

# Basal Strain Estimation using Deep Learning based Deformable Image Registration

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## Background

- Patients undergoing cardiac surgery run the risk of serious complications due to reduced cardiac function
- Continuous monitoring of cardiac function is desirable, but requires manual effort with current methods
- Strain/strain rate require manual annotation and large inter-vendor variations cause issues

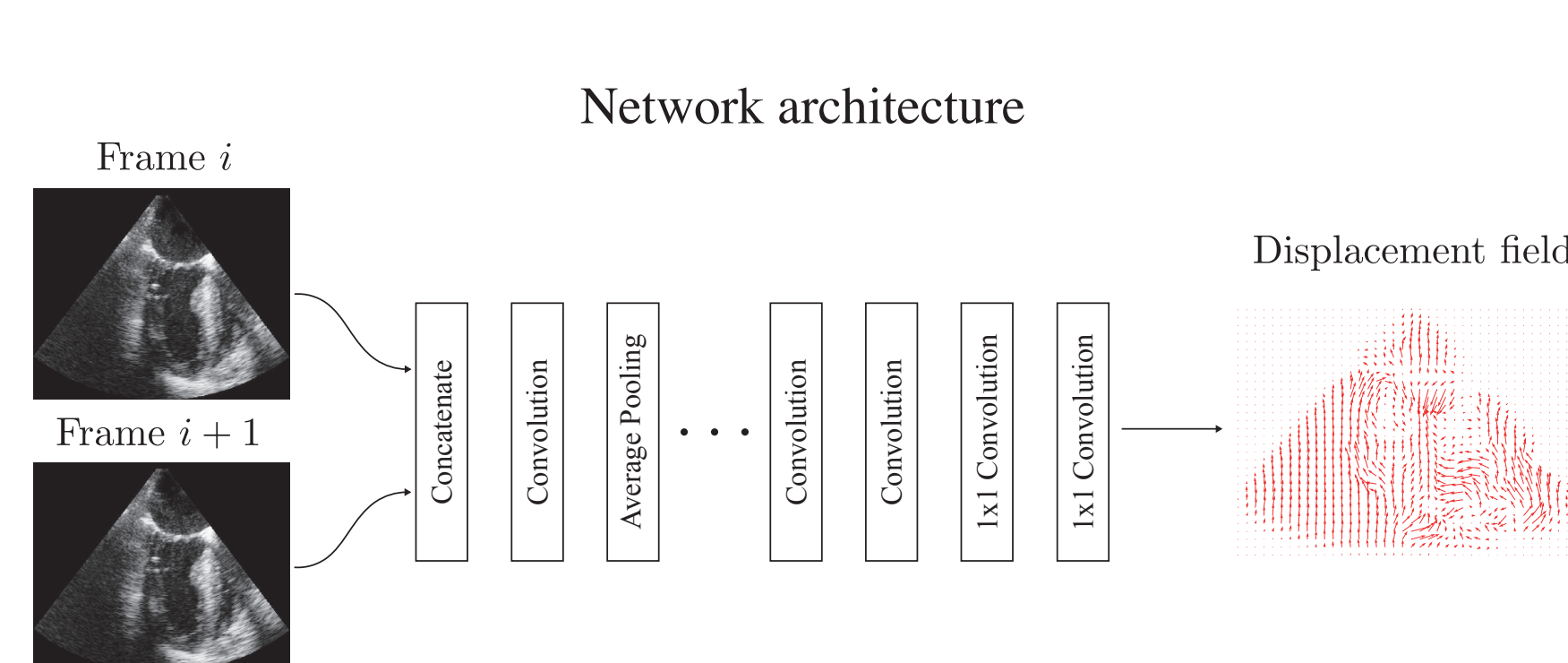
## Aim

Derive non-linear deformation between subsequent images in a TEE sequence to estimate basal longitudinal strain

