

**Computational Anatomy & Physiology**  
**M2 BioComp 2013-2014**

<http://www-sop.inria.fr/teams/asclepios/cours/M2-CompBio-2013-2014/>

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*X. Pennec*  
**Introduction to medical image  
 acquisition & treatment**



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<http://www-sop.inria.fr/asclepios>

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**Computational Anatomy & Physiology**  
**M2 BioComp**

Tue. Oct. 1 (9-12 AM): Introduction to Medical Image Analysis [XP]

Tue. Oct 8 (9-12 AM): Medical Image Registration [XP]

Tue. Oct 29 (9-12 AM): Biomechanics [HD]

Tue. Nov 5 (9-12 AM): Statistics on Riemannian manifolds and Lie groups [XP]

Tue. Nov 12 (9-12 AM): Manifold valued image processing: the tensor example [XP]

Tue. Nov 19 (9-12 AM): Non-linear registration and statistics on deformations [XP]

Tue. Nov 26(9-12 AM): Cardiac & Tumor Growth Modelling [HD]

Tue. Dec 3(9-12 AM): Exam [Xavier Pennec & Herve Delingette]

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**Course overview**


→ **Introduction**

- **Image acquisition**
  - Tomography
  - Nuclear medicine
  - MRI
- **Image processing**

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**1632...**



Rembrandt: The anatomy lesson of Dr. Tulp

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**1895**



Roentgen

First Nobel prize  
 in Physics in 1901

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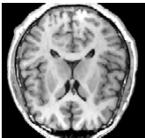
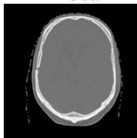
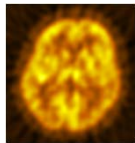
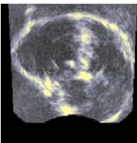
**Different imaging modalities**

- X-ray
- Magnetic resonance imaging
  - anatomic, functional, angiographic, diffusion, spectroscopic, tagged
- Transmission Tomography (X Scan)
- Nuclear Medicine :
  - Positron emission tomography (PET)
  - Single photon emission tomography (SPECT)
- Ultrasonography
- Histological Imaging, confocal in-vivo microscopy, molecular imaging,...

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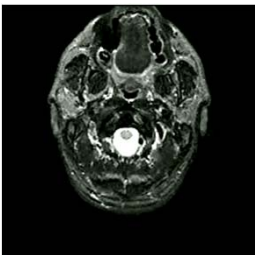
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**Today**

<p>Density and structure of protons</p> <p style="text-align: center;"><b>MRI</b></p> 	<p>X-ray absorption density</p> <p style="text-align: center;"><b>X-Scan</b></p> 
<p>Density of Radioactive isotopes</p> <p style="text-align: center;"><b>PET / SPECT</b></p> 	<p>Variations of acoustic impedance</p> <p style="text-align: center;"><b>Ultrasounds</b></p> 

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**Volumetric images**

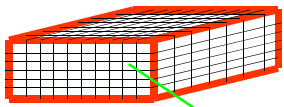


T2 MRI

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**Volumetric images**

Discrete representation of part of a body described by a 3 dimensional matrix of voxels



$M(i,j,k) = I(x,y,z)$

$I(x,y,z)$  measures some physical, chemical properties of the human body in one volume element

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- **Introduction**
- **Image acquisition**
  - Tomography
  - Nuclear medicine
  - MRI
- **Image processing**

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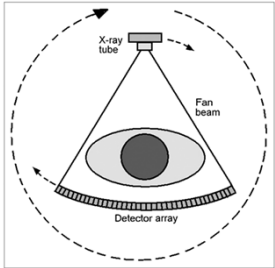
**Tomography**

**Reconstruction from projections**

- **X-Scan (tomodensitometry)**
- **Nuclear medicine**
- **MRI (historical)**

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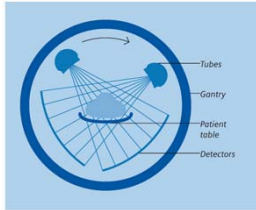
**Tomography**



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### Sequential CT

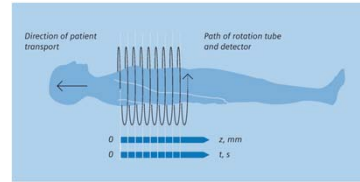
- X-ray tube and detectors rotate 360 deg
- Patient table is stationary
- Produce one cross-sectional image
- Move table and acquire next slice



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### Spiral (3D) CT

- X-ray tube and detectors rotate 360 deg
- Patient table is continuously moving
- Produce an helix of image projections
- 3D reconstruction



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### 1D Fourier Transform

- Direct

$$f(x) \xrightarrow{TF_{1D}} F(X) = \int_{-\infty}^{+\infty} f(x) e^{-i2\pi x X} dx$$

