

Exploratory Analysis

IL81.004

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Github Repository

<https://github.com/Hadavand-s-Minions/rsna-cervical-spine>

Data Source

<https://www.kaggle.com/competitions/rsna-2022-cervical-spine-fracture-detection/overview>

Published Story

<https://medium.com/@eishafnu/detecting-cervical-spine-fractures-through-machine-learning-b8ee83636848>

Statement of Contribution:

Literature review, context, dataviz analysis (paper writing+publishing): FNU Eisha

Exploratory Data Analysis (coding): Haitham, Stevedavies

Research Question

Our research question is “*How can we quickly detect and locate vertebral fractures in the cervical spine from CT scans to aid in the prevention of neurologic deterioration and paralysis after trauma?*”

Introduction

A cervical fracture is defined as a broken bone in the cervical or neck region and it makes up 50% of all spinal cord injuries per annum (Spoonamore, 2022). It is estimated that over 1 million

blunt trauma patients suffer potential cervical injury in a year. (American College of Radiology (ACR), as cited in Radiology Key, 2019). Due to the severity of these cervical fractures leading to potential threat of paralysis or even death, it is crucial that they are diagnosed efficiently and correctly (Salehinejaad, 2021). With more than 17,000 spinal cord injuries in a year (Morano et al. 2021) and over half of them occurring in the cervical or neck region (RSNA 2022 Cervical Spine Fracture Detection 2022), this topic is important due to the number of people it impacts and the severity of said impact.

Furthermore, as can be seen from the literature review below, there is a high rate of inefficiency due to unnecessary radiology for fracture detection. The aim of this project is to use machine learning to detect cervical spine fractures and match the accuracy of a radiologist so as to reduce cost and increase efficiency and accuracy.

Literature Review & Existing Theoretical Methods

Our purpose is the quick detection of vertebral fractures and their locations in order to prevent further adverse effects on health. The common existing theoretical methods for fracture detection include the imaging modalities of radiography and Spiral Computed Tomography (SCT). MRI is reserved for ligamentous and other soft tissue structures (Kumar et. al, 2016). Radiology employs electromagnetic radiation or x-rays whereas computed tomography combines x-rays from different edges such that a cross sectional image is produced without cutting. (Naseera, 2017). The industry standard is that decisions for radiography are affected by the Canadian C-spine rule and NEXUS (National Emergency X-Radiography Utilization Study).

The C-Spine rule reduces the need for imaging by over 40% in order to decrease efficiency for emergency personnel in hospitals. (Stiell, 2022) On the other hand, NEXUS also reduces the need for cervical spine imaging by establishing a criteria. Plain radiographs have a risk of 25-60% missed injuries (Radiology Key, 2022). On the other hand, according to Brown et. al (2005), SCT is sensitive and had a detection rate of above 99% in a retrospective evaluation. Despite the success of SCT scans, it is important to note that this higher dose of radiation has been linked to cancer induction and should therefore be reserved for high risk patients only. According to the Radiology Department of North America imaging diagnosis for adult spine fractures employ more CT scans than radiology. Therefore, we will be using CT scans for our analysis and for training our model due to their efficiency, accuracy and widespread use.

Our Methodology

Based on the aforementioned existing theoretical methods in fracture detection, we are planning on implementing deep learning, or specifically Convolutional Neural Networks (CNN) to learn image features for fracture detection. The accuracy of such models is around 92% with 76% sensitive and 97% specificity (Small et. al, 2021).