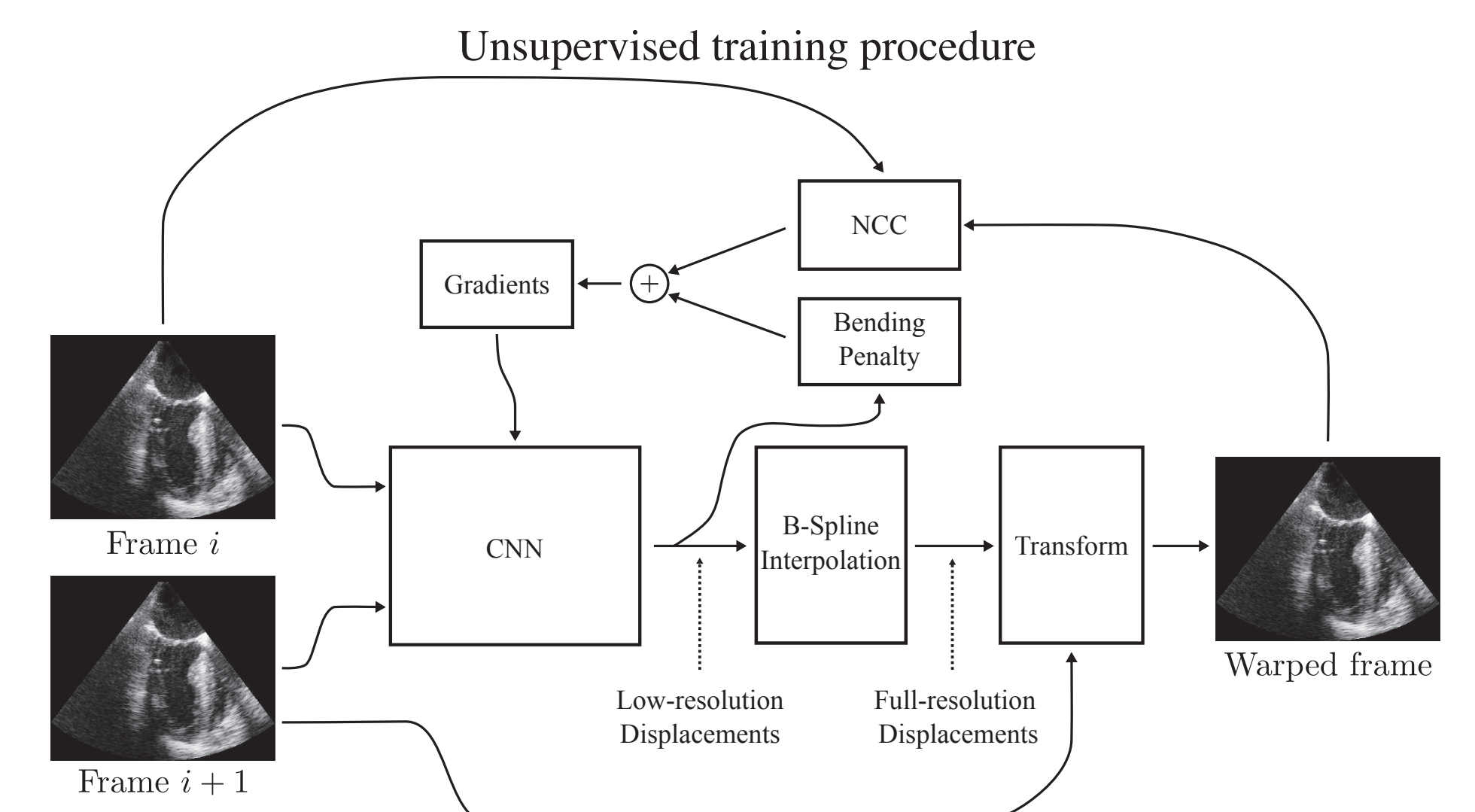
## Results and Discussion

- Inspection of the warped grids shows that the displacement estimates are reasonable in most cases
- Strain estimation achieves a mean difference of 7.25% ( $\pm 4.56\%$ ) when compared to expert annotations performed with standard clinical software (GE Echopac 202.53)
- High degree of underestimation indicates too much downsampling or regularization
- Noisy samples give unpredictable estimates
- Out-of-plane movement and air bubbles "traps" tracker leading to bad estimates
- Filtering approaches (Kalman, Exponential moving average) did not improve robustness
- Robustness could be improved by daisy-chaining networks, incrementally estimating displacements (work in progress)
- Inference time is slow,  $\sim 230\text{ms}$  between frame pairs
- Moving processing currently done in Python to the Tensorflow runtime could decrease inference time
- To fully automate the procedure, automatic detection of the landmarks must be implemented

## Method



- Continuation of the work of De Vos et al.[1]
- Fully convolutional network estimate low-resolution displacements in  $x$  and  $y$  directions
- Number of alternating convolutional and pooling layers can be adjusted to achieve desired downsampling
- B-spline interpolation used to upsample and achieve full-resolution displacement field estimates  $D^d$



- Unsupervised training scheme maximizing similarity between consecutive frames
- Normalized cross-correlation used as similarity measure:

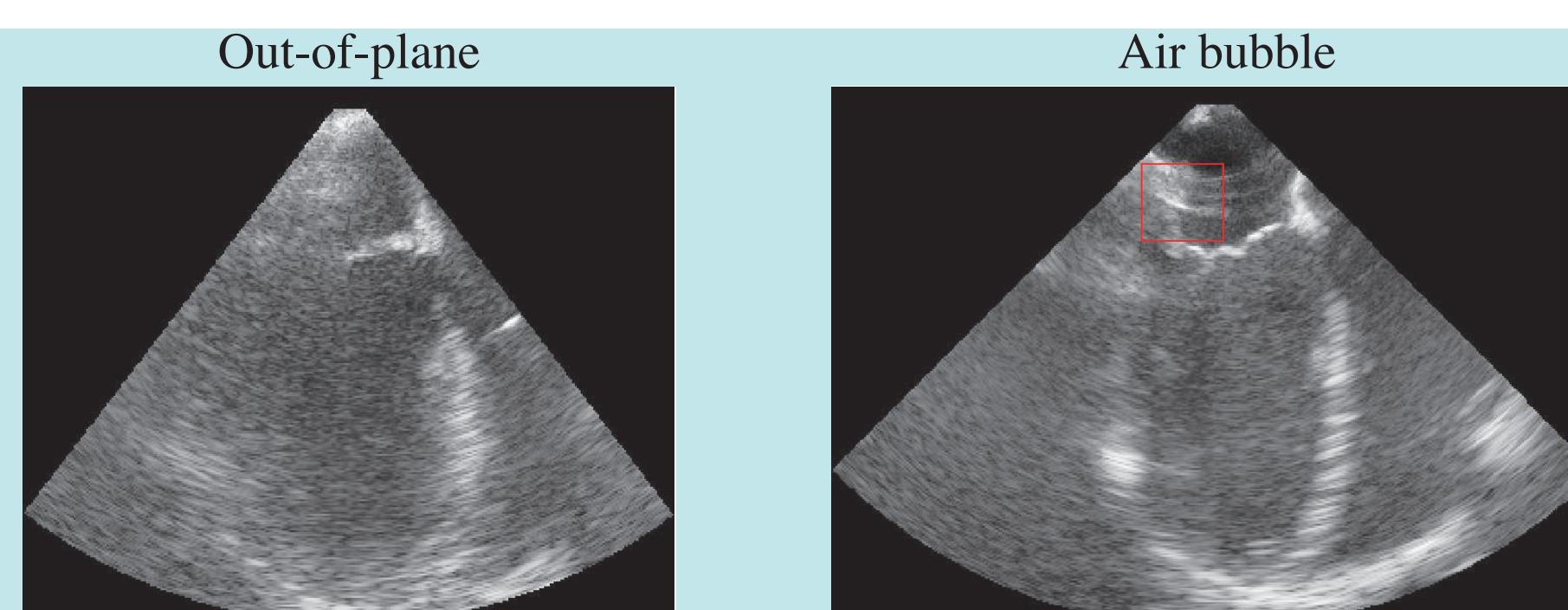
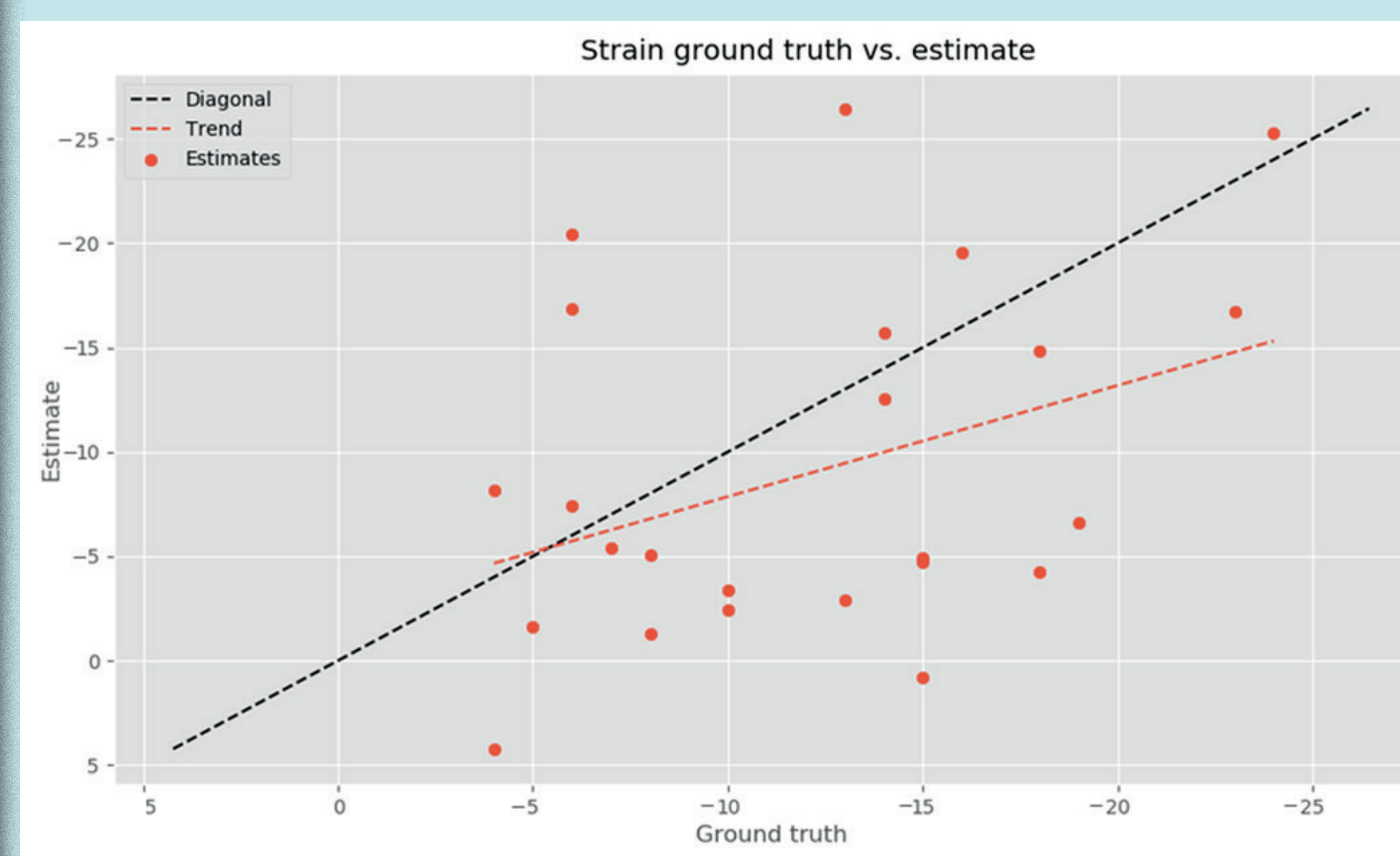