- Inverse

$$F(X) \xrightarrow{TF_{1D}^{-1}} f(x) = \int_{-\infty}^{+\infty} F(X) e^{i2\pi x X} dX$$

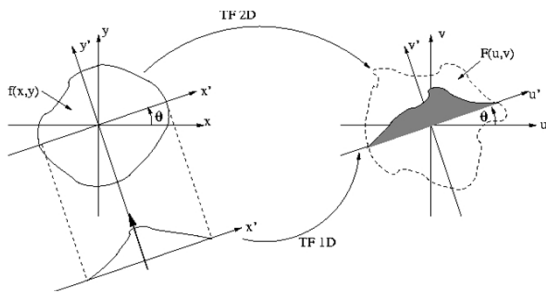
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### Fourier for tomography

The 1D Fourier transform of a 1D projection of the original 2D image is equal to the 1D slice in the same direction of the 2D Fourier transform of the original image.

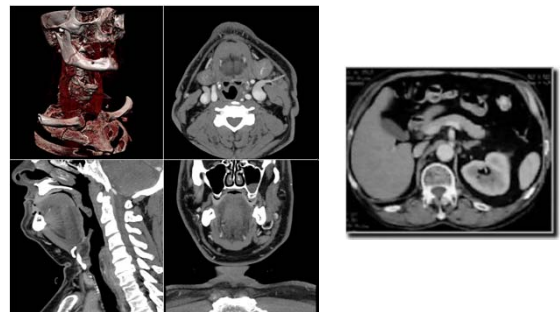
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### Fourier for tomography



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### Tomotensitometrie (Scanner X)



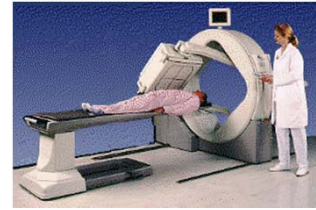
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## Course overview

- **Introduction**
- **Image acquisition**
  - Tomography
  - **Nuclear medicine**
  - MRI
- **Image processing**

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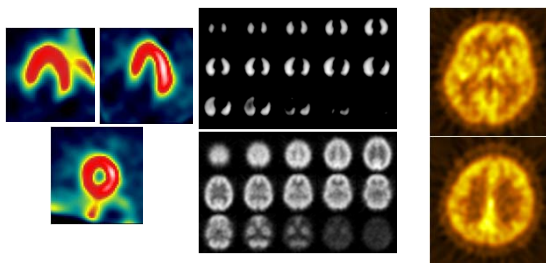
## Nuclear Medicine



Density of radioactive tracers

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## Nuclear Medicine



SPECT: (gamma camera) Single photon emission tomography

PET: Positron emission tomography

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## Nuclear Medicine / radioactivity

- **Nucleus (Rutherford)**

A = nucleon number	Isobars	A = constant
Z = proton number	<b>Isotopes</b>	Z = constant
N = neutron number	Isotones	N = constant
- **Radioactivity (Curie)**

Alpha:	Helium nucleus
Beta:	1/ electron $\beta^-$ 2/ positron $\beta^+$ → 2 photons $\gamma$ (511 keV)
Gamma:	<b>Photon</b>

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## Nuclear Medicine / radioactivity

- **Radioactive Decay Law**
- $N(t)$  : number of radioactive nuclei
- $N_0$  : number of nuclei at  $t=0$
- $\lambda$  : radioactive constant (probability of disintegration)

$$N(t) = N_0 e^{-\lambda t}$$

- $T$  : half-life period  $\lambda T = \ln(2)$

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## Principle of gamma imaging

- Introduction into the patient body of a couple (**radio-isotope / vector molecule**)
 

Vector Molecule	⇒	Targets organ
Radio-isotope	⇒	Detection of the molecule
- **Emission imaging : the targeted organ emits the  $\gamma$**
- **Artefacts :**
  - Diffusion into the body
  - Auto-attenuation by the organ
  - distortion dues to the detector ( $\gamma$ -camera)

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### Principle of gamma imaging

- **Information given by the image**
  - ⇒ Reflect the metabolic function of the organ
  - ⇒ *Metabolic* or *functional imaging*
  - Local relative concentration (relative)
  - Concentration evolution during time
  - Possible quantitative measures
- **Vector molecules :**  
drug, protein, blood cells, ...

