



(11)

EP 3 277 183 B1

(12)

EUROPEAN PATENT SPECIFICATION

(45) Date of publication and mention of the grant of the patent:
22.04.2020 Bulletin 2020/17

(21) Application number: **16773580.2**

(22) Date of filing: **30.03.2016**

(51) Int Cl.:

G06T 7/00 ^(2017.01)	G06T 7/12 ^(2017.01)
G06T 7/62 ^(2017.01)	A61B 6/00 ^(2006.01)
A61B 5/107 ^(2006.01)	A61B 8/12 ^(2006.01)
A61B 5/055 ^(2006.01)	A61B 5/00 ^(2006.01)
A61B 5/02 ^(2006.01)	A61B 6/03 ^(2006.01)

(86) International application number:
PCT/SG2016/050154

(87) International publication number:
WO 2016/159881 (06.10.2016 Gazette 2016/40)

(54) **METHOD AND APPARATUS FOR ASSESSING BLOOD VESSEL STENOSIS**

VERFAHREN UND VORRICHTUNG ZUR BEURTEILUNG VON BLUTGEFÄSSSTENOSE
PROCÉDÉ ET APPAREIL D'ÉVALUATION DE STÉNOSE DE VAISSEAU SANGUIN

(84) Designated Contracting States:
AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HR HU IE IS IT LI LT LU LV MC MK MT NL NO PL PT RO RS SE SI SK SM TR

(30) Priority: **31.03.2015 SG 10201502517P**

(43) Date of publication of application:
07.02.2018 Bulletin 2018/06

(73) Proprietors:
• **Agency for Science, Technology and Research**
Singapore 138632 (SG)
• **Singapore Health Services Pte. Ltd.**
Singapore 168753 (SG)

(72) Inventors:
• **ZHONG, Liang**
Singapore 168752 (SG)
• **TAN, Ru San**
Singapore 168752 (SG)
• **HUANG, Weimin**
Singapore 138632 (SG)
• **ZHOU, Jiayin**
Singapore 138632 (SG)
• **DUAN, Yuping**
Singapore 138632 (SG)
• **XIONG, Wei**
Singapore 138632 (SG)
• **CHI, Yanling**
Singapore 138632 (SG)

• **TOE, Kyaw Kyar**
Singapore 138632 (SG)

(74) Representative: **Talbot-Ponsonby, Daniel**
Frederick
Marks & Clerk LLP
Fletcher House
Heatley Road
The Oxford Science Park
Oxford OX4 4GE (GB)

(56) References cited:
WO-A1-01/80185 WO-A1-01/80185

• **RAHIL SHAHZAD ET AL: "Automatic segmentation, detection and quantification of coronary artery stenoses on CTA", THE INTERNATIONAL JOURNAL OF CARDIOVASCULAR IMAGING, vol. 29, no. 8, 8 August 2013 (2013-08-08), pages 1847-1859, XP055183233, ISSN: 1569-5794, DOI: 10.1007/s10554-013-0271-1**
• **YANG GUANYU ET AL: "Quantitative measurement of coronary artery stenosis in CCTA images using a 2D parametric intensity model", 2014 36TH ANNUAL INTERNATIONAL CONFERENCE OF THE IEEE ENGINEERING IN MEDICINE AND BIOLOGY SOCIETY, IEEE, 26 August 2014 (2014-08-26), pages 1071-1074, XP032674705, DOI: 10.1109/EMBC.2014.6943779 [retrieved on 2014-11-02]**

Note: Within nine months of the publication of the mention of the grant of the European patent in the European Patent Bulletin, any person may give notice to the European Patent Office of opposition to that patent, in accordance with the Implementing Regulations. Notice of opposition shall not be deemed to have been filed until the opposition fee has been paid. (Art. 99(1) European Patent Convention).

EP 3 277 183 B1

- ARMIN ARBAB-ZADEH ET AL: "Quantification of Coronary Arterial Stenoses by Multidetector CT Angiography in Comparison With Conventional Angiography", JACC: CARDIOVASCULAR IMAGING, ELSEVIER, AMSTERDAM, NL, vol. 4, no. 2, 12 October 2010 (2010-10-12), pages 191-202, XP028141333, ISSN: 1936-878X, DOI: 10.1016/J.JCMG.2010.10.011 [retrieved on 2010-12-27]
- MCINERNEY T ET AL: "Deformable Models in Medical Analysis: A Survey", MEDICAL IMAGE ANALYSIS, OXFORDUNIVERSITY PRESS, OXFORD, GB, vol. 1, no. 2, 1 June 1996 (1996-06-01), pages 91-108, XP002230283, ISSN: 1361-8423, DOI: 10.1016/S1361-8415(96)80007-7
- SHAHZAD R. ET AL.: 'Automatic segmentation, detection and quantification of coronary artery stenoses on CTA.' INT J. CARDIOVASC. IMAGING vol. 29, no. 8, 08 August 2013, pages 1847 - 1859, XP055183233
- YANG G. ET AL.: 'Quantitative measurement of coronary artery stenosis in CCTA images using a 2D parametric intensity model.' CONF. PROC. IEEE ENG. MED. BIOL. SOC. August 2014, pages 1071 - 1074, XP032674705
- ARBAB-ZADEH A. ET AL.: 'Quantification of Coronary Arterial Stenoses by Multidetector CT Angiography in Comparison With Conventional Angiography.' JACC: CARDIOVASCULAR IMAGING vol. 4, no. 2, February 2011, pages 191 - 202, XP028141333
- MCINERNEY T. ET AL.: 'Deformable models in medical image analysis: a survey.' MED. IMAGE ANAL. vol. 1, no. 2, June 1996, pages 91 - 108, XP002230283
- ZHOU J . ET AL.: 'Quantification of coronary artery Stenosis by Area Stenosis from cardiac CT angiography.' CONF. PROC. IEEE ENG. MED. BIOL. SOC. August 2015, pages 695 - 698, XP032810239

Description**Technical Field**

[0001] The present disclosure relates to a method and apparatus for assessing stenosis in blood vessels, such as, but not limited to, coronary arteries.

Background

[0002] Coronary heart disease (CHD), affecting about 6% of general adult population, is a common cardiac disorder associated with coronary artery stenosis-the narrowing of coronary artery typically caused by a portion of the lumen of the coronary artery being blocked by plaque. For example, Fig. 1 shows an artery at the heart's anterior surface which has a narrowing lumen as a result of a build-up of cholesterol plaque at its inner wall. This causes a reduced blood supply to the heart.

[0003] In US, among populations aged more than 65 years old, the prevalence of CHD increases to 19.8% in 2010. CHD causes 1.2 million heart attacks annually and nearly 19% of deaths in US. In Singapore, cardiovascular disease (CVD) accounted for 30.4% of all deaths in 2011, among these, 19% are due to CHD. Therefore, timely and accurate evaluation of suspected CHD patients is among the keys to improving patient care, reducing costs and improving efficiency in care delivery.

[0004] There are existing methods in assessing coronary artery stenosis. In particular, invasive coronary angiography (ICA) is the gold standard method for the delineation of anatomical coronary artery stenosis. Fig. 2 shows equipment used in ICA and a resultant image. Fractional flow reserve (FFR) measurement with pressure wire is the gold standard for the assessment of the physiological importance of an anatomical stenosis. The FFR measurement may be performed concurrently with ICA. Non-invasive computed tomography angiography (CTA) is a popular diagnostic alternative to ICA. In CTA, a sequence of two-dimensional (2D) images may be obtained by scans and a three-dimensional image volume (i.e. a stack of the 2D images) may be constructed. Fig. 3 shows equipment used in CTA and a resultant image. A brief comparison of advantages and disadvantages of these modalities is shown in Table 1 below.

Table 1: A comparison of ICA/FFR and CTA

Modality	ICA and FFR measure	CTA
Advantages	• Accurate, current gold standard • Quantitative • Seamless connection with therapy	• Outpatient examination • Non-invasive, easy to accept • Very high sensitivity • Low cost (~S\$1,100 per exam)
Disadvantages	• Inpatient procedure • Invasive, risk of complication • High cost (~S\$6,000 per procedure) • Labor intensive (i.e. involves cardiologists, radiologists, technicians, and nurses)	• Need expert interpretation • Less accurate, prone to overrating

[0005] Fig. 4 is a flow chart illustrating the current standard clinical protocol for CHD patient care. CTA scan is performed on suspected CHD patients first. If severe artery stenosis is detected, a subsequent ICA/FFR will be performed. If the severity of the lesion is confirmed by ICA/FFR, stenting or other therapeutic intervention may be performed during the procedure.

[0006] CTA enables visualization of the coronary vessels in two-dimensional (2D) or three-dimensional (3D) formats but currently available CTA-based imaging techniques are limited in their abilities in assessing physiological stenosis. Currently, CTA data are interpreted by a radiologist or cardiologist and the severity of a coronary artery stenosis lesion is rated based on a parameter called percent Diameter Stenosis (DS). In particular, a range of DS is used, namely, <25%, 25-40%, 40-70%, >70%.

[0007] As illustrated by Fig. 5, DS is obtained by 2D quantitative coronary angiography (QCA), in which images are projected unto multiple planes and the arterial lumen diameter is assessed accordingly. Several clinical studies have reported that CTA has a very high sensitivity and negative prediction value in assessing coronary artery stenosis, but

with a lower specificity and positive predication rate [1-4].

[0008] While CTA may be a reliable tool to rule out significant coronary artery stenosis, the CTA-based assessment of stenosis lacks precision. It requires an expert's interpretation of the image which may be subjective, and is often operator-dependent. This results in a significant number of false positive diagnoses or over-estimation, and often lead to unnecessary further tests (e.g. costly ICA and FFR) and/or treatments (e.g. stenting) being performed.

[0009] WO 2001/080185 discloses an image analysis method for quantifying blood stenosis from volumetric image data of the blood vessel. "Automated segmentation, detection and quantification of coronary artery stenoses on CTA" by Shahzad, Rahil et al discloses a method to automatically detect and quantify coronary artery stenoses in computed tomography coronary angiography. "Quantitative Measurement of Coronary Artery Stenosis in CCTA Images Using a 2D Parametric Intensity Model" by Guanyu, Yang et al discloses an approach based on 2D vessel model to segment the vessel lumen in 3D coronary computed tomography angiography (CCTA) images.

[0010] Therefore, it is desirable to provide an improved method and apparatus which provide a more accurate assessment of coronary artery stenosis.

Summary

[0011] In general terms, the present disclosure proposes methods and apparatus which use a numerical measure (such as a measure indicative of an area of stenosis of the vessel) derived from lumen areas of successive cross-sections of a vessel segment to assess blood vessel stenosis.

[0012] According to a first expression, there is provided a method for assessing blood vessel stenosis using image data, such as computed tomography angiography (CTA) data, of a subject. The image data represents a vascular structure of the subject. The method typically comprises a computer processor performing:

(a) obtaining, using the image data, a plurality of two-dimensional images representing respective cross-sections of a vessel segment;

(b) identifying, for each of the plurality of two-dimensional images, a lumen area comprising lumen pixels representing a lumen of the corresponding cross-section, said identifying of each lumen area comprising:

(i) identifying a plurality of diameter lines for the corresponding cross-section;

(ii) for each diameter line, obtaining an intensity profile of intensity values for pixels lying on the corresponding diameter line;

(iii) for each diameter line, deriving a gradient profile based on the intensity profile of the corresponding diameter line, the gradient profile representing a first derivative of the intensity profile;

(iv) for each diameter line, identifying lumen boundary pixels for the corresponding lumen area, the lumen boundary pixels corresponding to maxima of the corresponding gradient profile;

(d) obtaining a quantitative measure using the lumen areas of successive cross-sections of the vessel segment; and

(e) assessing blood vessel stenosis using the quantitative measure.

[0013] The present method utilizes a quantitative measure derived using lumen areas of successive cross-sections of a vessel segment. This may allow other lesion characteristics of stenosis (such as its length, shape and eccentricity) along a vessel segment to be taken into account when assessing vessel stenosis. For example, the effect of stenoses in series, which may greatly affect the blood flow, may be taken into consideration. Accordingly, the present method may allow automatic detection as well as quantification of blood vessel stenosis with greater accuracy and precision, and at a more holistic level. This provides more accurate, reproducible and informative indicators to the severity of stenosis for clinical decision making.

[0014] Operation (d) may comprise obtaining a first profile of sizes of the lumen areas for the plurality of two-dimensional images corresponding to the successive cross-sections of the vessel segment.

[0015] The method may further comprise deriving, using the first profile, a size of a restored lumen area for each of the cross-sections. The restored lumen area represents a lumen area when the vessel segment is stenosis-free, that is, as if the stenosis lesion had not been present or the lumen had been restored by removing the stenosis. This may be performed by a linear fitting of the first profile followed by determining the sizes of the restored lumen areas along the successive cross-sections of the vessel segment and to obtain a second profile of the derived sizes of the restored

lumen areas.