Some images from our dataset of CT scans can be seen below (Figure 1.0):

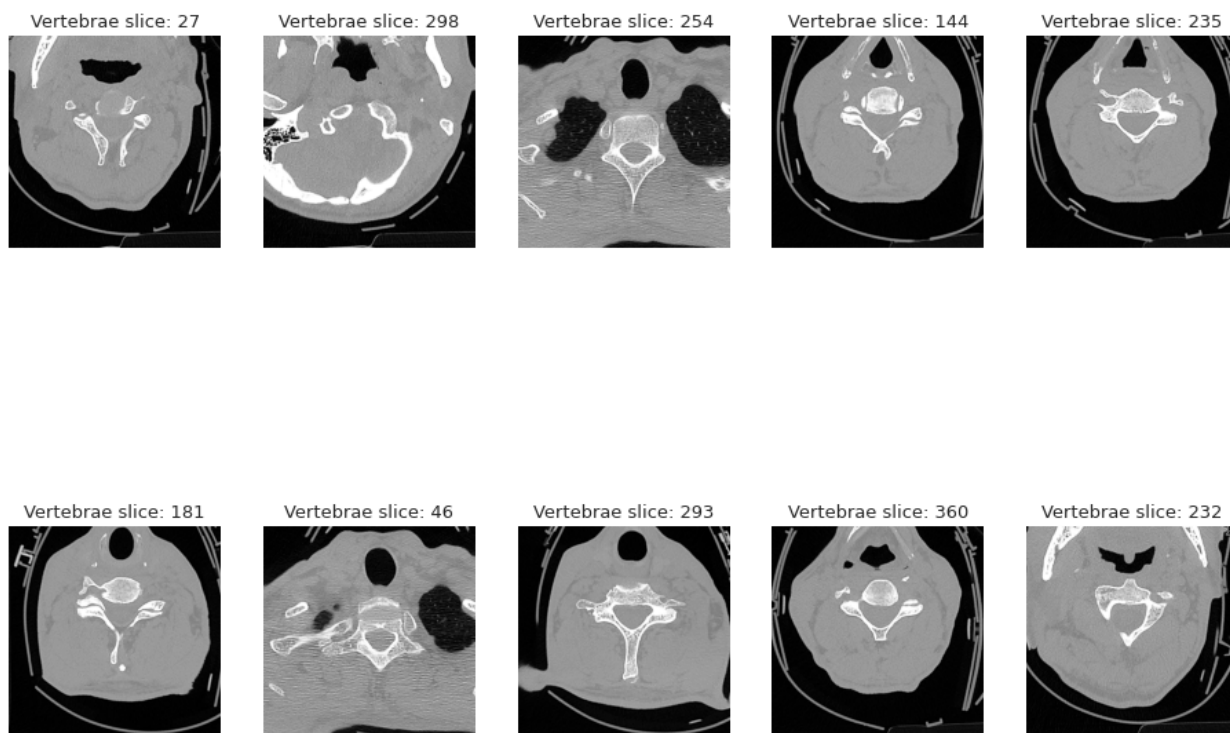


Figure 1.0 CT Scan Images

Our variables can be seen in Figure 2.0:

Variable Name	Label/Description	Variable Codes	Variable Format	Value Indicating Missing Data
StudyInstanceUID	Study ID for each patient scan (ID corresponding to folders containing multiple images)	1.2.826.0.1.3680043. [int_no_of_images]	Float	None
patient_overall	Whether the patient has a fracture	0 = No Fracture Overall 1 = Has Fracture	Binary: numeric	None
C1	Whether C1 (first vertebrae) has a fracture	0 = no fracture 1 = has fracture	Binary: numeric	None
C2	Whether C2 has a fracture	0 = no fracture 1 = has fracture	Binary: numeric	None
C3	Whether C3 has a fracture	0 = no fracture 1 = has fracture	Binary: numeric	None
C4	Whether C4 has a fracture	0 = no fracture 1 = has fracture	Binary: numeric	None
C5	Whether C5 has a fracture	0 = no fracture 1 = has fracture	Binary: numeric	None
C6	Whether C6 has a fracture	0 = no fracture 1 = has fracture	Binary: numeric	None
C7	Whether C7 (last vertebrae) has a fracture	0 = no fracture 1 = has fracture	Binary: numeric	None

Notes:

1. C1 - C7 refers to the cervical spine vertebrae on the neck where C1 is the first vertebrae at the top and C7 is the last neck vertebrae.
2. We are working with image data in multiple folders, the variable names do not correspond to each individual image. Instead, they correspond to all the images in a

Figure 2.0 Variables and their descriptions

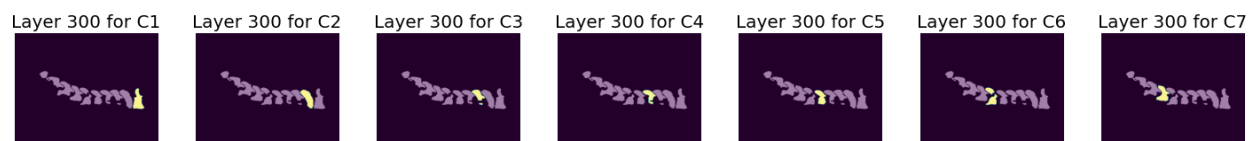
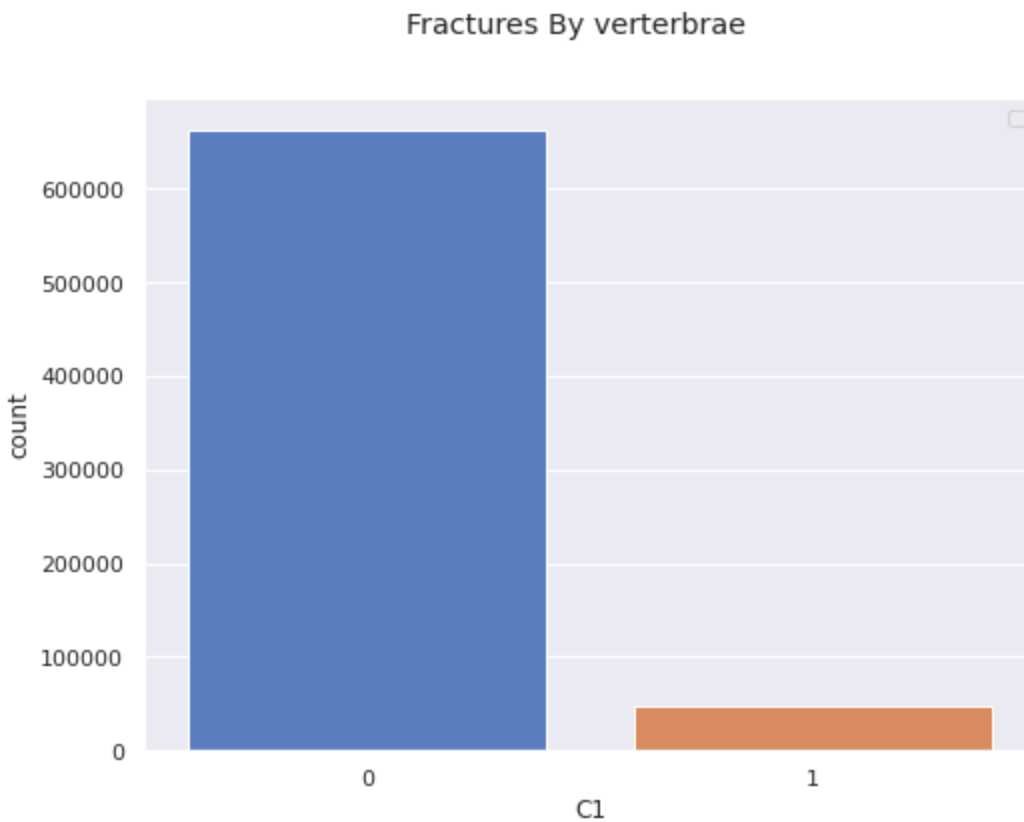
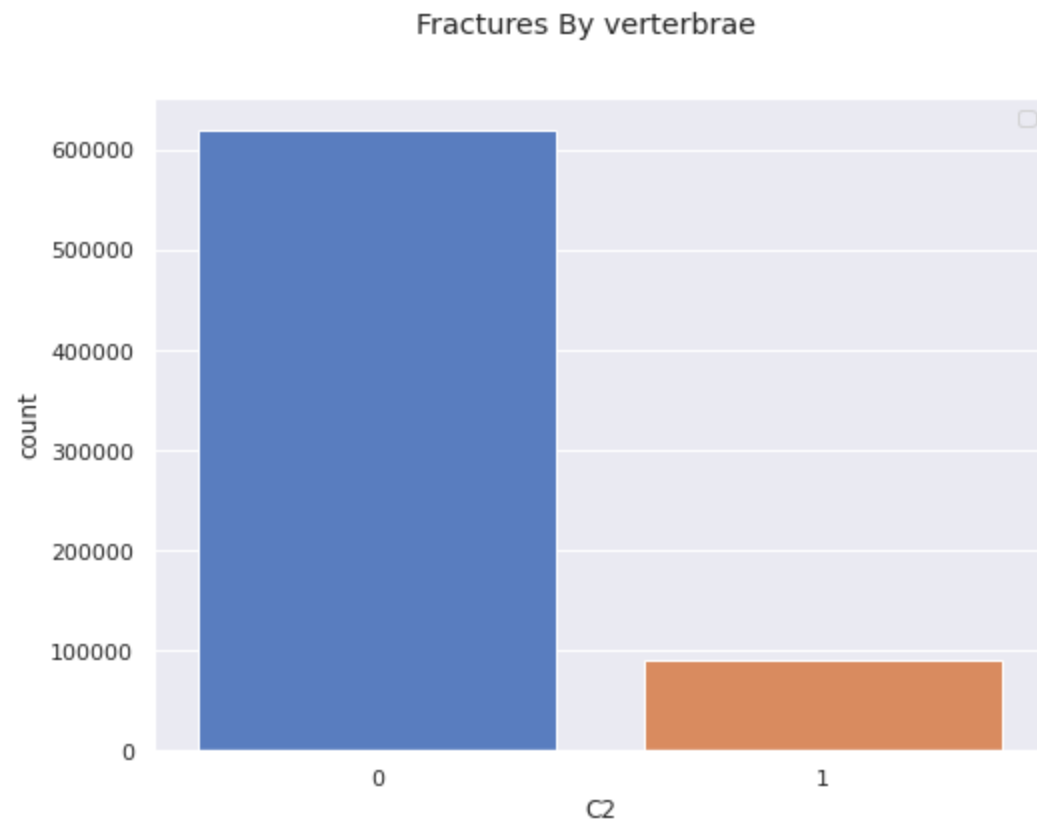
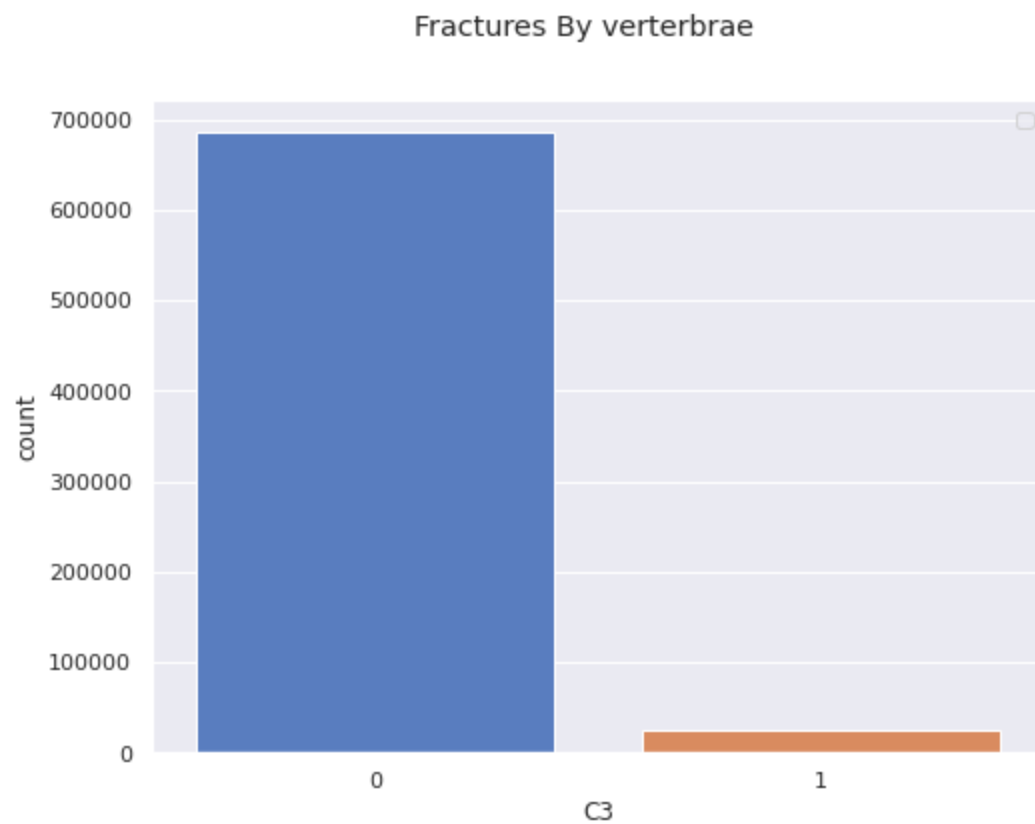


