

BronchoGAN: Anatomically consistent and domain-agnostic image-to-image translation for video bronchoscopy



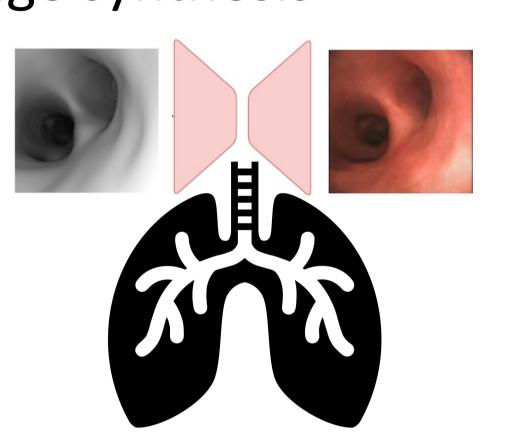


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MOTIVATION

- Limited amount of public bronchoscopy videos is available for training deep learning models
- In contrast, large-scale public CT datasets do exist > can be used for GAN-based image synthesis
- Use anatomy from CT-rendered virtual bronchoscopy and lung phantoms as source domain
- Use appearance from limited in-/ ex-vivo videos as target domain

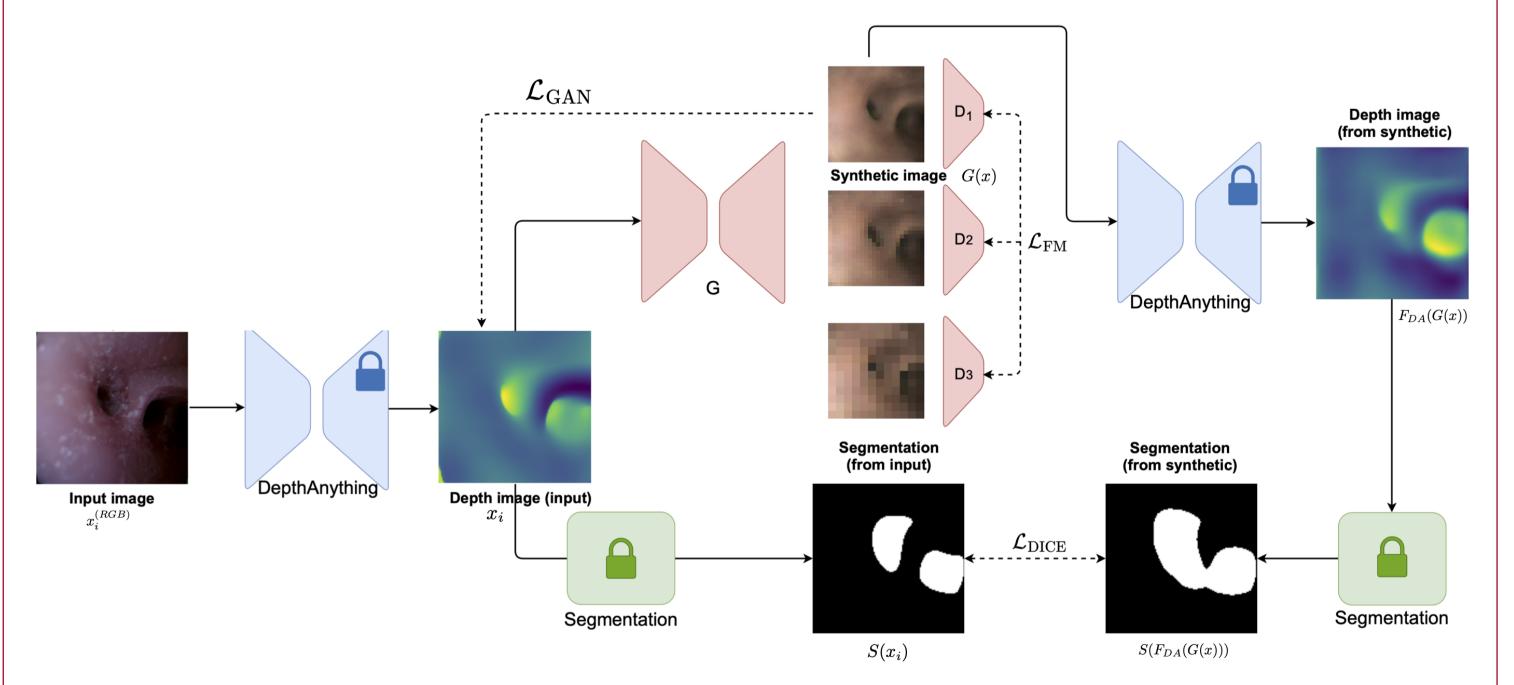


PROBLEM STATEMENT

- GAN: Risk of mode collapse for limited training data
- Anatomy (bronchial orifice) not accurately preserved
- Different visual appearances (virtual bronchoscopy, phantom material/lightning) -> domain gap

