

# Statistical Shape Analysis of Human Infant Skull



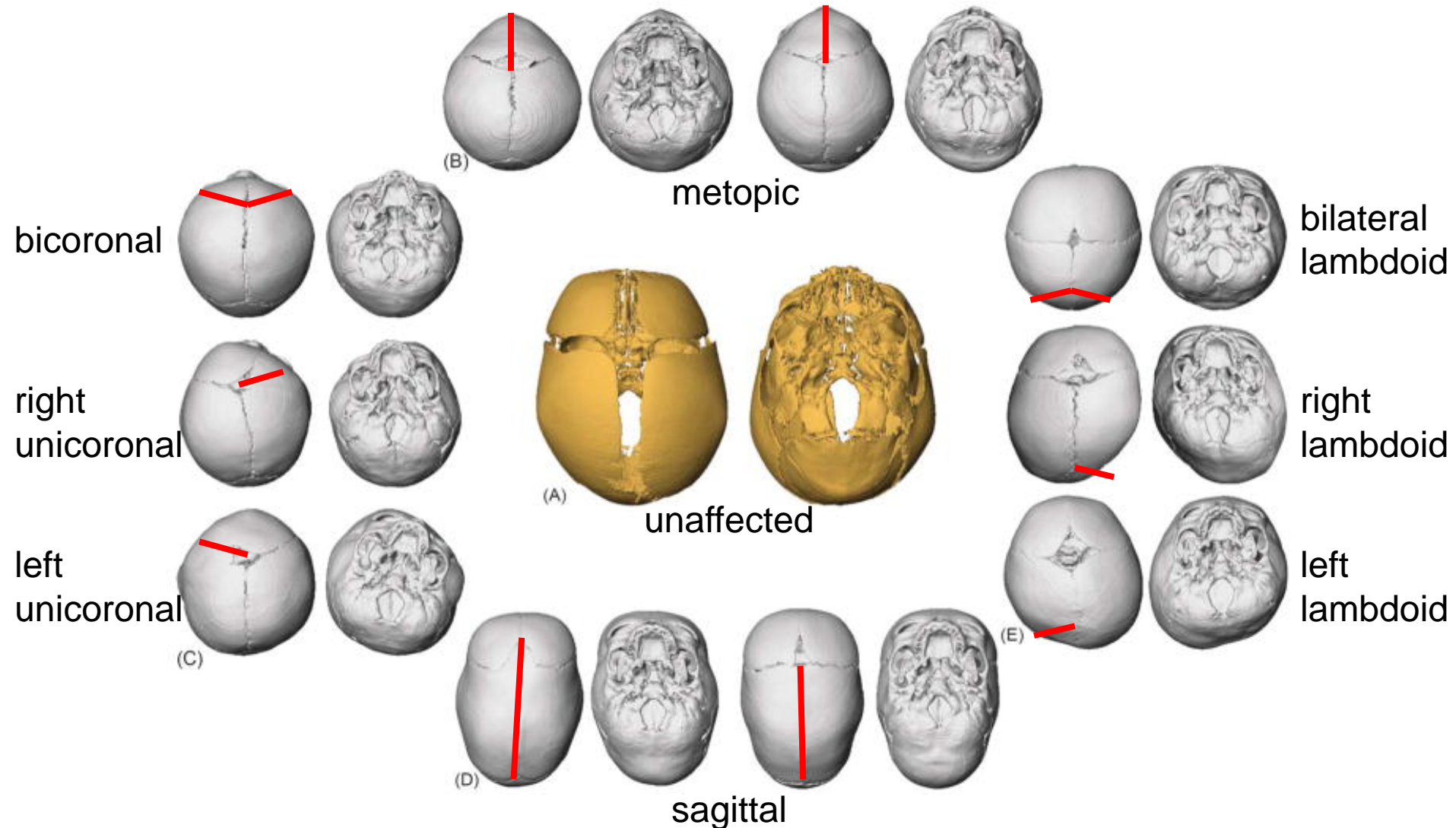
Ezgi Mercan

Murat Maga

Richard Hopper

# Skull Shape in Craniosynostosis

## A Complex Phenotype



# Cranial Reconstruction

## Shape Maintenance

- What *changes* are due to growth ?
- What *factors* affect the long term outcome?
  - Timing of the repair
  - Initial severity
  - Individual characteristics
- How does the skull *grow* in different diagnoses?

pre-op

post-op

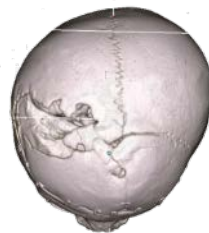
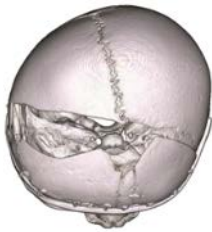
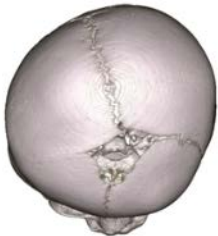
2yr follow-up



sagittal



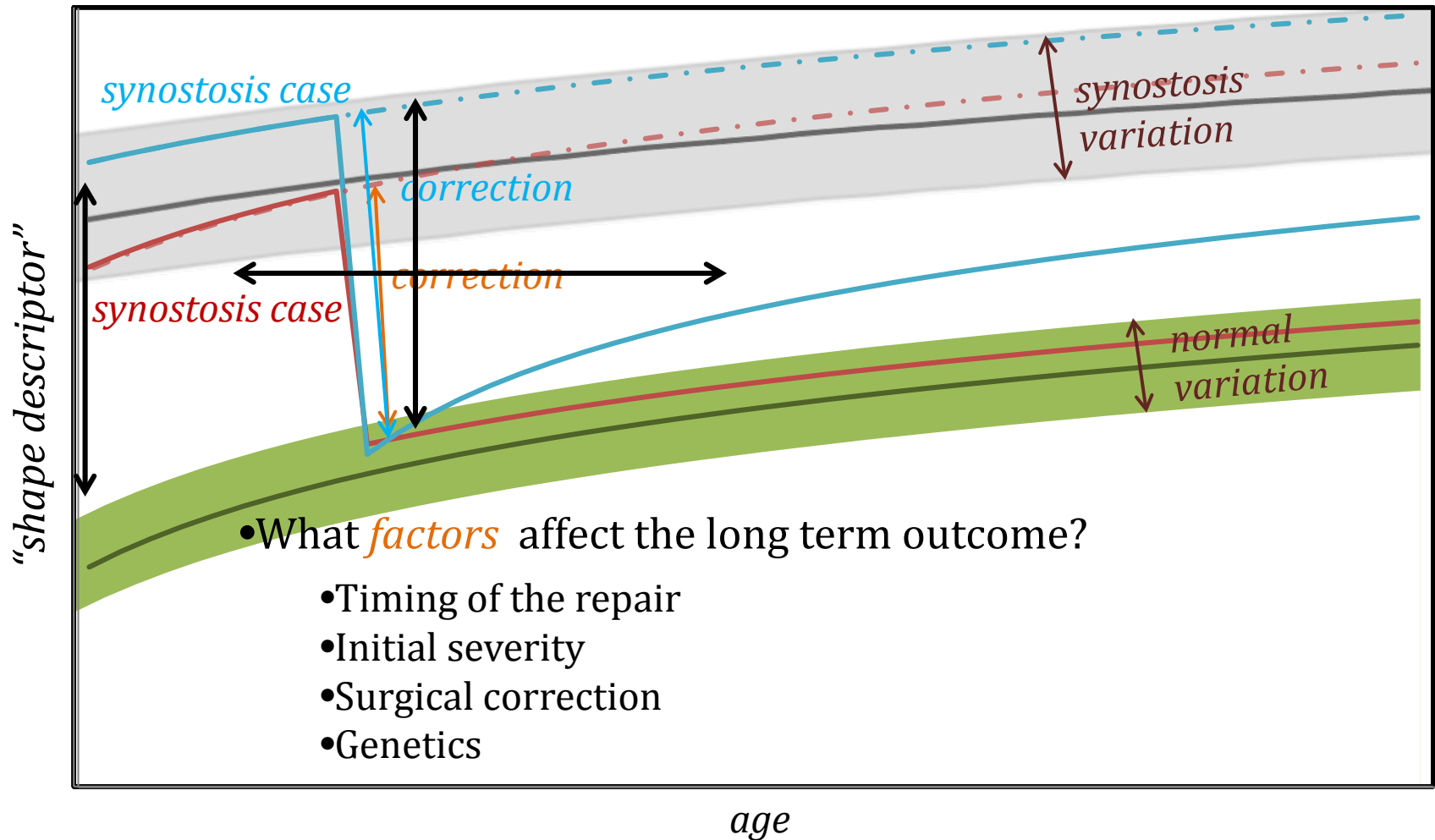
metopic



uni-coronal

**Goal:** minimal surgical intervention

# Hypothetical Growth



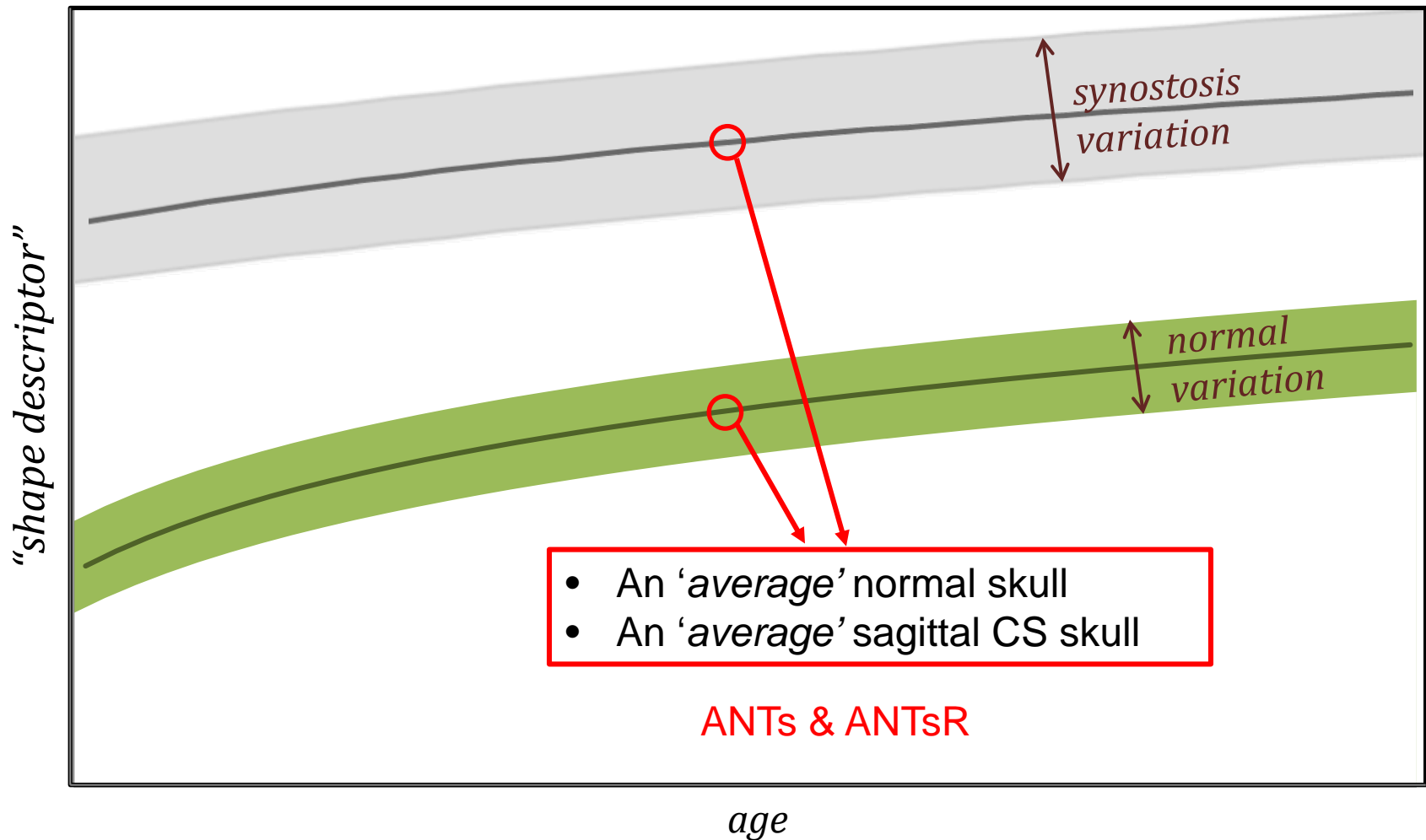
# Outline

Template Building

Growth Modeling

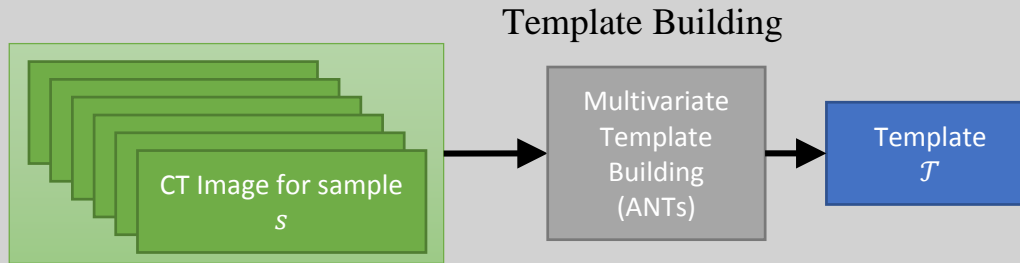
Suture Closure Analysis

# Hypothetical Growth



- Avants BB, Tustison NJ, Song G, Gee JC (2009) ANTS: open-source tools for normalization and neuroanatomy, *TransacMed Imagins Penn Image Comput Sci Lab*.
- Avants BB, Tustison NJ, Song G, Cook PA, Klein A, Gee JC (2011) A reproducible evaluation of ANTs similarity metric performance in brain image registration, *Neuroimage* 54(3), 2033-2044.

