

Towards automated 3D reconstruction of the human body from biplanar X-rays

Laurent Gajny, François Girinon, Matteo Bovio,
Claudio Vergari, Wafa Skalli

Journées du GTMG, July 2020



Institut de Biomécanique Humaine Georges Charpak

LBM →



Founded in 1979

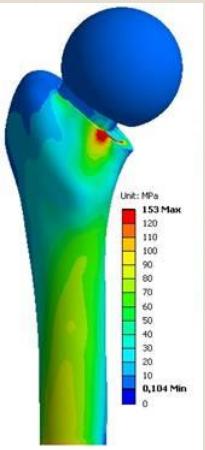
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Since 2013

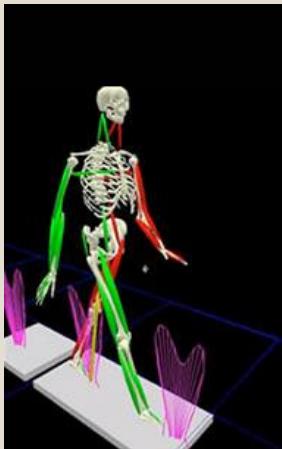


Our aim :

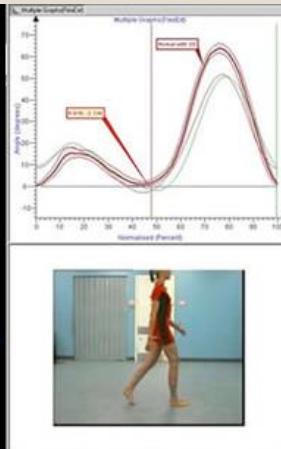
Study and model the musculoskeletal and neuromuscular systems.



Personalized 3D modeling and mechanical properties



Personalized neuromuscular control



*Validated
models*



against



real life



Biplanar radiographs : the true story



G. Kalifa
Radiologist

*Low-dose
radiographs*

*Modeling of
the spine*



W. Skalli
Biomechanist



J. Dubousset
Surgeon

*Stereo-
radiography*



G. Charpak
Physicist

*Medical Imaging
analysis*



J. De Guise
Biomedical Engineer

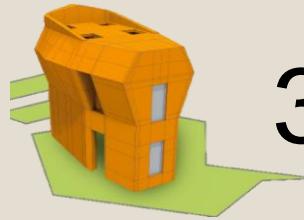


**The EOS System:
How does it work?**

First systems in hospitals in 2008.

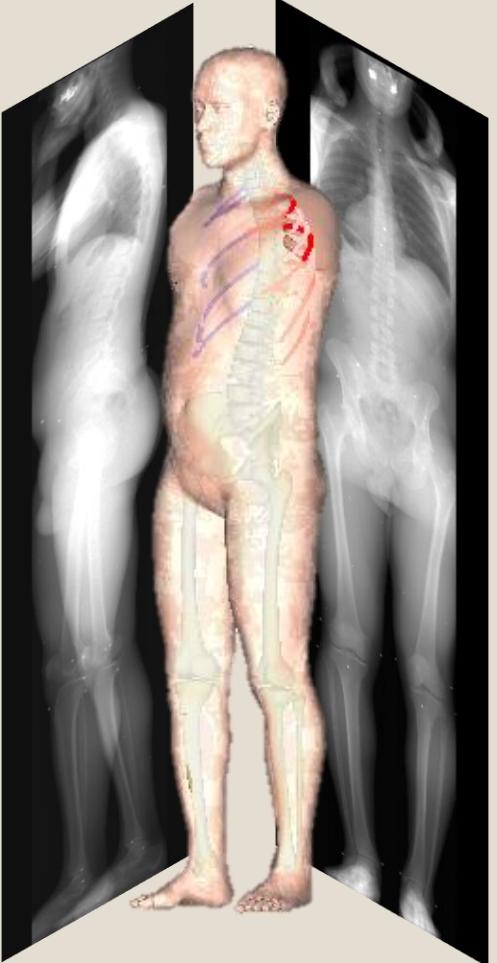
Now in 51 countries.

Around 350 machines worldwide.



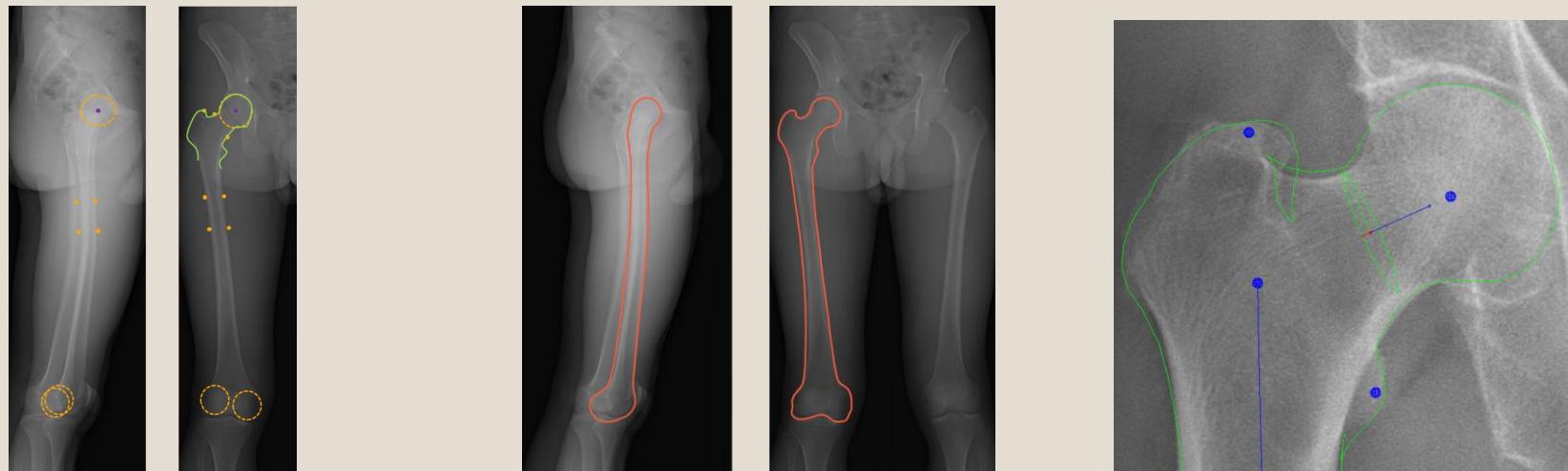
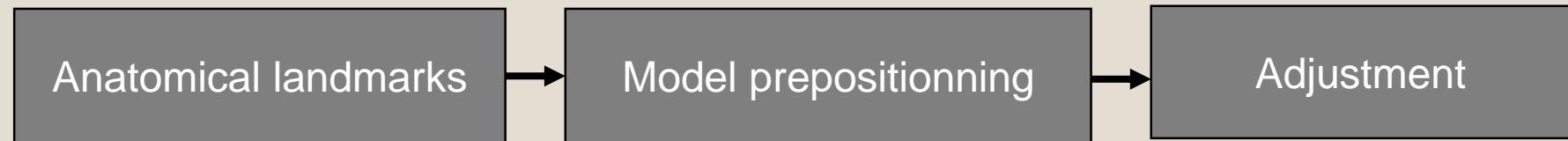
3D reconstruction from biplanar X-rays

Reproducible reconstruction methods. Some are available in clinical routine :