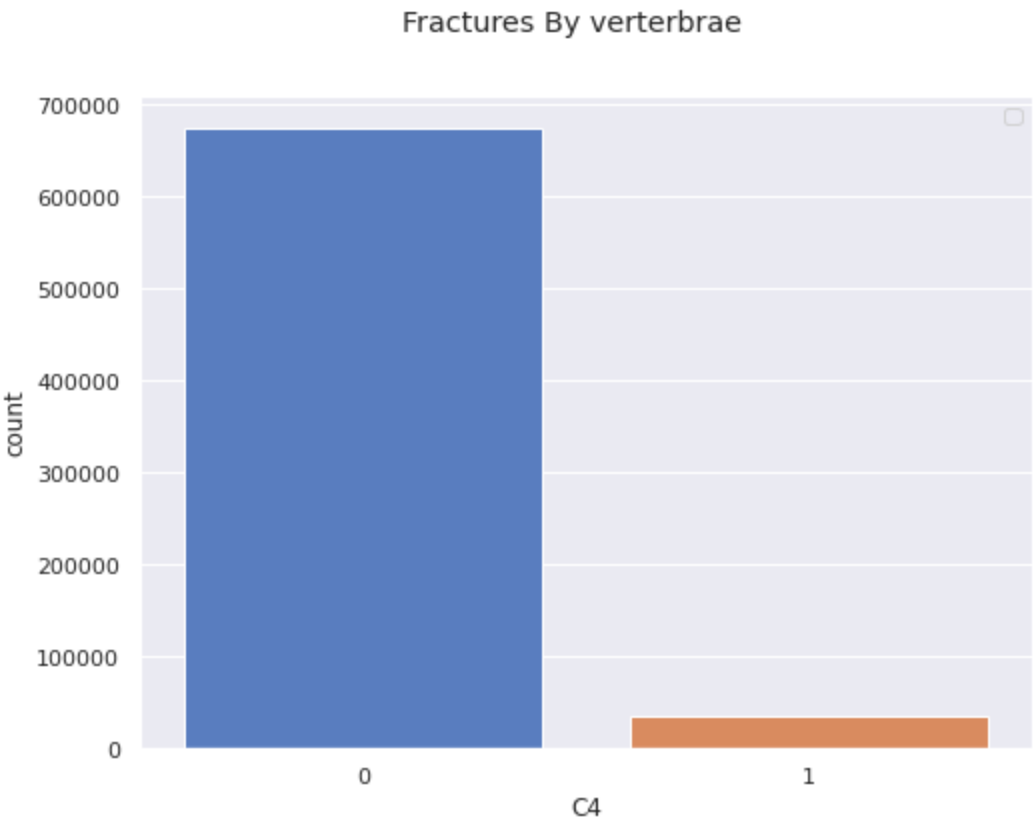
Figure 3.0 C1 to C7 vertebrae

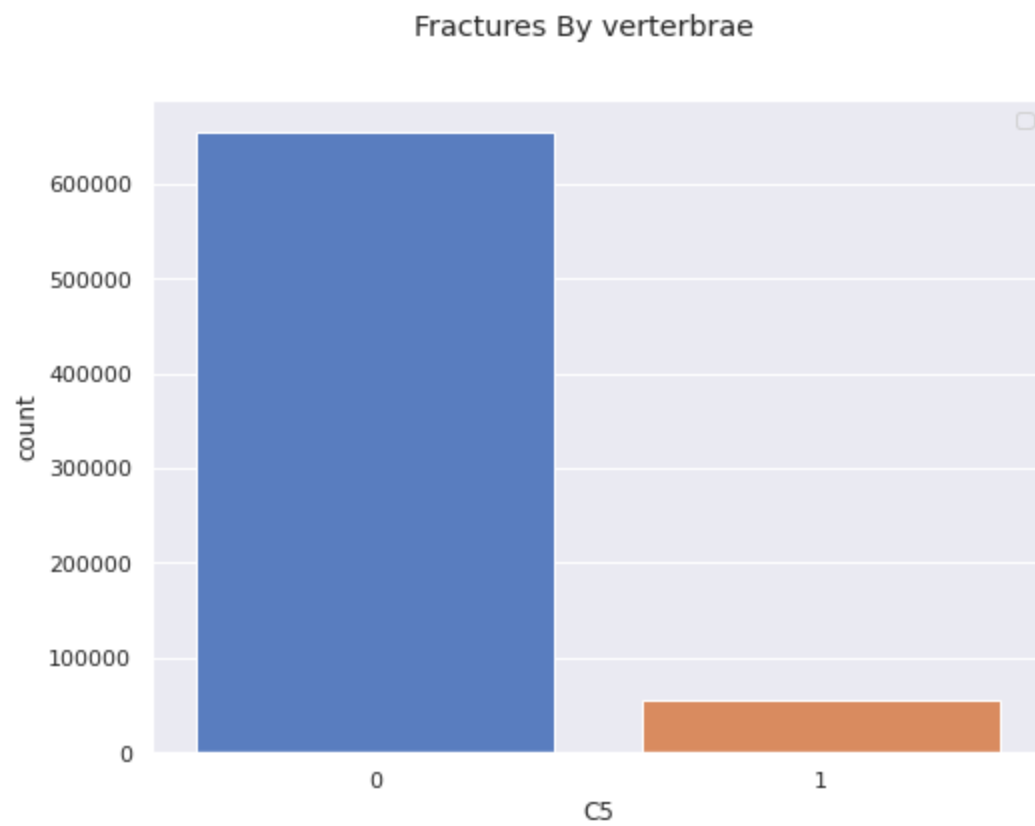
The vertebrae are split in C1 to C7 which can be seen in figure 3.0. According to our exploratory data analysis fractures in C5, C6 and C7 are more common than C1-4 (see data visualisations below). This may be due to the fact that C1-2 fractures are the most severe and can prove to be fatal.