# Outline

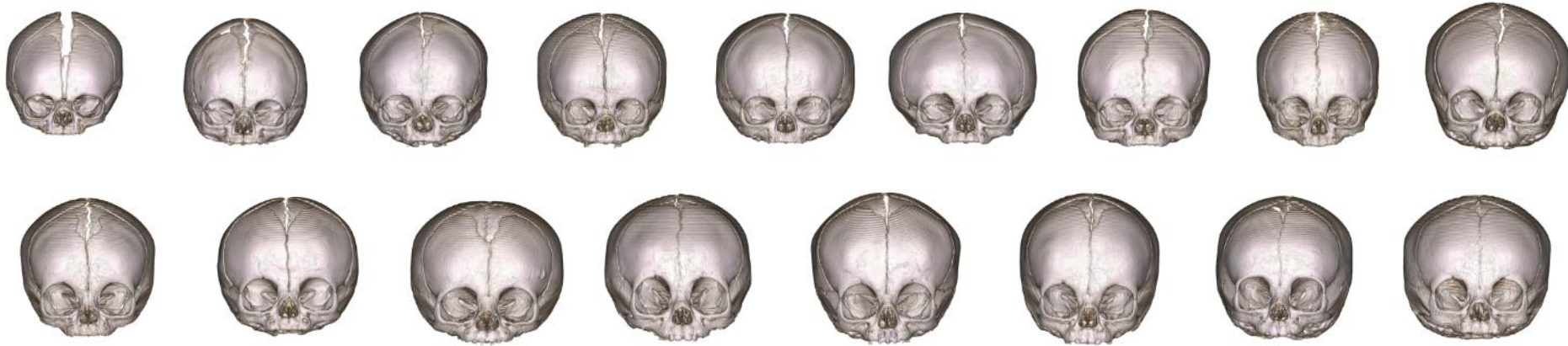


## Growth Modeling

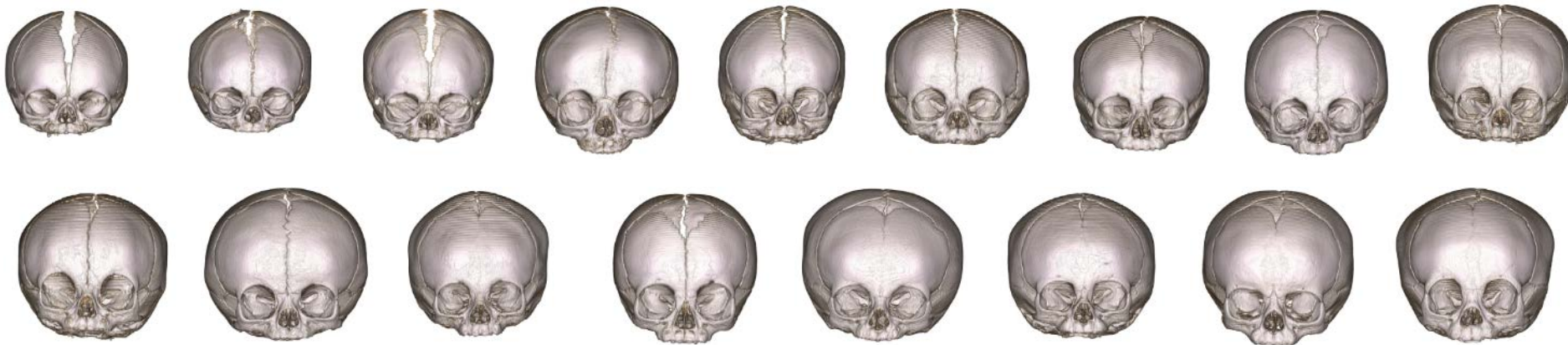
## Suture Closure Analysis



# Data



N = 34 normal samples (17 male and 17 female)  
N = 81 sagittal CS samples (62 male and 19 female)  
0-6 months old



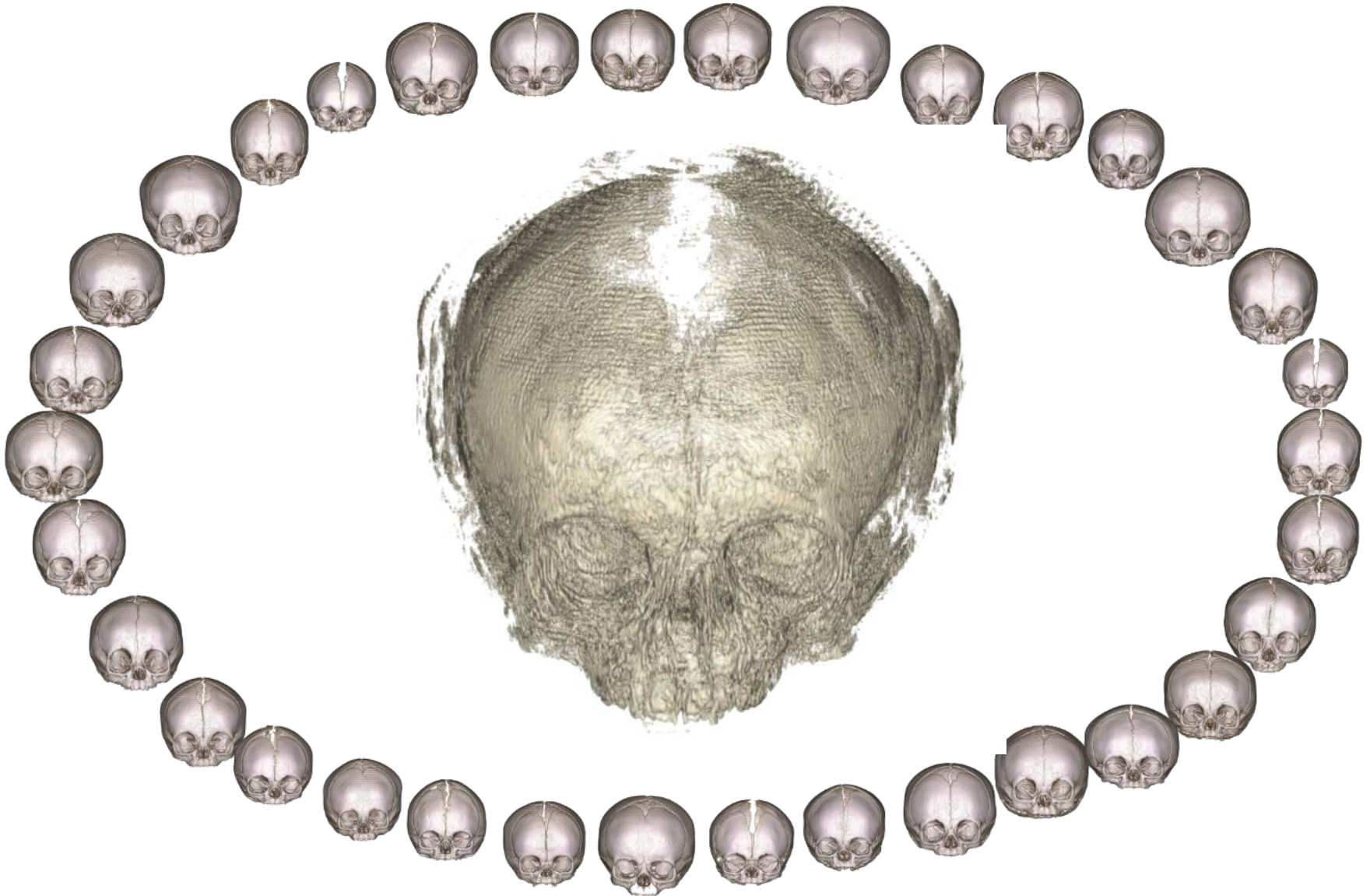


# Pre-processing

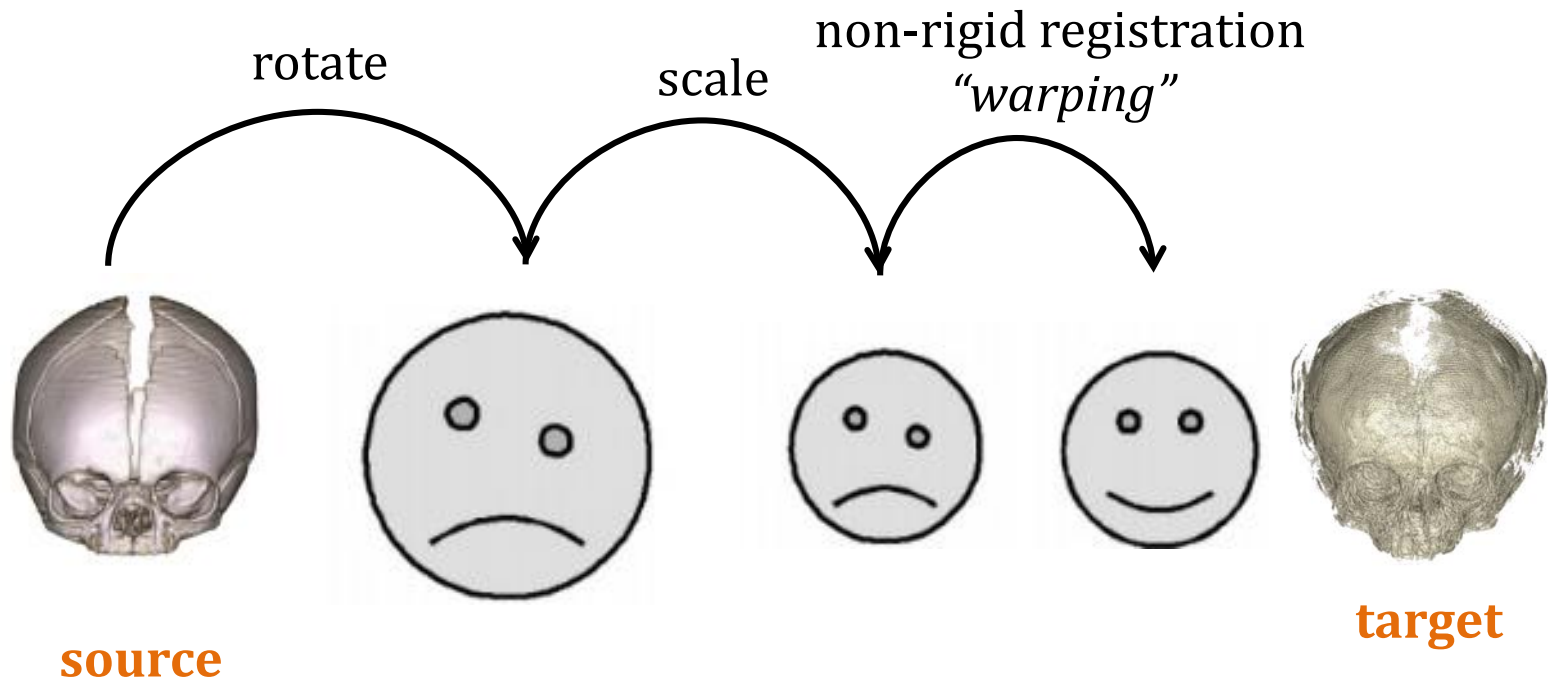
1



# Average Image



# SyN

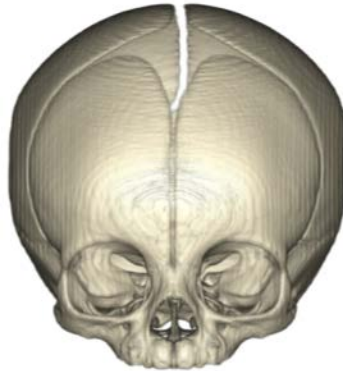


- Avants BB, Tustison NJ, Song G, Gee JC (2009) ANTS: open-source tools for normalization and neuroanatomy, *TransacMed Imagins Penn Image Comput Sci Lab*.
- Avants BB, Tustison NJ, Song G, Cook PA, Klein A, Gee JC (2011) A reproducible evaluation of ANTs similarity metric performance in brain image registration, *Neuroimage* 54(3), 2033-2044.