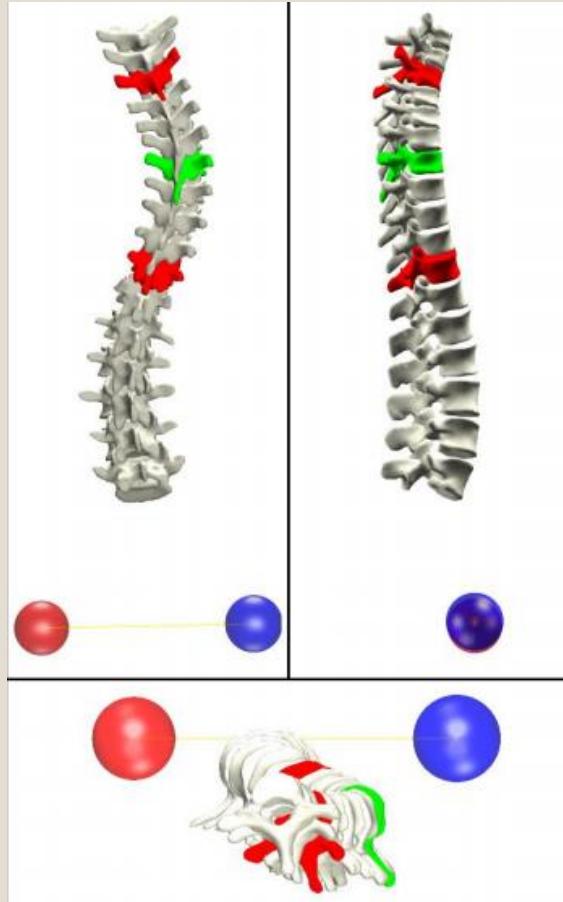
Spine : Humbert et al., 2009

Lower limb : Chaibi et al, 2012; Quijano et al., 2013



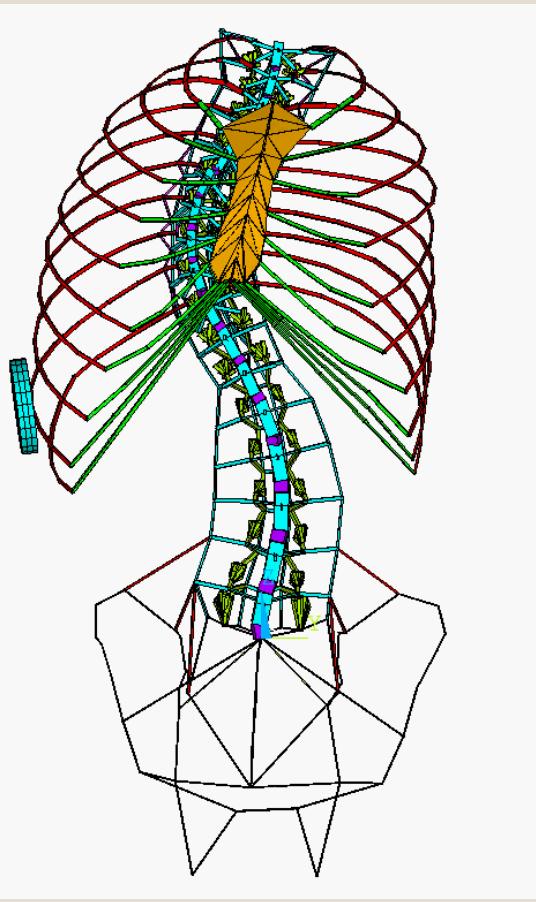


Wafa Skalli : « 3D, so what ? »



3D analysis
(Skalli et al., 2016)

02/07/2020



3D simulation
(Vergari et al., 2016)

Journées du GTMG

3D modeling is a tool.

Not the end of our work !

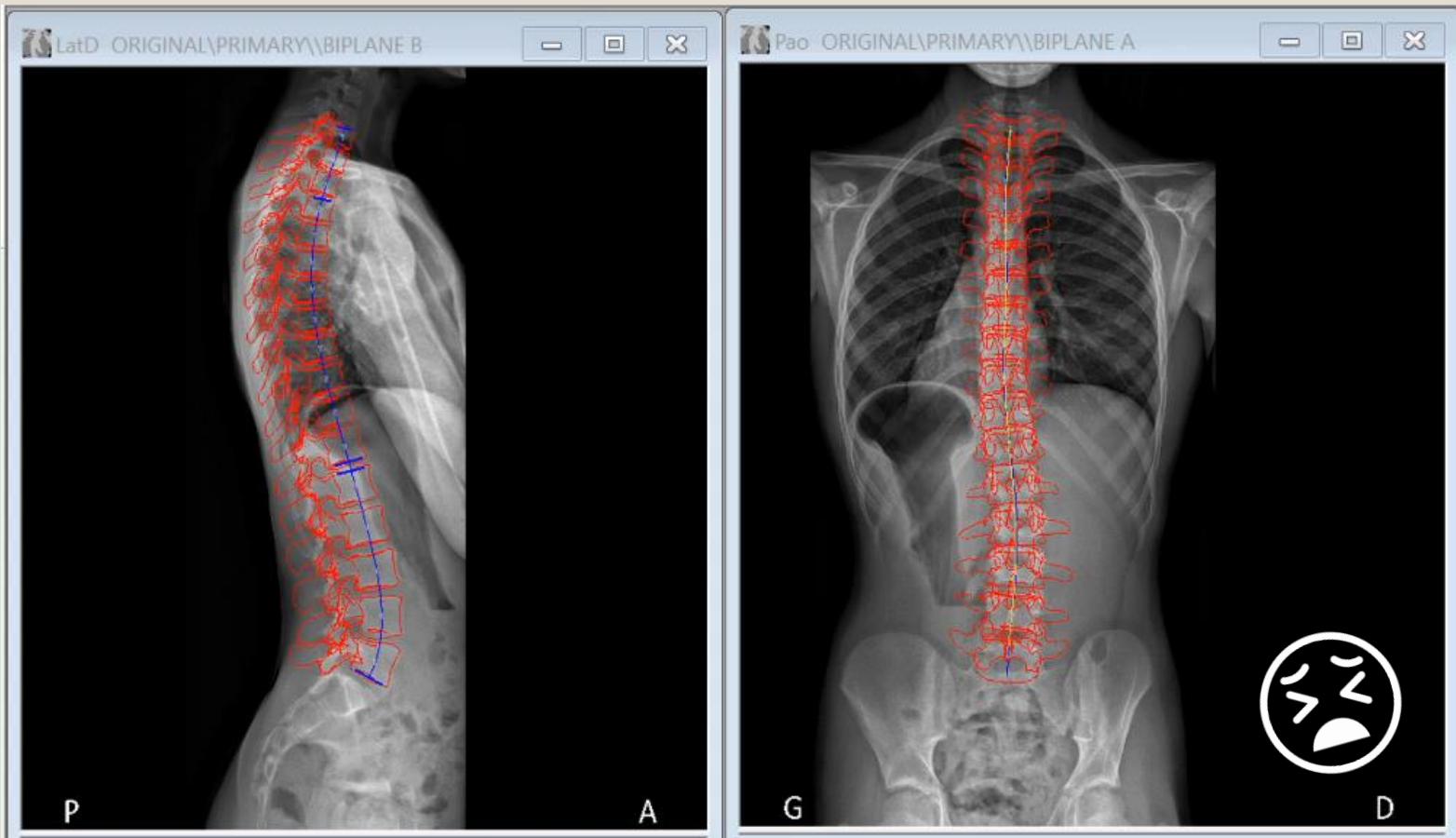
... but most of the time, the end of mine ☺

3D parameters (postural or morphological)
helps assessing quantitatively a pathology
(analysis, predictive tools)

3D simulations can help planning treatments.



A great story but ???



Internal survey, 2015

13 qualified operators responded.

3400 recons. per year !

1500h per year !

My aim :
Make these methods as automated as possible !



Outline

1

The common scheme

2

New methods

3

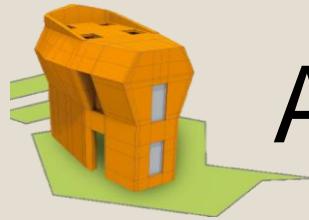
What's next ?



