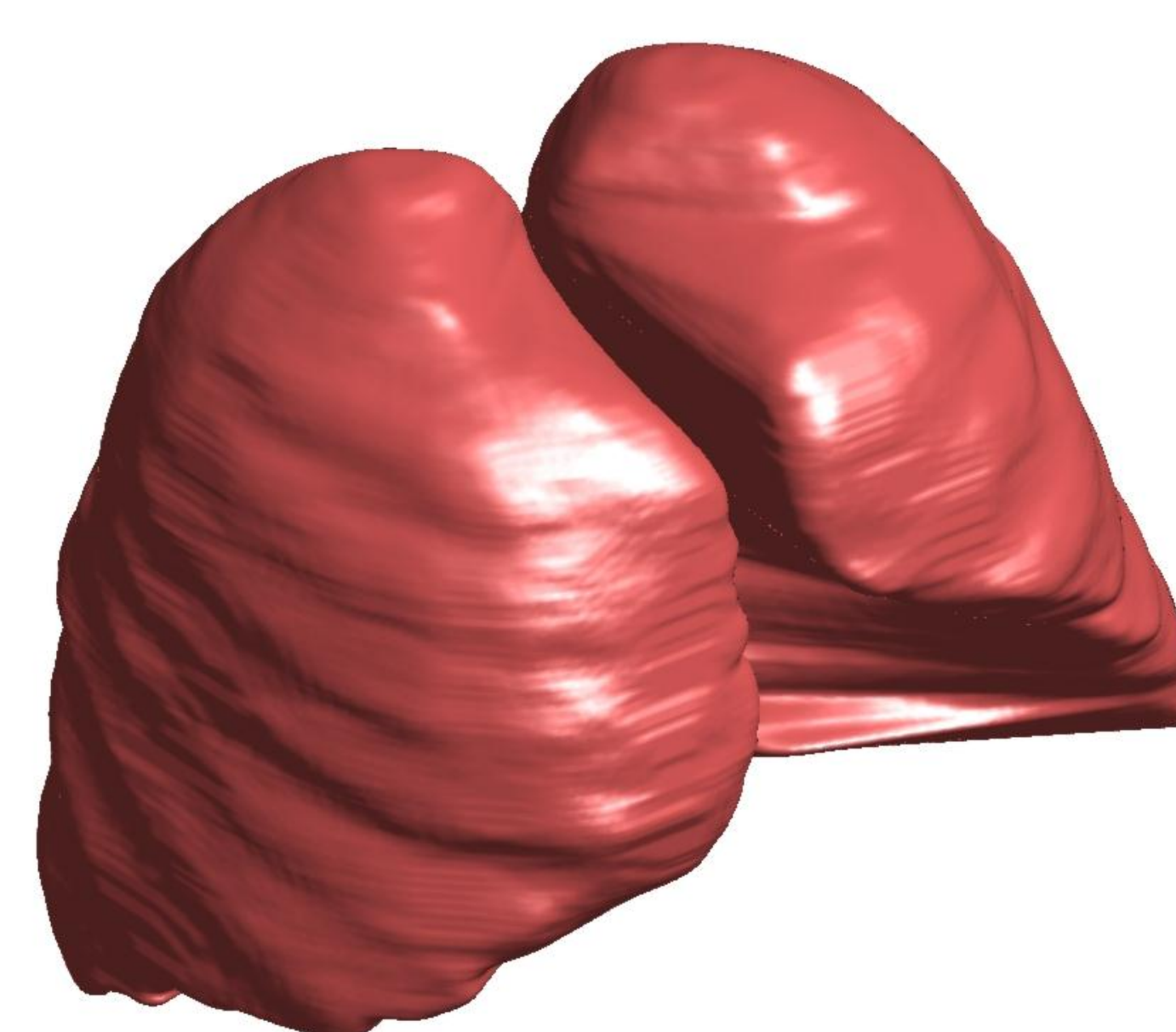
- [1] M. Pistolesi, J. Rusthoven. Malignant Pleural Mesothelioma: Update, Current Management, and Newer Therapeutic Strategies. Chest, 2004, vol. 126, no. 4, pp. 1318–1329.
- [2] T. M. I. Carl. Interreadervarianz bei der HRCT- und CXR-Befundung in einer Längsschnittstudie bei Ehemals Asbeststaubexponierten Personen. Ph.D. thesis, Medizinische Fakultät, RWTH Aachen, 2004.
- [3] K. Chaisaowong, B. Bross, A. Knepper, T. Kraus, T. Aach. Detection and Follow-up Assessment of Pleural Thickenings from 3D CT Data. ECTI-CON, 2008, vol. 1, pp. 489 – 492.
- [4] C. Bradford Barber, D. P. Dobkin, H. Huhdanpaa. The Quickhull Algorithm for Convex Hulls. ACM Transactions on Mathematical Software, 1996, vol. 22, no. 4, pp. 469–483.