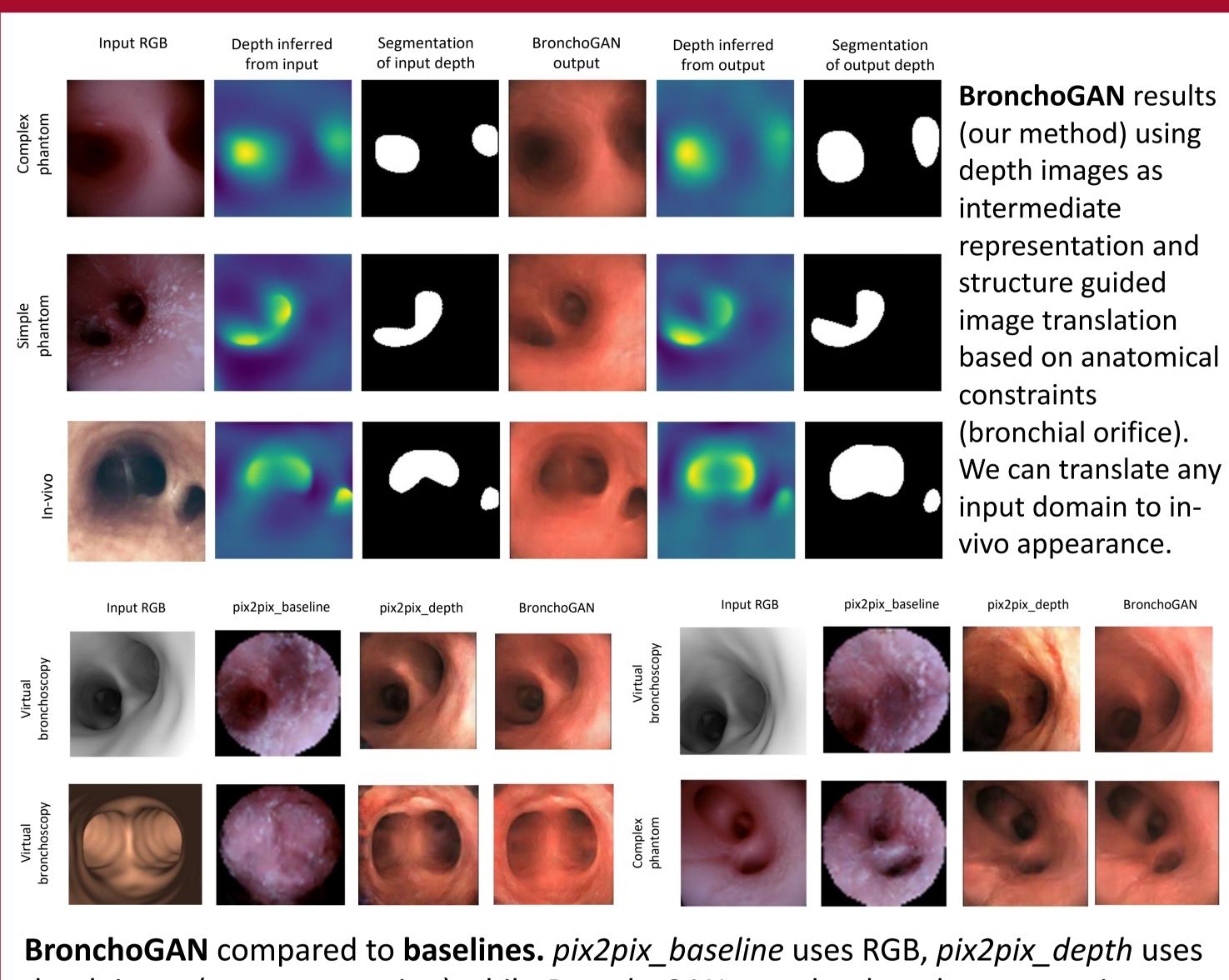
METHOD

- Use intermediate depth image representation obtained from foundational model (DepthAnything)
 - Domain-agnostic representation
- Segment anatomical structures (bronchial orifice) from depth images using training-free segmentation
- Condition image synthesis on segmentation maps of input and generator output
 - → Structure guidance using DICE loss

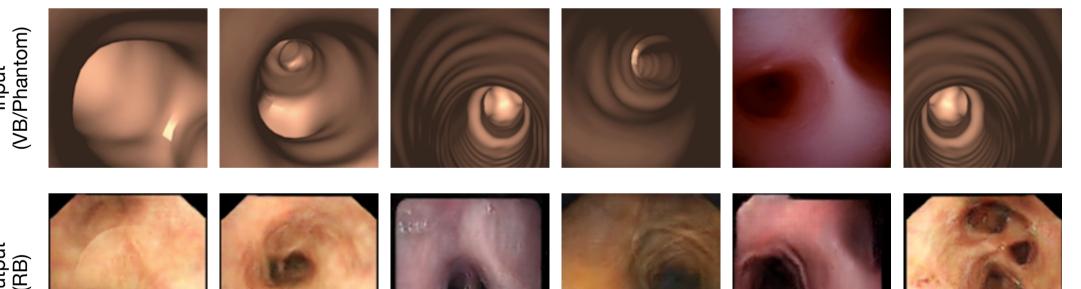


BronchoGAN architecture incorporating domain-agnostic image representations, training-free orifice segmentation and structure guidance.

QUALITATIVE RESULTS



depth input (no segmentation) while BronchoGAN uses depth and segmentations.



CycleGAN results. Unpaired image translation baseline fails to preserve anatomy and cannot account for domain gaps.

QUANTITATIVE RESULTS

Model	FID \	SSIM ↑	DICE ↑
cycleGAN	1717.9574	0.2831	0.2412
pix2pix_base	1564.0430	0.4042	0.3950
pix2pix_depth (ours)	1006.5910	0.3875	0.6334
BronchoGAN (ours)	770.6833	0.4623	0.6743

CONCLUSION

- GAN-based image translation tends to mode collapse and faces domain gaps in bronchoscopy
 - > use intermediate representation (depthAnything)
- Use segmentation maps to guide image synthesis and preserve anatomy (bronchial orifice)
- Future work addresses the integration of detailed labelling and multiclass segmentation