[0016] The method may comprise calculating a ratio of the size of the lumen area and that of the restored lumen area for at least one of the cross-sections.

[0017] The method may comprise identifying, from the plurality of images, a sub-set of images corresponding to cross-sections containing stenosis. The sub-set of images may be identified using the quantitative measure, for example, based on the ratio of the size of the lumen area and that of the restored lumen area calculated for the image.

[0018] The plurality of two-dimensional images may be obtained by first identifying a centerline for the segmented vessel, and extracting a series of two-dimensional images orthogonal to the centerline. The plurality of two-dimensional images may represent consecutive scans of cross-sections of the vessel at a regular interval, for example, at the interval of 1 mm apart along the centerline.

[0019] The centreline may be identified by extracting a minimal path within the vessel segment by minimizing a cost function. The cost function may define a path connecting two ends of the vessel segment.

[0020] Ellipse fitting of the identified lumen boundary pixels may be performed to obtain the lumen area, followed by further applying a deformable model.

[0021] The input image data of the above method may be a sequence of two-dimensional images which have already been appropriately processed to represent respective cross-sections with each being orthogonal to an axial direction of the vessel segment. The method may comprise segmenting, from the image data, the vessel segment representing a segment of a blood vessel. Said segmenting typically comprises extracting a principle direction (i.e. the axial direction) of a geometrically tubular structure to segment the vessel or vessel segment.

[0022] The present disclosure may also be expressed as a computer system having a processor and a memory device configured to store program instructions operative, when performed by the processor, to cause the processor to perform a method described above.

[0023] The present disclosure may also be expressed as an apparatus configured to perform any one of the above methods. The apparatus is typically a computer system having appropriate hardware modules including an image segmentation module, an image generation module and an image analysis module configured to perform relevant operations as described above with reference to the respective methods.

[0024] In particular, there is provided a computer system for assessing blood vessel stenosis using image data of a subject. The image data represents a vascular structure of the subject. The computer system comprises:

an image generation module configured to obtain, using the image data, a plurality of two-dimensional images representing respective cross-sections of a vessel segment; and

an image analysis module configured to:

(a) identify, for each of the plurality of two-dimensional images, a lumen area comprising lumen pixels representing a lumen of the corresponding cross-section, said identifying of each lumen area comprising:

(i) identifying a plurality of diameter lines for the corresponding cross-section;

(ii) for each diameter line, obtaining an intensity profile of intensity values for pixels lying on the corresponding diameter line;

(iii) for each diameter line, deriving a gradient profile based on the intensity profile of the corresponding diameter line, the gradient profile representing a first derivative of the intensity profile;

(iv) for each diameter line, identifying lumen boundary pixels for the corresponding lumen area, the lumen boundary pixels corresponding to maxima of the corresponding gradient profile;

(b) obtain a quantitative measure using the lumen areas of successive cross-sections of the vessel segment; and

(c) assess blood vessel stenosis using the quantitative measure.

[0025] The computer system may comprise an image segmentation module configured to segment, from the image data, a vessel segment representing a segment of a blood vessel.

[0026] The various modules may be appropriately configured to further perform any additional operation of the methods described above.

[0027] It will be apparent to a skilled person in the art that the various hardware modules may be implemented by one or more computer processors that are in communication with memory devices storing program instructions. The memory

devices may be, but is not limited to, random-access memory (RAM) and read-only memory (ROM). The one or more processors are configured to execute the program instructions so as to implement the functionality of the hardware modules. It is understood that by programming and/or loading executable instructions onto the computer system, at least one of the processors, the RAM, and the ROM are changed, transforming the computer system in part into a specific purpose machine or apparatus having the novel functionality taught by the present disclosure. It is fundamental to the electrical engineering and software engineering arts that functionality that can be implemented by loading executable software into a computer can be converted to a hardware implementation by well-known design rules. The computer system may be integrated with a device, such as an image acquisition device for acquiring images, such as a CT scanner, for performing CT angiography (CTA).

[0028] According to a further expression, there is provided a computer program product, such as a tangible recording medium. The tangible recording medium stores program instructions operative, when performed by a processor, to cause the processor to perform operations of the methods described above. The computer program product may be installed on a cloud of a cloud computing system and may be configured to run on a remote server.

[0029] The present disclosure may also be expressed as a computer system having an image analysis module configured to perform the method. The computer system may be integrated with a device, such as an image acquisition device for acquiring images, such as a CT scanner, for performing CT angiography (CTA).

[0030] The term "automatic" is used in the document to mean that, although human interaction may initiate the algorithm, human interaction is not required while the algorithm is carried out.

[0031] It will be understood by a skilled person that, in this document, a reference to a cross-section in relation to a blood vessel, a vessel segment or the like which has a generally tubular structure, means a generally planar two-dimensional section transverse to an axial direction of the generally tubular structure.

[0032] The above-mentioned aspect of the present disclosure may be used in a method of treating a patient having blood vessel stenosis, for example, by surgery or therapy. More specifically, this method of treating the patient may comprise administering a treatment (such as a medicament or a stent) based on an assessment of blood vessel stenosis in the blood vessel of the patient, wherein the assessment is obtained using the above-mentioned aspect of the present disclosure.

[0033] The disclosure may alternatively be expressed as a computer system for performing such a method. This computer system may be integrated with a device, such as an image acquisition device for acquiring images. The invention may also be expressed as a computer program product, such as one recorded on a tangible computer medium, containing program instructions operable by a computer system to perform the operations of the method. The computer product may be installed on a cloud of a cloud computing system and may be configured to run on a remote server. The invention is defined by the appended claims.

Brief Description of the Drawings

[0034] Embodiments of the present invention will now be described for the sake of example only with reference to the following drawings, in which:

Fig. 1 shows an artery at the heart's anterior surface which has a narrowing lumen;

Fig. 2 is composed of Fig. 2(a) which shows equipment used in ICA, and Fig. 2(b) which shows a resultant image;

Fig. 3 is composed of Fig. 3(a) which shows equipment used in CTA, and Fig. 3(b) which shows a resultant image;

Fig. 4 is a flow chart illustrating the current standard clinical protocol for CHD patient care;

Fig. 5 illustrates the calculation of a percent Diameter Stenosis (DS) using 2D quantitative coronary angiography (QCA);

Fig. 6 is composed of Fig. 6(a) which is a flow diagram of an embodiment of the present method, and Fig. 6(b) which is a flow diagram illustrating sub-operations for identifying a lumen area in a cross-section according to an example;

Fig. 7 is composed of Fig. 7(a) which shows a cross-section of the vessel segment annotated with a diameter line and identified lumen boundary pixels, and Fig. 7(b) shows an intensity profile for pixels lying on the diameter line from which the lumen boundary pixels are identified;

Fig. 8 is composed of Figs 8(a) which shows a cross-sectional image of an artery, Fig. 8(b) which shows detected lumen boundary pixels, and Fig. 8(c) which shows the lumen area with ellipse fitting;

Fig. 9 shows a profile of sizes of the lumen areas of successive cross-sections along a vessel segment according to an example;

Fig. 10 is composed of Fig. 10(a) which shows segmentation of a coronary artery from a CTA dataset, Fig. 10(b) shows identification of a centreline of the right coronary artery (RCA), and Fig. 10(c) shows a 2D projection of the RCA and its centreline by curved multi-planar reconstruction (cMPR) together with three 2D images representing respectively cross-sections;

Fig. 11 is composed of Fig. 11(a) which shows a profile of sizes of the lumen area of successive cross-sections

along a test vessel segment and lesions identified, and Fig. 11(b) which shows the lesions in the corresponding 2D and 3D CTA images; and

Fig. 12 is composed of Fig. 12(a) which shows a profile of sizes of the lumen area of successive cross-sections along another test vessel segment and lesions identified, and Fig. 12(b) which shows the lesions in the corresponding 2D and 3D CTA images.

Detailed Description

Method 100

[0035] Referring to Fig. 6(a), the operations are illustrated of a method 100 which is an embodiment of the present disclosure and which assesses blood vessel stenosis of a human or animal subject. For example, the method 100 may be used to detect if blood vessel stenosis is present in the subject. The method 100 may also be used to quantify an extent of severity of blood vessel stenosis by, for example, a percent of area stenosis (AS) in one or more segments and/or cross-sections of the blood vessel.

[0036] The input to method 100 is image data representing at least a part of a vascular structure of the subject. For example, a three-dimensional image data set comprising a sequence of two-dimensional (2D) image scans of a subject's heart, acquired from coronary Computed Tomography Angiography (CTA).

[0037] As shown in Fig. 6(a), the method 100 comprises operations 110-160.

[0038] In operation 110, a vessel segment of a blood vessel in the vascular structure is segmented. In other words, pixels (in 2D image sequences) or voxels in (a 3D image volume) representing the blood vessel are identified from the image data.

[0039] In operation 120, a plurality of 2D images are generated from the image data. Typically, each of the 2D images represents a respective cross-section of the vessel segment, which is orthogonal to an axial direction of the vessel segment. The 2D image sequences may therefore represent consecutive scans of cross-sections of the vessel segment at an interval. For example, the interval may be a regular interval of 1 mm apart. Note that 2D image sequences may represent parallel, but typically non-parallel, cross-sections of the vessel segment, as the vessel segments are typically curved to a certain extent.

[0040] In operation 130, a lumen area is identified for each of the plurality of 2D images. The lumen area is identified as containing lumen pixels which represents the lumen structure of the blood vessel in that cross-section. The lumen area may be identified using sub-operations 131-135 as shown in Fig. 6(b), as will be described in more detail.

[0041] In operation 140, a first profile of sizes of lumen areas identified in operation 130 for successive cross-sections of the vessel segment is obtained. The first profile may be represented by a graphic representation such as a plot of the lumen area versus a relative position or sequence of each of the cross-sections. Note that a graphic representation is not necessary as it will be apparent to a skilled person that other form of representation of the first profile is possible, such as by vectors.

[0042] In operation 150, a size of restored lumen area for each of the cross-sections may be estimated. This may be performed by deriving a second profile which describes sizes of restored lumen areas for the successive cross-sections based on the first profile obtained in operation 140.

[0043] In operation 160, a subset of the plurality of 2D images may be identified as containing stenosis based on the size of the lumen area and restored lumen area of the corresponding cross-section. For example, if a comparison between the two areas exceeds a pre-defined threshold, then the cross-section may be identified as containing a stenosis lesion. The pre-define threshold may be a fixed value or be dependent upon another cross-section such a neighbouring cross-section.

Example implementation of method 100 for assessing coronary artery stenosis

[0044] The example below will be illustrated with respect to an assessment of coronary artery (including its branches) stenosis. It will be understood that the proposed methods may be applied to stenosis analysis for other types of vessels.

[0045] The imaging data described in the example below employs a CTA data of a patient. The CTA data is a three dimensional data describing a part of the coronary artery of the patient. The method proposes assessing the severity of coronary artery stenosis by obtaining a numerical measure using a first profile of sizes of lumen areas in successive cross-sections of a vessel segment. In particular, the method derives data describing an area of stenosis in a cross-section of the coronary artery from the patient's CTA data. The example implementation of method 100 will now be described in more detail below.

Operation 110

[0046] The image data is processed to segment the blood vessel. In particular, pixels representing boundary of a blood vessel are identified.

[0047] The operation 110 may involve a sub-operation of pre-processing the image by enhancing the vascular features of the image. In this example, the vascular structures are enhanced using the multi-scale second order local structure (such as using a Hessian matrix in 2D or 3D). More specifically, a multi-scale vessel enhancement filtering proposed by Frangi et al is used [5]. The approach searches for geometrically tubular structures, which are detected by particular eigenvalue pattern analysis of the Hessian matrix (low value for λ_1 and high value for λ_2 & λ_3), thereby extracting a principle direction (i.e. an axial direction) along which the blood vessel extends. This enhances the contrast (or difference in pixel values) between vessel-like structures and other structures. By applying a suitable thresholding, coronary arteries can be segmented in the image.

Operation 120

[0048] A series of 2D images are obtained from the image data in this operation. Each of the 2D images represents a cross-section of the vessel such that the series of 2D images defines successive cross-sections along an axial direction of the blood vessel. In other words, each of the identified 2D images represents a cross-section plane of the blood vessel that is transverse to a longitudinal direction of the blood vessel.

[0049] In tubular structures, the eigenvector e_1 corresponding to the smallest eigenvalue λ_1 points in the longitudinal direction of the vessel, which has the smallest curvature and the normal plane to this direction (i.e., eigenvectors corresponding to λ_2 and λ_3) forms the cross-sectional plane to the vessel.

[0050] An artery or a portion of the artery may be used for the subsequent processing and analysis. For example, a user may specify segment of artery of interest by manually designating two endpoints on the segmented artery. In another possibility, the segment of interest may be automatically detected by a computer processor according to a pre-defined criterion, such as based on morphological landmarks of the blood vessel and/or a length of the vessel segment, etc.