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### Single photon gamma imaging

- **Radio-isotopes**

Single photon emitters			
Technetium Tc 99m	6 h	140 kev	Portative generator
Iodine I 131	8 j	360 kev	Reacteur (fission)
Iodine I 123	13 h	159 kev	Cyclotron (industry)
Thallium Tl 201	73 h	80 kev	Cyclotron (industry)

Krypton (Kr 81 m), Gallium (Ga 67), Indium (In 111), Xenon (Xe 133, gaz)

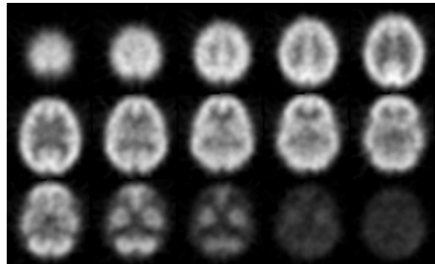
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### Single photon gamma imaging

- **Detection**  
 $\gamma$ -camera: scintillation crystals (NaI), photomultipliers  
 Collimators: to measure the  $\gamma$  rays arriving in a known direction (tomography assumptions)
- **Single Photon Emitting Computed Tomography (SPECT)**
- **Images = projection of the volume on a plane**

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### Single photon gamma imaging

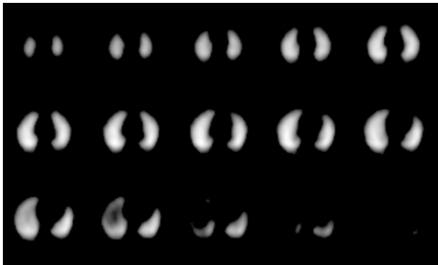


**Brain**

**Necrosis: hypo fixation      Tumor: hyper fixation**

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### Single photon gamma imaging

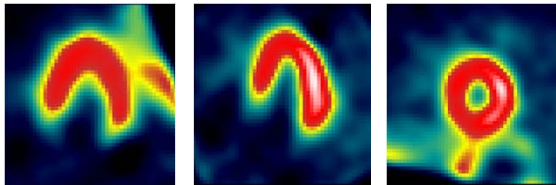


**Lungs**

- **Bronchopneumopathy:** change of texture
- **Pulmonary embolism:** change of morphology

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### Single photon gamma imaging



**Heart (myocardium perfusion)**

- **Stress/rest exam**

perfusion	/ perfusion	⇒ Healthy area
perfusion	/ (hypo/non-)perfusion	⇒ Zone at risk (ischemia)
(hypo/non-)perfusion	/ (hypo/non-)perfusion	⇒ Infarcted Area

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### Positron emission tomography (PET)

- Radio-isotopes**

Emission : positron ( $\beta^+$ )  $\rightarrow$  Annihilation  
 $\rightarrow$  2 photons of 511 keV at  $180^\circ$

Positron emitters		
Carbon $^{11}\text{C}$	20 mn	cyclotron (medical)
Nitrogen $^{13}\text{N}$	10 mn	cyclotron (medical)
Oxygen $^{15}\text{O}$	2 mn	cyclotron (medical)
Fluor $^{18}\text{F}$	112 mn	cyclotron (medical)

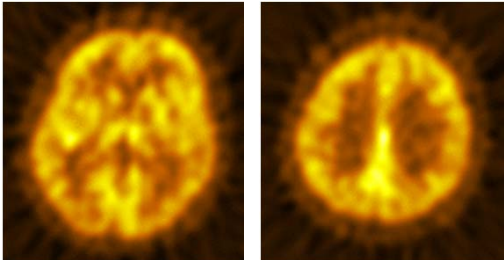
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### Positron emission tomography (PET)

- Physiological molecules**
  - water  $\rightarrow \text{H}_2\text{O}^{15}$
  - glucose  $\rightarrow$  fluoro-deoxyglucose ( $\text{F}^{18}\text{DG}$ )
- Detection**  
*Positron camera:* scintillation crystals (NaI) and photomultipliers *diametrically opposed*.  
 Detection of coinciding of annihilation photons
- Image(s) = projection of the radioactive volume on a plane**

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### Positron emission tomography (PET)




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### Course overview

- Introduction**
- Image acquisition**
  - Tomography
  - Nuclear medicine
  - MRI
- Image processing**

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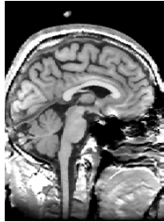
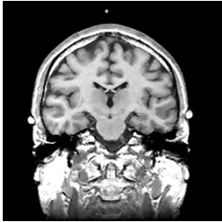
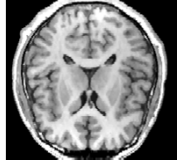
### Magnetic resonance imaging



**Density and structure of protons**

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### Magnetic resonance imaging

Sagittal
Coronal or Frontal
Axial or Transverse

dimension: 256 x 256 x 128      résolution: 1x1x1.5 mm

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### MRI: a few dates

- 1946: MR phenomenon - Bloch et Purcell
- 1952: Nobel prize - Bloch et Purcell
- 1950-1970: development but no imaging
- 1980: MRI feasibility
- 1986 - ...: real development

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### MRI: One modality with multiple sequences

- Anatomic MRI: T1, T2, DP weighted images
- Angiographic MR
- Functional MR: cognitive studies
- Diffusion MR: brain connectivity
- MR Spectroscopy

