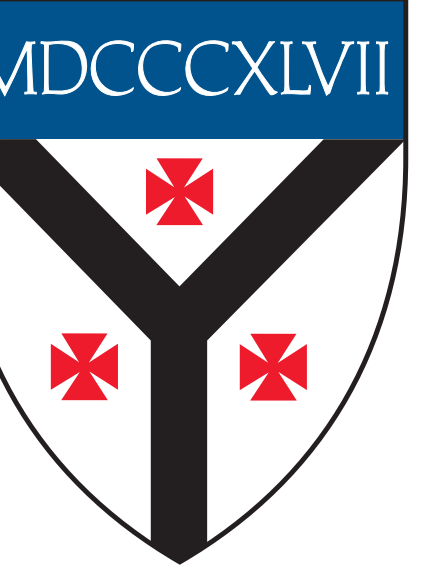




# Learning correspondences of cardiac motion from images using biomechanics-informed modeling

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## Introduction

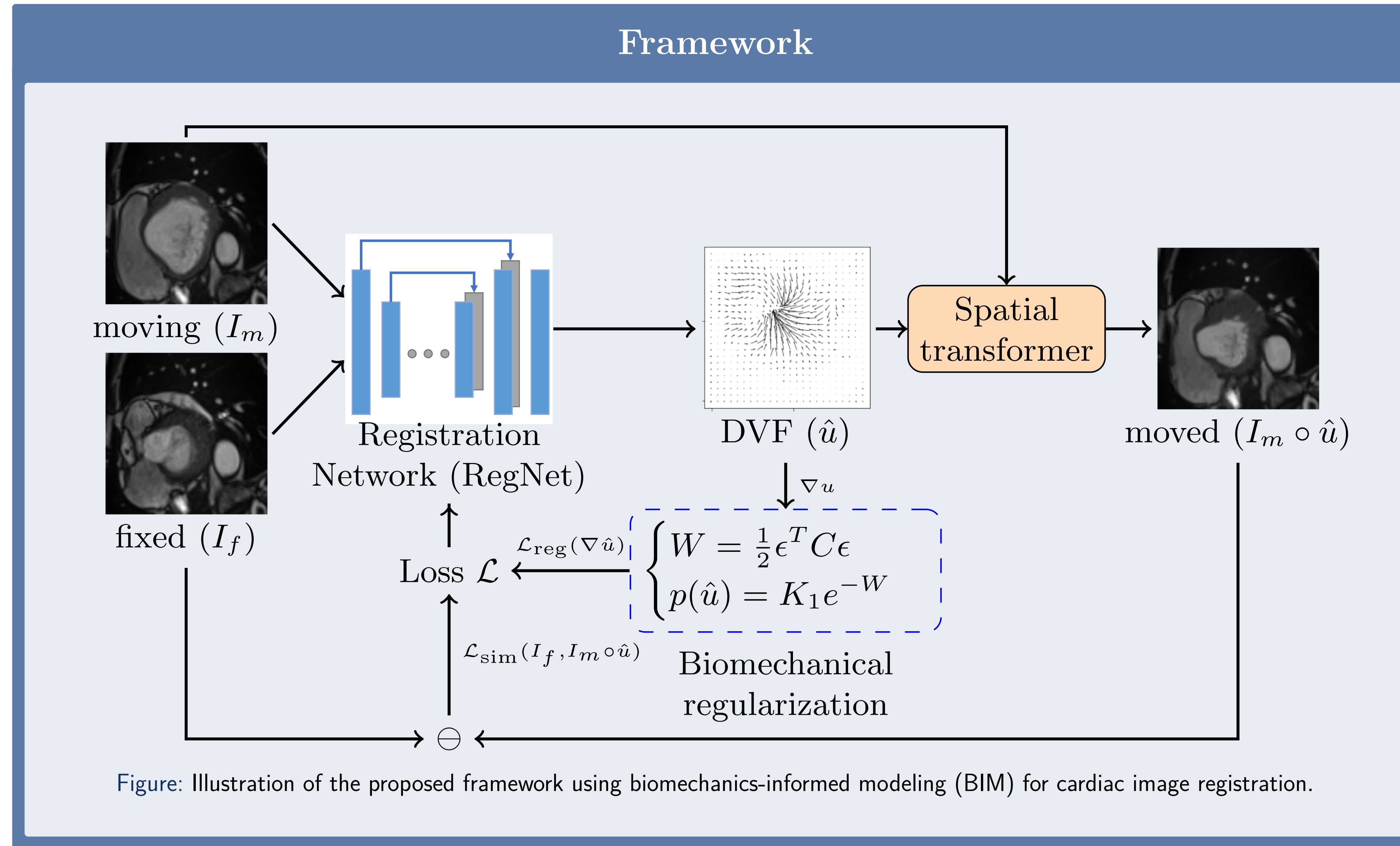
- A displacement vector field (DVF) is crucial to infer the underlying spatial-temporal characteristics of anatomical structures.
- **Explicit** biomechanical constraints imposed on DVF such as incompressibility often consider biomechanical properties only for specific regions of interest, such as the myocardium.
  - Geometric properties in other structures such as the right ventricle (RV) is not guaranteed.
- To encourage physically plausible transformation, pre-trained variational auto-encoders (VAEs) can be used as regularizers to enforce **implicit** constraints on the DVF.
  - The VAEs are often trained separately on manually generated datasets which require physical simulations.
  - The regularization performance might be limited by VAEs' generalization ability on new datasets.