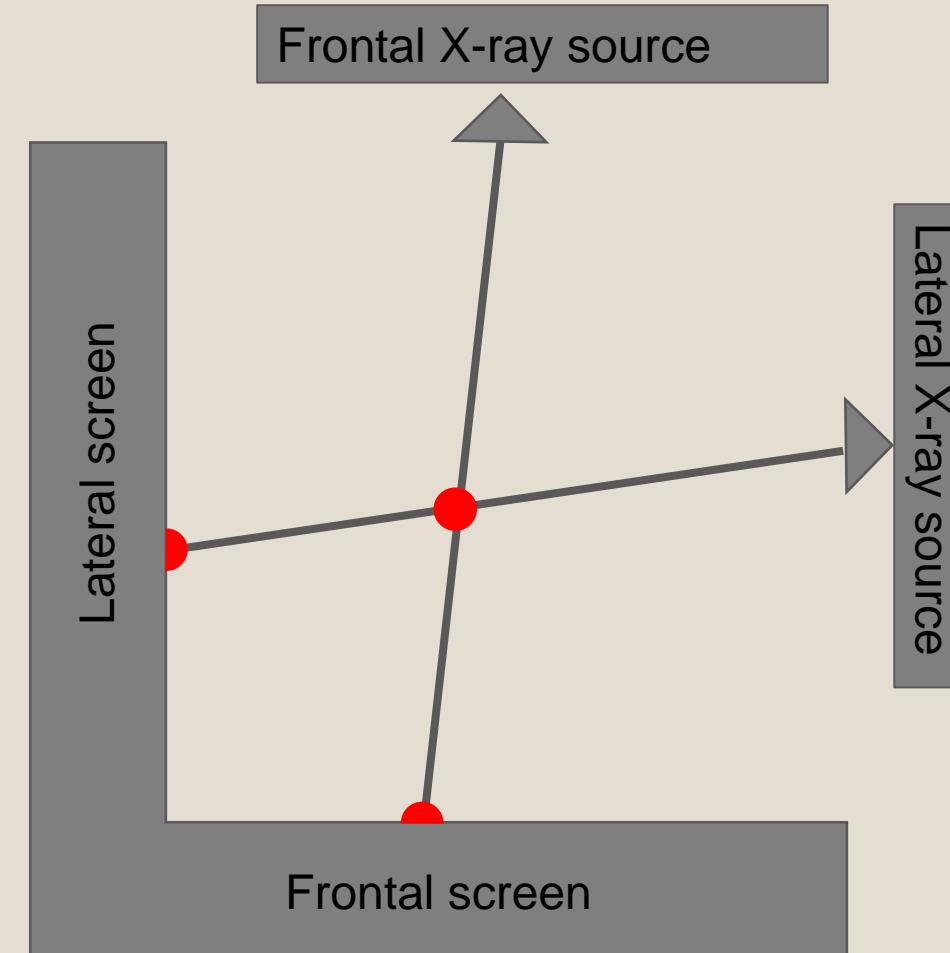
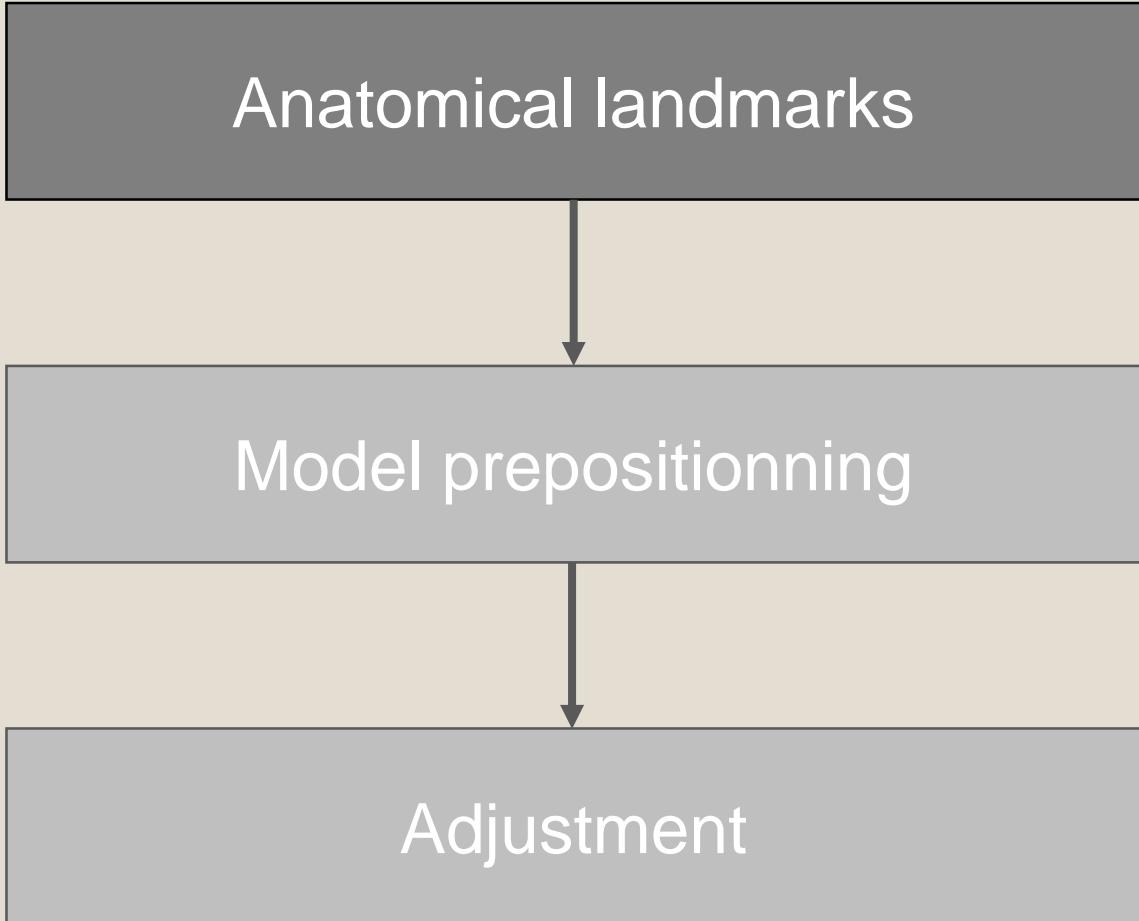
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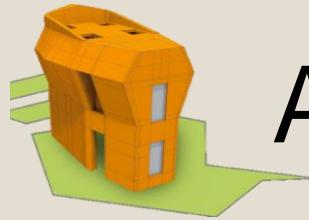
The common scheme