No absolute quantification

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### Plan du Cours

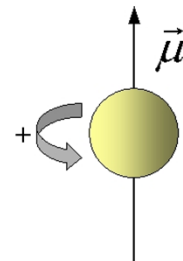
- Introduction
- Tomography
- MRI
  - Magnetic resonance
    - The molecular level
    - The macroscopic level
    - resonance
- Nuclear medicine

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### Magnetism at the molecular level

Electric charges in motion:

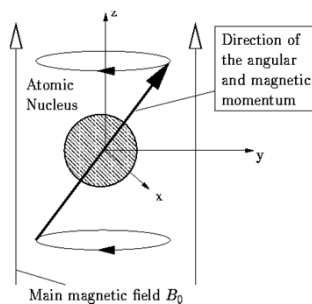
- magnetic momentum



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### Magnetism at the molecular level

- Electric charges in motion
- magnetic momentum
  - Precession motion in a magnetic field



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### Bloch's Equations

- Link between spin and magnetic momentum

$$\vec{\mu} = \gamma \vec{S} \quad \begin{array}{l} \vec{\mu} \text{ Nuclear magnetic momentum} \\ \gamma \text{ Gyromagnetic ratio} \end{array}$$

- Fundamental motion equation

$$\frac{d\vec{S}}{dt} = \vec{m} \quad \begin{array}{l} \vec{S} \text{ Angular speed (spin)} \\ \vec{m} \text{ Momentum (mechanic)} \end{array}$$

- In a magnetic field  $\vec{m} = \vec{\mu} \times \vec{B}$

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### Bloch's Equations

Thus  $\frac{d\vec{\mu}}{dt} = \gamma(\vec{\mu} \times \vec{B})$

$$\vec{B}_0 = \begin{pmatrix} 0 \\ 0 \\ B_0 \end{pmatrix} \rightarrow \vec{\mu} = \begin{pmatrix} \mu_i \cos(\omega_L t + \varphi) \\ -\mu_i \sin(\omega_L t + \varphi) \\ \mu_{z_0} \end{pmatrix}$$

Larmor's frequency  $\omega_L = \gamma B_0$

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### Magnetism at the molecular level

Nucleus	%	$\gamma$ (MHz/T)
<sup>1</sup> H	99.985	42.575
<sup>2</sup> H	0.015	6.53
<sup>13</sup> C	1.108	10.71
<sup>14</sup> N	99.63	3.078
<sup>15</sup> N	0.37	4.32
<sup>17</sup> O	0.037	5.77
<sup>19</sup> F	100	40.08
<sup>23</sup> Na	100	11.27
<sup>31</sup> P	100	17.25

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### Magnetism at the macroscopic level

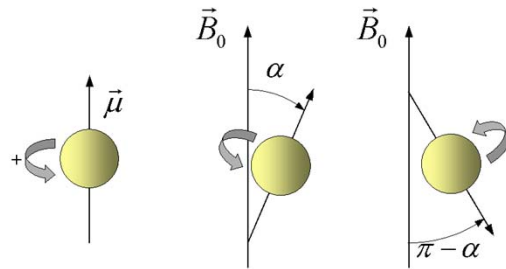
Macroscopic magnetic momentum

$$\vec{M} = \sum_{i=0}^N \vec{\mu}_i \quad \frac{d\vec{M}}{dt} = \gamma(\vec{M} \times \vec{B})$$

Component is negligible orthogonally to  $B_0$

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### Magnetism at the macroscopic level



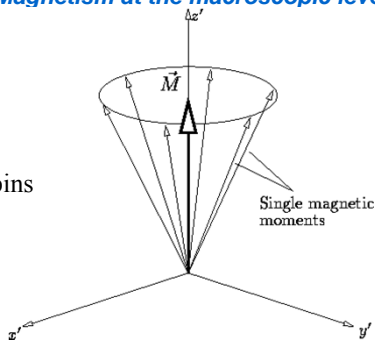
$$P_{+1/2} = 0.5000049$$

$$B_0 = 1.5 \text{ T}$$

$$P_{-1/2} = 0.4999951$$

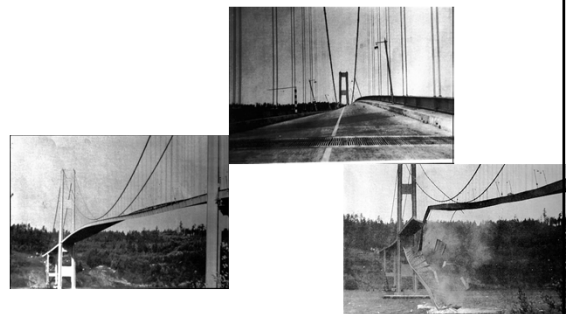
### Magnetism at the macroscopic level

$10^{23}$  spins



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### Resonance



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### Magnetic Resonance / excitation

