

Translating fetal brain magnetic resonance image super-resolution into the clinical environment



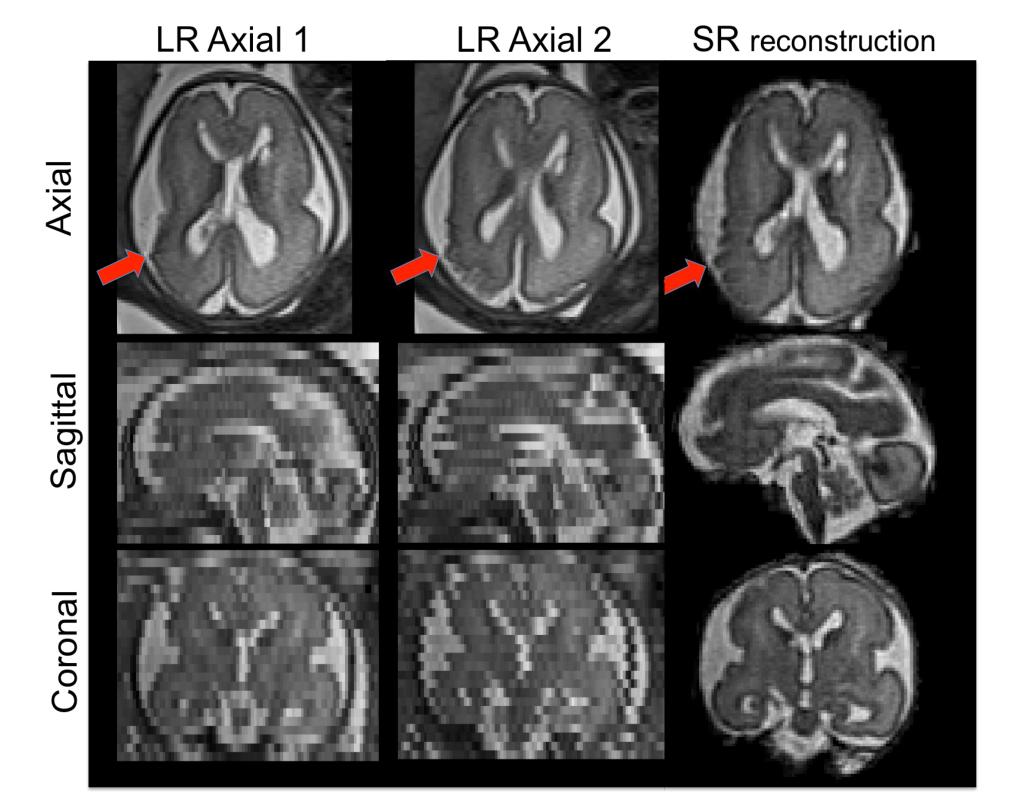
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BACKGROUND & AIMS

- Magnetic Resonance Imaging (MRI) is a key technique for the early diagnosis of fetal brain abnormalities¹
- Qualitative analysis of fetal brain MRI is based on thick 2D T2-weighted images (T2WI)
 Super-resolution (SR) tools are now available to reconstruct 3D high-resolution (HR) motion free volume²
 Our in-house pipeline has been integrated to the clinical environment at Lausanne University Hospital⁴ within the syngo.via Frontier Siemens Healthineers platform
 Aim: to evaluate the true clinical relevance of fetal SR reconstruction techniques in clinical workflows