Toward automated 3D reconstruction of the human body from biplanar X-rays

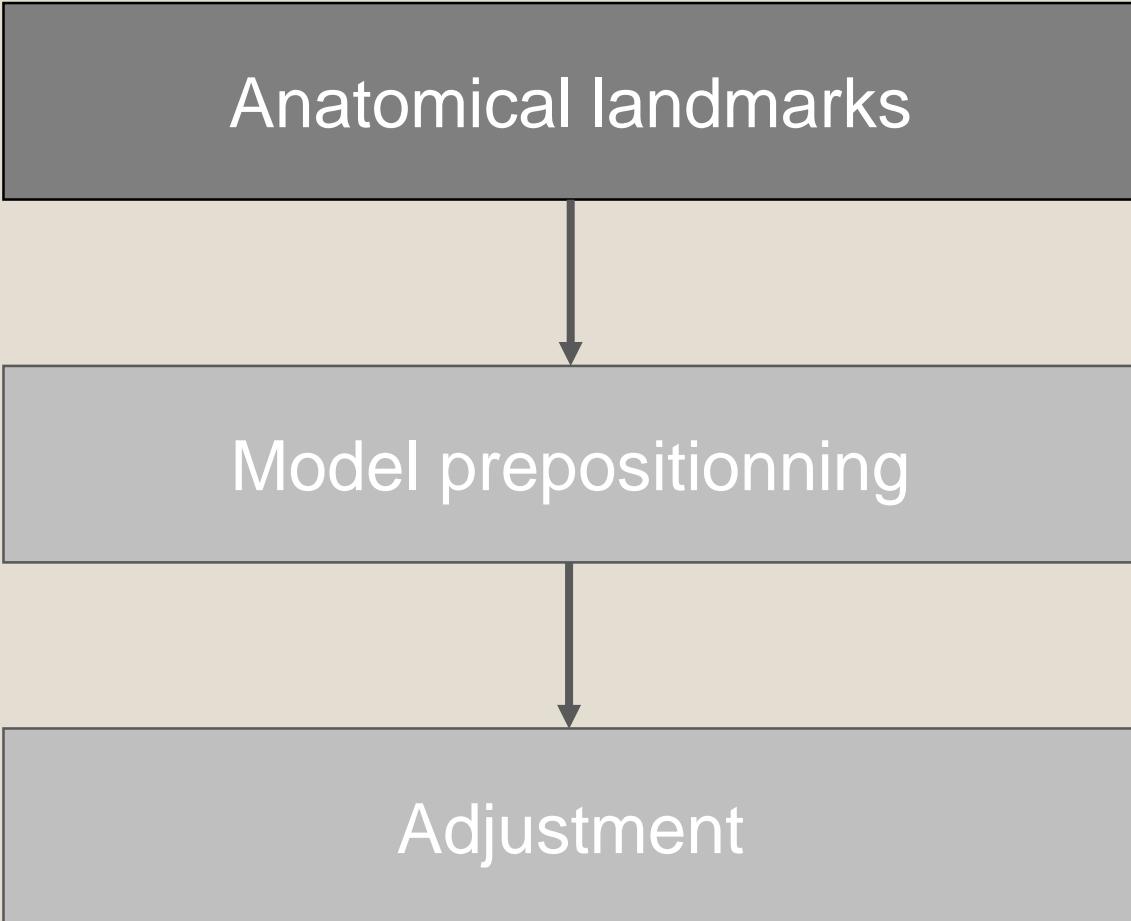


A common workflow

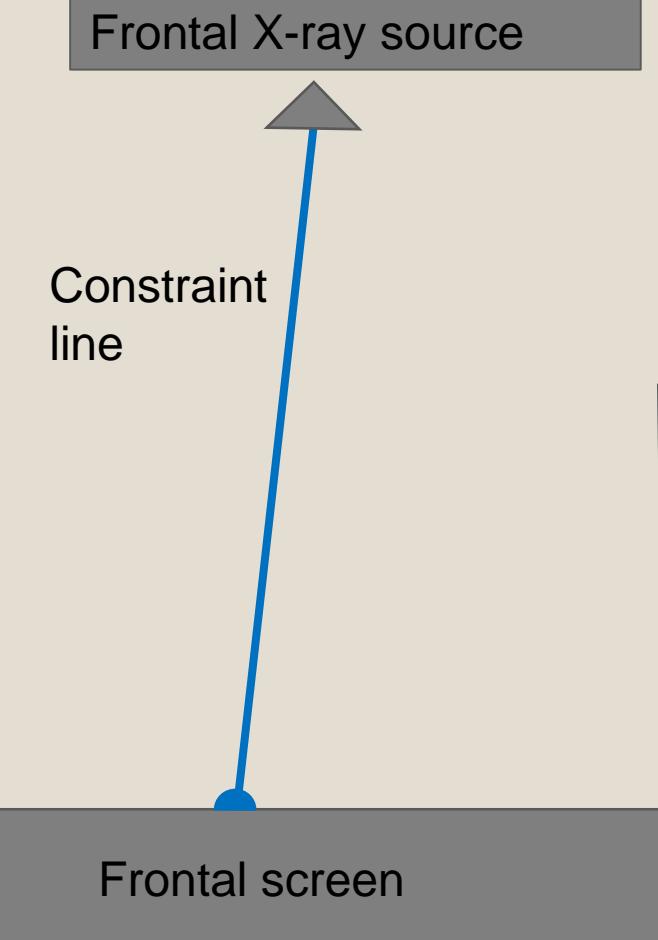




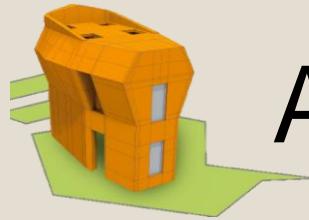
A common workflow



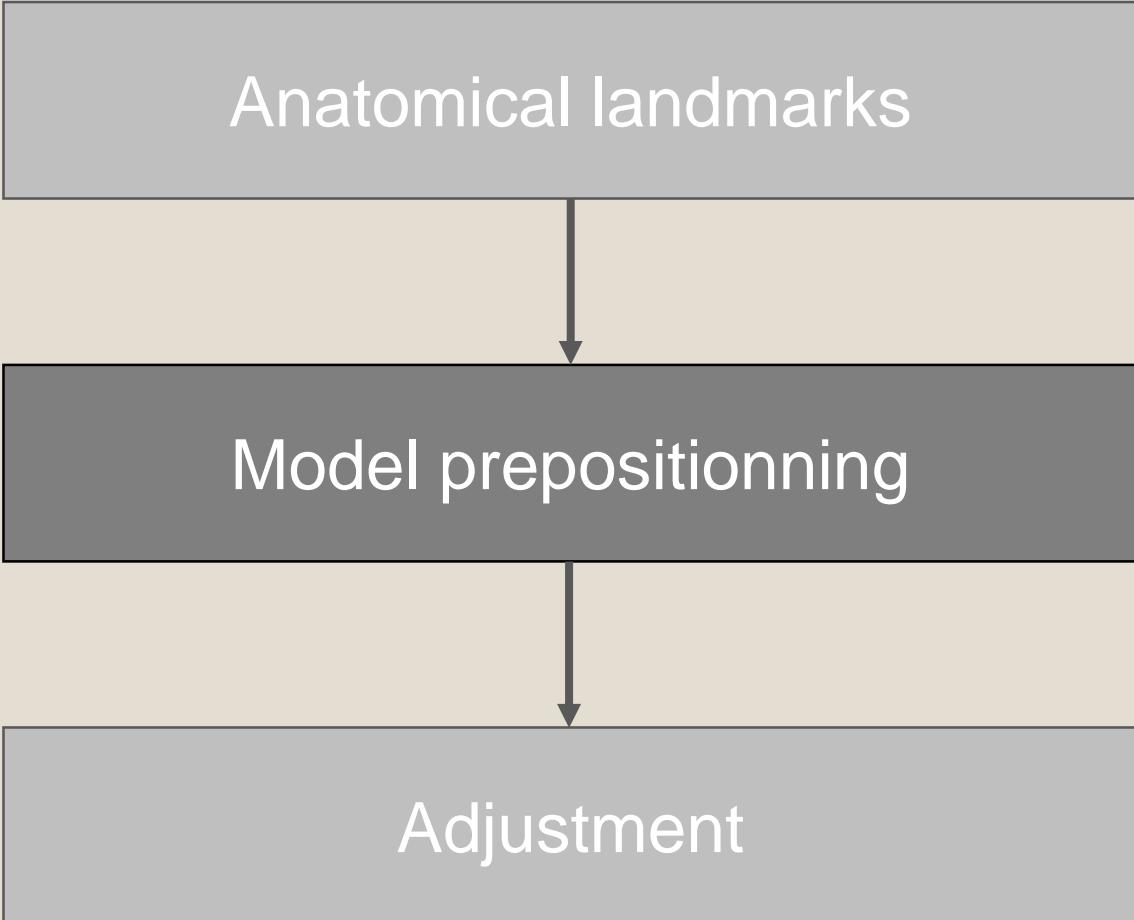
Lateral screen



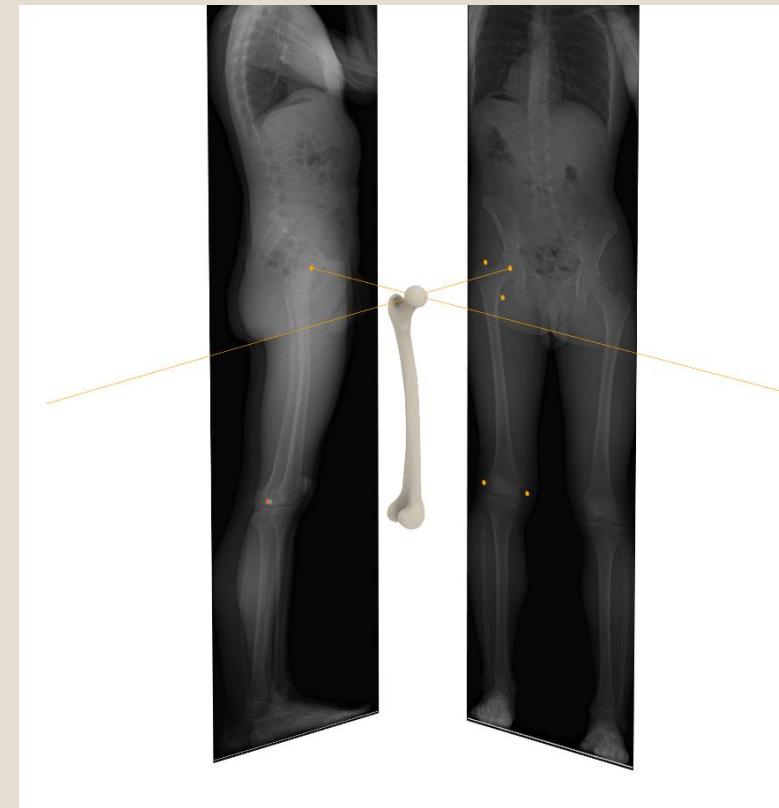
- Non-stereo-corresponding point (NSCP)