- Electro-magnetic field at Larmor's frequency

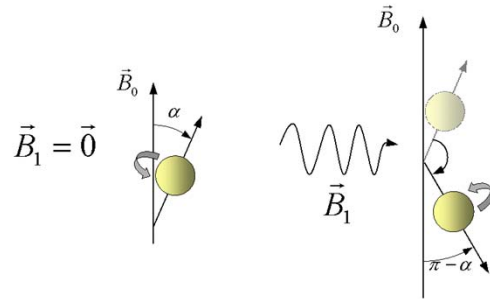
$$\omega_L = \gamma B_0$$

- Hydrogen protons enter into resonance

Flip of the macroscopic momentum M

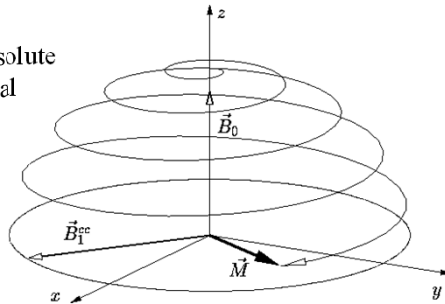
50

### Magnetic Resonance / excitation



### Magnetic Resonance / excitation

In an absolute referential



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### Magnetic Resonance / relaxation

- Return to equilibrium /  $B_0$ : time constant  $T_1$

$$\frac{dM_z}{dt} = \gamma(\vec{M} \times \vec{B})_z - \frac{M_z}{T_1}$$

- Spin dephasing: Time constant  $T_2$

$$\frac{dM_{x,y}}{dt} = \gamma(\vec{M} \times \vec{B})_{x,y} - \frac{M_{x,y}}{T_2}$$

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### Magnetic Resonance / relaxation

TISSUE	T1 (ms)		T2(ms)
	0.5 T	1.5 T	
Muscle	550	870	45
Heart	580	865	55
Liver	325	490	50
Kidney	495	650	60
Spleen	495	650	58
Fat	215	262	85
Brain, grey matter	655	920	100
Brain, white matter	540	785	90

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### MRI / frequency selection

- X encoding by frequency
- Y encoding by phase
- Several measures are necessary

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**Anatomical MRI**

Proton density       $T_1$        $T_2$

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**Anatomical MRI**

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**Angiographic MRI**

- INFLOW
- Phases

Maximum intensity projection (MIP)

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**Angiographic MRI**

X-Scan / radiology

Selective injection of a contrast agent in one artery

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**Tagged MRI**

Plans de marquage

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**Tagged MRI**

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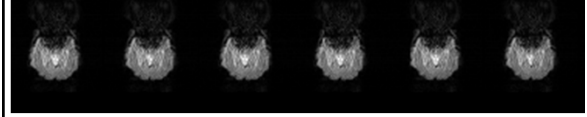
### Functional MRI

- BOLD : blood oxygen level dependent
    - (oxy)-hemoglobin: diamagnetic
    - deoxy-hemoglobin: paramagnetic
- Neuronal activation
- Local oxygen consumption
  - Change the ratio of concentration
  - Variation of the measured signal

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### Functional MRI

- Variation of 1-5% for B0= 1.5 T (~ noise)
- Variation of 5-20% for B0= 4.0 T



- Statistical analysis on large series
- Motion and intensity biases correction...

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### More information

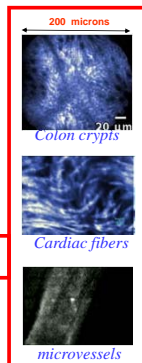
[http://en.wikipedia.org/wiki/Magnetic\\_resonance\\_imaging](http://en.wikipedia.org/wiki/Magnetic_resonance_imaging)

[http://en.wikibooks.org/wiki/Basic\\_Physics\\_of\\_Nuclear\\_Medicine](http://en.wikibooks.org/wiki/Basic_Physics_of_Nuclear_Medicine)

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### New images

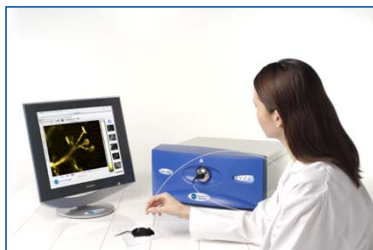
- Optical Coherent Tomography (OCT)
- Elastometry (MRI, US, etc.)
- Spectroscopic Imaging
- Terahertz Imaging
- Fibred Confocal Imagery *in vivo*
- etc.



Source : Mauna Kea Technologies

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### In Vivo Cellular & Molecular Imaging



*In vivo, in situ* fibred confocal microscopy

CellVizio, Mauna Kea Technologies, Paris

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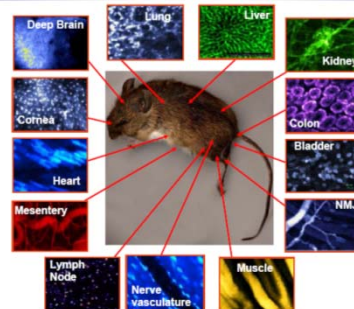



Figure 19.6: Different types of images from Leica FCM1000 microscope (Cellvizio® technology for small animal distributed by Leica microsystems).