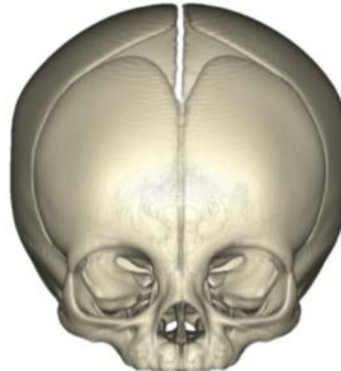
# Template Construction



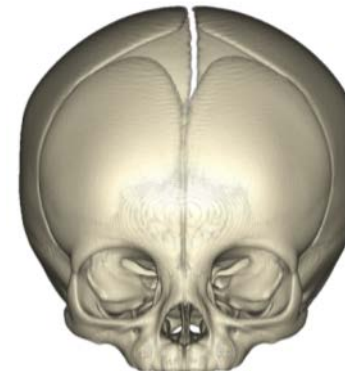
*initial template*



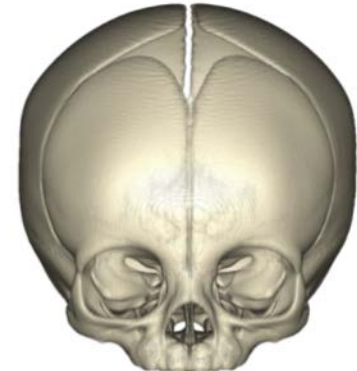
*1<sup>st</sup> iteration*



*2<sup>nd</sup> iteration*



*3<sup>rd</sup> iteration*



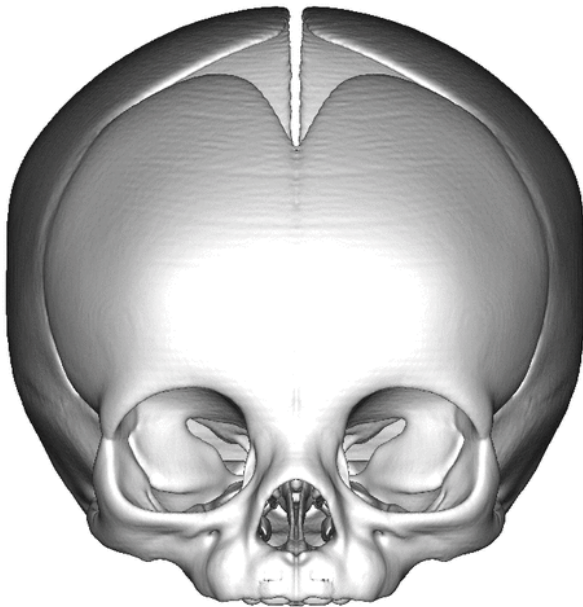
*4<sup>th</sup> iteration*

In each iteration:

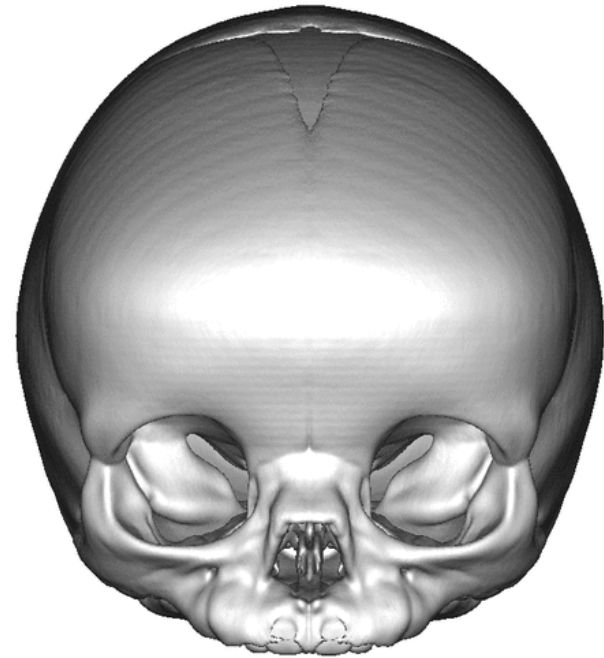
- Warp each sample to the current template
- Average warped images to create a new template
- Repeat until *convergence*

# Population Templates

Normal Infant Template



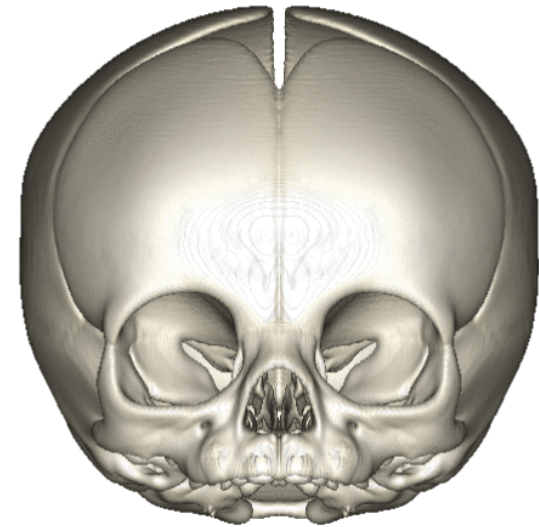
Sagittal CS Template



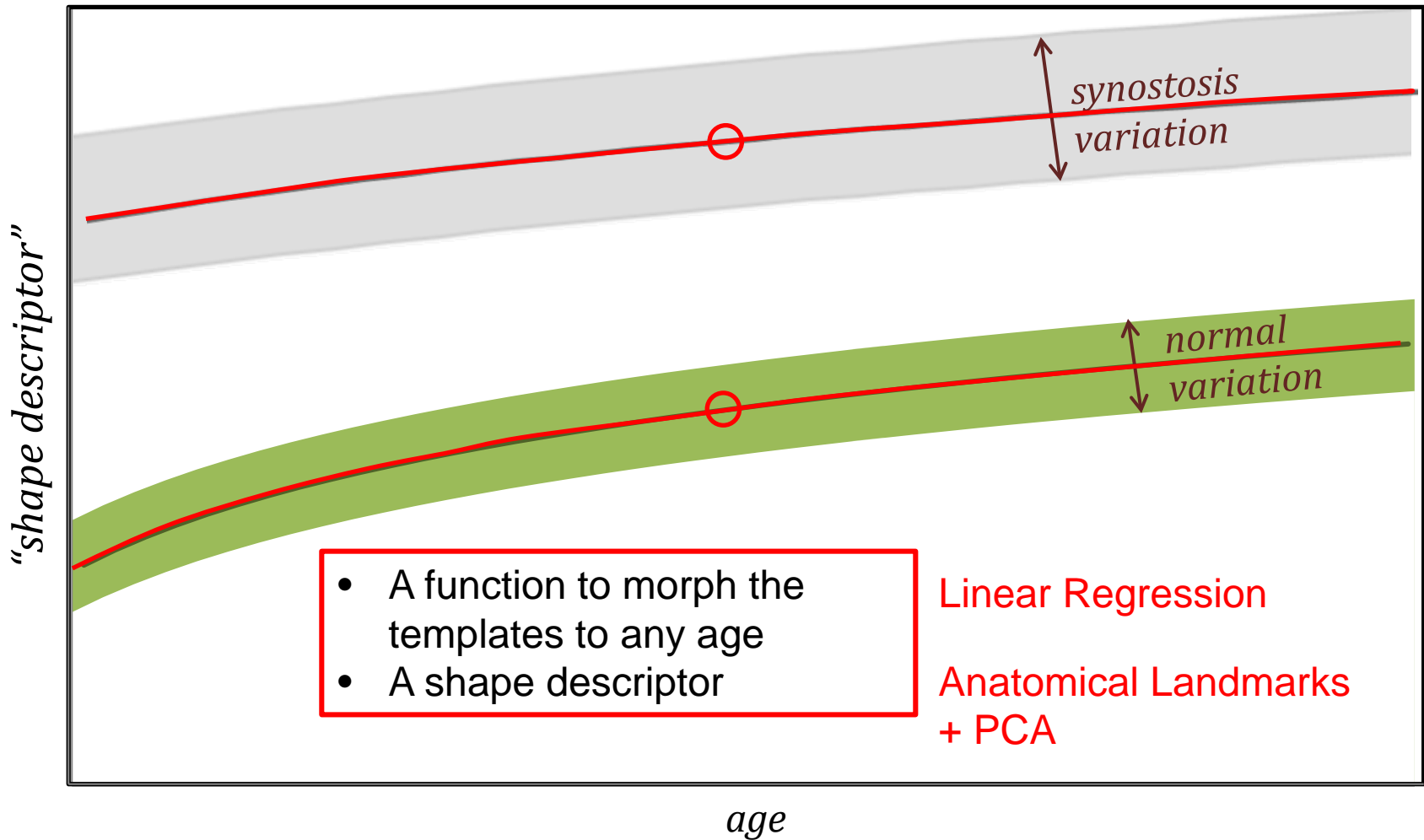


# What can a template do?

- Models a population
  - age, sex, ethnicity ...
- Generates *references*
- Automates annotation:
  - Landmarking
  - Segmentation