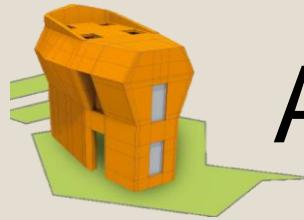


A common workflow

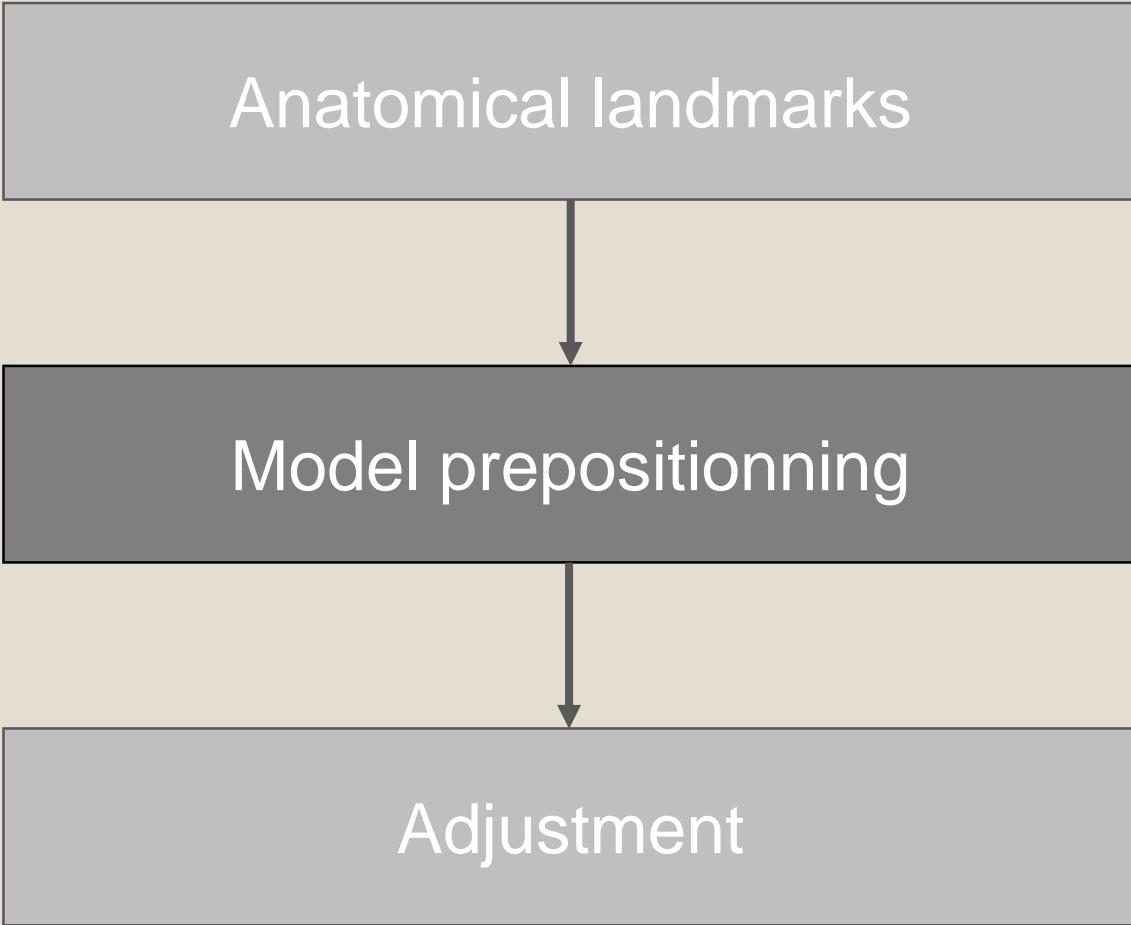


Deformation of a generic template or a statistical shape model to fit the annotated **SCP** data.

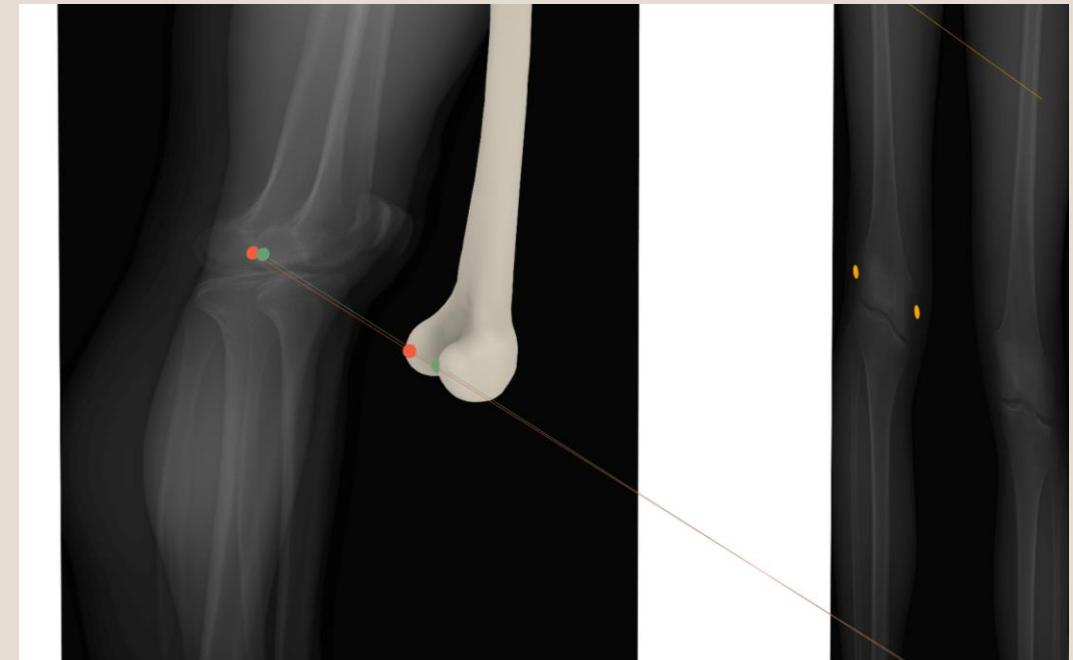




A common workflow



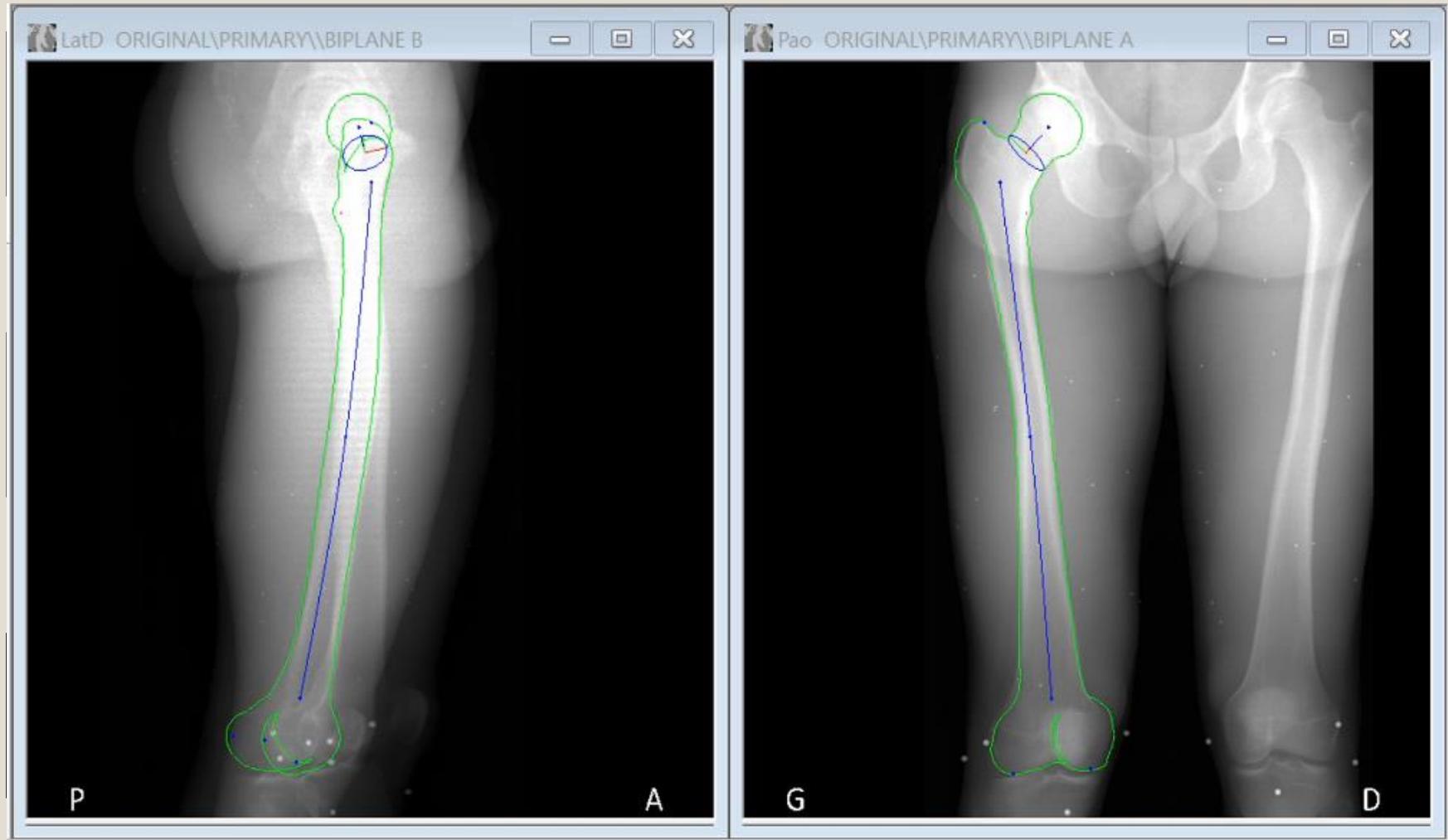
Deformation of a generic template or a statistical shape model to fit the annotated **NSCP** data.



Typical methods : Moving Least Squares (Cuno et al., 2007); Posterior Shape Model (Albrecht et al., 2013).