[0051] A 3D path tracking for a centreline between the two fixed endpoints can be modelled into a minimal path problem. The centreline of the segmented vessel segment may be determined first for identifying the plurality of 2D images as images orthogonal to the centerline. The centreline may be extracted by solving a cost function describing a length of the path. By minimizing the cost function corresponding to the length of the path for which the integral of costs is minimum, a minimal path connecting the two endpoints may be obtained. The path is designated as the centreline and a sequence of 2D images representing the respective cross-sectional planes orthogonal to the centreline are obtained at an interval of 1 mm along the centreline.

Operation 130

[0052] WO 2001/080185 raises the problem of lumen boundary identification and Yang discloses lumen boundary identification using reconstructed longitudinal images of the lumen instead of cross-sectional images. Given the cross-sectional images of the vessel segment, it may still be challenging to extract the vessel lumen and to measure the stenosis in the images due to variations in image density and vessel curvatures (i.e. change in vessel radius), calcification, and bifurcations. The present inventors have developed an ellipse-based fitting procedure to estimate the lumen areas based on an extent of the change in pixel values (i.e. the gradient) at the vessel wall. The procedure has been shown to be able to extract the lumen area successfully. The below describes an embodiment for extraction of lumen areas from a 2D image and the method 100 includes performing the sub-operations below for the respective 2D images.

(i) Sub-operation 131

[0053] For a 2D image I representing a vessel cross-section, a smoothing filter G is applied first to remove image noise (including pixels representing possible calcifications) to allow stenosis lesion including soft plaques to be more accurately identified. The possible calcification, which typically has an extremely high intensity values, is removed based on a naive Bayesian classification using training data. It will be understood by a person skilled in the art that the training data may be obtained, for example, by supervised machine learning using CTA images. The gradient L on the smoothed image is expressed as $L = |\nabla(G * I)|^2$. Suitable filters G may include a Gaussian filter, median filter, anisotropic diffusion filter, etc.

(ii) Sub-operations 132, 133

[0054] Followed by the noise removal, a local peak point C , that is, a pixel with a maximum intensity value, can be

located and identified as a center of the vessel section. One or more diameter lines passing through the center C of the vessel section are identified, and an intensity profile may be plotted for each of the diameter lines. For each of the diameter lines, the pixels corresponding to the maximal first derivative of the intensity profile are identified as lumen boundary pixels representing an edge of the lumen. In particular, two pixels may be identified for each diameter line from pixels located on each of the two sides of the center C .

[0055] The below provides an example of detecting lumen boundary points of a diameter line.

[0056] Fig. 7(a) shows a cross-section of the vessel segment annotated with a diameter line L and identified lumen boundary pixels b_1 , b_2 . In this example, the diameter line L passes through the lumen center C at an angle of $3\pi/4$. Fig. 7(b) shows an intensity profile P of intensity values for pixels lying on the diameter line L . A gradient profile P' representing changes in the pixel values is derived from the intensity profile P . It will be understood that this is equivalent to computing the first derivative of the intensity values. One pixel having a maximal gradient of the intensity value located on each side of C is identified as the lumen boundary pixels b_1 , b_2 . More lumen boundary pixels may be identified in a similar way from more diameter lines each oriented at respective angle of the cross-section.

[0057] Lumen edges may be identified from a plurality of diameter lines. In this example, lumen boundary points are obtained from 16 diameter lines. In particular, intensity profiles of pixels are obtained for diameter lines which are oriented from $0 \sim 2\pi$ at a uniform interval of $1/8 \pi$. More diameter lines may be used to sample more edge points, but this may increase computational costs.

(iii) Sub-operation 134

[0058] Due to the intensity variations around the vessel, the boundary points are not always distributed in a shape of a circle. Fig. 8(b) shows detected lumen boundary points for a cross-section image of an artery as shown in Fig. 8(a). The shape of the vessel lumen is then approximated using a circular or an elliptic fitting, as shown in Fig. 8(c). To eliminate the possible impact from vessel bifurcation, an inscribed ellipse or circle fitting is used to fit the detected boundary points towards the vessel as the vessel lumen.

(iv) Sub-operation 135

[0059] The fitted vessel lumen can be further refined with deformable model such as snake, balloon, level sets, etc. With the ellipse or circle fitting as initialization, the segmentation is shown robust for the deformable models which are usually sensitive to the initialization. As the pixels for lumen area now identified, an area of the lumen may be identified accordingly, for example, based on a number of pixels representing the lumen.

[0060] By performing sub-operations 131-135 for each of the cross sectional images along the vessel segment, lumen areas of successive cross-sections of the vessel segment are obtained for further analysis in operations 140-160 below.

Operation 140

[0061] A profile indicative of stenosis in successive cross-sectional images along the vessel segment is derived in this operation. According to a particular example, a first profile of sizes of the lumen areas for the plurality of 2D images corresponding to the successive cross-sections of the vessel segment is obtained. As shown in Fig. 9, a plurality of data points each representing an area of lumen of a particular cross-section are plotted and a curve C_1 connecting the data points is produced. The curve C_1 depicts a first profile of the size of the lumen area along the successive cross-sections at an interval of 1 mm. The curve C_1 is smoothed using a median filter to minimize the effect of noise. Other filters may be used as will be apparent to a skilled person.

Operations 150-160

[0062] A sharp drop of the lumen area may suggest the presence of a stenosis lesion. In this example, the curve C_1 is used to derive a size of a restored lumen area for each of the cross-sections. The restored lumen area represents a lumen area as if the stenosis lesion had not been there or the lumen had been restored. A natural regression of the restored lumen area along a stenosis lesion-free vessel segment may be estimated by a linear fitting of the curve C_1 to derive a second profile C_2 as shown in Fig. 9. The curve C_2 represents the estimated sizes of restored lumen areas for the successive cross-sections.

[0063] Based on the curves C_1 and C_2 , a subset of cross-sections are identified as containing or potentially containing stenosis. As shown in Fig. 9, A_2 denotes the actual lumen area and A_1+A_2 represent the lumen area of the restored lesion-free artery. The cross-sections may be identified based on, for example, the size of the lumen area and the size of the restored lumen area of that cross-section. For example, a distance or separation (denoted as A_1 in Fig. 9) between the two curves C_1 and C_2 , is indicative of a difference between the actual lumen area and the restored lesion-free lumen

area. In other words, it may represent a deviation from a healthy state for the subject. According to a particular example, the sub-set of images are identified using the quantitative measure in a form of a ratio of the size of the lumen area and that of the restored lumen area calculated for the image.

[0064] If the quantitative measure exceeds a pre-defined threshold (e.g. is above or below a threshold value), then the cross-section may be identified as containing a stenosis lesion. The pre-define threshold may be a fixed value or be dependent upon another cross-section such a neighboring cross-section.

[0065] For a particular stenosis lesion, a numerical value is derived to quantify the stenosis by an area of stenosis (AS), and it is defined as

$$AS = A1 / (A1+A2) \times 100\%.$$

[0066] In another possibility, the quantitative measure may be the area of stenosis (AS) itself, which is equivalent to 1 minus the ratio of the size of the lumen area and that of the restored lumen area.

[0067] In another example, other characteristics of the stenosis such a length or its geometric profile may be estimated based on data derived from the lumen areas of successive cross-sections of the vessel segment.

Experimental data and results

[0068] The present inventors have demonstrated the implementation and performance of the present method using actual experimental data. The results are compared with some existing methods of assessing blood vessel stenosis as will be discussed below.

[0069] Specifically, cardiac CTA scans, which were perform using a dynamic volume scanner with a 320-row detector (Aquilion ONE, Toshiba Medical System), were collected from the National Heart Centre Singapore. The CTA scans were interpreted by a cardiologist and the percent diameter stenosis (DS) was given for each significant stenosis lesion. For each CTA scan, the corresponding ICA was also collected and the percent DS was measured for each significant stenosis lesion by another cardiologist. The corresponding catheterized FFR measures were also recorded.

[0070] Fig. 10 (a)-(b) respectively show the segmentation of the coronary artery from the CTA dataset and identification of a centreline of the right coronary artery (RCA) using an embodiment of the present method. Fig. 10(c) shows a 2D projection of the RCA and its centreline by curved multi-planar reconstruction (cMPR). Three cross-sectional planes A, B, C along the vessel segment are identified from its proximal to distal end with their lumen areas shown before (the second column of Fig. 10(c)) and after segmentation (the third column of Fig. 10(c)).

[0071] Fig. 11(a) shows a profile of the lumen area of the cross sections along a vessel segment which is the left anterior descending artery of a heart. Two lesions L1 and L2 are identified and quantified using the percent of area stenosis (AS). As shown, AS (in percentage form) of L1 in the proximal is 67% and that of L2 in the mid is 54%. The lesions L1 and L2 in the corresponding 2D CTA slices and 3D views are illustrated in Fig. 11(b).

[0072] Fig. 12(a) shows a profile of the lumen area of the cross sections along a vessel segment which is the right coronary artery of a heart. Three lesions L1, L2 and L3 are identified and quantified using AS. As shown, AS (in percentage form) of L1 in the proximal is 55%, that of L2 in the mid is 45% and that of L3 in the distal is 52%. The lesions L1, L2 and L3 in the corresponding 2D CTA slices and 3D views are illustrated in Fig. 12(b).

[0073] Table 2 below shows results of detailed stenosis quantification for 9 coronary artery branches from 4 CTA data sets by AS (in bold). The corresponding DS measurement from CTA/ICA and FFR are tabulated for comparison as well.

Table 2. Stenosis quantified by present method (in bold) and the comparison with DS and FFR.

CTA Data	Lesion location	CTA-DS	CTA-AS	ICA-DS	FFR
CT_01	Proximal LAD	>70%	67%	70%	0.85
	Mid LAD	40-70%	54%	70%	0.74
	Proximal RCA	25-40%	51%	50%	
CT_02	Proximal LAD	50-69%	64%	60%	0.85
CT_06	Proximal LAD	<25%	37%	30%	
	Mid LAD	25-40%	39%	60%	0.83
	Distal LAD	>70%	26%		

	Proximal RCA	<25%	25%		
CT_08	Proximal LAD	50%	66%	70%	
	Proximal LCX	40%	53%	50%	
	Proximal RCA	<40%	55%	30%	
	Distal RCA	50-70%	52%	60%	0.87
CT_014	Proximal LAD	40-70%	49%	40%	0.97

Advantages of embodiments of method 100 over existing methods

[0074] It can be observed from Table 2 that the present method is able to more accurately and precisely quantify the severity of a stenosis lesion in coronary artery, as compared to using percent Diameter Stenosis (DS) from CTA.

[0075] DS is only a modest descriptor of coronary artery stenosis because DS does not incorporate other lesion characteristics such as a length, shape and eccentricity of the stenosis. Comparing to existing methods, the preferred embodiments also allow other lesion characteristics of stenosis along a vessel segment to be assessed, by studying lumen areas of successive cross-sections of the segment. Therefore, the effect of stenoses in series may also be taken into consideration when assessing stenosis. In addition, the preferred embodiments utilize a profile of the size of lumen area to assess the extent of coronary artery stenosis. They provide an improved estimation of a lesion which is more consistent than using DS for studying vessel stenosis, because DS is susceptible to variations due to projection angles and subjective interpretation.

[0076] Overall, the proposed method and apparatus may provide more accurate, reproducible and informative indicators to the severity of stenosis thereby assisting clinicians in decision making for treatment and follow-up management.

It can be deployed or integrated in a radiology reporting system at a hospital's radiology department, or in the workstation dedicated for cardiologist in the cardiology department. It can also be deployed in a mobile computing device and work in the operating theatre, for intra-operative review and reference.

[0077] Whilst the foregoing description has described exemplary embodiments, it will be understood by those skilled in the art that many variations of the embodiment can be made within the scope of the present invention. For example, the proposed method is not only suitable to process CTA image data but also works well on magnetic resonance angiography (MRA) and intra-vascular ultrasound (IVUS) image data.

References

[0078]

- [1] Zhang S, Levin DC, Halpern EJ, et al. Accuracy of MDCT in assessing the degree of stenosis caused by calcified coronary artery plaques. *AJR Am J Roentgenol* 2008; 191(6): 1676-1683.
- [2] Mowatt G, Cook JA, Hillis GS, et al. 64-Slice computed tomography angiography in the diagnosis and assessment of coronary artery disease: systematic review and meta-analysis. *Heart* 2008; 96(11):1386-1393.
- [3] Hausleiter J, Meyer T, Hadamitzky M, et al. Non-invasive coronary computed tomographic angiography for patients with suspected coronary artery disease: the Coronary Angiography by Computed Tomography with the Use of a Submillimeter resolution (CACTUS) trial. *Eur Heart J* 2007; 28(24):3034-3041.
- [4] Paech DC, Weston AR. A systematic review of the clinical effectiveness of 64-slice or higher computed tomography angiography as an alternative to invasive coronary angiography in the investigation of suspected coronary artery disease. *BMC Cardiovasc Disord* 2011; 11:32.
- [5] Frangi A, Niessen W, Vincken K, Viergever M. Multiscale vessel enhancement filtering. In *Proc. of Medical Image Computing and Computer-Assisted Intervention*. LNCS 1998; 1496:130-137.