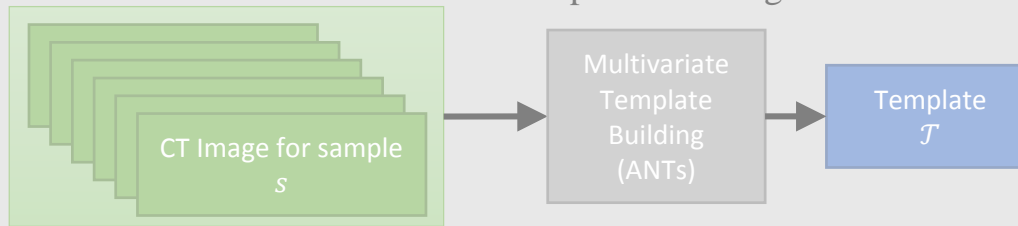
# Hypothetical Growth



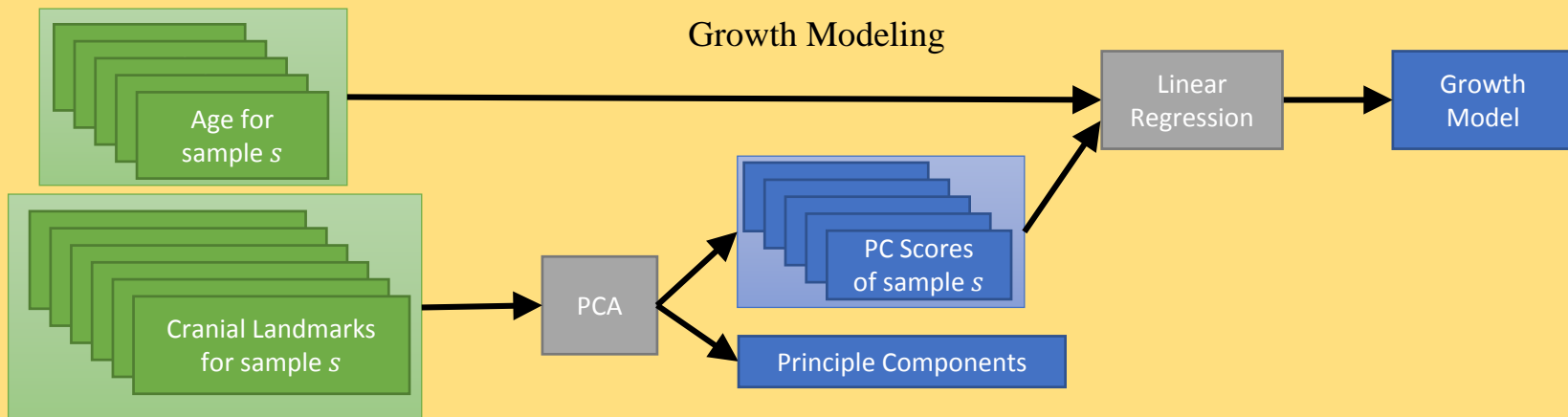


# Outline

## Template Building

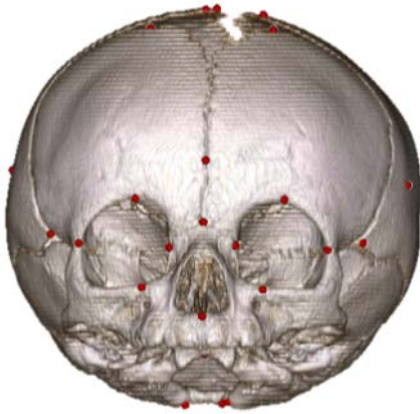


## Growth Modeling

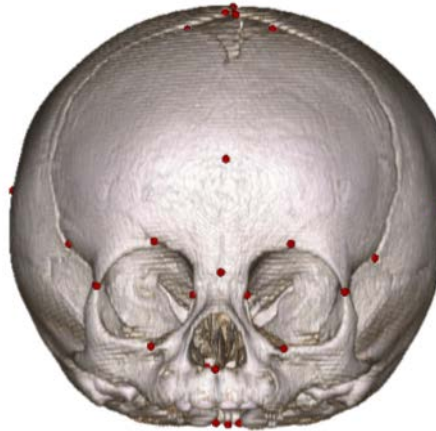


## Suture Closure Analysis

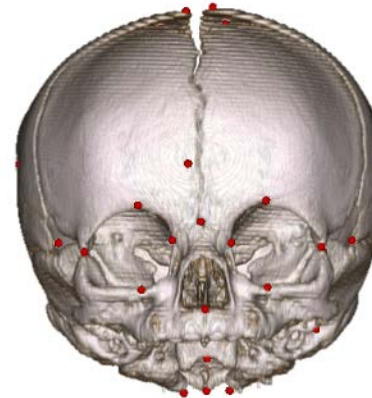
# Growth Modeling



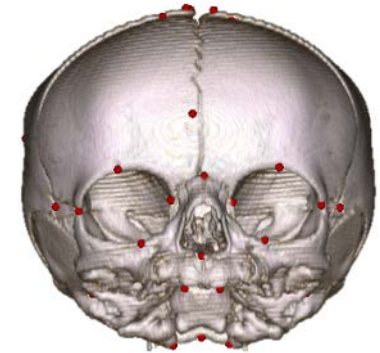
$age_1$



$age_2$



$age_3$



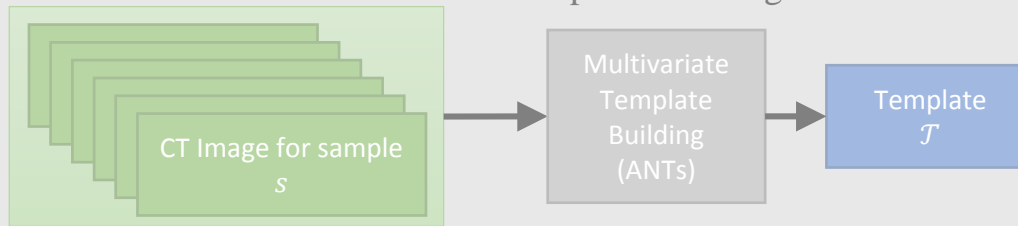
$age_4$

# Thin Plate Splines

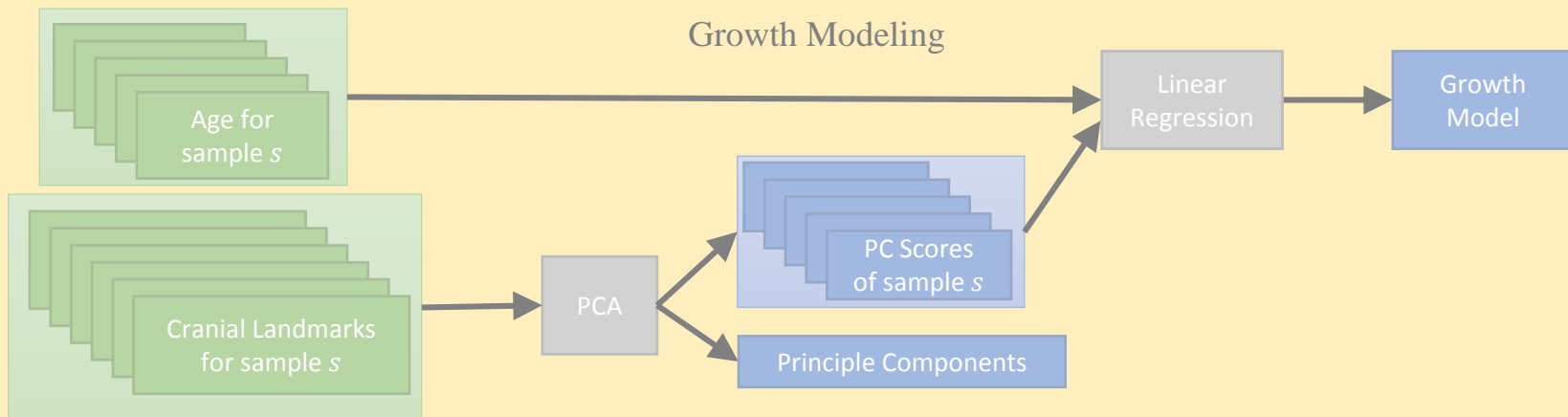
- Bookstein, FL (1989) Principal Warps: Thin-Plate Splines and the Decomposition of Deformations, *IEEE Transactions on Pattern Analysis and Machine Intelligence* 11(6), 567-585.

# Outline

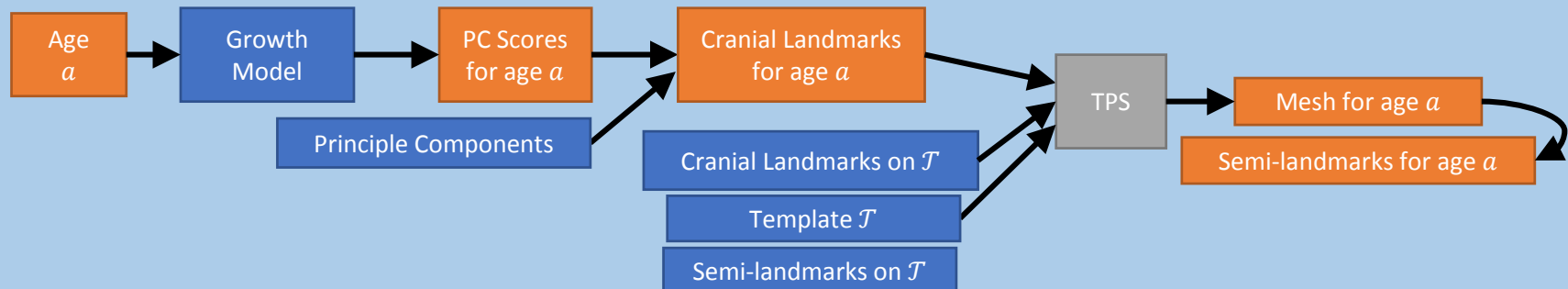
## Template Building



## Growth Modeling

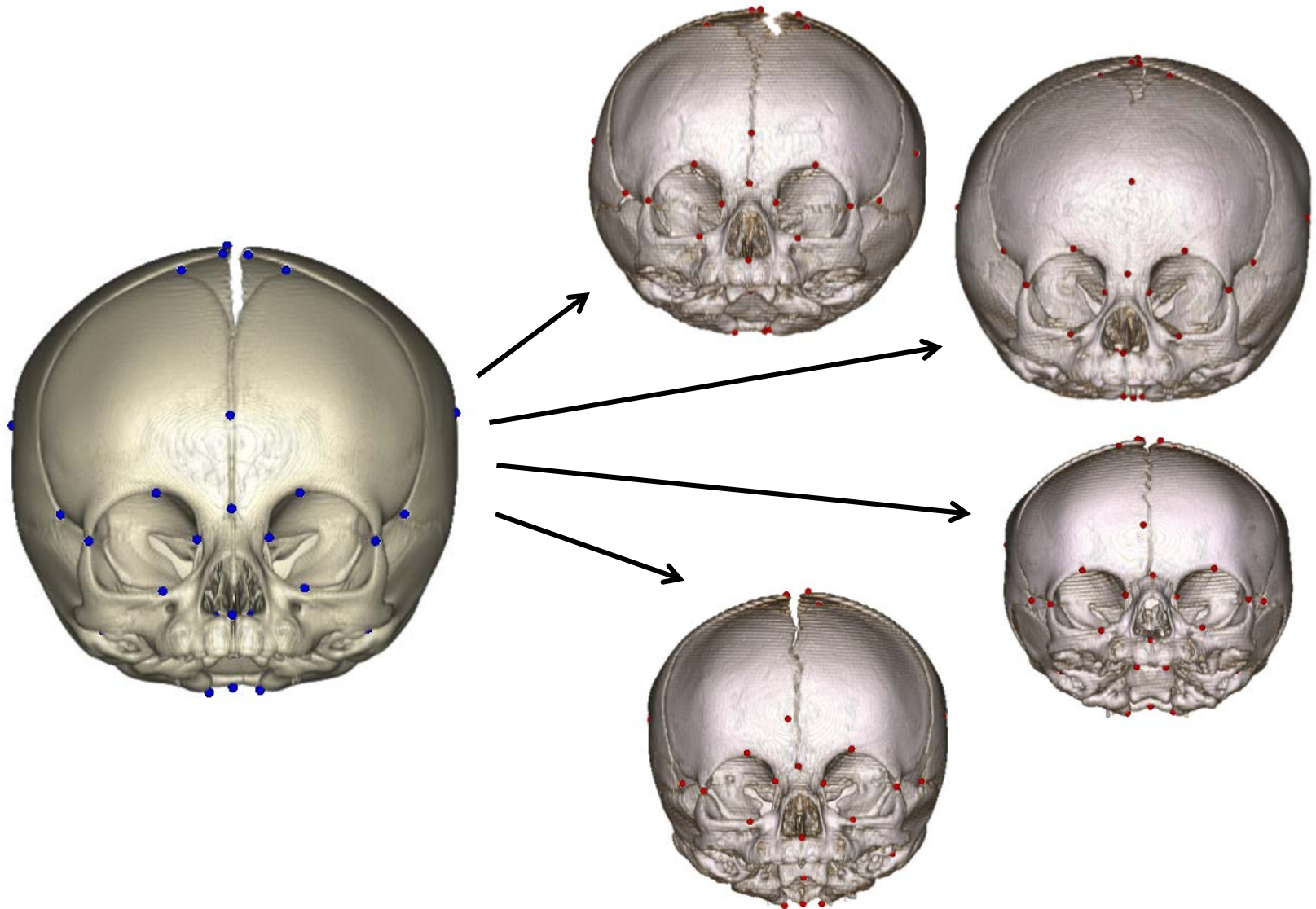


## Suture Closure Analysis

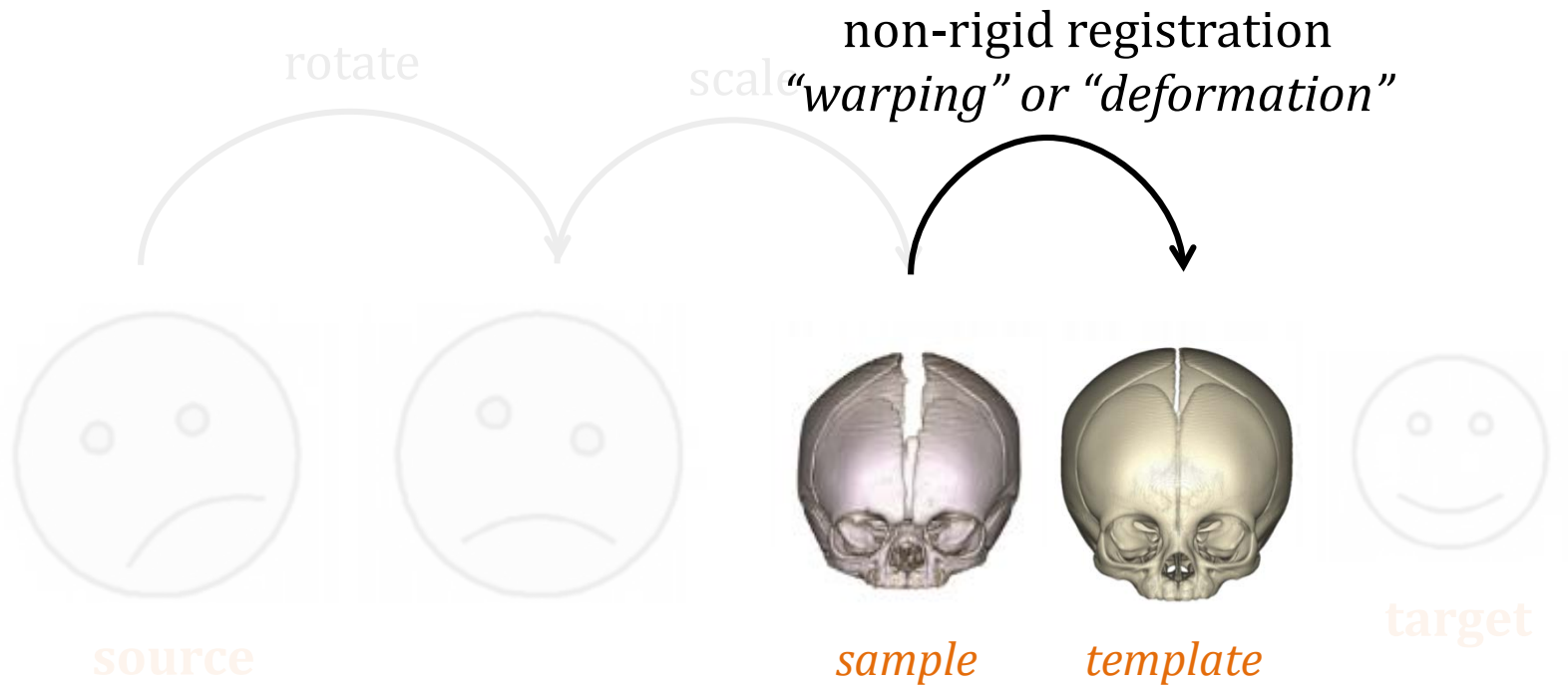




# Automated Landmarking

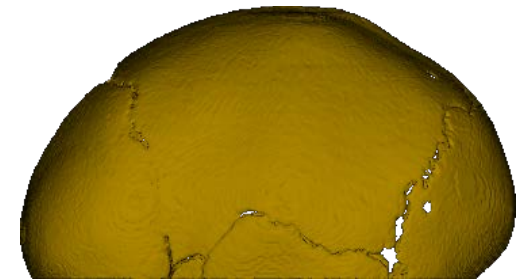
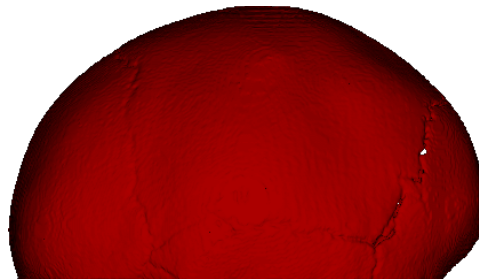
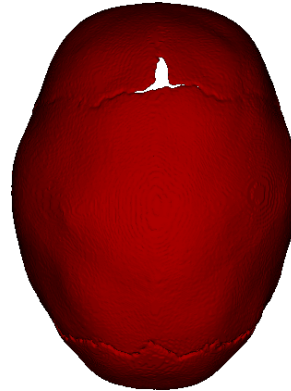
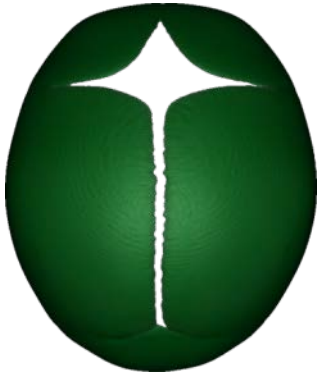


# Shape Description



*Warp fields, displacement vectors from one sample to the template (or backwards), can be used to describe **shape differences**.*