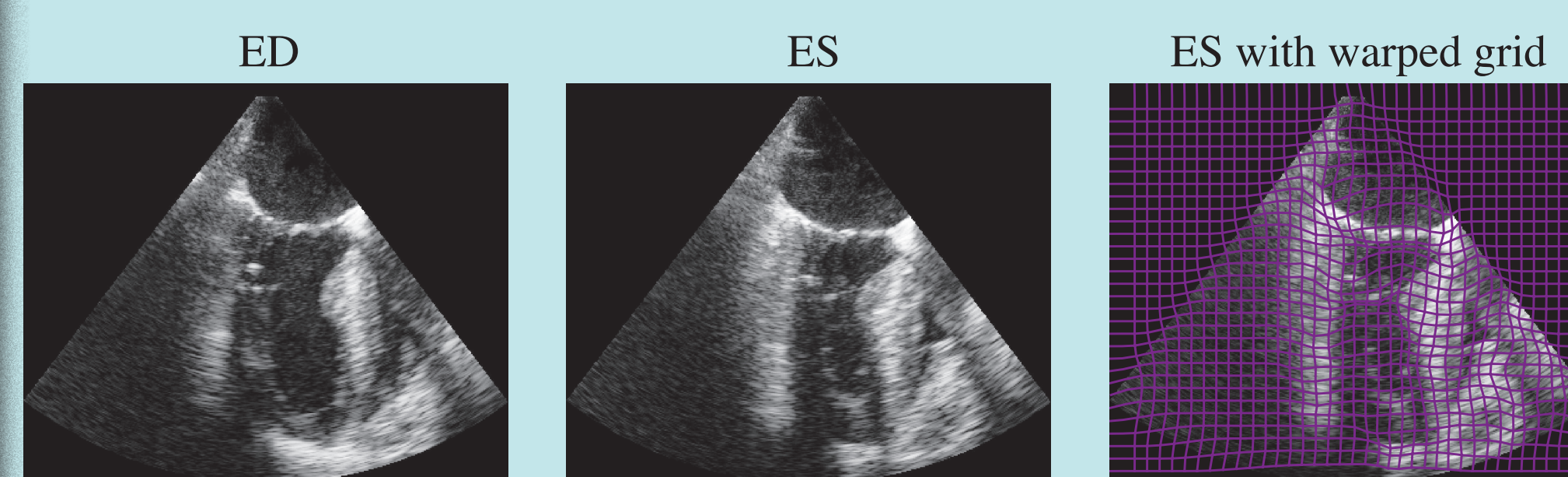
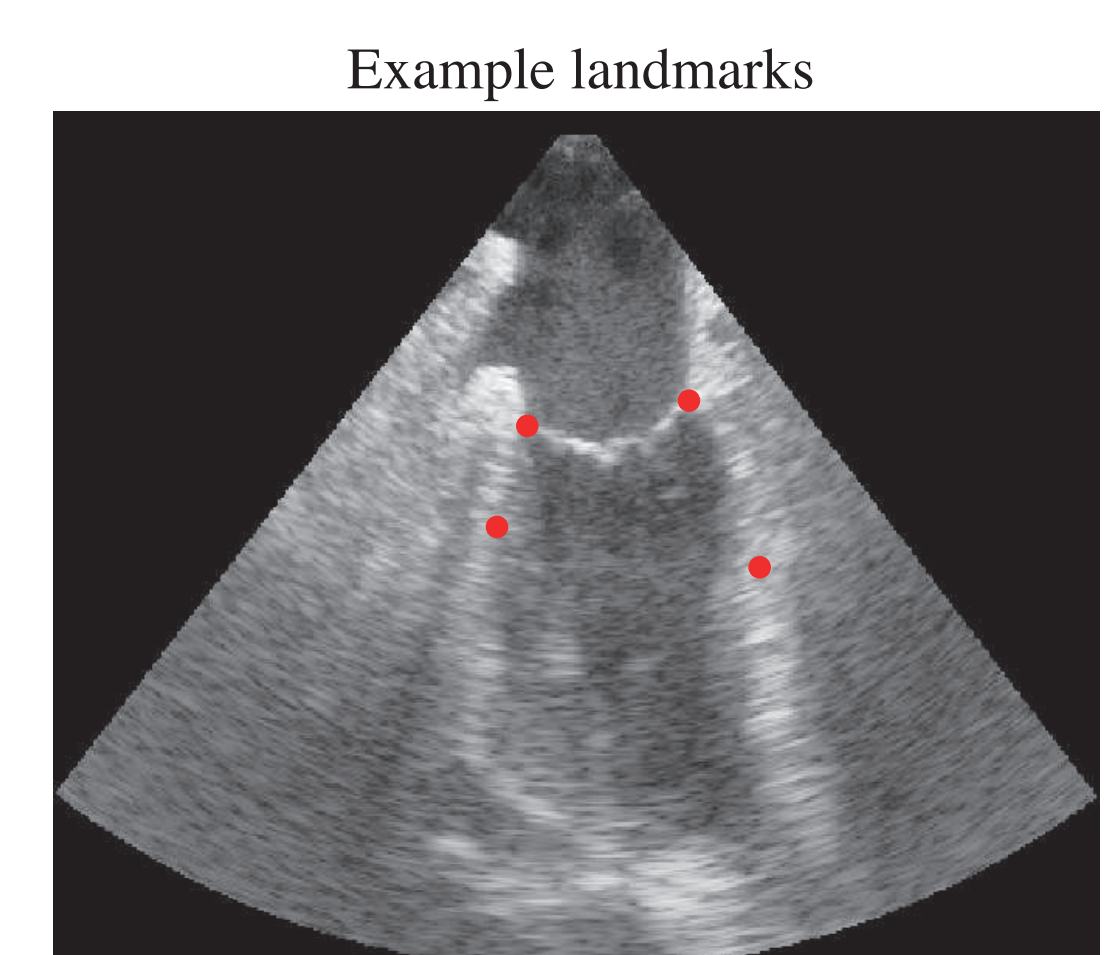
$$I_i(x, y) \approx I_{i+1}(x + D_x^d(x, y), y + D_y^d(x, y))$$