Claims

1. A method (100) for assessing blood vessel stenosis using image data of a subject, said image data representing a vascular structure of the subject, the method comprising:
 - (a) obtaining (120), using the image data, a plurality of two-dimensional images representing respective cross-sections of a vessel segment;
 - (b) identifying (130), for each of the plurality of two-dimensional images, a lumen area comprising lumen pixels representing a lumen of the corresponding cross-section, said identifying of each lumen area comprising:
 - (i) identifying a plurality of diameter lines (L) for the corresponding cross-section;
 - (ii) for each diameter line, obtaining an intensity profile (P) of intensity values for pixels lying on the corresponding diameter line;
 - (iii) for each diameter line, deriving a gradient profile (P') based on the intensity profile of the corresponding diameter line, the gradient profile representing a first derivative of the intensity profile;
 - (iv) for each diameter line, identifying lumen boundary pixels (b1,b2) for the corresponding lumen area, the lumen boundary pixels corresponding to maxima of the corresponding gradient profile;
 - (c) obtaining (140) a quantitative measure using the lumen areas of successive cross-sections of the vessel segment; and
 - (d) assessing (160) blood vessel stenosis using the quantitative measure.
2. The method according to claim 1, wherein the quantitative measure is indicative of an area of stenosis (AS) for at least one of the cross-sections of the vessel segment, the AS being a numerical value derived from the quantitative measure.
3. The method according to claim 1 or claim 2, wherein operation (d) comprises obtaining a first profile of sizes of the lumen areas for the plurality of two-dimensional images corresponding to the successive cross-sections of the vessel segment.
4. The method according to claim 3, further comprising:

deriving, using the first profile, a size of a restored lumen area for each said cross-section; and employing a linear fitting of the first profile to derive the sizes of the restored lumen areas along the successive cross-sections of the vessel segment and to obtain a second profile of the derived sizes of the restored lumen areas.

- 5 5. The method according to claim 4, further comprising calculating a ratio of the size of the lumen area and that of the restored lumen area for at least one of the cross-sections of the vessel segment.
- 10 6. The method according to any preceding claim, further comprising identifying, from the plurality of images, a sub-set of images using the quantitative measure, said sub-set of images corresponding to cross-sections of vessel segment which contain stenosis.
- 15 7. The method according to any preceding claim, further comprising:
identifying a centerline for the vessel segment, said cross-sections being orthogonal to the centerline.
8. The method according to claim 7, further comprising extracting a minimal path within the vessel segment by minimizing a cost function defining a path connecting two ends of the vessel segment, wherein the centreline is identified based on the minimal path.
- 20 9. The method according to any preceding claim, further comprising ellipse fitting of the lumen boundary pixels to obtain the lumen area.
10. The method according to claim 9, further comprising applying a deformable model to the ellipse-fitted lumen area.
- 25 11. The method according to any preceding claim, further comprising segmenting, from the image data, the vessel segment representing a segment of a blood vessel.
- 30 12. The method according to claim 11, wherein said segmenting comprises extracting a principle direction of a geometrically tubular structure thereby segmenting the vessel segment; and wherein the image data is computed tomography angiography (CTA) data.
13. A computer system for assessing blood vessel stenosis using image data of a subject, said image data representing a vascular structure of the subject, wherein the computer system comprises:
 - 35 an image generation module configured to:
obtain, using the image data, a plurality of two-dimensional images representing respective cross-sections of a vessel segment; and
an image analysis module configured to:
 - 40 (a) identify, for each of the plurality of two-dimensional images, a lumen area comprising lumen pixels representing a lumen of the corresponding cross-section, said identifying of each lumen area comprising:
 - (i) identifying a plurality of diameter lines (L) for the corresponding cross-section;
 - (ii) for each diameter line, obtaining an intensity profile (P) of intensity values for pixels lying on the corresponding diameter line;
 - 45 (iii) for each diameter line, deriving a gradient profile (P') based on the intensity profile of the corresponding diameter line, the gradient profile representing a first derivative of the intensity profile;
 - (iv) for each diameter line, identifying lumen boundary pixels (b1,b2) for the corresponding lumen area, the lumen boundary pixels corresponding to maxima of the corresponding gradient profile;
 - 50 (b) obtain a quantitative measure using the lumen areas of successive cross-sections of the vessel segment; and
 - (c) assess blood vessel stenosis using the quantitative measure.
 - 55 14. The computer system according to claim 13, further comprising an image segmentation module configured to segment, from the image data, the vessel segment representing a segment of a blood vessel.
 15. A computer program product comprising instructions which, when the program is executed by a computer, cause

the computer to perform a method according to any of claims 1 to 12.

Patentansprüche

1. Verfahren (100) zum Bewerten von Blutgefäßstenose unter Verwendung von Bilddaten einer Person, wobei die Bilddaten eine Gefäßstruktur der Person repräsentieren, das Verfahren umfassend:
 - (a) Erlangen (120), unter Verwendung der Bilddaten, einer Vielzahl von zweidimensionalen Bildern, die jeweilige Querschnitte eines Gefäßsegments repräsentieren;
 - (b) Identifizieren (130), für jedes der Vielzahl von zweidimensionalen Bildern, einer Lumenfläche, umfassend Lumenbildpunkte, die ein Lumen des korrespondierenden Querschnitts repräsentieren, das Identifizieren jeder Lumenfläche umfassend:
 - (i) Identifizieren einer Vielzahl von Durchmesserlinien (L) für den korrespondierenden Querschnitt;
 - (ii) für jede Durchmesserlinie Erlangen eines Intensitätsprofils (P) von Intensitätswerten für Bildpunkte, die auf der korrespondierenden Durchmesserlinie liegen;
 - (iii) für jede Durchmesserlinie Ableiten eines Gradientenprofils (P') basierend auf dem Intensitätsprofil der korrespondierenden Durchmesserlinie, wobei das Gradientenprofil eine erste Ableitung des Intensitätsprofils repräsentiert;
 - (iv) für jede Durchmesserlinie Identifizieren von Lumenbegrenzungsbildpunkten (bl, b2) für die korrespondierende Lumenfläche, wobei die Lumenbegrenzungsbildpunkte mit Maxima des korrespondierenden Gradientenprofils korrespondieren;
 - (c) Erlangen (140) eines quantitativen Maßes unter Verwendung der Lumenflächen von aufeinanderfolgenden Querschnitten des Gefäßsegments; und
 - (d) Bewerten (160) einer Blutgefäßstenose unter Verwendung des quantitativen Maßes.
2. Verfahren nach Anspruch 1, wobei das quantitative Maß eine Stenosefläche (AS) für mindestens einen der Querschnitte des Gefäßsegments angibt, wobei die AS ein numerischer Wert ist, der von dem quantitativen Maß abgeleitet ist.
3. Verfahren nach Anspruch 1 oder Anspruch 2, wobei der Vorgang (d) das Erlangen eines ersten Profils von Größen der Lumenflächen für die Vielzahl von zweidimensionalen Bildern, die mit den aufeinanderfolgenden Querschnitten des Gefäßsegments korrespondieren, umfasst.
4. Verfahren nach Anspruch 3, ferner umfassend:
 - Ableiten, unter Verwendung des ersten Profils, einer Größe einer wiederhergestellten Lumenfläche für jeden Querschnitt; und
 - Nutzen einer linearen Anpassung des ersten Profils, um die Größen der wiederhergestellten Lumenflächen entlang den aufeinanderfolgenden Querschnitten des Gefäßsegments abzuleiten, und um ein zweites Profil der abgeleiteten Größen der wiederhergestellten Lumenflächen zu erlangen.
5. Verfahren nach Anspruch 4, ferner umfassend Berechnen eines Verhältnisses der Größe der Lumenfläche und der der wiederhergestellten Lumenfläche für mindestens einen der Querschnitte des Gefäßsegments.
6. Verfahren nach einem der vorstehenden Ansprüche, ferner umfassend Identifizieren, aus der Vielzahl von Bildern, einer Teilmenge von Bildern unter Verwendung des quantitativen Maßes, wobei die Teilmenge von Bildern mit Querschnitten des Gefäßsegments, das Stenose enthält, korrespondiert.
7. Verfahren nach einem der vorstehenden Ansprüche, ferner umfassend:
 - Identifizieren einer Mittellinie für das Gefäßsegment, wobei die Querschnitte senkrecht zu der Mittellinie sind.
8. Verfahren nach Anspruch 7, ferner umfassend Extrahieren eines minimalen Pfads in dem Gefäßsegment durch Minimieren einer Kostenfunktion, die einen Pfad definiert, der zwei Enden des Gefäßsegments verbindet, wobei die Mittellinie basierend auf dem minimalen Pfad identifiziert wird.

9. Verfahren nach einem der vorstehenden Ansprüche, ferner umfassend Ellipsenanpassung der Lumenbegrenzungsbildpunkte, um die Lumenfläche zu erlangen.
10. Verfahren nach Anspruch 9, ferner umfassend Anwenden eines verformbaren Modells auf die ellipsenangepasste Lumenfläche.
11. Verfahren nach einem der vorstehenden Ansprüche, ferner umfassend Segmentieren, aus den Bilddaten, des Gefäßsegments, das ein Segment eines Blutgefäßes repräsentiert.
12. Verfahren nach Anspruch 11, wobei das Segmentieren umfasst, eine Grundrichtung einer geometrisch röhrenförmigen Struktur zu extrahieren, wodurch das Gefäßsegment segmentiert wird; und wobei die Bilddaten Computertomographie-Angiographie(CTA)-Daten sind.
13. Computersystem zum Bewerten von Blutgefäßstenose unter Verwendung von Bilddaten einer Person, wobei die Bilddaten eine Gefäßstruktur der Person repräsentieren, wobei das Computersystem umfasst:
ein Bilderzeugungsmodul, konfiguriert zum:

Erlangen, unter Verwendung der Bilddaten, einer Vielzahl von zweidimensionalen Bildern, die jeweilige Querschnitte eines Gefäßsegments repräsentieren; und
ein Bildanalysemodul, konfiguriert zum:

(a) Identifizieren, für jedes der Vielzahl von zweidimensionalen Bildern, einer Lumenfläche, umfassend Lumenbildpunkte, die ein Lumen des korrespondierenden Querschnitts repräsentieren, das Identifizieren jeder Lumenfläche umfassend:

- (i) Identifizieren einer Vielzahl von Durchmesserlinien (L) für den korrespondierenden Querschnitt;
- (ii) für jede Durchmesserlinie, Erlangen eines Intensitätsprofils (P) von Intensitätswerten für Bildpunkte, die auf der korrespondierenden Durchmesserlinie liegen;
- (iii) für jede Durchmesserlinie, Ableiten eines Gradientenprofils (P') basierend auf dem Intensitätsprofil der korrespondierenden Durchmesserlinie, wobei das Gradientenprofil eine erste Ableitung des Intensitätsprofils repräsentiert;
- (iv) für jede Durchmesserlinie, Identifizieren von Lumenbegrenzungsbildpunkten (b1, b2) für die korrespondierende Lumenfläche, wobei die Lumenbegrenzungsbildpunkte mit Maxima des korrespondierenden Gradientenprofils korrespondieren;

- (b) Erlangen eines quantitativen Maßes unter Verwendung der Lumenflächen von aufeinanderfolgenden Querschnitten des Gefäßsegments; und
- (c) Bewerten einer Blutgefäßstenose unter Verwendung des quantitativen Maßes.

14. Computersystem nach Anspruch 13, ferner umfassend ein Bildsegmentierungsmodul, konfiguriert zum Segmentieren, aus den Bilddaten, des Gefäßsegments, das ein Segment eines Blutgefäßes repräsentiert.
15. Computerprogrammprodukt, umfassend Anweisungen, die, wenn das Programm durch einen Computer ausgeführt wird, bewirken, dass der Computer ein Verfahren nach einem der Ansprüche 1 bis 12 durchführt.

