

Spinal Cord Gray Matter-White Matter Segmentation on Magnetic Resonance AMIRA Images with MD-GRU

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INTRODUCTION

In this work [4] we present an automatic method that segments the inner structures of the human spinal cord (SC) on magnetic resonance (MR) images.

The SC is embedded in cerebrospinal fluid (CSF) and consists 0 Posterior root White matter 4 Anterior funiculus of white matter (WM) and the inner butterfly shaped gray mat-5 Lateral funiculus ter (GM), see Fig. 1. Imaging these thin and small structures 6 Posterior funiculus (SC: <1 cm of diameter) is challenging because state-of-theart MR sequences only achieve an in-slice resolution of around 0.5 mm while maintaining a good signal-to-noise ratio (SNR) and a clinically feasible acquisition time.



- Gray matter 1 Anterior horn 2 Posterior horn 3 Gray commissure
- Cerebrospinal fluid 7 Anterior median fissure 8 Central canal

9 Anterior root

Fig. 1: Schematic cross-section of the SC GM (gray) and WM (white).

Therefore, an accurate and precise segmentation of GM and WM in MR images under the mentioned limiting trade-off between resolution, SNR, and acquisition time also remains a challenge.

DATA

In this work we use averaged magnetization inversion recovery acquisition (AMIRA) [1] images of the SC on vertebra C2 to C6 level. The AMIRA sequence consists of 8 inversion recovery (IR) images of the same anatomical slice with remarkable tissue contrast, see Fig. 2. With increasing IR times, the GM-WM contrast decreases and the CSF-WM contrast increases. The first IR image has the best GM-WM contrast and compared to the other images a negative CSF-WM contrast.



Fig. 2: AMIRA images 1 to 8 (1), histogram equalized (2); full view, sum of the first 5 (3); zoomed, optimal CSF-WM (4) and GM-WM (5) combination.

METHOD

We use a recurrent neural network (RNN) with multidimensional gated recurrent units (MD-GRU) [2] to train new models that segment GM and WM slice-wise. We added a generalized dice loss (GDL),

$$L_{\rm GD} = -\frac{2\sum_{l\in\mathcal{L}}\omega_l\sum_{x\in X}p_{lx}r_{lx}}{\sum_{l\in\mathcal{L}}\omega_l\sum_{x\in X}p_{lx}+r_{lx}},$$

to the MD-GRU's cross entropy loss (CEL) with the image domain X, labels \mathcal{L} , predictions p, raters r, and class weights

$$\omega_l = \frac{1}{1 + \left(\sum_{x \in X} r_{lx}\right)^2}.$$

CONCLUSION

We believe that the presented pipeline is a candidate for longitudinal clinical studies.

EXPERIMENTS AND RESULTS

24 healthy subjects were scanned 3 times in a scan-rescan fashion, with and without repositioning, where each scan consists of 12 slices between C2 and C6 level. One experienced rater provided manual ground truth segmentations. Adding GDL to the MD-GRU's CEL produces sharper probability maps, see Fig. 3, and improves the segmentation scores.



Fig. 3: Probability maps of CEL (1) and GDL (2). GM-WM and CSF-WM contours of GDL (*red*, green) vs manual (*blue*, magenta) (3).

The proposed method shows accuracte and precise segmentations of the AMIRA data, see Tab. 1, and also scored best in the SC GM segmentation challenge [3], see Tab. 2. Tab. 1: AMIRA accuracy and precision results

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		MD-GRU	Proposed	Manual
Accuracy	DSC	0.90 ± 0.04	0.91 ± 0.03	0.85 ± 0.07
	HD	0.68 ± 0.43	0.56 ± 0.33	0.62 ± 0.30
Intra-	DSC	0.89 ± 0.03	0.88 ± 0.03	0.86 ± 0.03
session	HD	0.71 ± 0.46	0.58 ± 0.32	0.67 ± 0.24
	RSD	3.22 ± 2.87	2.93 ± 2.63	5.55 ± 4.11
Inter-	DSC	0.88 ± 0.04	0.88 ± 0.03	0.85 ± 0.03
session	HD	0.70 ± 0.43	0.61 ± 0.35	0.71 ± 0.27
	RSD	3.65 ± 3.97	3.86 ± 3.49	6.27 ± 4.70

Tab. 2: SC GM segmentation results

	Perone et al.	MD-GRU	Proposed
DSC	0.85 ± 0.04	0.87 ± 0.03	0.90 ± 0.03
MD	0.36 ± 0.34	0.30 ± 0.31	$\textbf{0.21}\pm0.20$
HD	2.61 ± 2.15	2.14 ± 1.20	1.85 ± 1.16
SHD	0.85 ± 0.32	0.85 ± 0.36	$\textbf{0.71}\pm0.28$
SMD	$\textbf{0.36}\pm0.17$	0.40 ± 0.20	0.37 ± 0.17
TPR	94.97 ± 3.50	93.93 ± 3.85	96.22 ± 2.69
TNR	99.95 ± 0.06	99.98 ± 0.03	99.98 ± 0.03
Р	77.29 ± 6.46	82.04 ± 5.42	85.46 ± 4.96
J	0.74 ± 0.06	0.78 ± 0.05	0.82 ± 0.05
С	64.24 ± 10.83	70.90 ± 9.06	77.46 ± 7.31