

# Medical Imaging Research Laboratory



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# A FULLY AUTOMATIC AND MULTI-STRUCTURAL SEGMENTATION OF THE LEFT VENTRICULE AND MYOCARDIUM ON HIGHLY HETEROGENEOUS 2D ECHOCARDIOGRAPHIC DATA

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### Introduction

CONTEXT : Segmentation of the heart structures in 2D ultrasounds (US) is the first step to assess cardiac functionality

**LOCK** : It still requires unreproducible manual interactions

OBJECTIVE : Automate multi-structural segmentation in 2D US

#### **D PROPOSITION** :

# Results

### EXPERIMENT

DATABASE : 200 train patients and 50 test patients segmented at both End Diastoly (ED) and End Systoly (ES)

- **STRUCTURES** : Left ventricule (LV) and Myocardium (Myo)
- METRICS : Dice, Hosdorff distance (HD) and Mean Average
  Distance (MAD) in many
- Emphasize contextual information in US images
- Adapt Structured Random Forests to multiclass segmentation (MS-SRF)

**Compare it to semi-automatic Active Appearance Models (AAM)** 



Distance (MAD) in mm

COMPARISON : To the AAM algorithm, which requires 5 initialization points to perform the segmentation

MS-SRF-r : Statistical results without the 6 worst cases, indicator of the potential of our method

	OUTCOME						
	Struct	Algorithm	Dice	HD	MAD		
ED	LV	AAM MS-SRF MS-SRF-r	$0.90{\pm}0.04$ $0.92{\pm}0.03$ $0.92{\pm}0.03$	$7.24 \pm 2.77$ $8.20 \pm 4.77$ $7.41 \pm 3.91$	2.84±1.20 2.13±0.91 2.04±0.86		
	Муо	AAM MS-SRF MS-SRF-r	$0.92{\pm}0.03$ $0.88{\pm}0.08$ $0.90{\pm}0.05$	7.51±2.37 8.51±6.9 6.73±3.89	$2.91{\pm}1.10$ $2.42{\pm}1.95$ $2.01{\pm}0.85$		
	Struct	Algorithm	Dice	HD	MAD		
	LV	AAM MS-SRF	0.89±0.06 <b>0.93±0.04</b>	<b>6.9±3.04</b> 10.23±5.44	<b>2.25±1.29</b> 2.88±1.44		

-0		MS-SRF-r	$0.93 {\pm} 0.03$	$9.04{\pm}4.24$	$2.57 \pm 1.17$
23	Myo	AAM MS-SRF MS-SRF-r	$0.93 {\pm} 0.03$ $0.90 {\pm} 0.08$ $0.92 {\pm} 0.04$	<b>6.64±2.16</b> 12.71±13.14 8.77±4.50	<b>2.43±0.9</b> 3.33±2.53 2.53±1.16

#### VISUALS (MS-SRF)



### **Discussion and Conclusion**

Above results show performance on par with a semi-automatic state of the art method

- The MS-SRF showed difficulties on specific patients with especially low contrast or unusual intensity patterns
- Robustness may be further improved by learning more data, adding shape priors and using more discriminative features

References: (1) P. Dollar, and C. L. Zitnick. "Fast edge detection using structured forests"
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(3) T. F. Cootes, G. J. Edwards, and C. J. Taylor, "Active Appearance Models"







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