Revendications

1. Procédé (100) d'évaluation de sténose de vaisseau sanguin au moyen de données d'image d'un sujet, lesdites données d'image représentant une structure vasculaire du sujet, le procédé comprenant les étapes consistant à :
(a) obtenir (120), en utilisant les données d'image, une pluralité d'images bidimensionnelles représentant des sections transversales respectives d'un segment de vaisseau ;
(b) identifier (130), pour chaque image de la pluralité d'images bidimensionnelles, une aire de lumen comprenant des pixels de lumen représentant un lumen de la section transversale correspondante, ladite étape d'identification de chaque aire de lumen comprenant les étapes consistant à :
(i) identifier une pluralité de lignes de diamètre (L) pour la section transversale correspondante ;

- (ii) pour chaque ligne de diamètre, obtenir un profil d'intensité (P) de valeurs d'intensité pour des pixels se situant sur la ligne de diamètre correspondante ;
- (iii) pour chaque ligne de diamètre, dériver un profil de gradient (P') sur la base du profil d'intensité de la ligne de diamètre correspondante, le profil de gradient représentant une première dérivée du profil d'intensité ;
- (iv) pour chaque ligne de diamètre, identifier des pixels de frontière de lumen (b1, b2) pour l'aire de lumen correspondante, les pixels de frontière de lumen correspondant aux maximums du profil de gradient correspondant ;
- (c) obtenir (140) une mesure quantitative en utilisant les aires de lumen des sections transversales successives du segment de vaisseau ; et
- (d) évaluer (160) une sténose de vaisseau sanguin en utilisant la mesure quantitative.
2. Procédé selon la revendication 1, dans lequel la mesure quantitative est indicative d'une aire de sténose (AS) pour au moins une des sections transversales du segment de vaisseau, l'aire AS correspondant à une valeur numérique dérivée de la mesure quantitative.
3. Procédé selon la revendication 1 ou 2, dans lequel l'opération (d) comprend l'étape consistant à obtenir un premier profil de tailles des aires de lumen pour la pluralité d'images bidimensionnelles correspondant aux sections transversales successives du segment de vaisseau.
4. Procédé selon la revendication 3, comprenant en outre les étapes consistant à :
- dériver, en utilisant le premier profil, une taille d'une aire de lumen restaurée pour chaque dite section transversale ; et
- employer un ajustement linéaire du premier profil en vue de dériver les tailles des aires de lumen restaurées le long des sections transversales successives du segment de vaisseau et d'obtenir un second profil des tailles dérivées des aires de lumen restaurées.
5. Procédé selon la revendication 4, comprenant en outre l'étape consistant à calculer un rapport entre la taille de l'aire de lumen et celle de l'aire de lumen restaurée pour au moins une des sections transversales du segment de vaisseau.
6. Procédé selon l'une quelconque des revendications précédentes, comprenant en outre l'étape consistant à identifier, à partir de la pluralité d'images, un sous-ensemble d'images, en utilisant la mesure quantitative, ledit sous-ensemble d'images correspondant à des sections transversales du segment de vaisseau qui contient une sténose.
7. Procédé selon l'une quelconque des revendications précédentes, comprenant en outre l'étape consistant à : identifier une ligne centrale pour le segment de vaisseau, lesdites sections transversales étant orthogonales à la ligne centrale.
8. Procédé selon la revendication 7, comprenant en outre l'étape consistant à extraire un trajet minimal au sein du segment de vaisseau en minimisant une fonction de coût définissant un trajet reliant deux extrémités du segment de vaisseau, dans lequel la ligne centrale est identifiée sur la base du trajet minimal.
9. Procédé selon l'une quelconque des revendications précédentes, comprenant en outre l'étape consistant à ajuster en ellipse les pixels de frontière de lumen en vue d'obtenir l'aire de lumen.
10. Procédé selon la revendication 9, comprenant en outre l'étape consistant à appliquer un modèle déformable à l'aire de lumen ajustée en ellipse.
11. Procédé selon l'une quelconque des revendications précédentes, comprenant en outre l'étape consistant à segmenter, à partir des données d'image, le segment de vaisseau représentant un segment d'un vaisseau sanguin.
12. Procédé selon la revendication 11, dans lequel ladite étape de segmentation comprend l'étape consistant à extraire une direction principale d'une structure géométriquement tubulaire, ce qui segmente, par conséquent, le segment de vaisseau ; et dans lequel les données d'image sont des données d'angiographie par tomographie informatisée (CTA).

13. Système informatique destiné à évaluer une sténose de vaisseau sanguin en utilisant des données d'image d'un sujet, lesdites données d'image représentant une structure vasculaire du sujet, dans lequel le système informatique comprend :

un module de génération d'image configuré pour :

obtenir, en utilisant les données d'image, une pluralité d'images bidimensionnelles représentant des sections transversales respectives d'un segment de vaisseau ; et

un module d'analyse d'image configuré pour :

(a) identifier, pour chacune de la pluralité d'images bidimensionnelles, une aire de lumen comprenant des pixels de lumen représentant un lumen de la section transversale correspondante, ladite étape d'identification de chaque aire de lumen comprenant les étapes consistant à :

(i) identifier une pluralité de lignes de diamètre (L) pour la section transversale correspondante ;

(ii) pour chaque ligne de diamètre, obtenir un profil d'intensité (P) de valeurs d'intensité pour des pixels se situant sur la ligne de diamètre correspondante ;

(iii) pour chaque ligne de diamètre, dériver un profil de gradient (P') sur la base du profil d'intensité de la ligne de diamètre correspondante, le profil de gradient représentant une première dérivée du profil d'intensité ;

(iv) pour chaque ligne de diamètre, identifier des pixels de frontière de lumen (b1, b2) pour l'aire de lumen correspondante, les pixels de frontière de lumen correspondant aux maximums du profil de gradient correspondant ;

(b) obtenir une mesure quantitative en utilisant les aires de lumen de sections transversales successives du segment de vaisseau ; et

(c) évaluer la sténose de vaisseau sanguin en utilisant la mesure quantitative.

14. Système informatique selon la revendication 13, comprenant en outre un module de segmentation d'image configuré pour segmenter, à partir des données d'image, le segment de vaisseau représentant un segment d'un vaisseau sanguin.

15. Produit-programme informatique comprenant des instructions qui, lorsque le programme est exécuté par un ordinateur, amènent l'ordinateur à mettre en œuvre un procédé selon l'une quelconque des revendications 1 à 12.

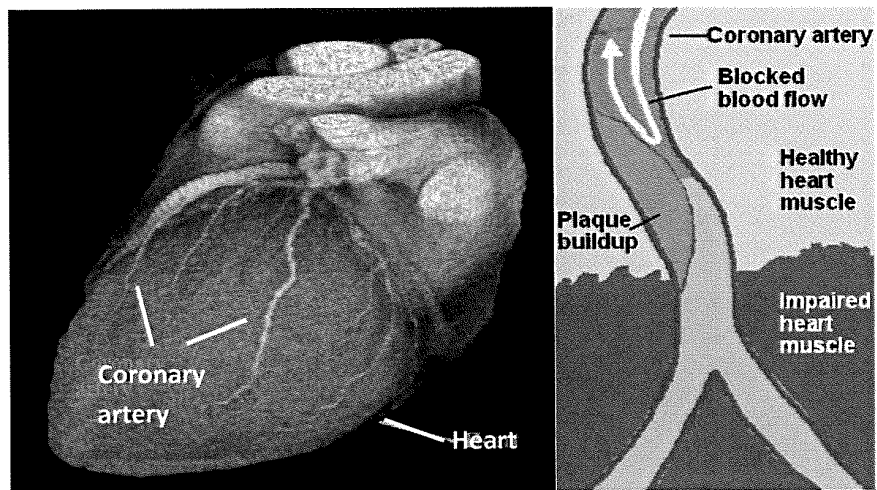


Fig. 1



Fig. 2(a)

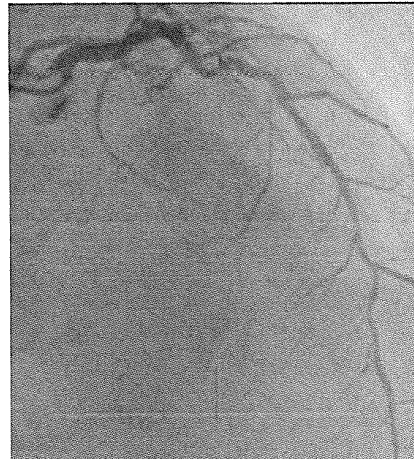


Fig. 2(b)

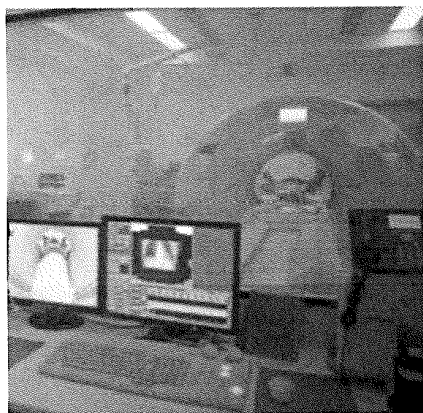


Fig. 3(a)

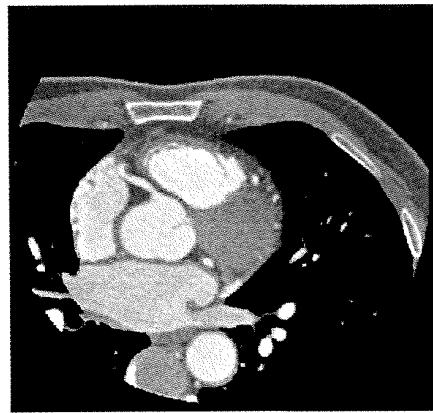


Fig. 3(b)