A common workflow



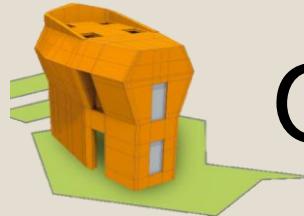
Fine **manual** deformation of a parametric model
(Moving Least Squares)

Manual contour matching possible using **kriging** **interpolation/thin plate splines**.

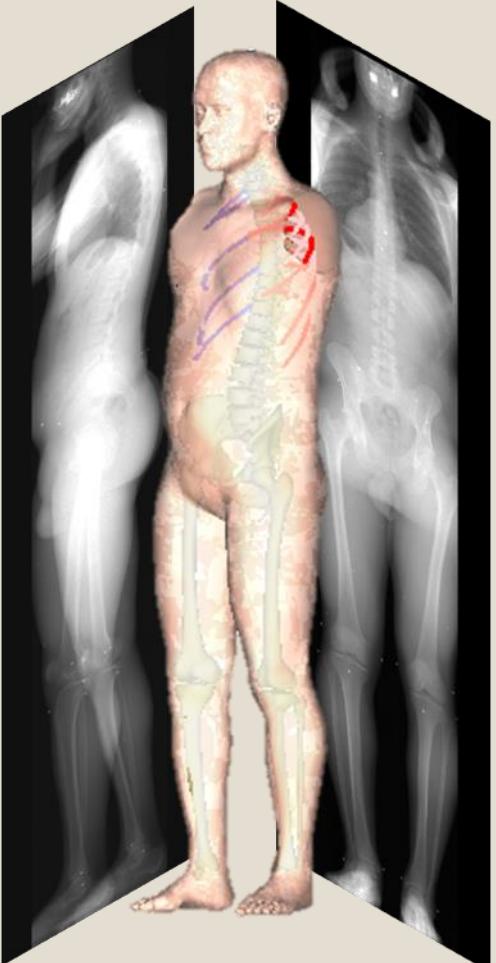


New methods

Toward automated 3D reconstruction of the human body from biplanar X-rays



Operator time. How far along are we?



2015

Spine : 10 min
Rib cage : 10 min
Pelvis : 10 min
Lower limbs : 10min
Body shape : 20 min

2020

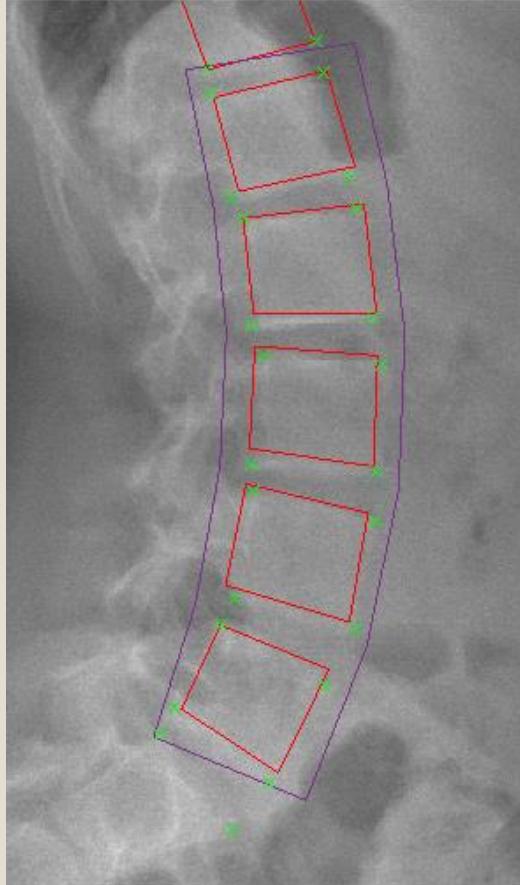
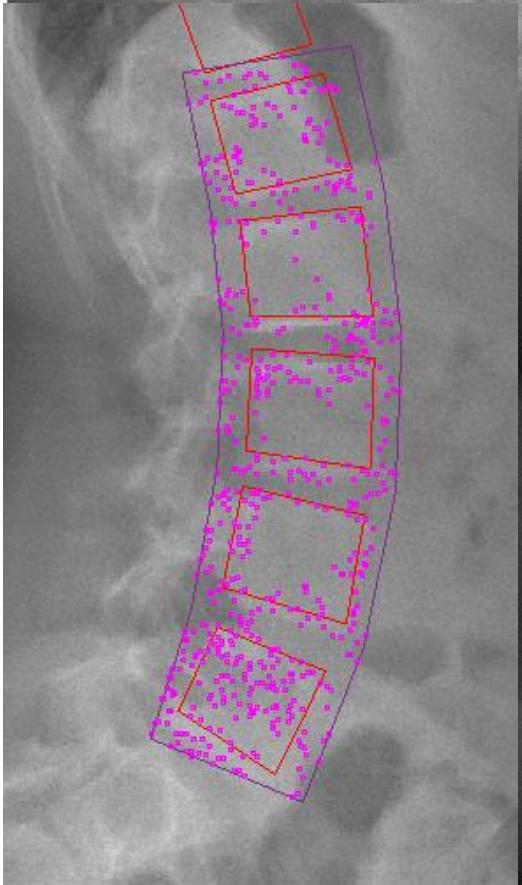
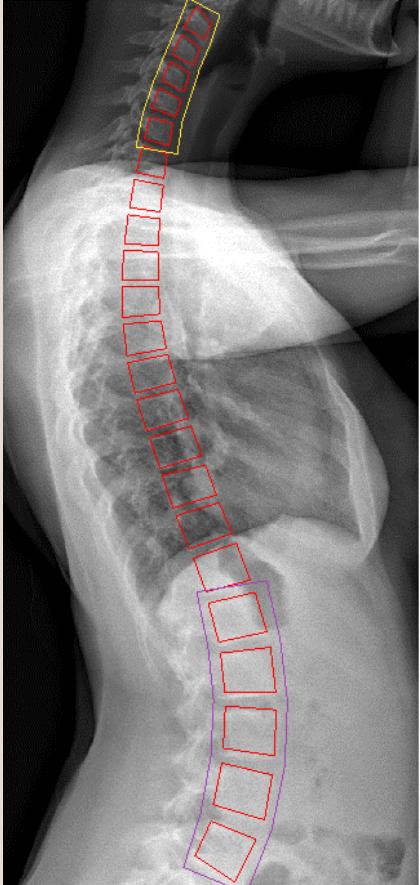
Spine : 4 min
Rib cage : 10 min
Pelvis : 2 min
Lower limb : 5min
Body shape : 10 min

The main source of improvement ?

Computer vision



A first example : landmark detection



Shahin Ebrahimi
PhD IBHGC, 2017

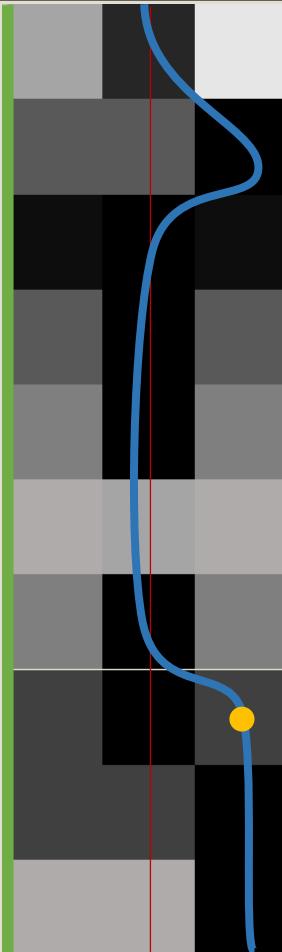
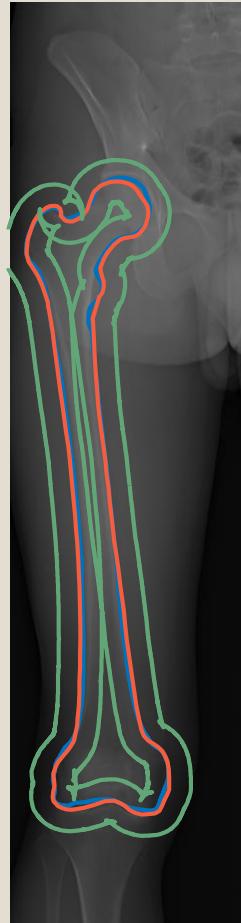
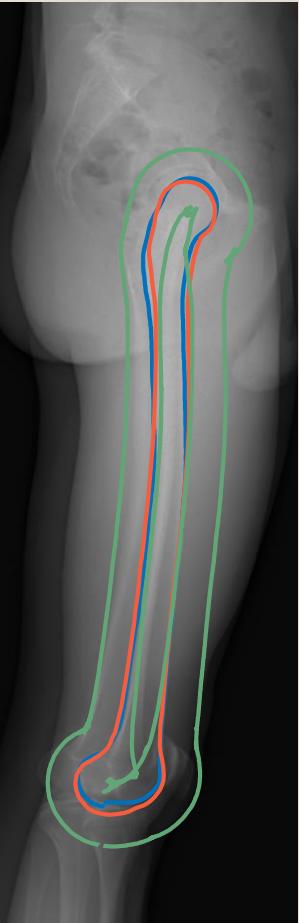
PostDoc à York
Univ., Toronto

- 1. ROI and candidate extraction**
from initial solution
- 2. Visual descriptors computation**
(image gradient, grey scale
distribution, corner descriptors)
- 3. Classification** using Random
Forest.