$$\frac{1}{WH} \sum_{x,y} \frac{1}{\sigma_i \sigma_{i+1}} (I_i(x, y) - \mu_i) (I_{i+1}(x, y) - \mu_{i+1})$$

- Bending penalty introduced as regularization term to ensure global smoothness:

$$P = \lambda \sum_{x,y \in I} \left( \frac{\partial^2 \bar{D}^d}{\partial x^2} \right)^2 + \left( \frac{\partial^2 \bar{D}^d}{\partial y^2} \right)^2 + 2 \left( \frac{\partial^2 \bar{D}^d}{\partial xy} \right)^2$$

- Strain estimated on each side by following the displacements of four landmarks on the myocardium
- Implementation in Python using the Tensorflow library



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## References

[1] B.D. de Vos, F.F. Berendsen, M.A. Viergever, H. Sokooti, M. Staring and I. Išgum, "A deep learning framework for unsupervised affine and deformable image registration," *Medical image analysis*, vol. 52, pp. 128–143, 2019.

## Conclusion

- A fully convolutional network was implemented to estimate frame-to-frame displacements
- Unsupervised training makes data gathering less time-consuming
- Displacement and strain estimation works as expected in low noise samples, but more noise degrades performance
- Remaining work includes automatic detection of landmarks and improving robustness