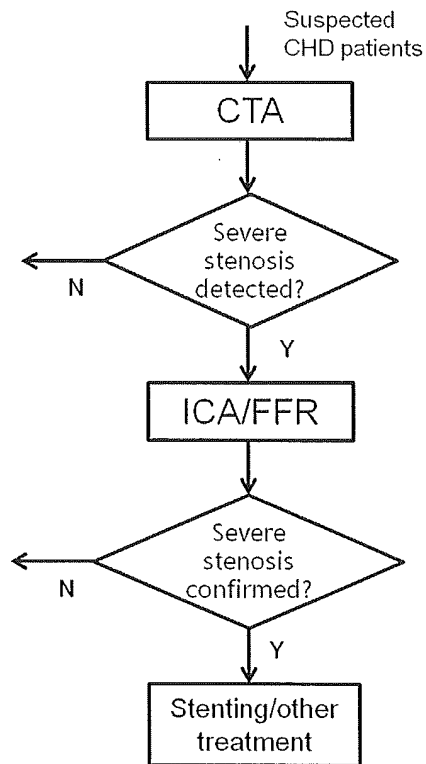


Fig. 4

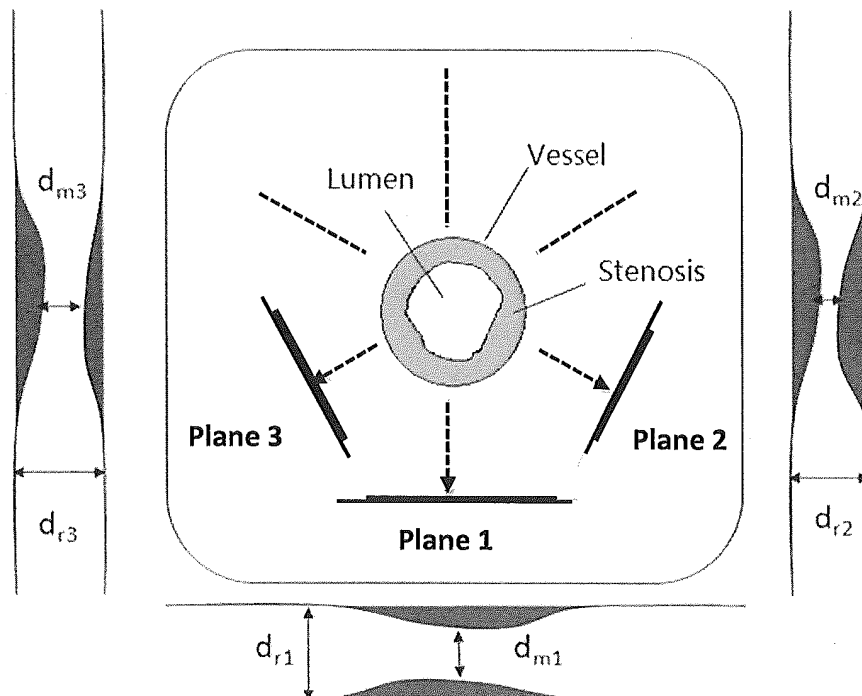


Fig. 5

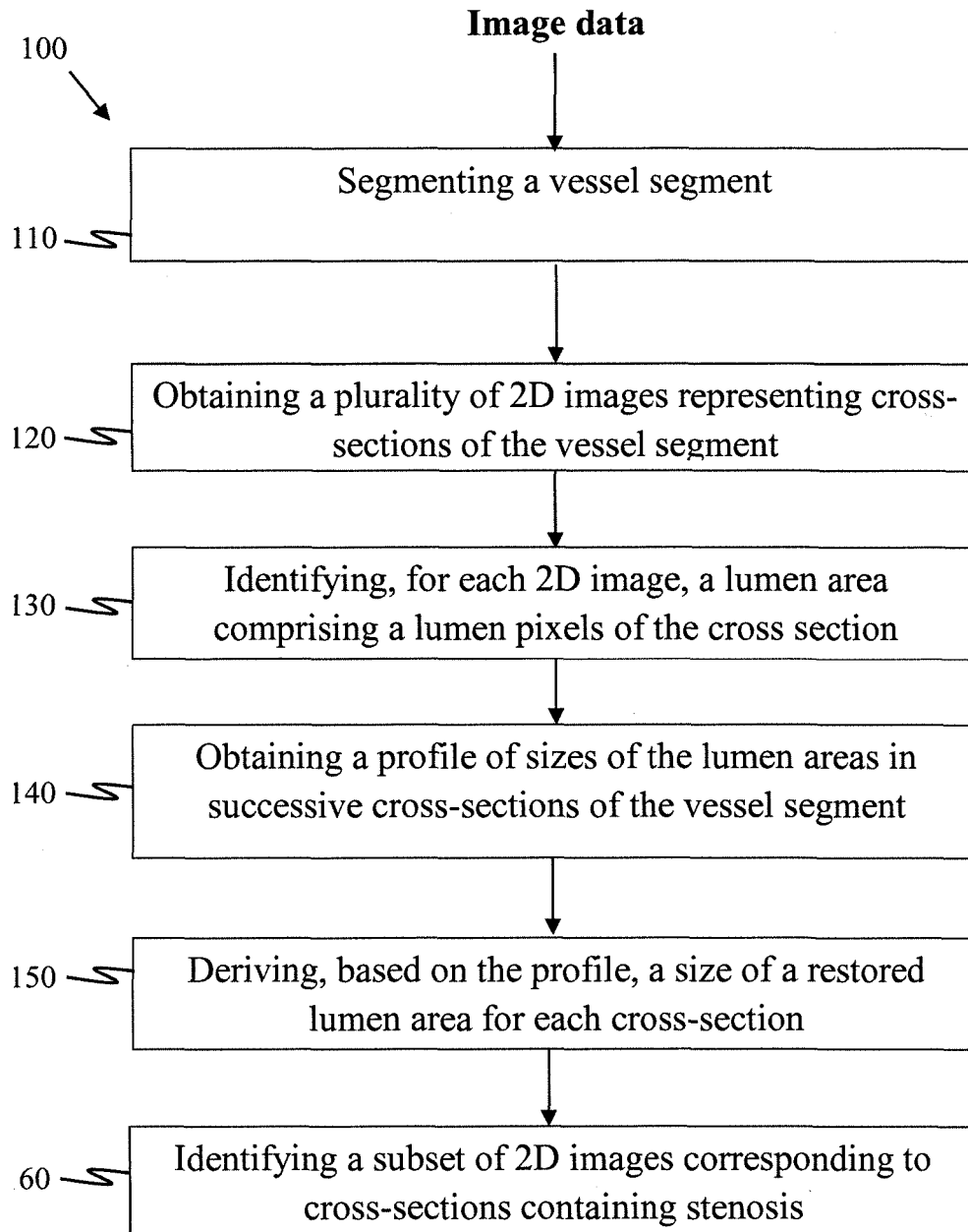


FIG. 6(a)

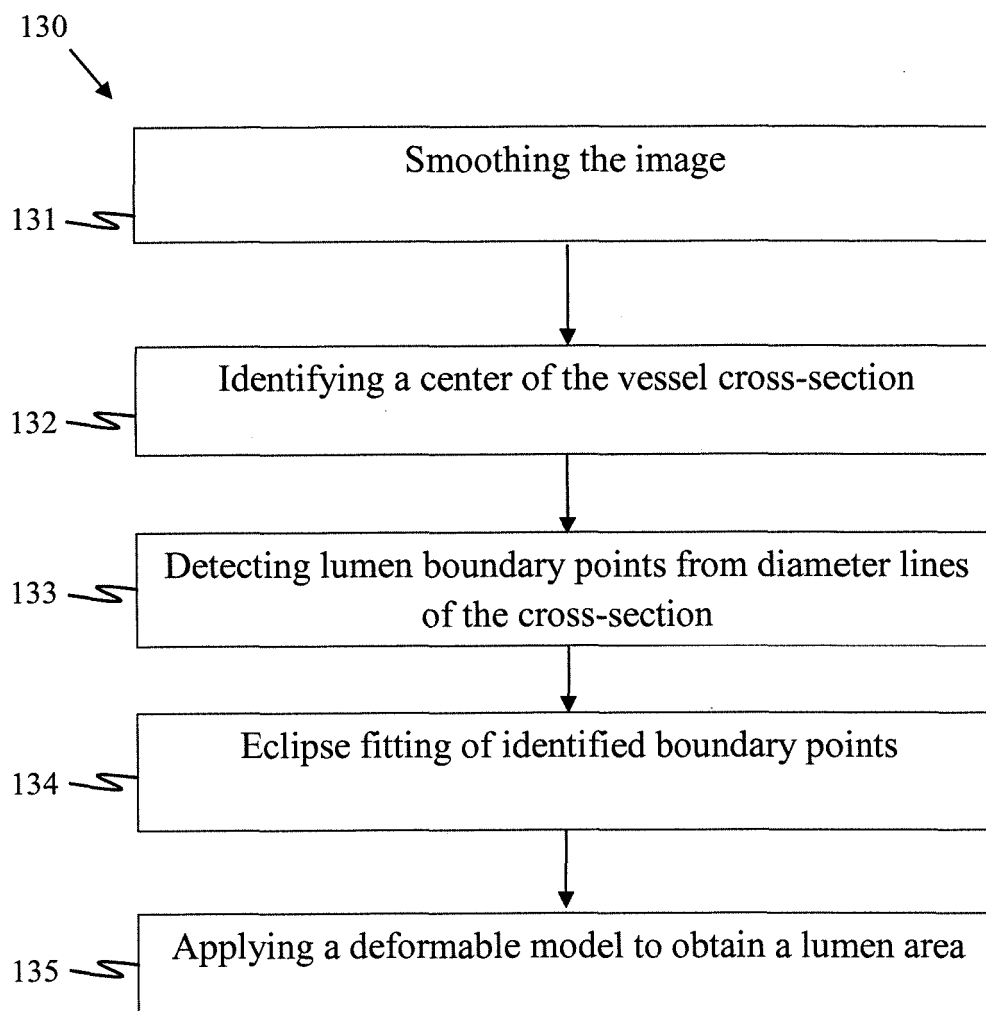


FIG. 6(b)

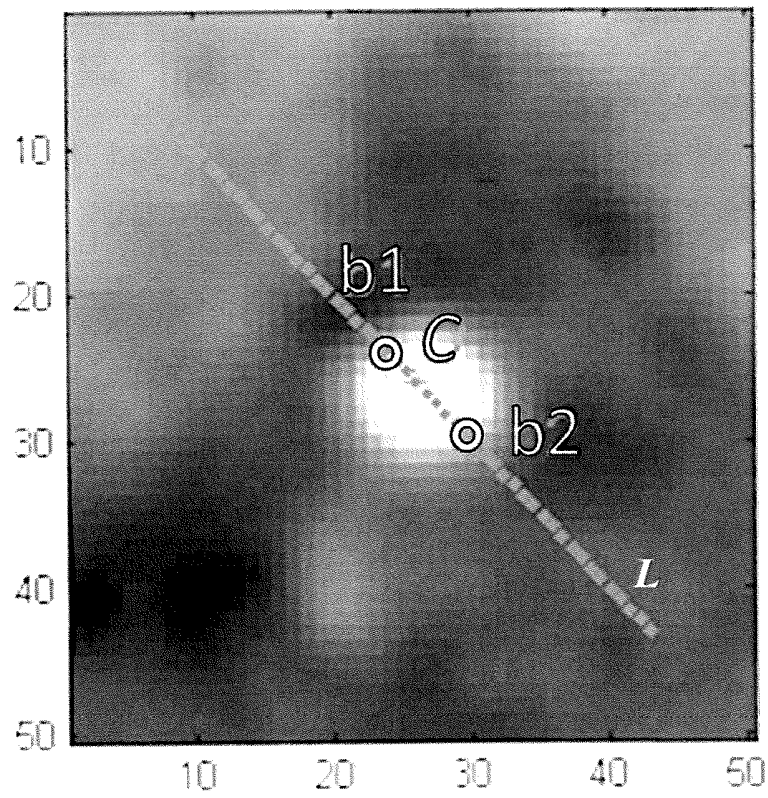


Fig. 7(a)

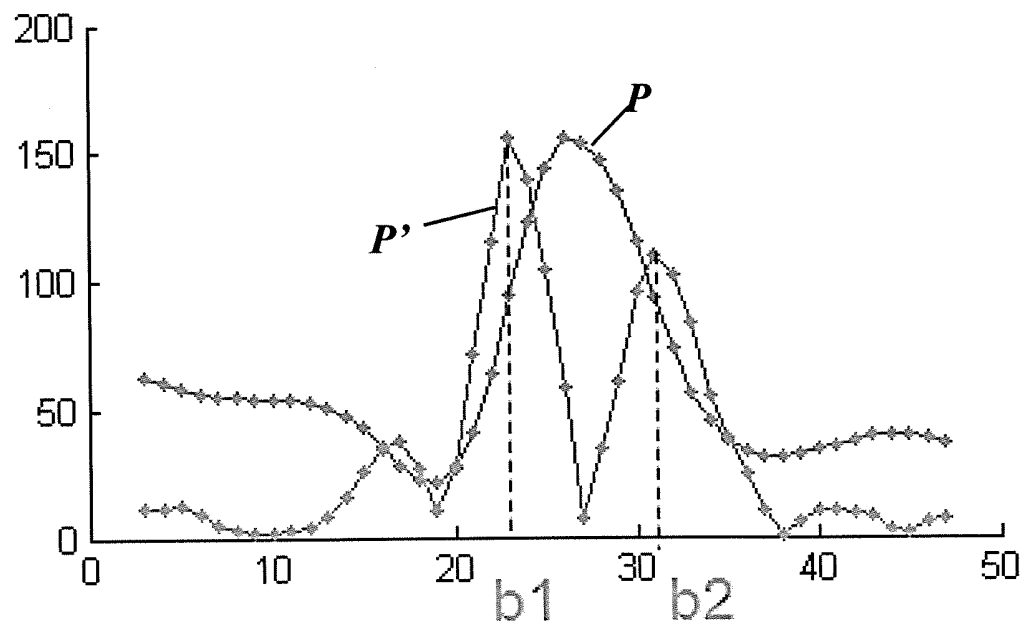


Fig. 7(b)

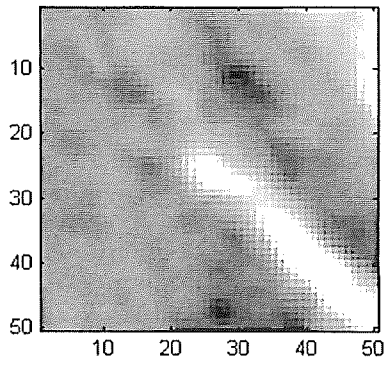


Fig. 8 (a)

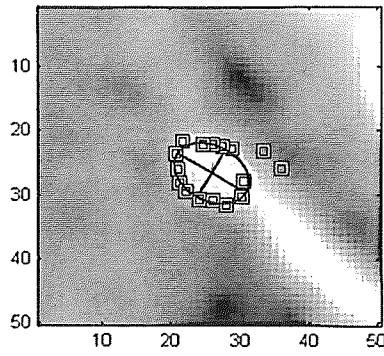


Fig. 8(b)

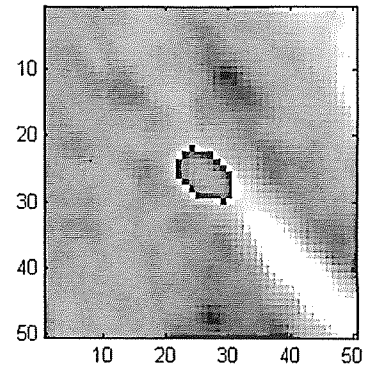


Fig. 8(c)