# Shape Description



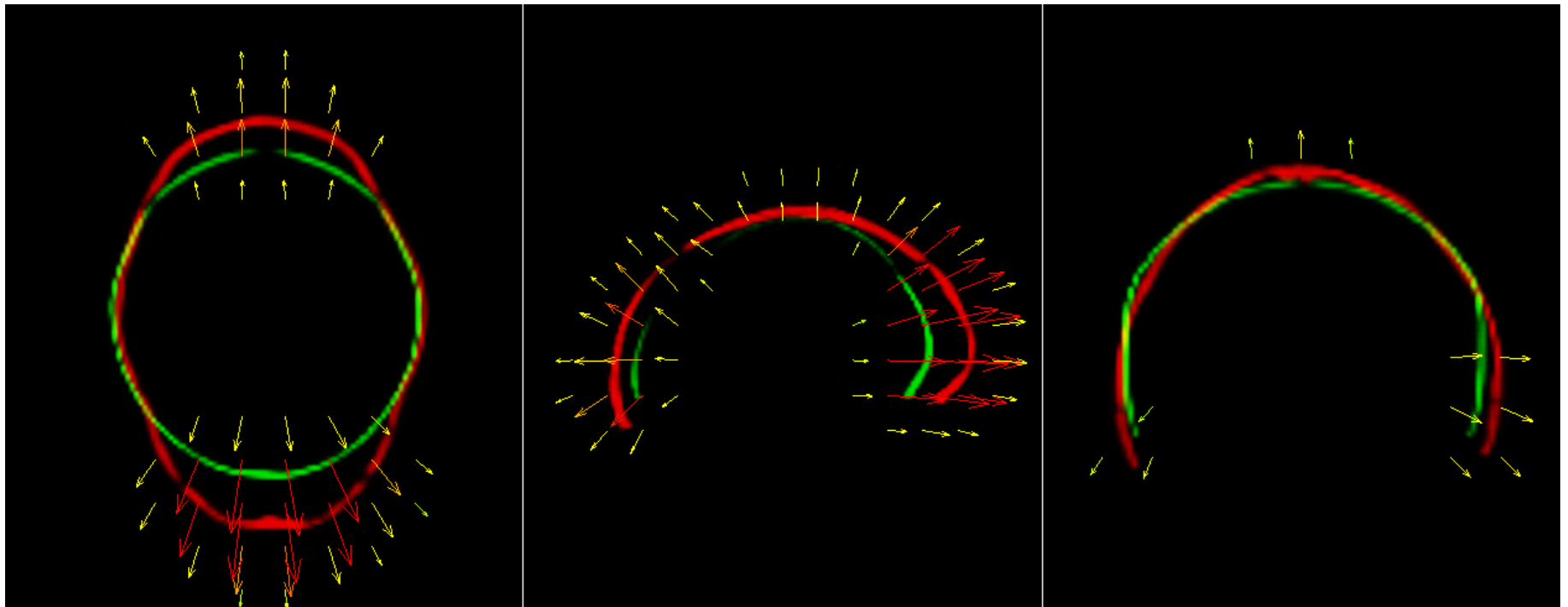
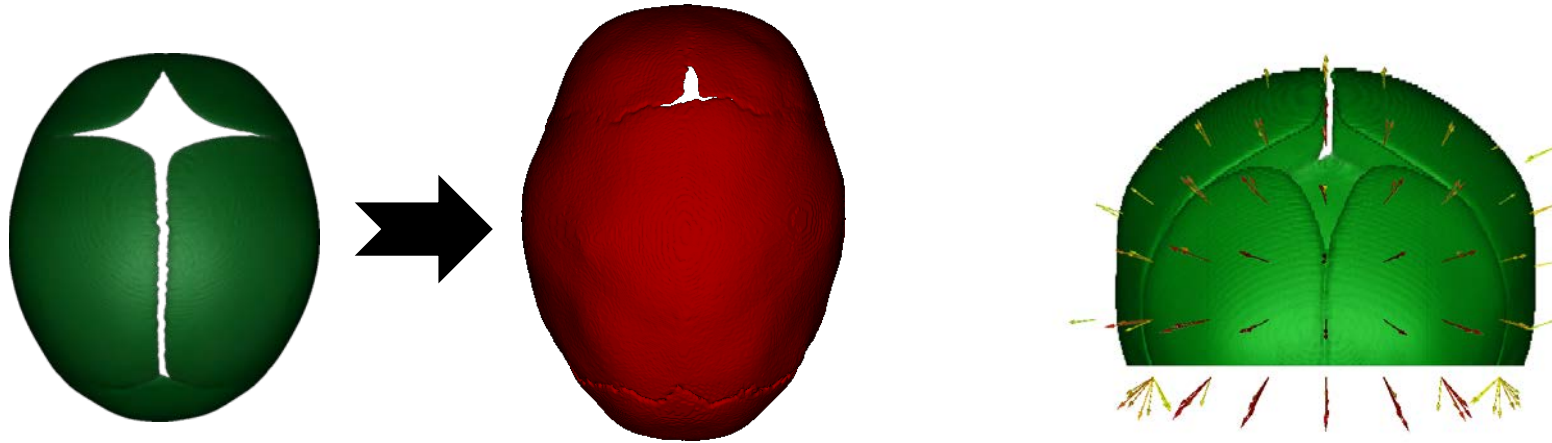
normal template

sagittal sample1

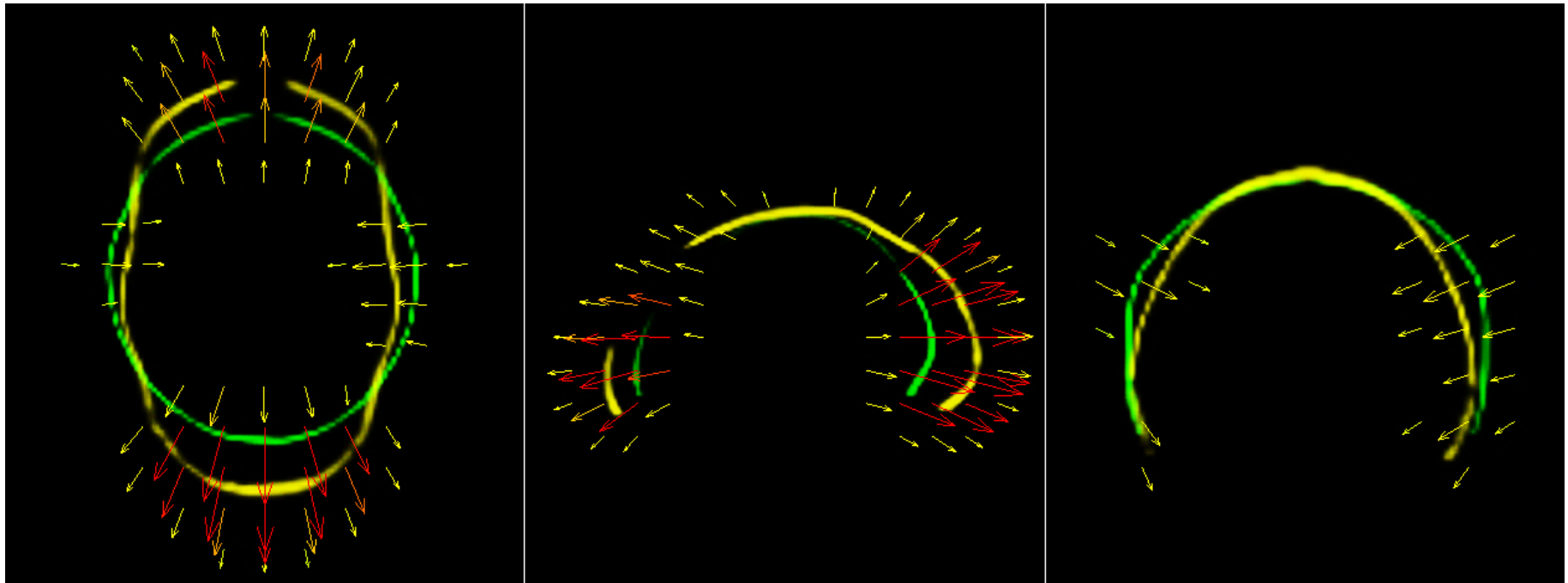
sagittal sample2



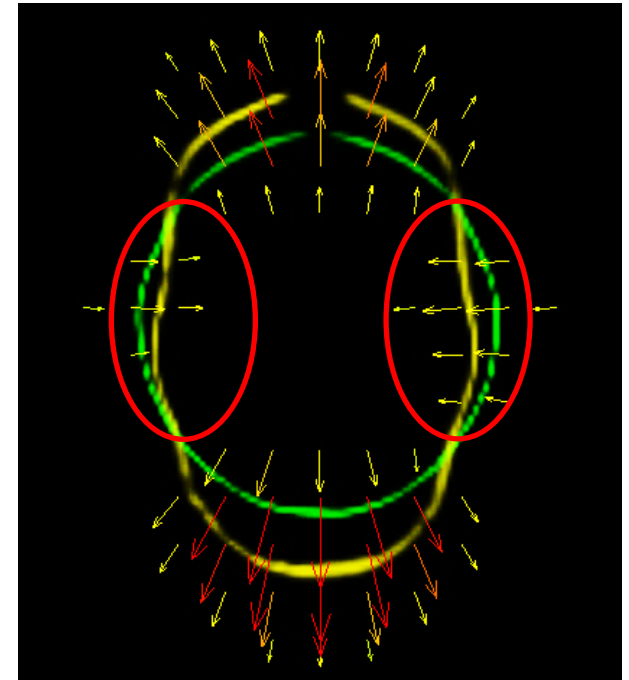
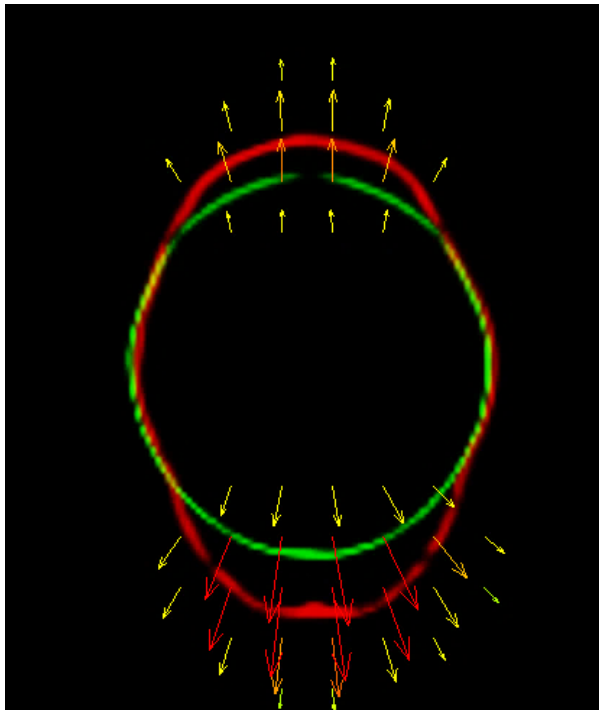
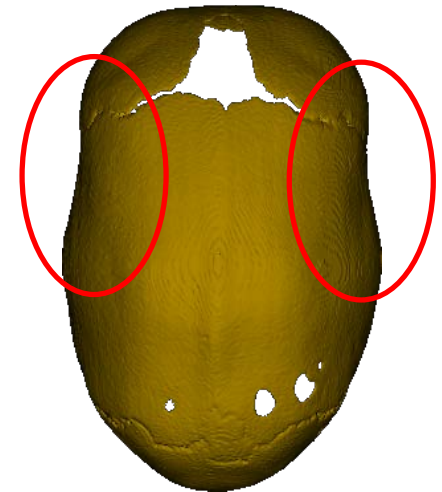
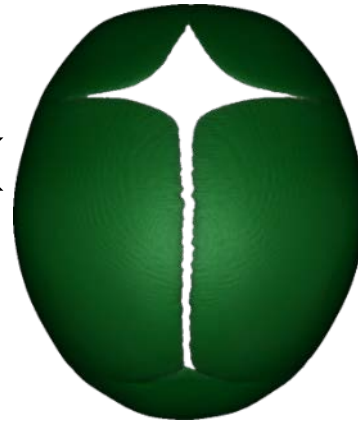
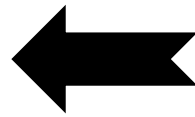
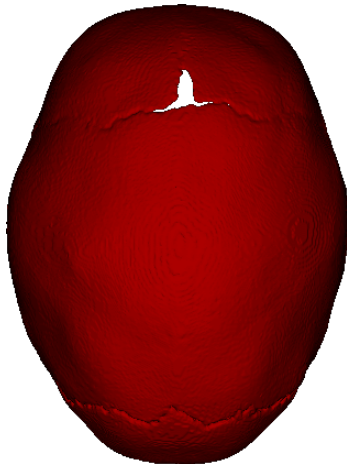
# Shape Description



# Shape Description



# Shape Description



# PEDIATRIC/CRANIOFACIAL

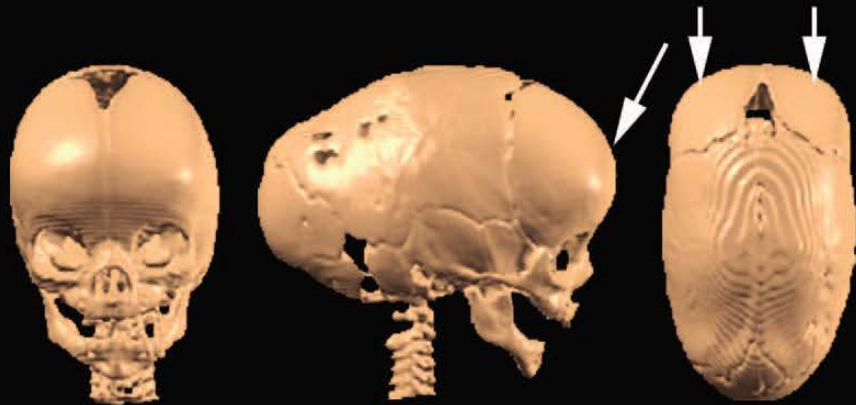
## Identifying Reproducible Patterns of Calvarial Dysmorphology in Nonsyndromic Sagittal Craniosynostosis May Affect Operative Intervention and Outcomes Assessment

Rodney E. Schmelzer, M.D.  
Chad A. Perlyn, M.D.  
Alex A. Kane, M.D.  
Thomas K. Pilgram, Ph.D.  
Daniel Govier  
Jeffrey L. Marsh, M.D.  
*St. Louis, Mo.*

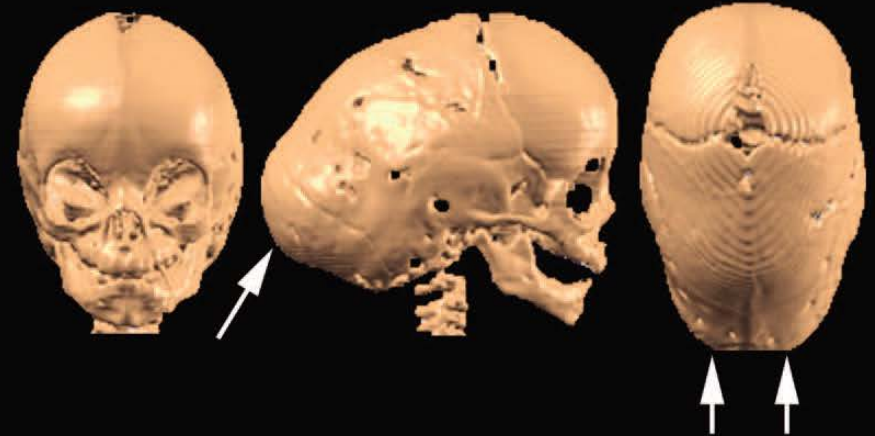
**Background:** The authors tested the premise that there are four distinctive patterns of calvarial dysmorphology in nonsyndromic sagittal craniosynostosis that can be reproducibly recognized.