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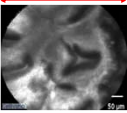
### In vivo Clinical Microscopic Imagery



Pr. A. Meining, Munich

Cellvizio®, Mauna Kea Technologies (MKT), Paris

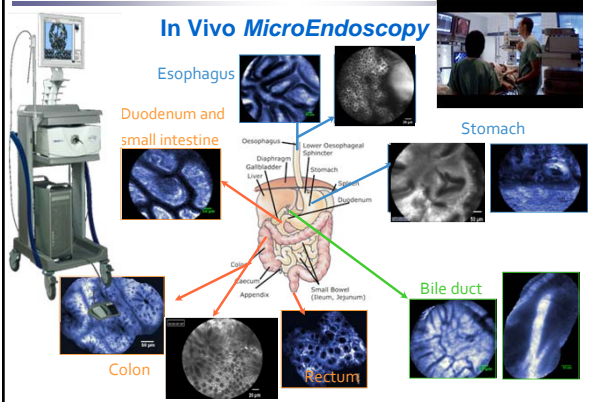
300 microns



gastro-esophagus Mucosa

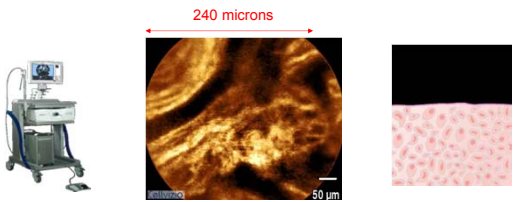
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### In Vivo MicroEndoscopy



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### Advanced Image Processing



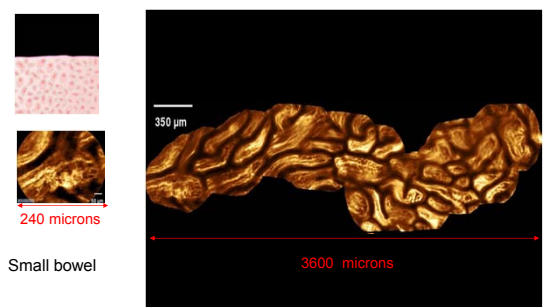
Small bowel

Precision and field of view?

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### Automatic Mosaicing

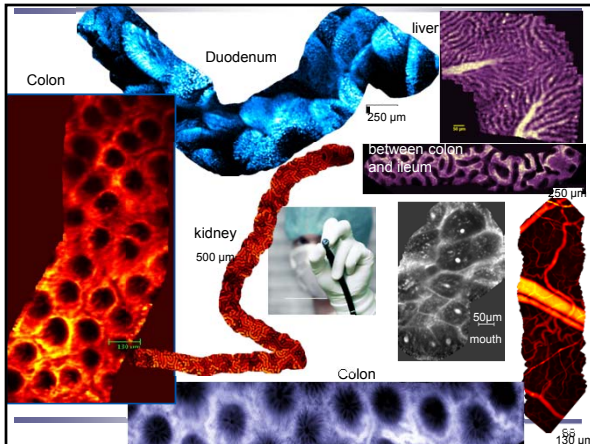
*Elsevier-Media PRIZE 2006*  
ITK freeware available



Small bowel

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T. Vercauteren, A. Pechant, X. Pennec, G. Malandain, N. Ayache, *Robust Mosaicing with Correction of Motion Distortions and Tissue Deformation for In Vivo Fiberoptic Microscopy*, Medical Image Analysis, October 2006.