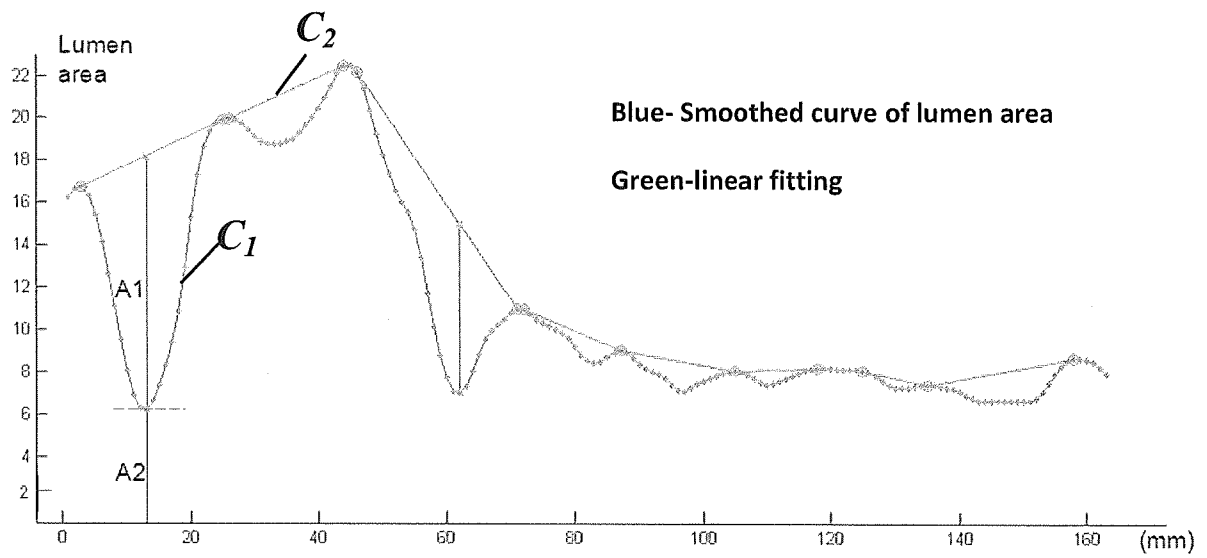


Fig. 9

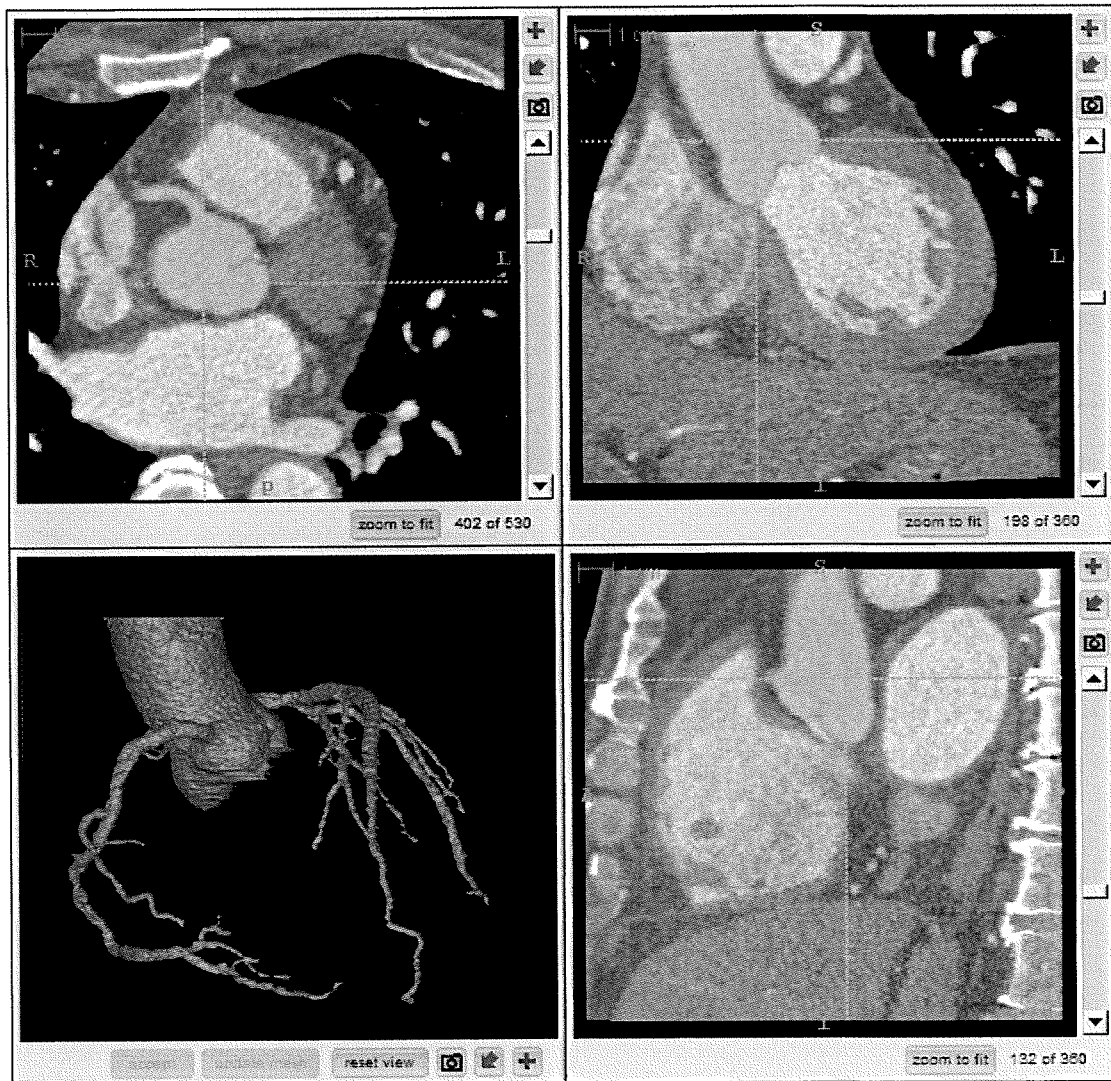


Fig. 10(a)

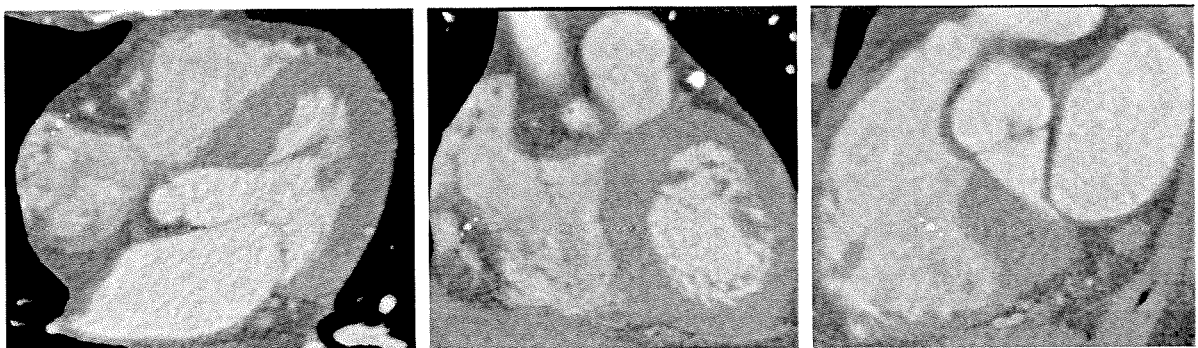


Fig. 10(b)

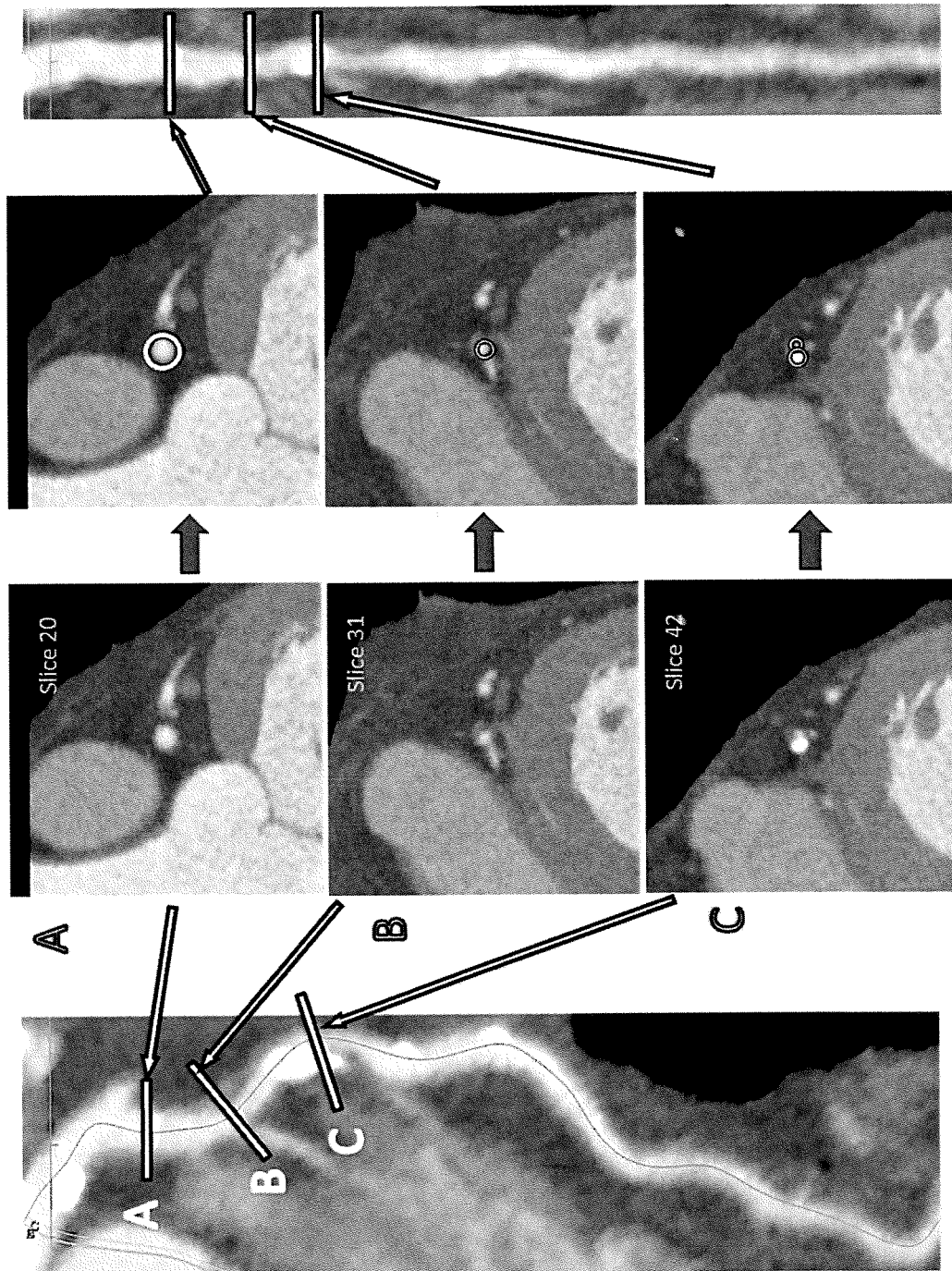


FIG. 10(c)

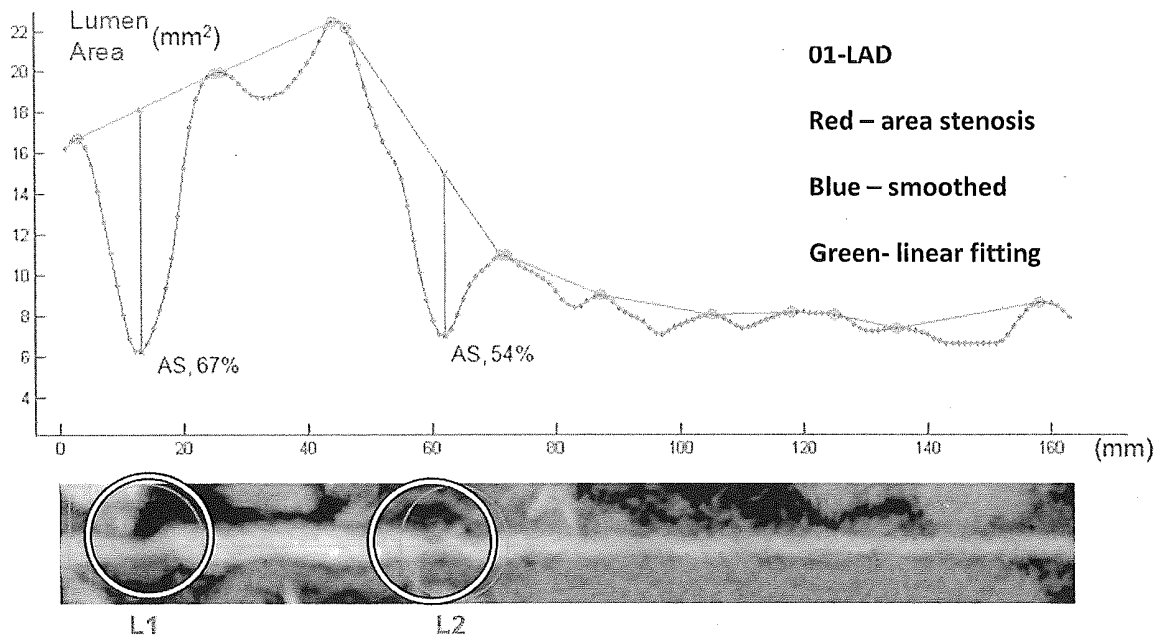


Fig. 11(a)