Shahin Ebrahimi, Laurent Gajny, Wafa Skalli & Elsa Angelini (2019) Vertebral corners detection on sagittal X-rays based on shape modelling, random forest classifiers and dedicated visual features, Computer Methods in Biomechanics and Biomedical Engineering: Imaging & Visualization, 7:2, 132-144



A second example : contour matching



François Girinon
PhD IBHGC, 2018

R&D Engineer
IMACTIS Grenoble

An iterative shortest-path algorithm
based on 3 costmaps :

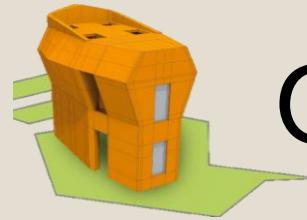
1. **Oriented gradient** Chav et al., 2015
2. **Statistical cost** based on a built-in Statistical Shape Model.
3. **Manual annotation costmap**

François Girinon, Laurent Gajny, Shahin Ebrahimi, Louis Dagneaux, Philippe Rouch & Wafa Skalli (2020) Quasi-automated reconstruction of the femur from bi-planar X-rays, Computer Methods in Biomechanics and Biomedical Engineering: Imaging & Visualization.



What's next ?

Toward automated 3D reconstruction of the human body from biplanar X-rays



Our next objective : fully automated methods

Anatomical landmarks



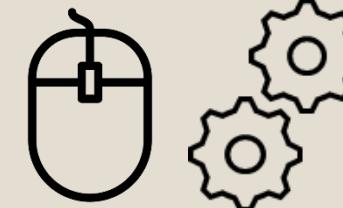
Now !



Model prepositionning

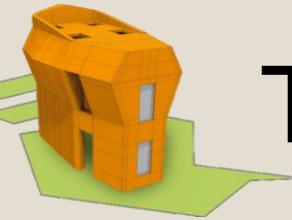
DEEP LEARNING !

Adjustment



From 2015 to 2020





Towards massive data ? The spinal midline

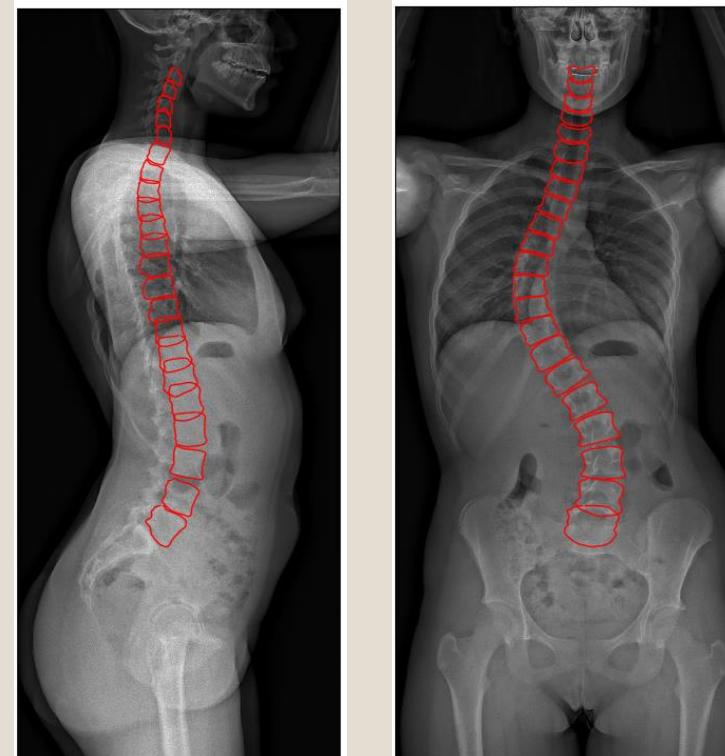
Database : 138 patients. Radiographs and reconstructions.



3D vertebral body



projection



3D model from new method

Reference segmentation

Zixin Yang
MSc. BME Paris, 2019



PhD Student,
Rochester Institute of
Technology (USA)

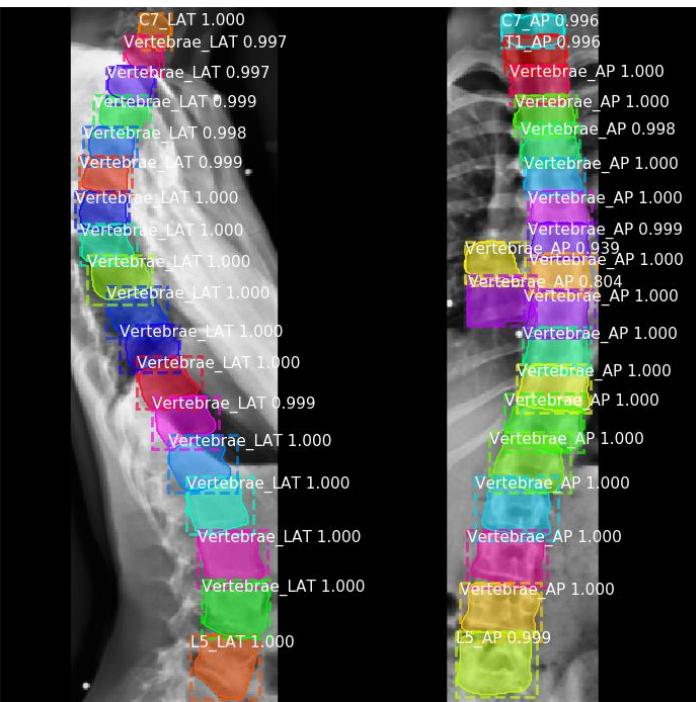
His aim was :

Segment the spine and extract
the spinal midline :

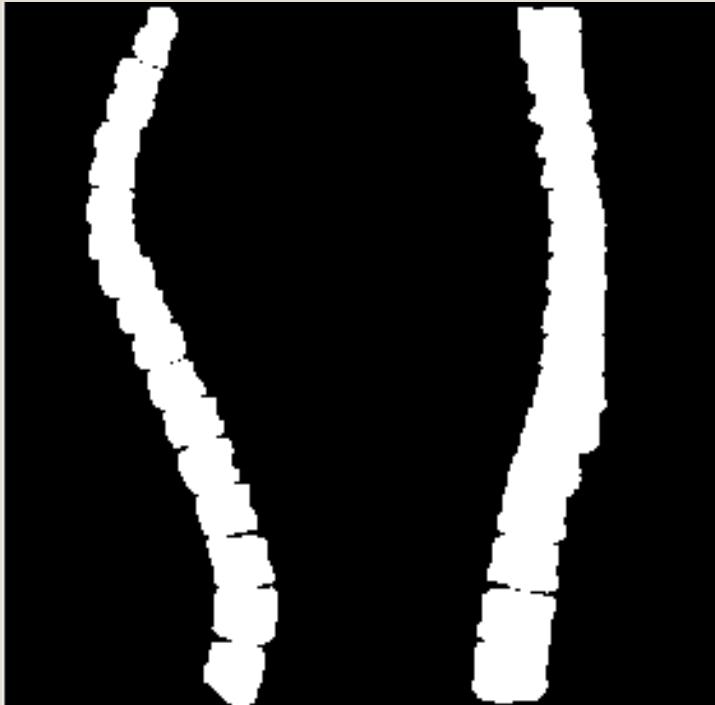
A key-element for
prepositionning the 3D model !