MATERIALS & DATA

Cohort

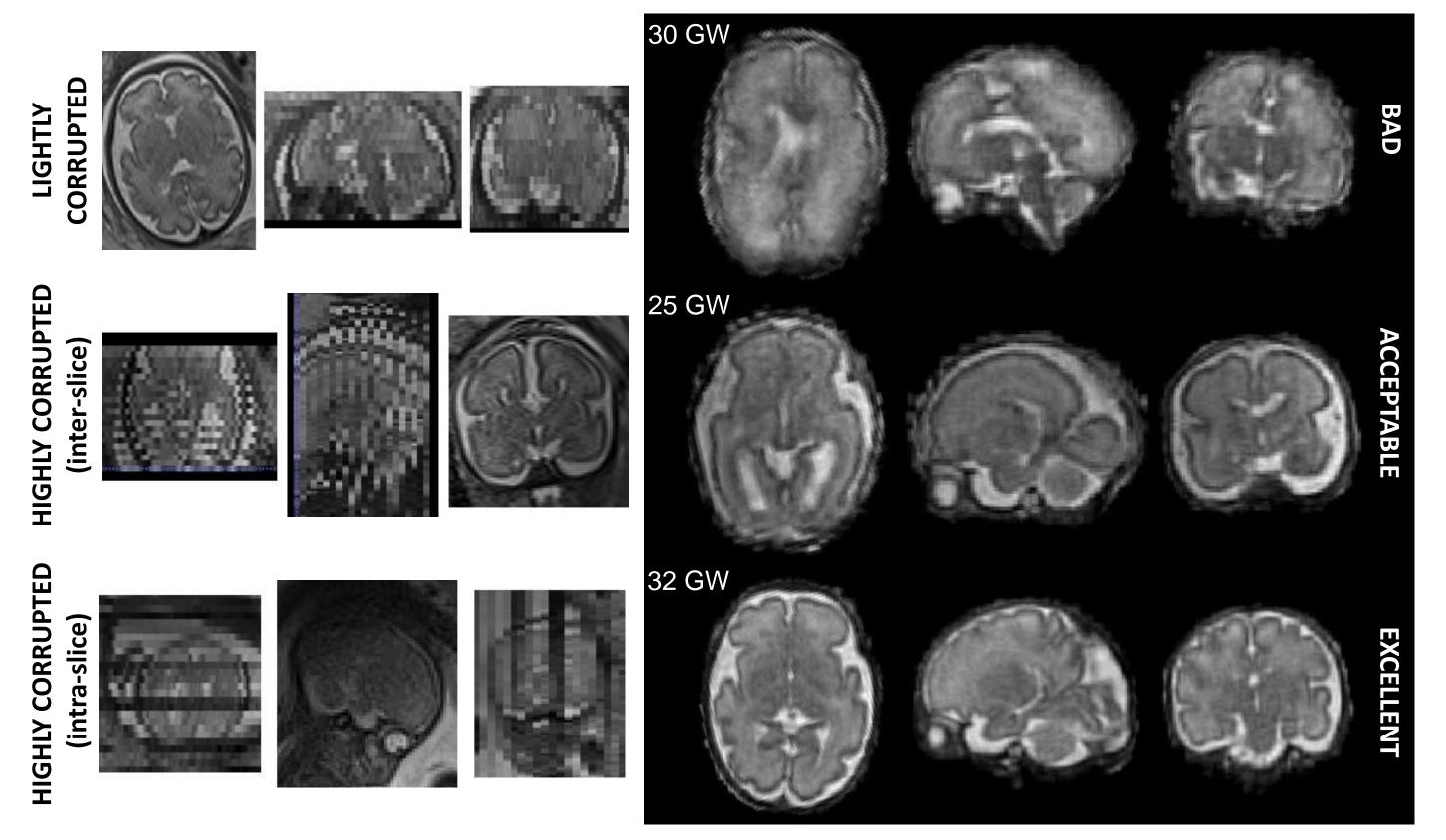
- 47 fetal brain MRI: 32 normal and 15 pathological cases
- 18 to 36 weeks of gestation (GW), mean 27.6 +/-4.4 weeks

Imaging

- Orthogonal HASTE-T2WI
- 1.5T (93.7% of subjects) or 3T
- 1.125 mm in-plane isotropic
 resolution; 3 to 5 mm slice thickness
- ng MIAL Super-Resolution toolkit^{3,4}
- with direct access to the PACS
- Input: 3 to 11 series (in average 6)
- Output: 1.125mm isotropic resolution

Patient polymicrogyria better depicted on the SR reconstruction

Low-resolution motion-corrupted HASTE-T2WI 3D high-resolution motion-free reconstruction