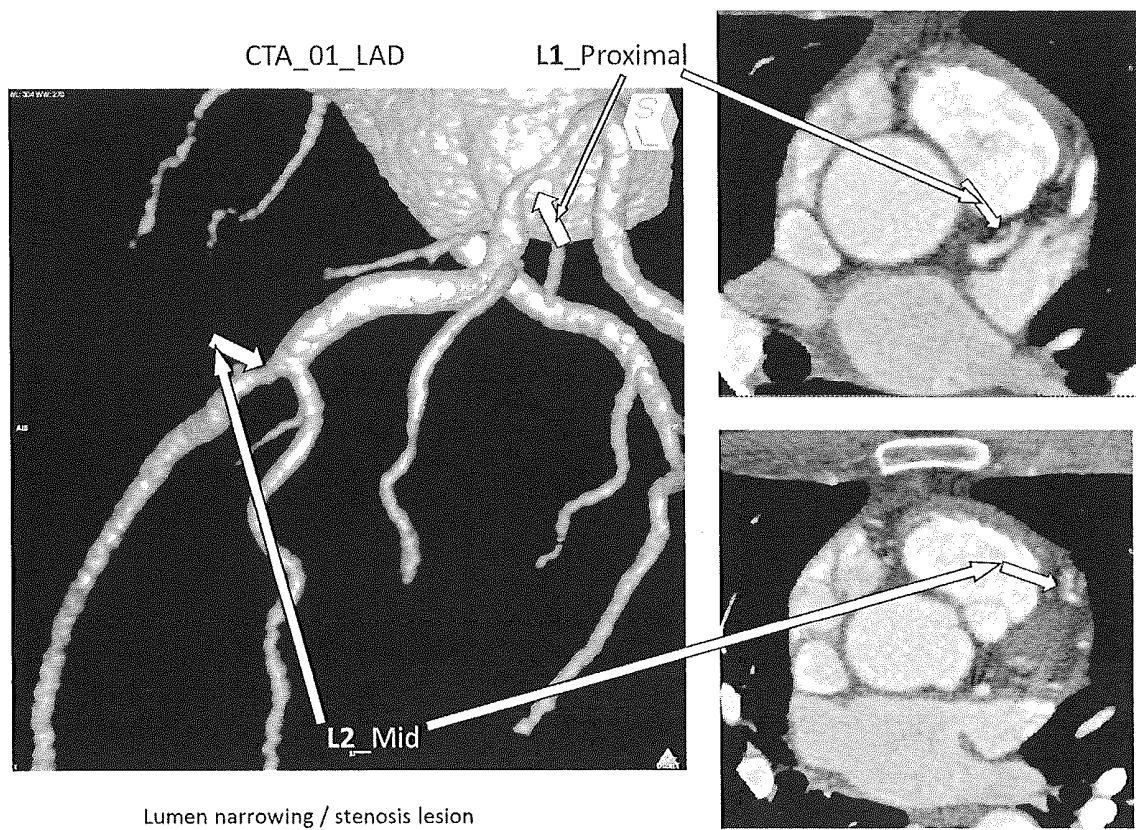


Fig. 11(b)

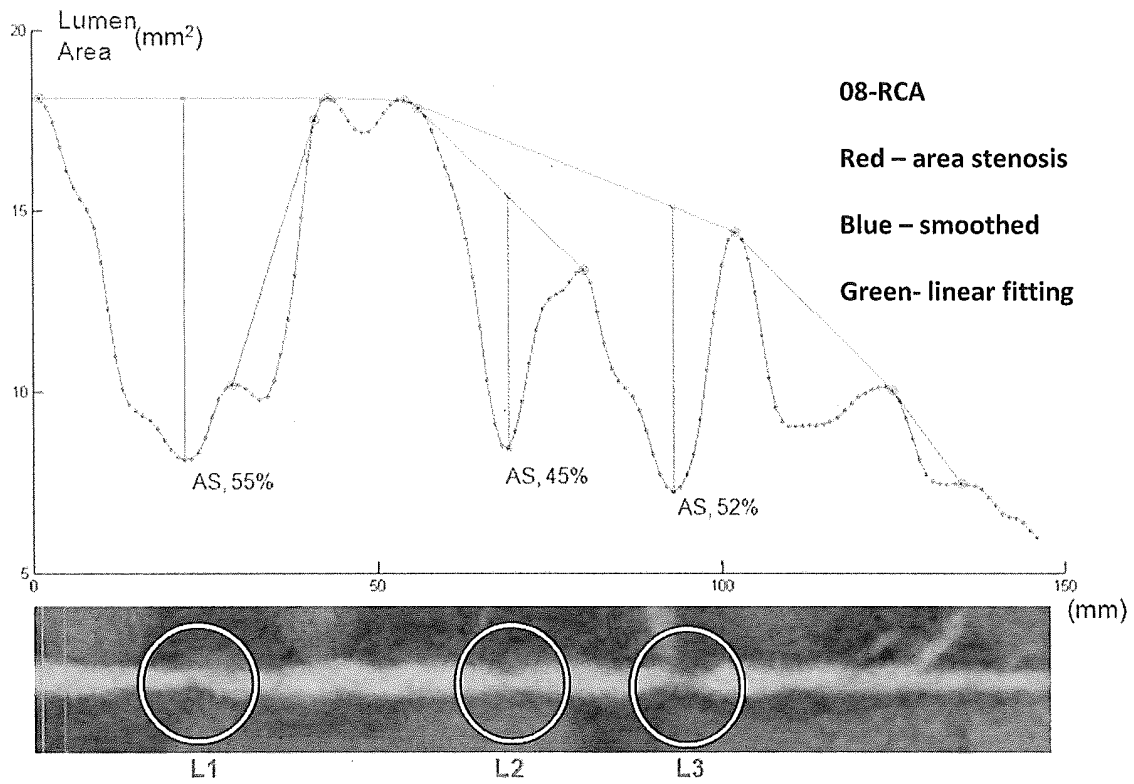


Fig. 12(a)

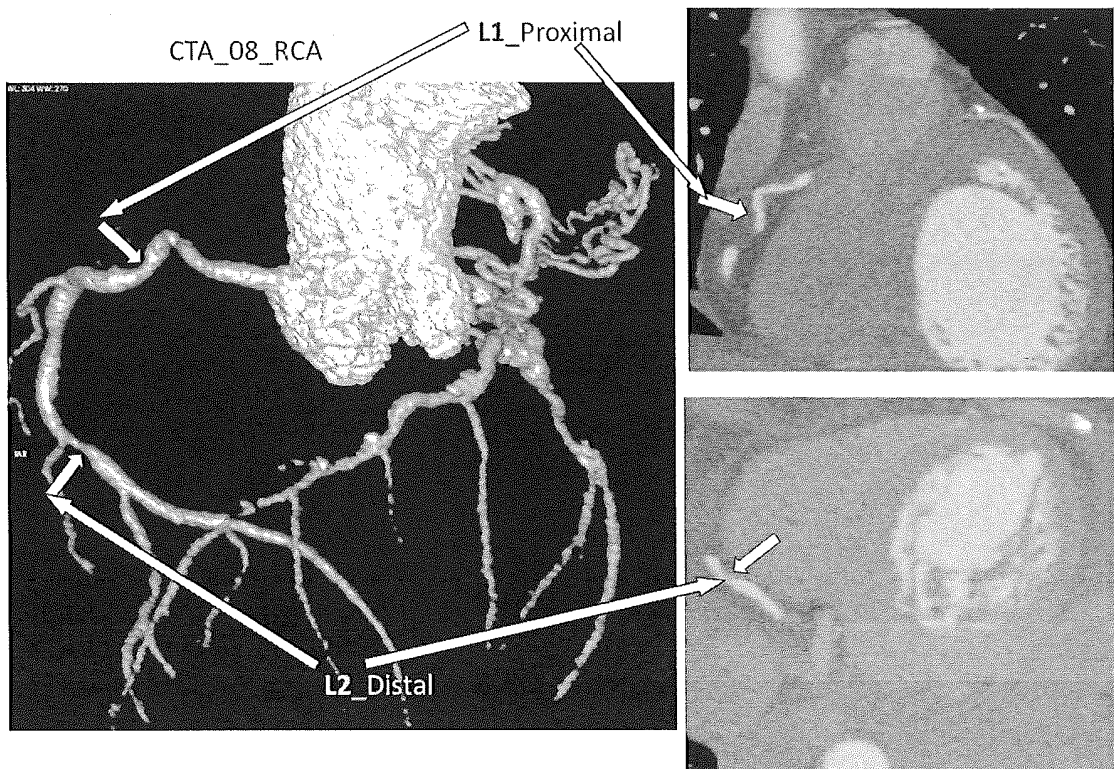


Fig. 12(b)

REFERENCES CITED IN THE DESCRIPTION

This list of references cited by the applicant is for the reader's convenience only. It does not form part of the European patent document. Even though great care has been taken in compiling the references, errors or omissions cannot be excluded and the EPO disclaims all liability in this regard.

Patent documents cited in the description

- WO 2001080185 A [0009] [0052]

Non-patent literature cited in the description

- **SHAHZAD, RAHIL.** *Automated segmentation, detection and quantification of coronary artery stenoses on CTA* [0009]
- **GUANYU, YANG.** *Quantitative Measurement of Coronary Artery Stenosis in CCTA Images Using a 2D Parametric Intensity Model* [0009]
- **ZHANG S ; LEVIN DC ; HALPERN EJ et al.** Accuracy of MDCT in assessing the degree of stenosis caused by calcified coronary artery plaques. *AJR Am J Roentgenol*, 2008, vol. 191 (6), 1676-1683 [0078]
- **MOWATT G ; COOK JA ; HILLIS GS et al.** 64-Slice computed tomography angiography in the diagnosis and assessment of coronary artery disease: systematic review and meta-analysis. *Heart*, 2008, vol. 96 (11), 1386-1393 [0078]
- **HAUSLEITER J ; MEYER T ; HADAMITZKY M et al.** Non-invasive coronary computed tomographic angiography for patients with suspected coronary artery disease: the Coronary Angiography by Computed Tomography with the Use of a Submillimeter resolution (CACTUS) trial. *Eur Heart J*, 2007, vol. 28 (24), 3034-3041 [0078]
- **PAECH DC ; WESTON AR.** A systematic review of the clinical effectiveness of 64-slice or higher computed tomography angiography as an alternative to invasive coronary angiography in the investigation of suspected coronary artery disease. *BMC Cardiovasc Disord*, 2011, vol. 11, 32 [0078]
- Multiscale vessel enhancement filtering. **FRANGIA ; NIESSEN W ; VINCKEN K ; VIERGEVER M.** Proc. of Medical Image Computing and Computer-Assisted Intervention. LNCS, 1998, vol. 1496, 130-137 [0078]

专利名称(译)	血管狭窄评估方法及装置		
公开(公告)号	EP3277183B1	公开(公告)日	2020-04-22
申请号	EP2016773580	申请日	2016-03-30
[标]申请(专利权)人(译)	新加坡科技研究局 新加坡保健服务集团有限公司		
申请(专利权)人(译)	机构科学，技术和研究 新加坡保健PTE. LTD.		
当前申请(专利权)人(译)	机构科学，技术和研究 新加坡保健PTE. LTD.		
[标]发明人	ZHONG LIANG TAN RU SAN HUANG WEIMIN ZHOU JIAYIN DUAN YUPING XIONG WEI CHI YANLING TOE KYAW KYAR		
发明人	ZHONG, LIANG TAN, RU SAN HUANG, WEIMIN ZHOU, JIAYIN DUAN, YUPING XIONG, WEI CHI, YANLING TOE, KYAW KYAR		
IPC分类号	G06T7/00 G06T7/12 G06T7/62 A61B6/00 A61B5/107 A61B8/12 A61B5/055 A61B5/00 A61B5/02 A61B6/03		
CPC分类号	A61B5/02007 A61B5/055 A61B5/1075 A61B5/1076 A61B5/489 A61B6/032 A61B6/504 A61B6/507 A61B6/5217 G06T7/0012 G06T7/12 G06T7/62 G06T2207/10081 G06T2207/20168 G06T2207/30104 G06T2207/30172 G16H50/30 A61B8/12		
优先权	10201502517P 2015-03-31 SG		
其他公开文献	EP3277183A1 EP3277183A4		
外部链接	Espacenet		

摘要(译)

公开了一种使用受试者的图像数据评估血管狭窄的方法。图像数据表示对象的血管结构。该方法包括：(a)从图像数据中分割代表血管段的血管段，(b)使用图像数据获得该血管段的多个二维图像；所述表示血管片段的各个横截面的多个二维图像，(c)针对所述多个二维图像中的每个，识别包括表示相应横截面的管腔的管腔像素的管腔区域，(d)使用血管段连续横截面的管腔面积获得定量测量，并且(e)使用定量测量评估血管狭窄。公开了一种用于执行上述方法的计算机系统。

$$A_2 = A_1 (A_1 - A_2) \times 100\%$$