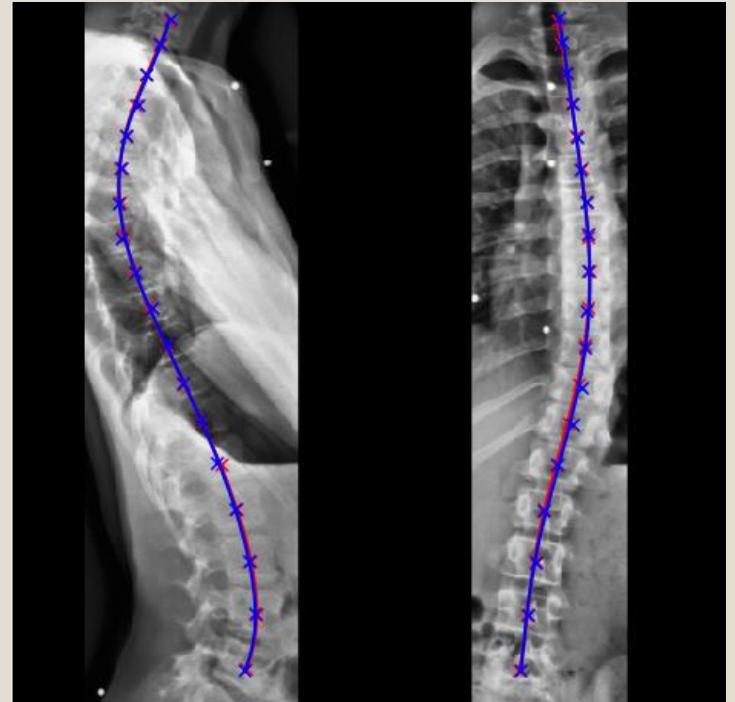
Pipeline of the method



Segmentation using
Mask R-CNN



Binary mask after
post-processing



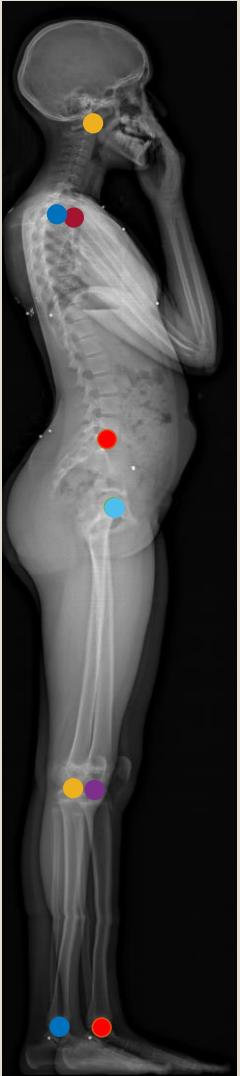
Skeletization

Mean RMSE (lateral) : 1mm
Mean RMSE (frontal) : 2mm

Zixin Yang, Wafa Skalli, Claudio Vergari, Elsa Angelini, Laurent Gajny. Automated spinal midline delineation on biplanar X-rays using Mask R-CNN. In: Tavares J., Natal Jorge R. (eds) VipIMAGE 2019. VipIMAGE 2019. Lecture Notes in Computational Vision and Biomechanics, vol 34. Springer, Cham.



Our next move



Matteo Bovio
PhD student, 2020

Full-body approach

Why ?

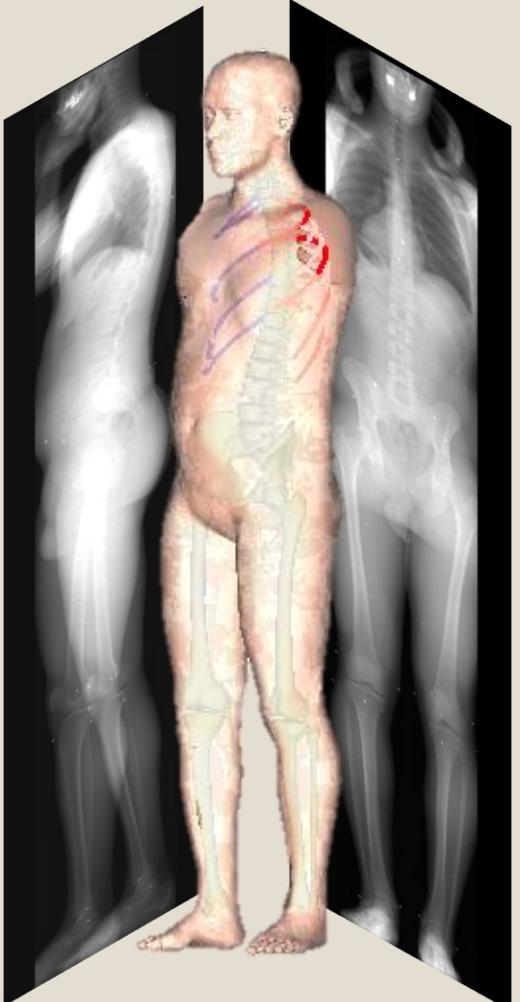
Postural pathologies usually affects the full body.

Separated methods lead to interpenetration.

Cumulated reconstruction time is still important.



Concluding remarks

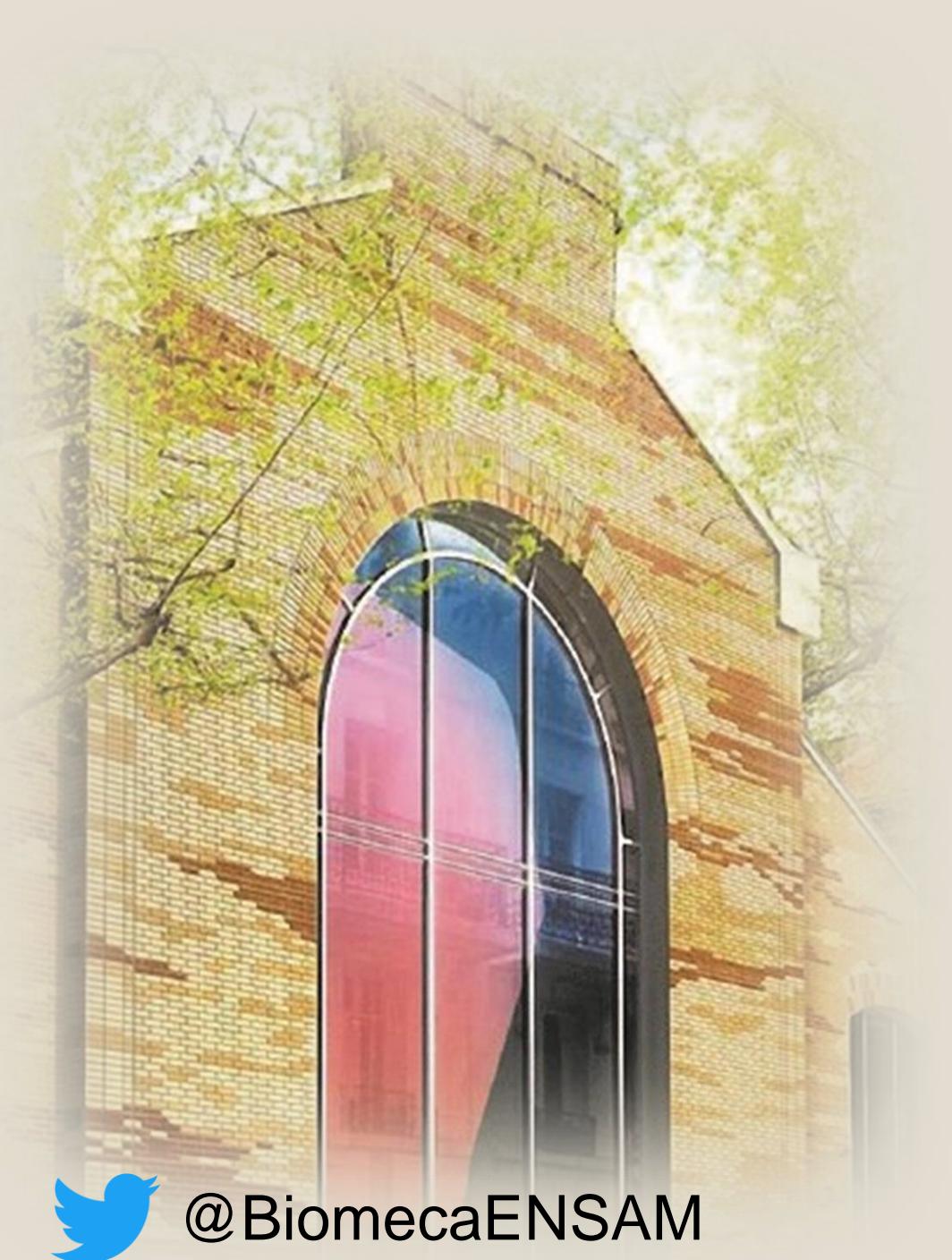


Stereoreconstruction of anatomic structures from a couple of X-rays is feasible.

More, it is done and validated !

Many improvements for automation.
But It still requires a bit of manual intervention.
A hindrance to large-scale clinical deployment !

Computer vision, in particular deep learning, will solve this soon.



@BiomecaENSAM



Thank you for your attention !

Special thanks to the BiomecAM chair program sponsors :