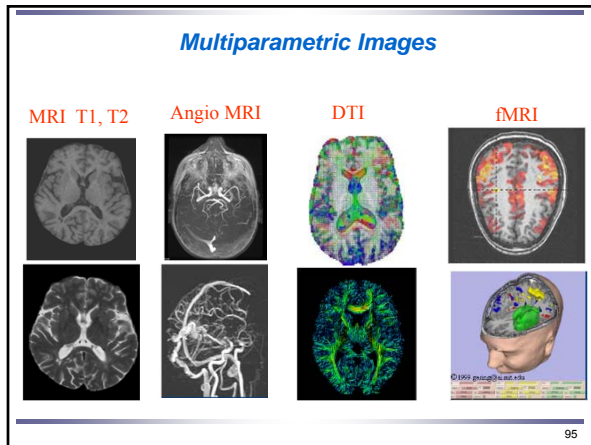
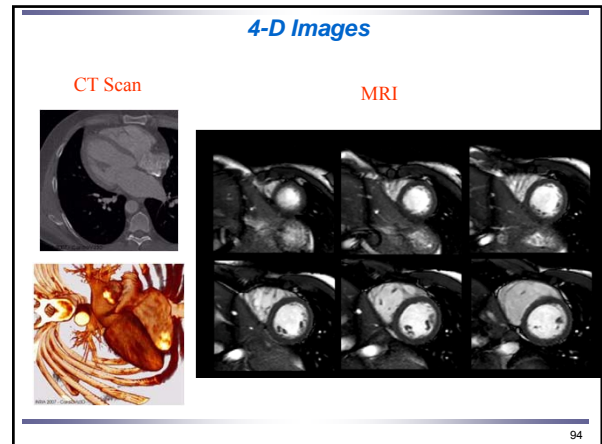
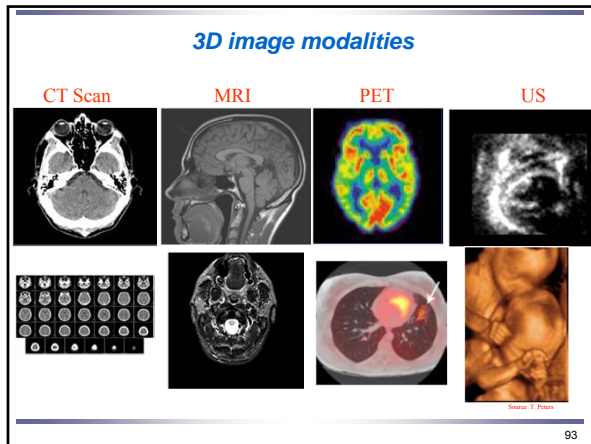


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### Course overview


- Introduction
- Image acquisition
  - Tomography
  - Nuclear medicine
  - MRI
- Image processing

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### Medical Imaging Today

- Large Choice of *in vivo* modalities**
- High temporal and spatial resolution**
- Large parameter space**
- Large Databases**
- Image-guided Therapy**



*Da Vinci*  
Surgical  
Robot

**Quantity of information too high : cannot be processed without the help of computer science**

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### Computational Medical Image Analysis (1980 - Today)

- Assist Diagnosis**
  - Objective quantitative measurements
  - fusion of multimodal, multidimensional, multiparameter images
- Assist Therapy**
  - Plan, simulate (*before*)
  - Control (*during*), follow-up (*after*)

J. Duncan & N. A. Medical Image Analysis, Progress over two decades and the challenges ahead, IEEE - Pami, 2000.

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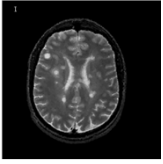
### Classification of 3D image processing problems

- Segmentation (organs, lesions, activations,...)
- Registration (comparison, fusions)
- Motion analysis (cardiac imaging)
- Deformable models (Surgery simulation)
- Medical Robotics (image guided surgery, telesurgery...)

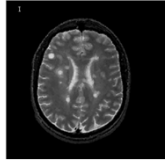
99

### Spatio-Temporal Cartography of Multiple Sclerosis Lesions 1/3

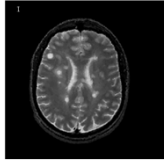
Original Sequence



Rigid Registration



Rigid Registration + Intensity Correction

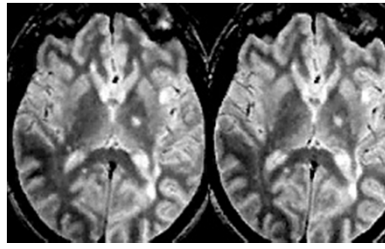


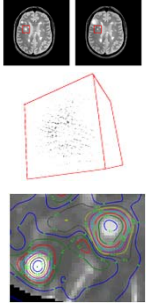
**Patient Followed during 18 months (24 acquisitions)**

Collaboration INRIA with Ron Kikinis, SPL  
X Pennec, N A and JP Thirion. Landmark-based registration using features identified through differential geometry. In Handbook of Medical Imaging, 2000.

100

### Spatio-Temporal Cartography of Multiple Sclerosis Lesions 2/3



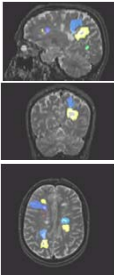


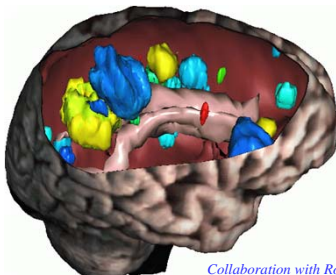
*Residual apparent deformations*

J.-P. Thirion and G. Calmon. Deformation Analysis to Detect and Quantify Active Lesions in Three-Dimensional Medical Image Sequences. IEEE Transactions on Medical Imaging, 18(5):429-441, 1999.

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### Spatio-Temporal Cartography of Multiple Sclerosis Lesions





↑ Time

week 52



week 26

week 1

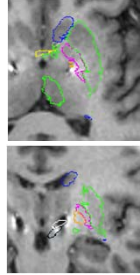
Collaboration with Ron Kikinis, SPL

D. Rey, G. Subsol, H. Delingette, N.A.: Automatic Detection and Segmentation of Evolving Processes in 3D Medical Images: Application to Multiple Sclerosis. Medical Image Analysis, 6(2):163-179, June 2002.