## Contributions

- We propose a biomechanics-informed regularization explicitly as a prior for DVF estimation to preserve geometric properties.
- Our proposed method shows improvement across different cardiac structures due to the more generic assumption.
- We conduct extensive experiments to show its effectiveness and robustness over other competing regularization schemes.

## ACDC Dataset [1]

- The dataset contains 100 patients including
  - 20 healthy patients
  - 20 patients with previous myocardial infarction
  - 20 patients with dilated cardiomyopathy
  - 20 patients with an hypertrophic cardiomyopathy
  - 20 patients with abnormal right ventricle
- End-diastolic (ED) and end-systolic (ES) frames are selected from the sequence.
- Segmentation labels consisting of left ventricle (LV), right ventricle (RV), and epicardium (Epi) for ED and ES frames are given.
- 60 patients, 20 patients and 20 patients are used for training, validation and testing, respectively.



## Methods

From the classical definition of the strain tensor  $\epsilon \in \mathbb{R}^{3 \times H \times W}$  in the infinitesimal linear elasticity model for 2D displacement  $\hat{u} = [\hat{u}_1, \hat{u}_2]^T$

$$\epsilon = \left[ \frac{\partial \hat{u}_1}{\partial x_1}, \frac{\partial \hat{u}_2}{\partial x_2}, \frac{1}{2} \left( \frac{\partial \hat{u}_1}{\partial x_2} + \frac{\partial \hat{u}_2}{\partial x_1} \right) \right]^T, \quad (1)$$

we define the linear isotropic elastic strain energy density function for each pixel as follows:

$$W_{i,j} = \frac{1}{2} \epsilon_{i,j}^T C \epsilon_{i,j}, \quad (2)$$

where  $C$  is the pre-defined stiffness matrix describing material properties of the deforming body. The prior probability density function (pdf) of the DVF can be written in Gibb's form:

$$p(\hat{u}) = k_1 e^{-W}. \quad (3)$$

The optimal DVF  $\hat{u}^*$  can be obtained through maximum a posteriori (MAP) optimization:

$$\begin{aligned} \hat{u}^* &= \arg \max_{\hat{u}} \left\{ p(\hat{u}|u) = \frac{p(u|\hat{u})p(\hat{u})}{p(u)} \right\} \\ &= \arg \min_{\hat{u}} \{ -\log p(u|\hat{u}) - \log p(\hat{u}) \}. \end{aligned} \quad (4)$$