Assessment

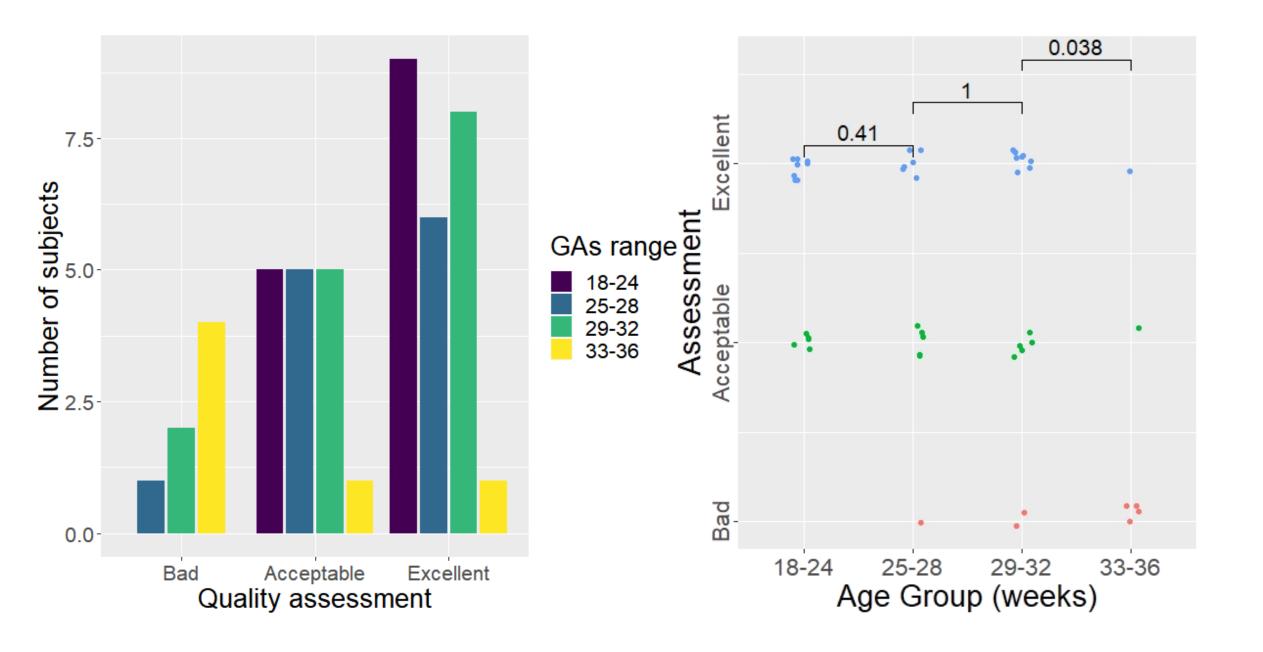
- <u>Motion index</u>: tracking of the centroid
 of the brain mask across the slices
- Image quality index: measure based on the compressibility of series⁵
- 3 experts: 2 experienced pediatric radiologists, 1 image analysis engineer
- 3 levels: bad, acceptable, excellent

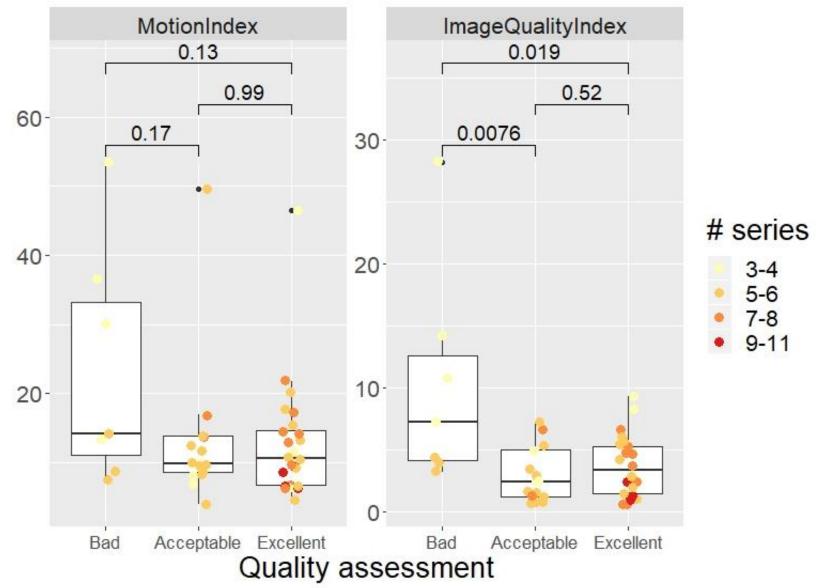
RESULTS

SR quality consensus: 85% of excellent and acceptable reconstruction, with high inter-rater reliability **Gestational age range**: 33 to 36 weeks fetuses' show weaker SR reconstruction quality

Level of motion does not significantly impact on SR quality, while input image quality does







Quality assessment

CONCLUSION

- 85% of SR reconstruction can be used for diagnosis purposes
- High level of motion can be compensated in the reconstruction process

REFERENCES: [1] N.J. Girard et al., *Imaging in Medicine* 2012; [2] S. Tourbier et al., *NeuroImage* 2015; [3] Docker: https://github.com/Medical-Image-Analysis-Laboratory/mialsuperresolutiontoolkit; [4] MeVisLab: https://github.com/pdeman/mevislabFetalMRI; [5] B. Kainz et al., *IEEE Transactions on Medical Imaging* 2015; **ACKNOWLEDGMENTS:** This work is supported by the Swiss National Science Foundation (FNS projects 205321_141283 & 205321_182602) and the Hasler Foundation (17029).



