

Automatic detection of perfusion abnormalities based on an Arterial Spin Labeling template

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Automatic detection of perfusion abnormalities based on an Arterial Spin Labeling template ISMRM Scientific Workshop: Perfusion MRI 2012

Camille Maumet, Pierre Maurel, Jean-Christophe Ferré, Christian Barillot

October 13th, 2012











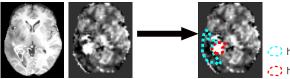






Objective

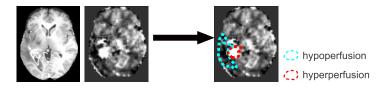
Quantitative *identification of* **voxelwise patient-specific** *perfusion abnormalities.*



hypoperfusion
hyperperfusion

Objective

Quantitative *identification of* **voxelwise patient-specific** *perfusion abnormalities.*



Challenges:

- Low signal-to-noise ratio of the Q2TIPS PASL sequence.
- Presence of artefacts.

1 Context

2 Method

- Statistical analysis
- Ground Truth estimation

3 Results

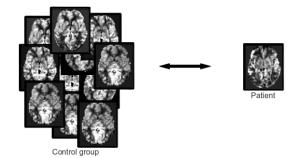


2 Method• Statistical analysis

• Ground Truth estimation



Method



Method

Originality of our approach:

- Explicit modelling of both intra-subject and inter-subject variances.
- No pre-smoothing of the data: a contrario approach.

Intra-subject variance models variability across repetitions















Repetition 1

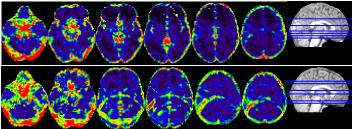
Repetition 2 Repetition 3

Repetition 4

Repetition *i*

Standard deviation





Inter-subject variance models variability across subjects













Control

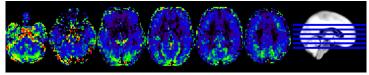
Control 4

Control *n*

Mean

Standard deviation

Inter-subject standard deviation (35 healthy subjects)



Detection of perfusion abnormalities

Model of normal perfusion:



Patient map





Mean across subjects



2

Inter-subject variance



2

Intra-subject variance

Detection of hypoperfusions and hyperperfusions:



Voxel-based probabilities



A contrario region-based probabilities



,





Detections





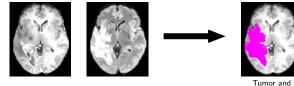
• Statistical analysis

• Ground Truth estimation



Ground Truth estimation

Step 1 – Segmentation of the tumor:

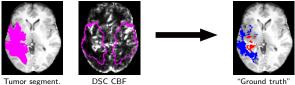


T1 Gadolinum

T2 FLAIR

edema segmentation

Step 2 – Combination with T2 perfusion information:



"Ground truth"

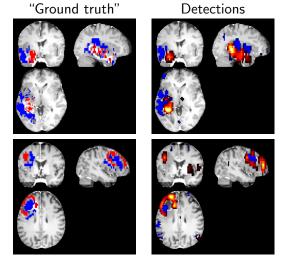
Step 3 – Visual assesment and manual corrections by a clinician







Patient 016



Patient 010

Detections "Ground truth" Patient 006

Patient 020

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Quantitative results on a dataset including 22 patients and 35 controls:

Specificity (controls)	0.99
Specificity (patients)	0.93
Sensitivity (hyper)	0.82

Conclusion

Conclusions:

- Importance of intra-subject variance in the detection of patient-specific perfusion abnormalities.
- Good sensitivity and specificity of the proposed approach.

Future work:

- Relationship between the level of CBF in identified abnormalities and the grade of the tumor.
- Application in other pathological contexts.

More details on the *a contrario* approach: C. Maumet, P. Maurel, J.-C. Ferré, and C. Barillot, "A comprehensive framework for the detection of individual brain perfusion abnormalities using arterial spin labeling" MICCAI 2012, pp. 542–549.

Q & A