**Methods:** Twenty-nine computed tomographic scan data sets of infants met the following criteria: nonsyndromic sagittal craniosynostosis, age younger than 12 months, and satisfactory computed tomographic data. Osseous reformations were constructed in the anteroposterior, right lateral, and vertex projections for each patient. From these images, four templates—coronal constriction, occipital

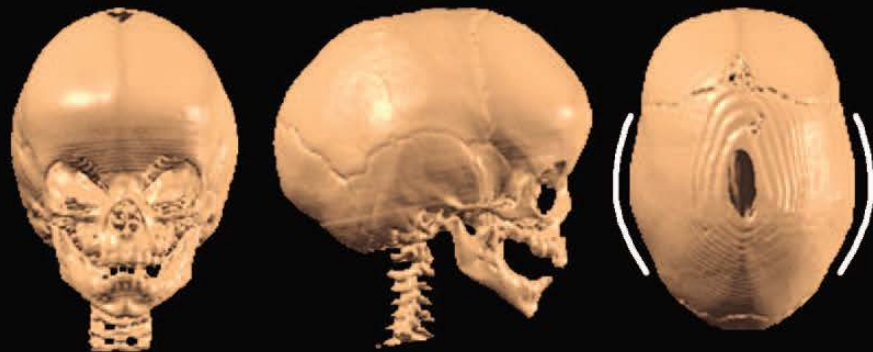




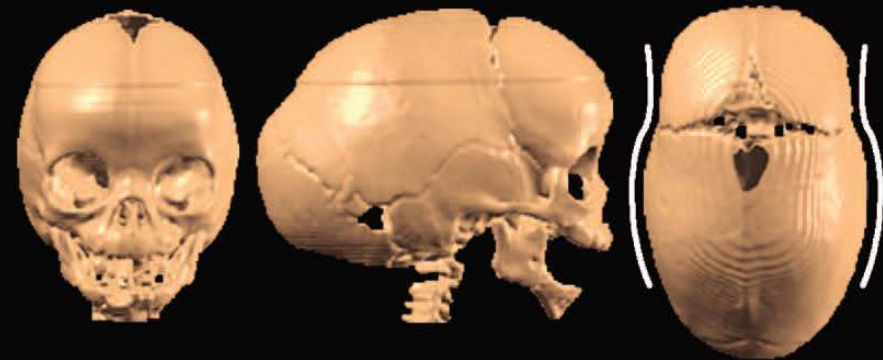
**Bifrontal Bossing**



**Occipital Protuberance**



**Bitemporal Protrusion**

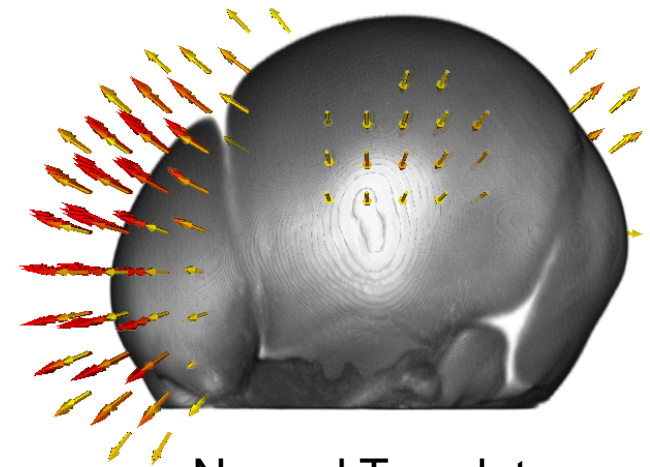


**Coronal Constriction**

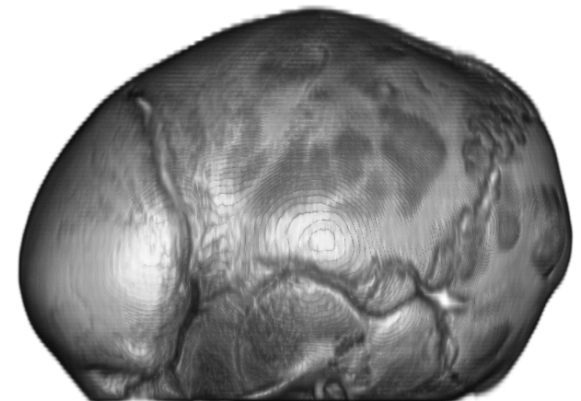
## Deformation Field Vectors



### 1. Principle Component Analysis

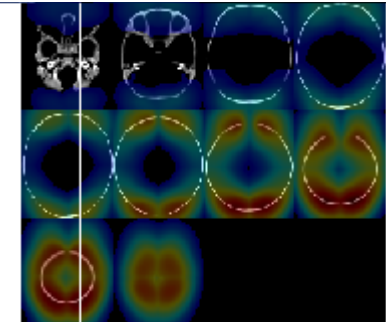
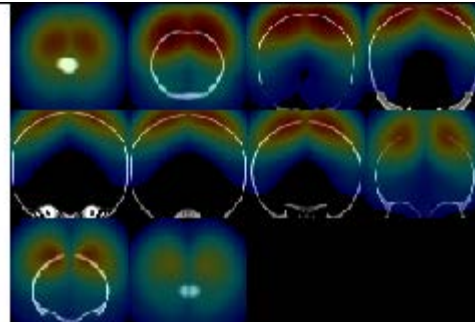
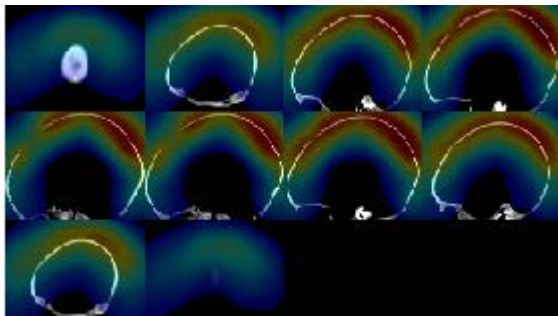
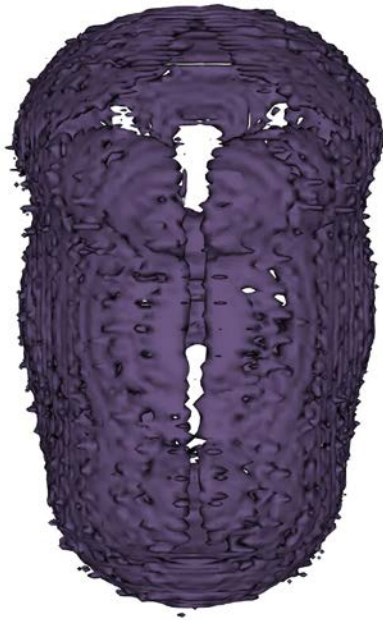


Normal Template



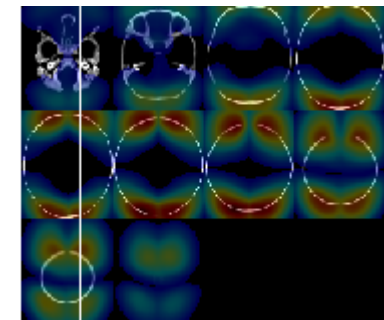
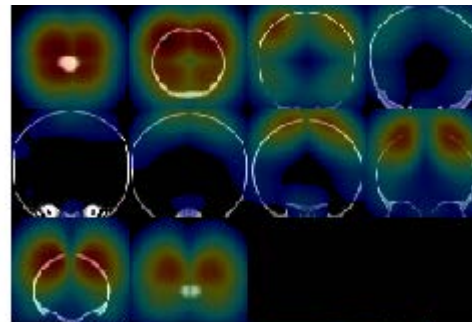
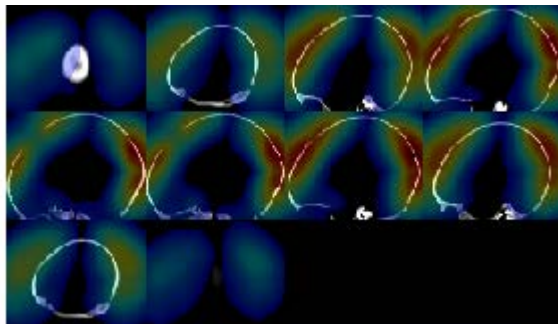
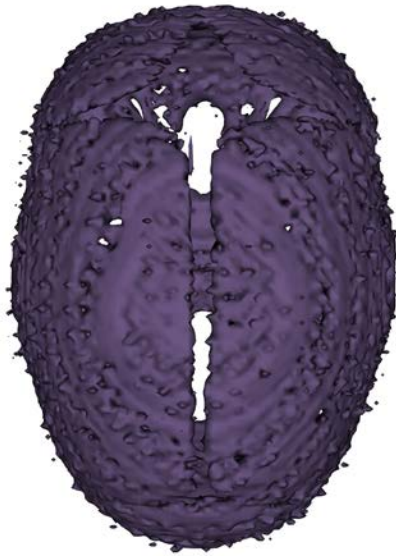
Sagittal Sample