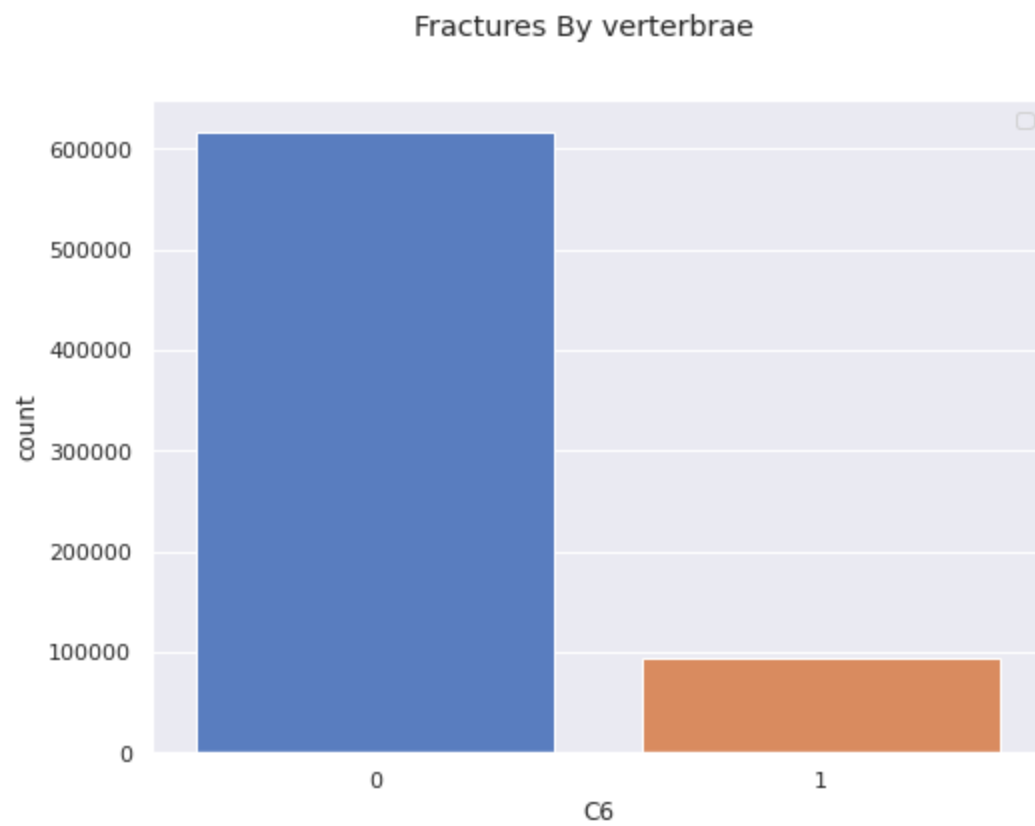


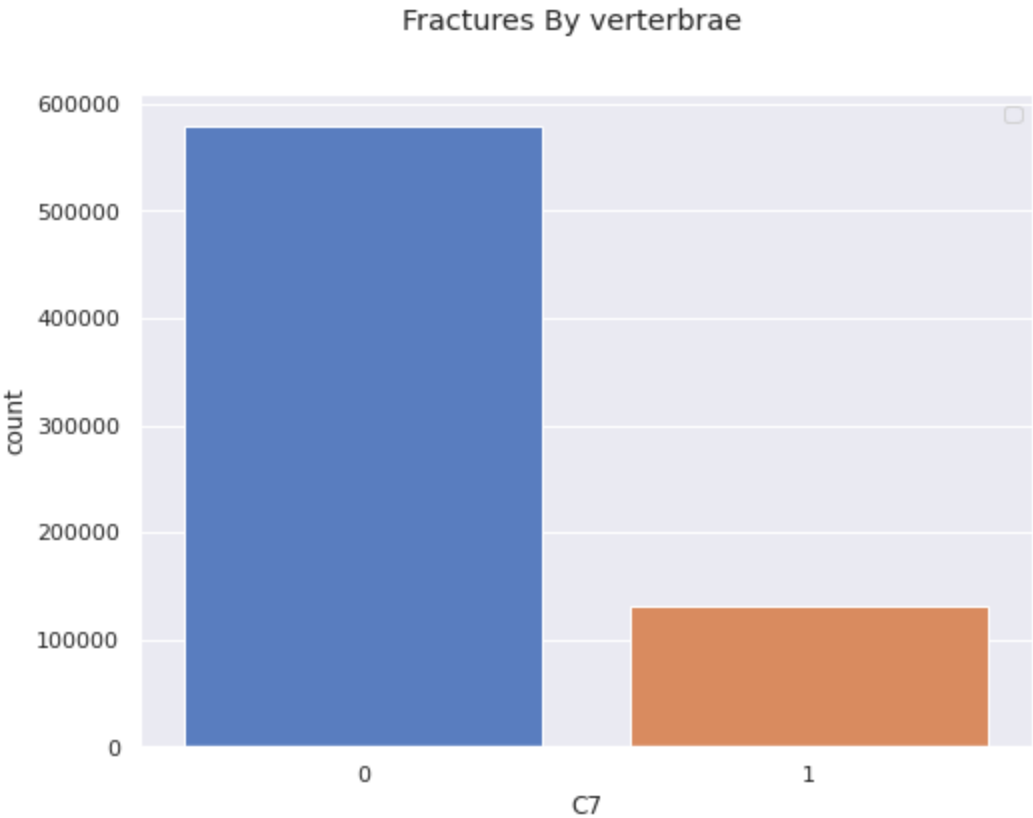