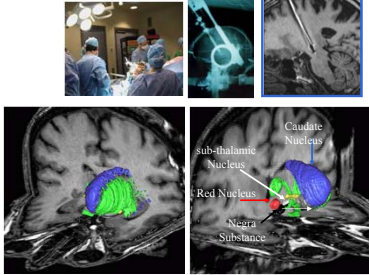
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### Image-Guided Neurosurgery

**Electrostimulation of Parkinson Patients**




INRIA  
Pitié Salpêtrière



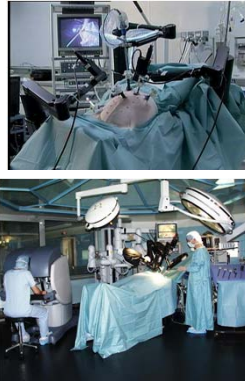
J. Yelnik, E. Bardinet, D. Dormont, G. Malandain, S. Ourselin, D. Tande, C. Karachi, N. Ayache, P. Cornu, Y. Agid. A three-dimensional, histological and deformable atlas of the human basal ganglia. I. Atlas construction based on immunohistochemical and MRI data. NeuroImage, 2007

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### Medical robotics



Da Vinci



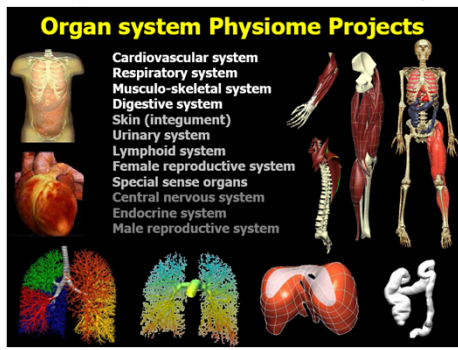
Zeus

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### Computational Models of the Human Body

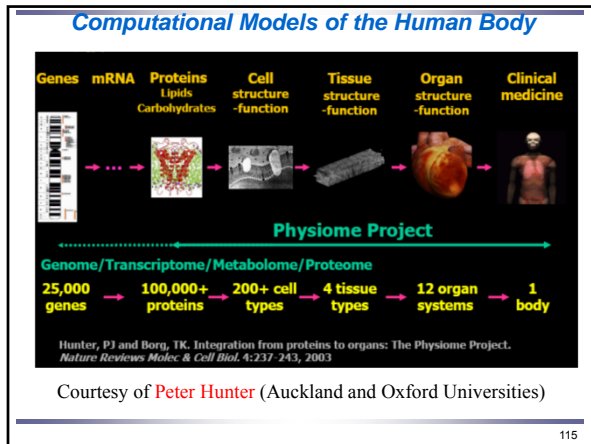
#### Organ system Physiome Projects

- Cardiovascular system
- Respiratory system
- Musculo-skeletal system
- Digestive system
- Skin (integument)
- Urinary system
- Lymphoid system
- Female reproductive system
- Special sense organs
- Central nervous system
- Endocrine system
- Male reproductive system



Courtesy of Peter Hunter (Auckland and Oxford Universities)

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### Grand Challenge : Link Models to Images

Normal/abnormal ECG

Ischemia

Pathological depolarization pattern

Reduced ejection fraction

**Build patient-specific computational models from biomedical signals and images (Image Analysis, Data Assimilation)**

**Towards a more personalized and predictive medicine**

- explain observations
- detect pathologies before symptoms
- predict evolutions (*in silico* models)
- simulate therapies and evaluate

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### Virtual Physiological Patient

**Combining**

- *in vivo* digital images
- *in silico* models of life

**Provides new tools**

- To analyze and simulate patient condition
- To quantify diagnosis
- To optimize therapy
- For medicine of XXI<sup>st</sup> century....

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### Conclusion

Cut before Seeing (courtesy of Rembrandt)

See, Measure and Simulate before (Minimal) Cutting

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On line references and reports  
<http://www-sop.inria.fr/asclepios/>

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### Computational Anatomy & Physiology M2 BioComp

Tue. Oct. 1 (9-12 AM): Introduction to Medical Image Analysis [XP]

Tue. Oct 8 (9-12 AM): Medical Image Registration [XP]

Tue. Oct 29 (9-12 AM): Biomechanics [HD]

Tue. Nov 5 (9-12 AM): Statistics on Riemannian manifolds and Lie groups [XP]

Tue. Nov 12 (9-12 AM): Manifold valued image processing: the tensor example [XP]

Tue. Nov 19 (9-12 AM): Non-linear registration and statistics on deformations [XP]

Tue. Nov 26(9-12 AM): Cardiac & Tumor Growth Modelling [HD]

Tue. Dec 3(9-12 AM): Exam [Xavier Pennec & Herve Delingette]

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