# PC1





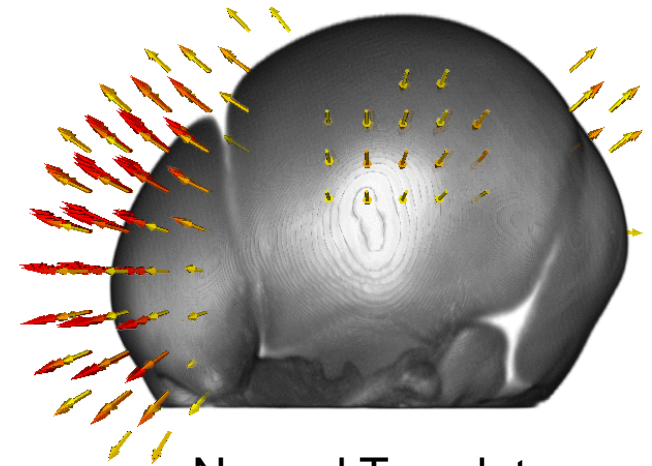
# PC2



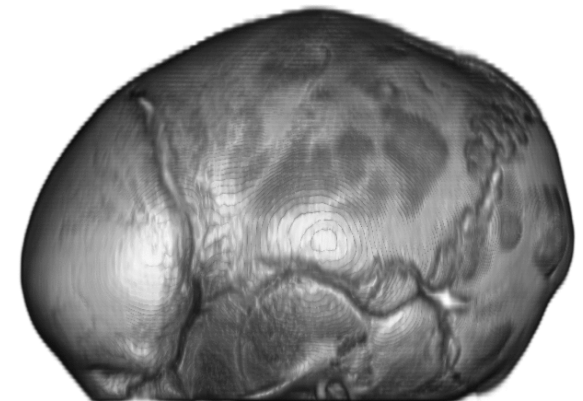
## Deformation Field Vectors



1. Principle Component Analysis
2. Angle histograms



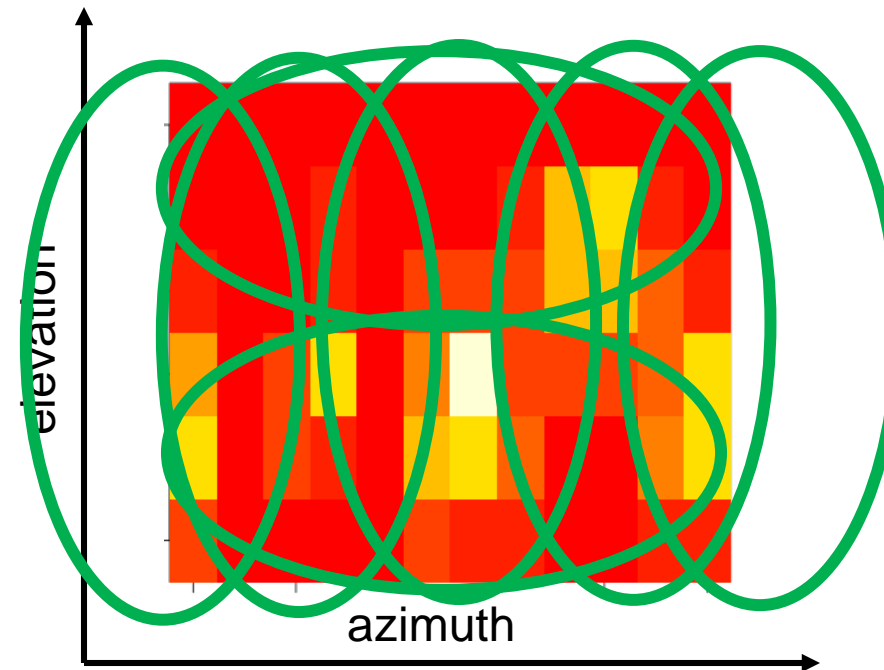
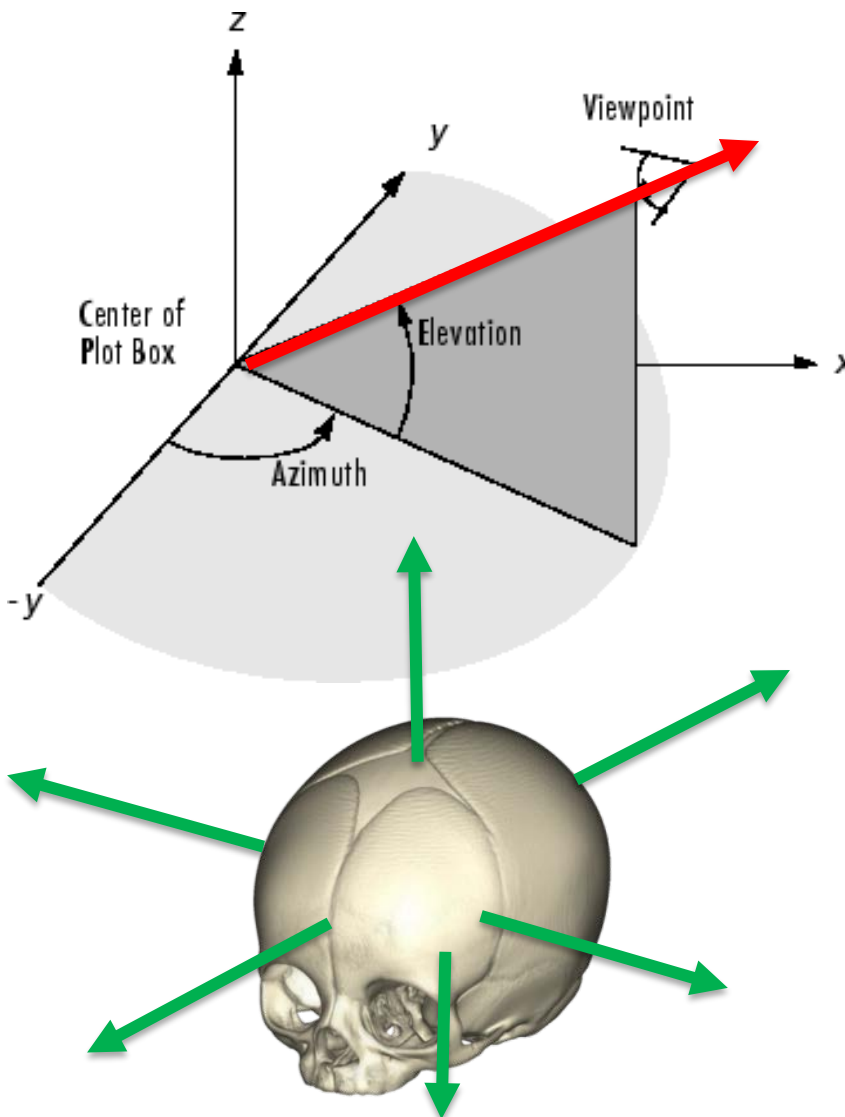
Normal Template



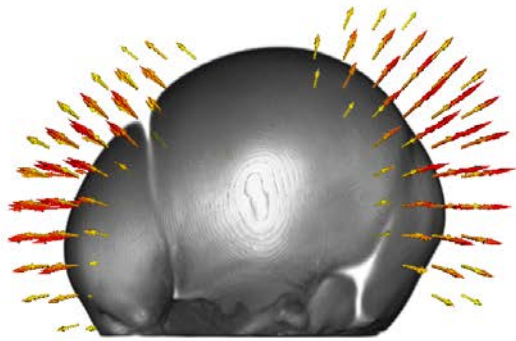
Sagittal Sample

# Angle Histograms

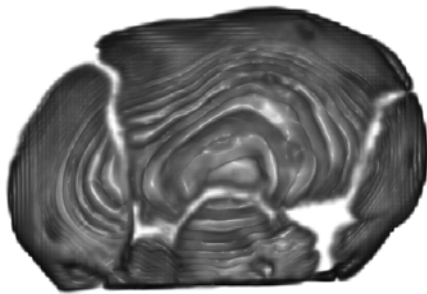
Generate a 2D histogram based on the azimuth and elevation angles of 3D deformation vectors.



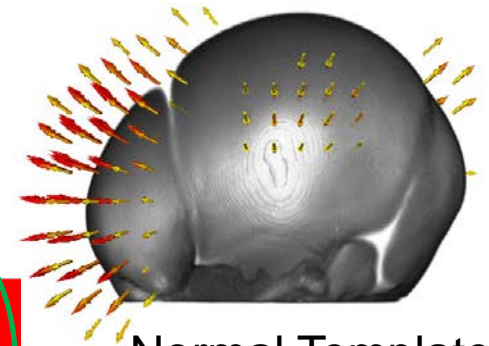
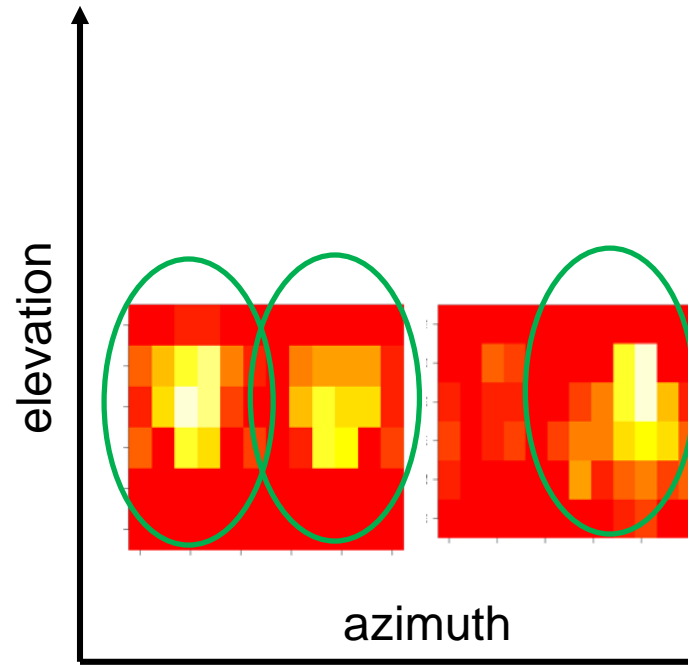
# Angle Histograms



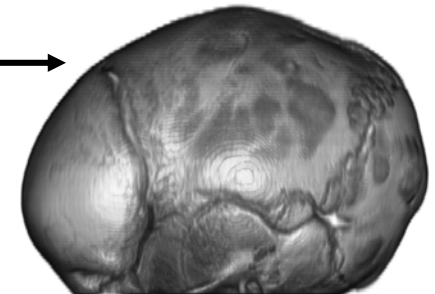
Normal Template



Sagittal Sample



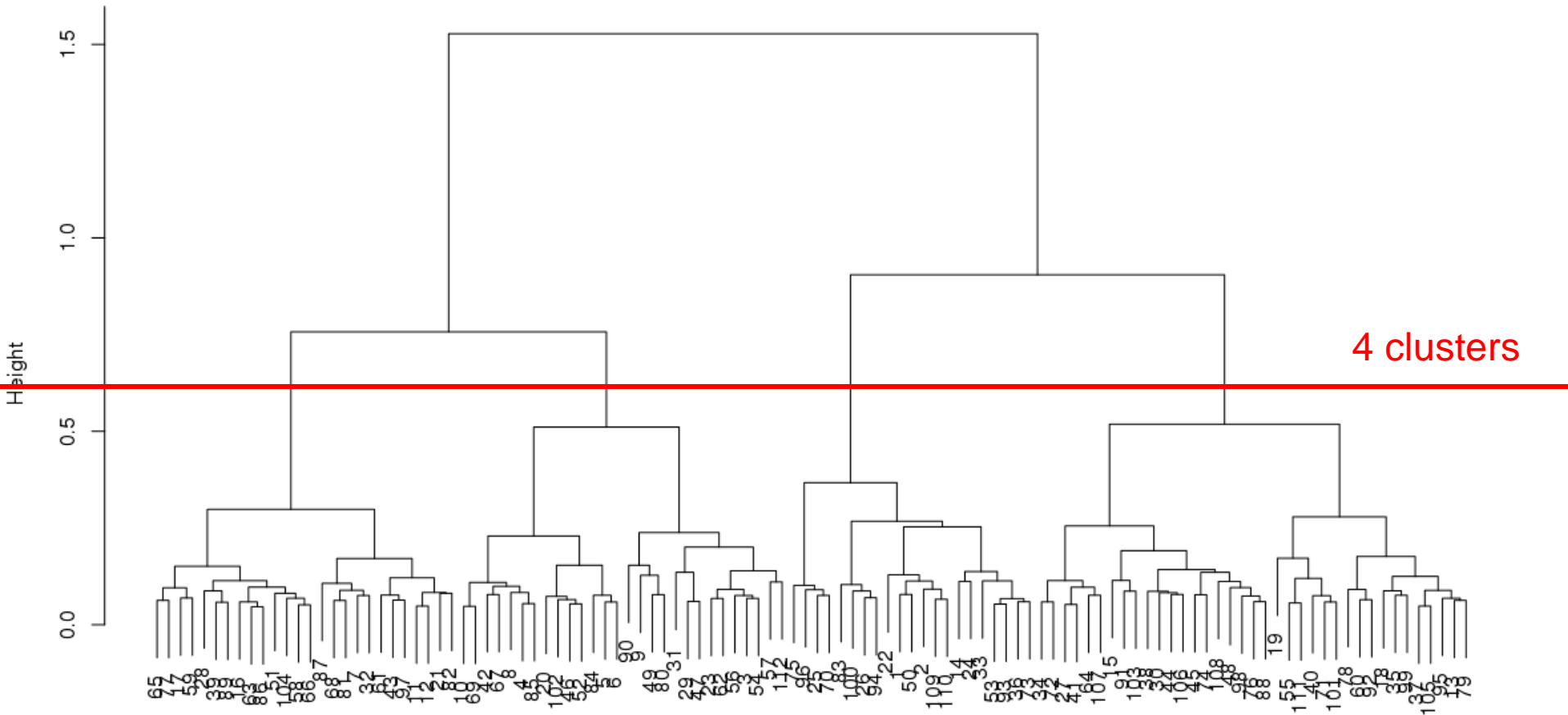
Normal Template



Sagittal Sample

# Clustering - Angle Histograms

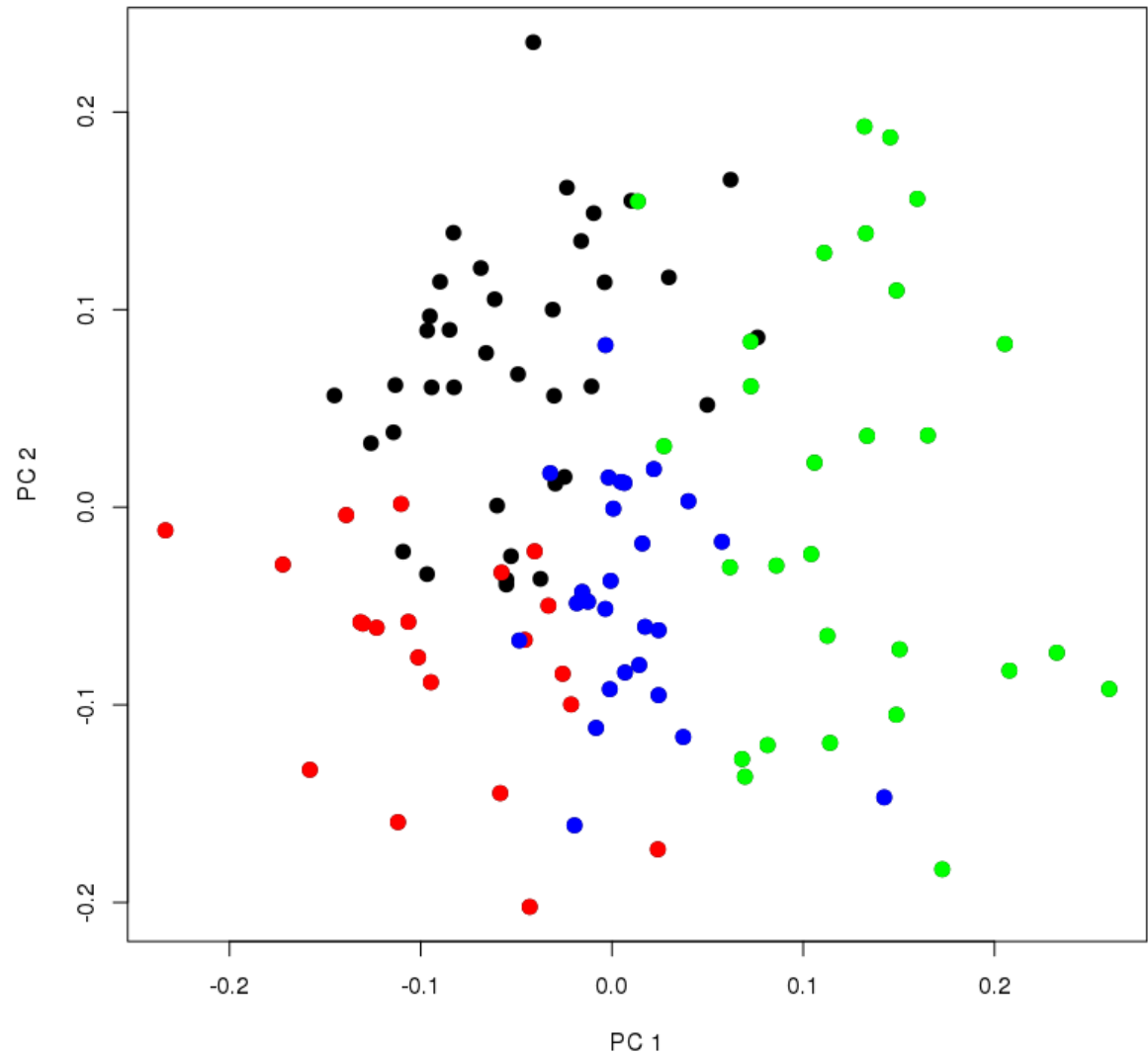
Cluster Dendrogram



# Sanity Check

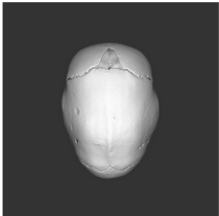
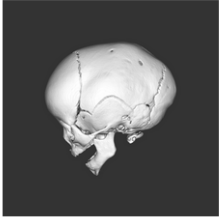
Do principle components capture the same clusters?