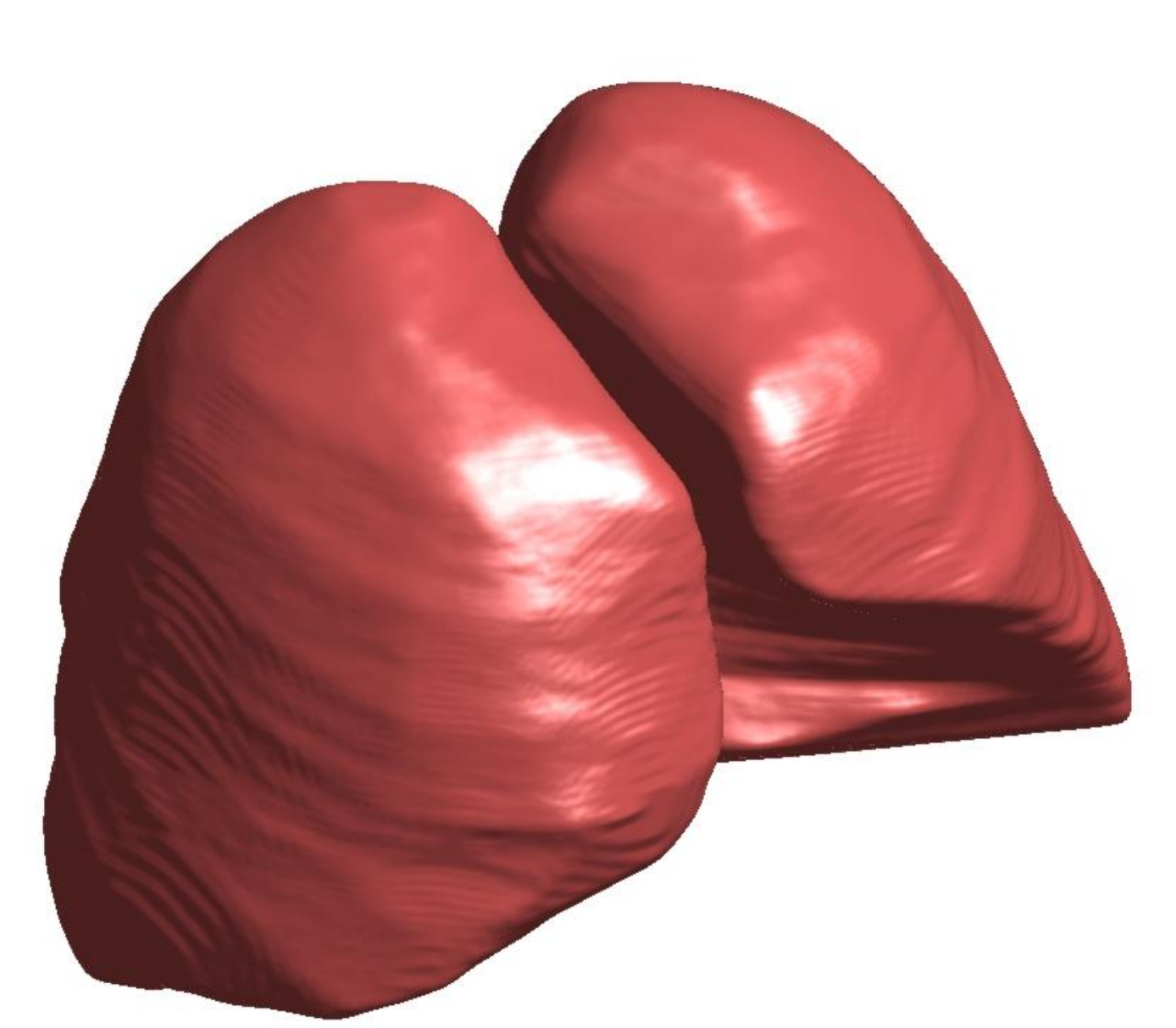
sliding convex hull principle



$n = Z$ (3D convex hull)



$n = 0$ (2D convex hull, transverse plane)



$n = 20$