## Loss functions

We assume the noise between the ground truth measurement  $u$  and the DVF estimate  $\hat{u}$  is normally distributed  $\mathcal{N}(0, \sigma^2)$

$$p(u|\hat{u}) = \frac{1}{\sqrt{2\pi}\sigma} e^{-\frac{\|u-\hat{u}\|_2^2}{2\sigma^2}}. \quad (5)$$

We utilize the image dissimilarity between the transformed image  $I_m \circ \hat{u}$  and  $I_f$  to evaluate the difference of  $\hat{u}$  with the ground truth motion field

$$\mathcal{L}(I_m, I_f; \hat{u}) = \underbrace{\frac{1}{N} \sum_{i=1}^N \|I_f^i - I_m^i \circ \hat{u}^i\|_2^2}_{\mathcal{L}_{sim}} + \lambda \underbrace{\frac{1}{N} \sum_{i=1}^N \|\epsilon^T C \epsilon\|_2}_{\mathcal{L}_{reg}}, \quad (6)$$

where  $N$  is the number of samples. When segmentation masks are available, we can further improve the approximated difference of  $\hat{u}$  with ground truth by adding an auxiliary segmentation loss

$$\begin{aligned} \mathcal{L}(I_m, I_f, s_m, s_f; \hat{u}) &= \mathcal{L}(I_m, I_f; \hat{u}) \\ &+ \underbrace{\gamma \frac{1}{N} \sum_{i=1}^N \sum_{j=1}^K (1 - \text{Dice}(s_m^{ij} \circ \hat{u}^i, s_f^{ij}))}_{\mathcal{L}_{seg}}. \end{aligned} \quad (7)$$