**Yes!**



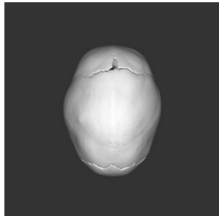
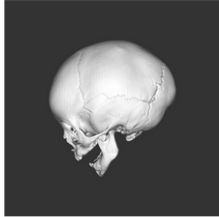
# Observed Phenotypes

CT0407547



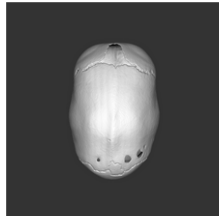
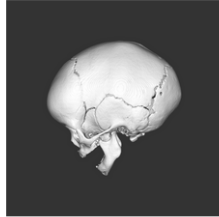
Bifrontal bossing : 0 1 2  
Occipital protuberance : 0 1 2  
Bitemporal protusion : 0 1 2  
Coronal constuction : 0 1 2  
Saddle : 0 1 2

CT0408969



Bifrontal bossing : 0 1 2  
Occipital protuberance : 0 1 2  
Bitemporal protusion : 0 1 2  
Coronal constuction : 0 1 2  
Saddle : 0 1 2

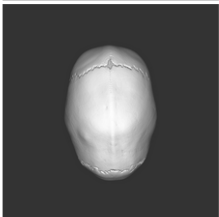
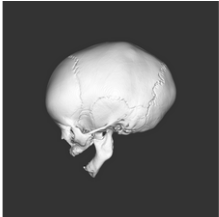
CT0411107



Bifrontal bossing : 0 1 2  
Occipital protuberance : 0 1 2  
Bitemporal protusion : 0 1 2  
Coronal constuction : 0 1 2  
Saddle : 0 1 2

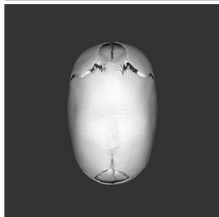
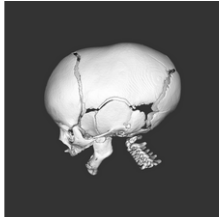
Collected rankings from  
a surgeon  
N=48

CT0411214



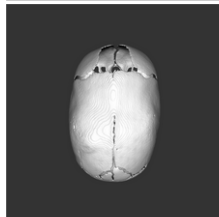
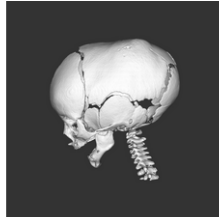
Bifrontal bossing : 0 1 2  
Occipital protuberance : 0 1 2  
Bitemporal protusion : 0 1 2  
Coronal constuction : 0 1 2  
Saddle : 0 1 2

CT0501524



Bifrontal bossing : 0 1 2  
Occipital protuberance : 0 1 2  
Bitemporal protusion : 0 1 2  
Coronal constuction : 0 1 2  
Saddle : 0 1 2

CT0501526

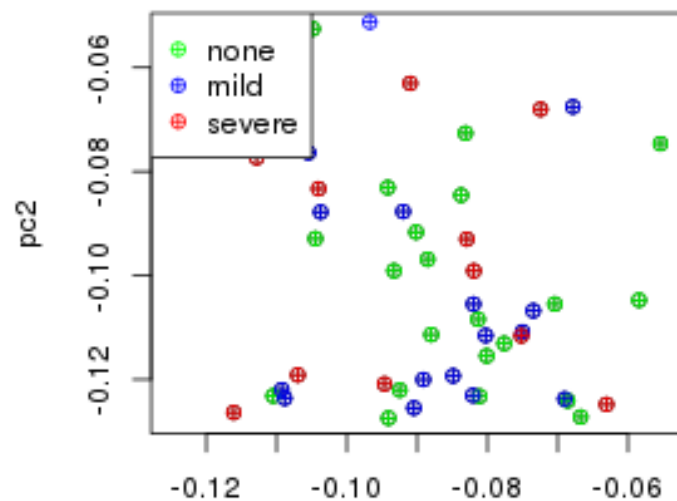


Bifrontal bossing : 0 1 2  
Occipital protuberance : 0 1 2  
Bitemporal protusion : 0 1 2  
Coronal constuction : 0 1 2  
Saddle : 0 1 2

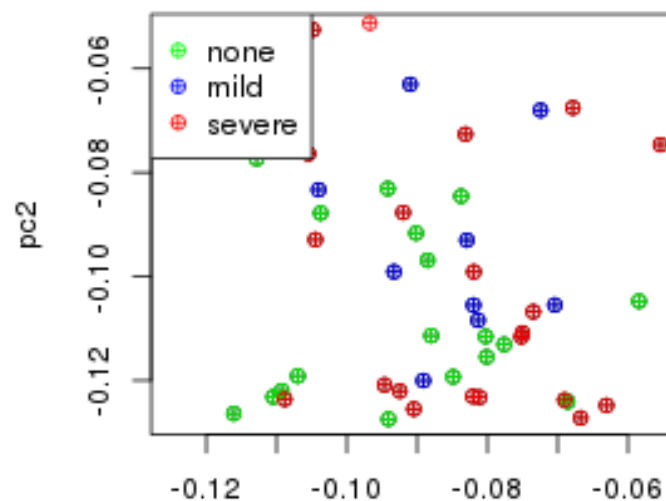
Can computed clusters  
capture the observed  
phenotypes?



bifrontal.bossing

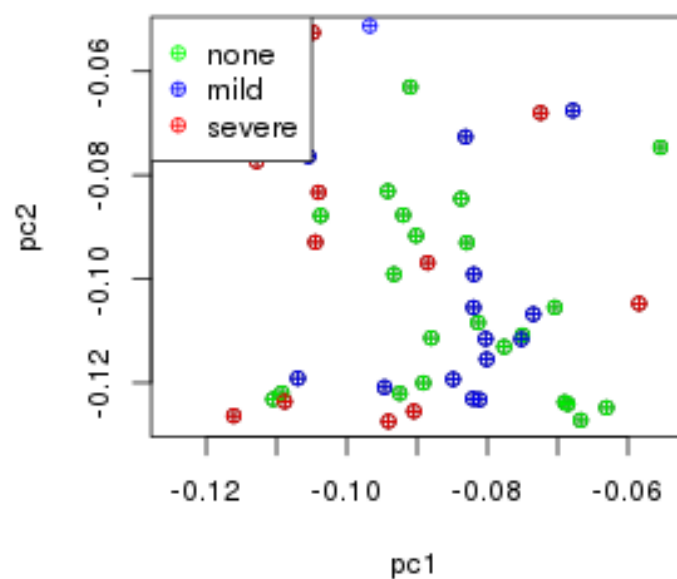


Bitemporal.protrusion

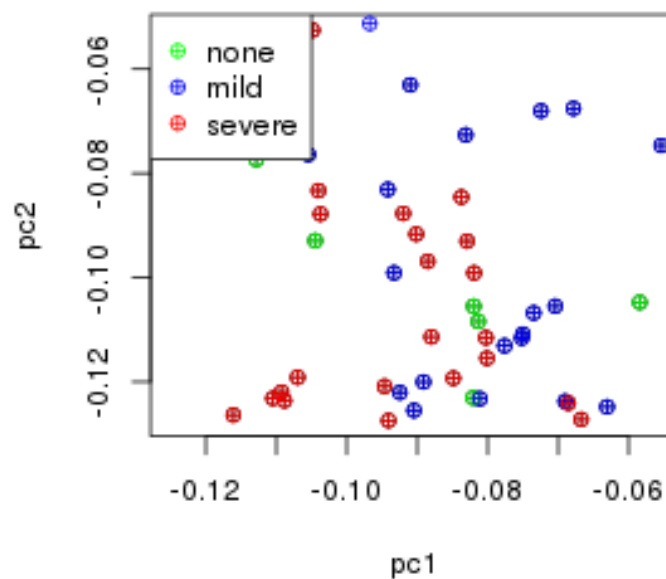


No

coronal.constriction



occipital.protruberance



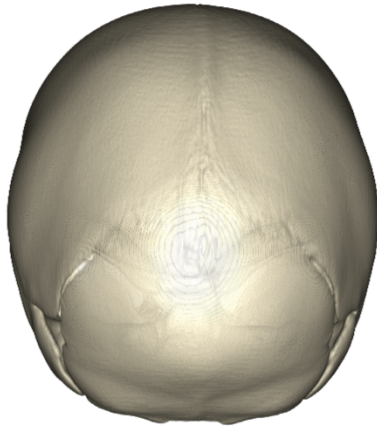
# Recovering observed phenotypes

- Observed phenotypes are mixture of the 4 published
  - More clusters
  - More ranking
- Are observed phenotypes reliable?
- Our approach is unsupervised
  - Try a supervised approach: learn from surgeon rankings

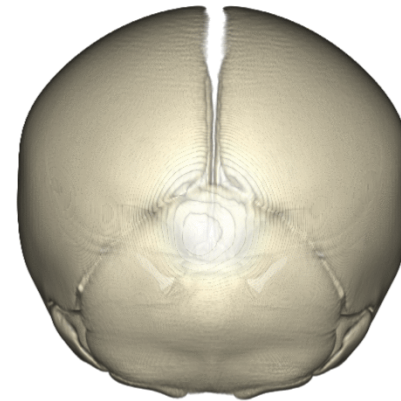
# Recovering observed phenotypes

- We deformed all sagittals to a normal template
  - Deform to a sagittal template?
- Parameter search

# Sagittal Template



*sagittal template  
(0-3m)*



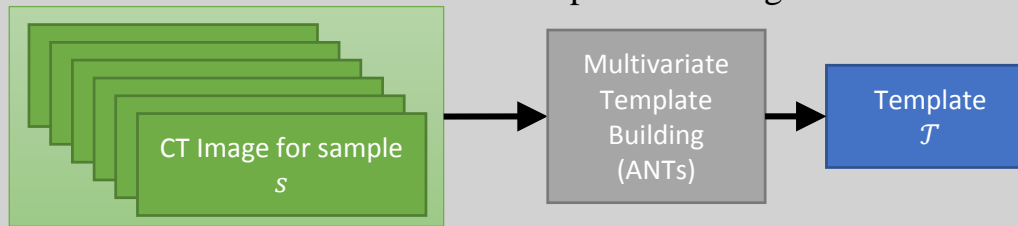
*normal template  
(0-3m)*

# Recovering observed phenotypes

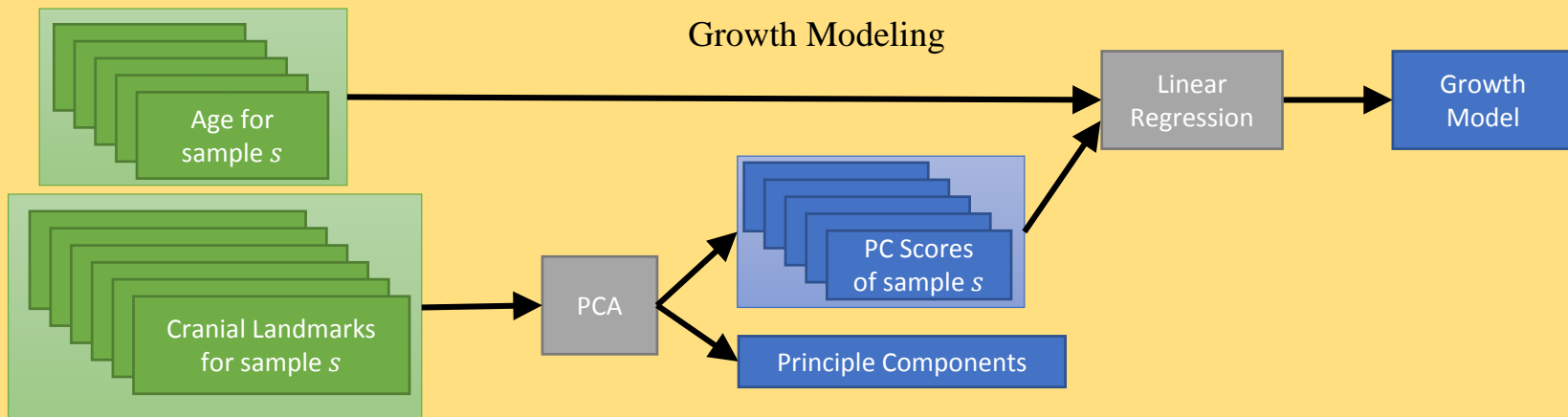
- Maybe more than 4 phenotypes?
- Clinical relevance of phenotypes
  - Shape maintenance
  - Initial severity

# Outline

## Template Building



## Growth Modeling



## Suture Closure Analysis