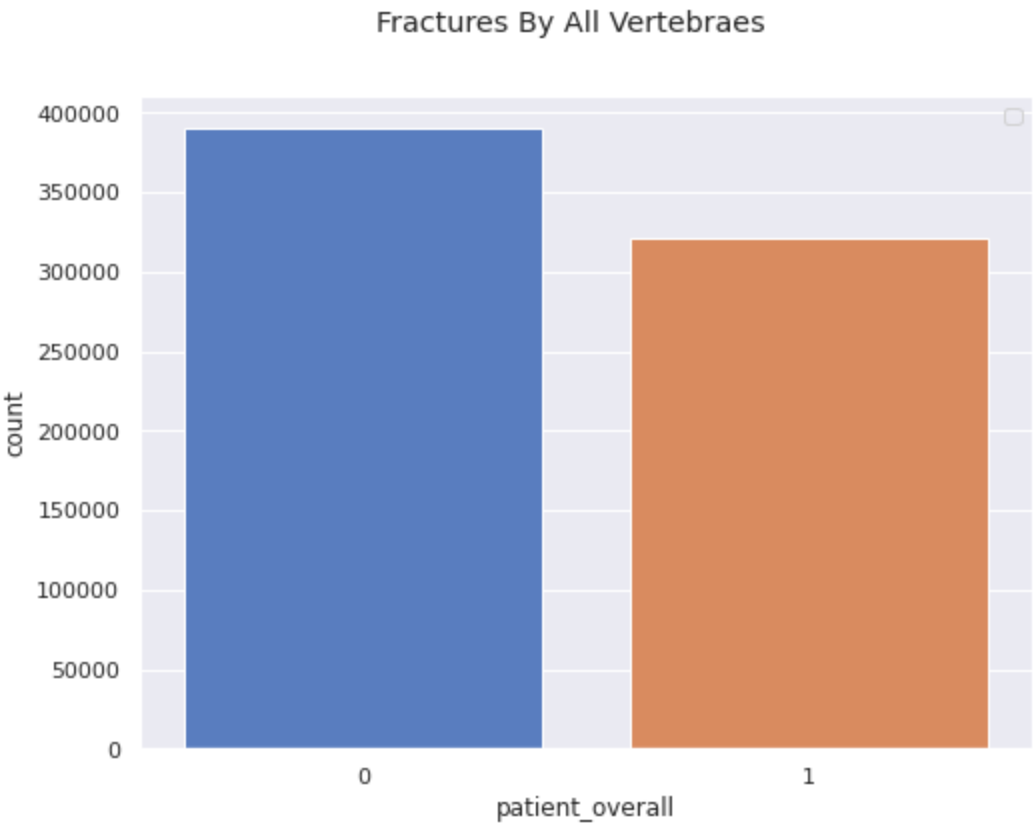












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