## Results

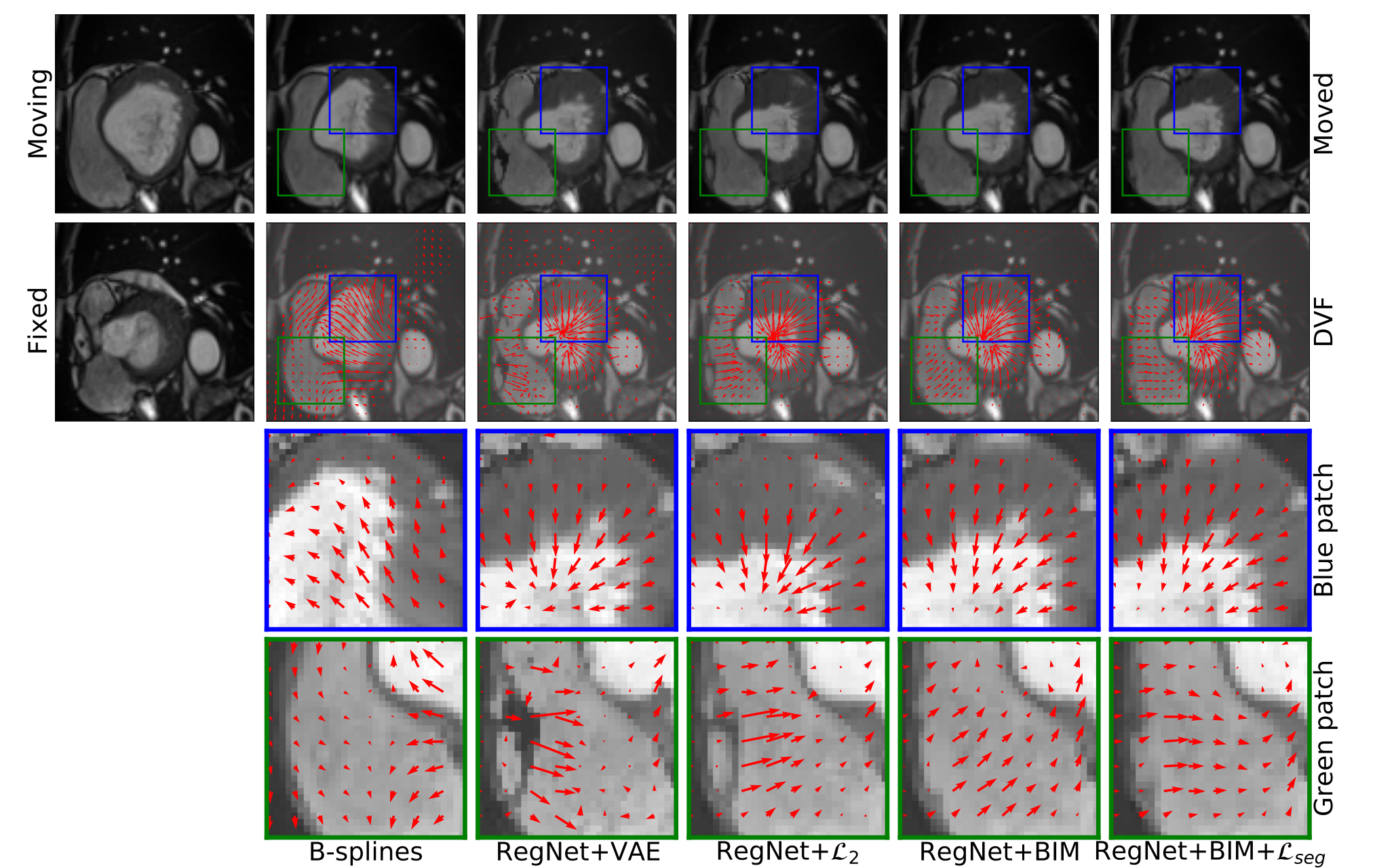


Figure: Visual assessment of DVFs on the ACDC dataset [1].

Method	Dice[%]↑	Jaccard[%]↑	HD[mm]↓	ASD[mm]↓
B-splines [3]	89.96	82.62	5.37	0.48
RegNet+VAE [2]	89.61	81.65	6.46	0.49
LV RegNet+L <sub>2</sub>	89.60	81.68	8.00	0.54
RegNet+BIM (ours)	90.32	82.70	5.51	0.37
<b>RegNet+BIM+L<sub>seg</sub> (ours)</b>	<b>92.77</b>	<b>86.76</b>	<b>4.39</b>	<b>0.19</b>
B-splines [3]	83.59	74.33	<b>13.70</b>	2.43
RegNet+VAE [2]	84.65	75.58	16.48	2.31
RV RegNet+L <sub>2</sub>	84.80	75.73	14.75	2.25
RegNet+BIM (ours)	85.07	76.16	14.55	2.22
<b>RegNet+BIM+L<sub>seg</sub> (ours)</b>	<b>85.93</b>	<b>77.54</b>	14.07	<b>2.15</b>
B-splines [3]	92.33	86.12	5.97	0.33
RegNet+VAE [2]	91.45	84.83	7.57	0.48
Epi RegNet+L <sub>2</sub>	89.92	82.22	7.77	0.59
RegNet+BIM (ours)	91.53	84.75	6.20	0.40
<b>RegNet+BIM+L<sub>seg</sub> (ours)</b>	<b>92.57</b>	<b>86.48</b>	<b>5.54</b>	<b>0.32</b>

Table: Quantitative assessment of registration performance on the ACDC dataset [1].

## Conclusions

- We propose a novel data-driven approach for cardiac motion tracking with biomechanics-informed modeling regularization.
- Our proposed methods outperform other regularization methods on ACDC dataset [1] in 2D cardiac motion estimation using quantitative assessment and generate more realistic DVF in visual assessment.

## References

- [1] Bernard, O., et al.: Deep learning techniques for automatic MRI cardiac multi-structures segmentation and diagnosis: Is the problem solved? IEEE Transactions on Medical Imaging **37**(11), 2514-2525 (2018)
- [2] Qin, C., et al.: Biomechanics-informed neural networks for myocardial motion tracking in MRI. In: International Conference on Medical Image Computing and Computer-Assisted Intervention. pp. 296-306. Springer (2020)
- [3] Rueckert, D., et al.: Nonrigid registration using free-form deformations: application to breast MR images. IEEE Transactions on Medical Imaging **18**(8), 712-721 (1999)