

Approaches to Automated Musculoskeletal Segmentation

Fundamentals of Musculoskeletal MRI II

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Wu Tsai Human
Performance Alliance

Stanford University



Declaration of Financial Interests or Relationships

Speaker Name: Anthony Gatti

I have the following financial interest(s) or relationship(s) to disclose with regard to the subject matter of this presentation:

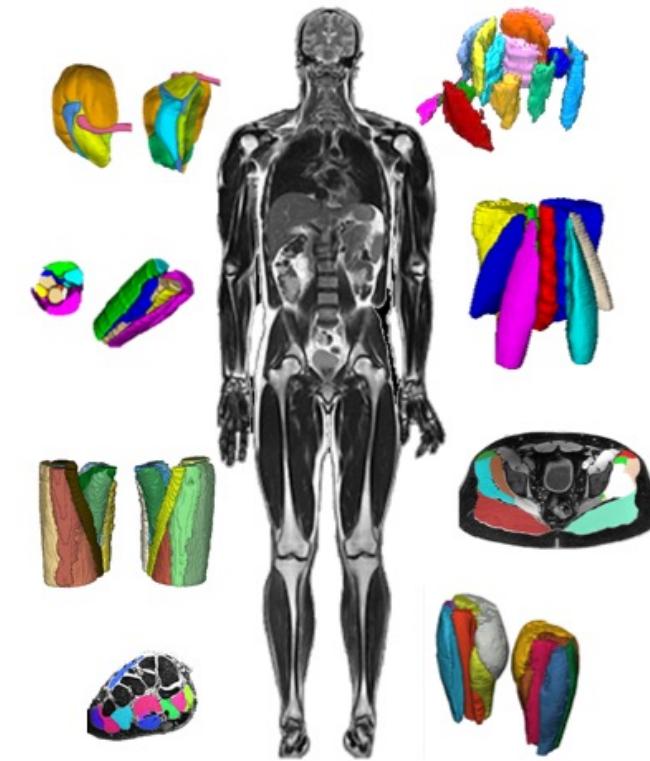
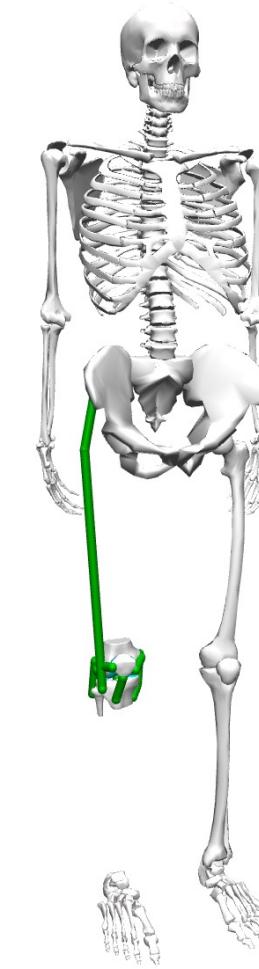
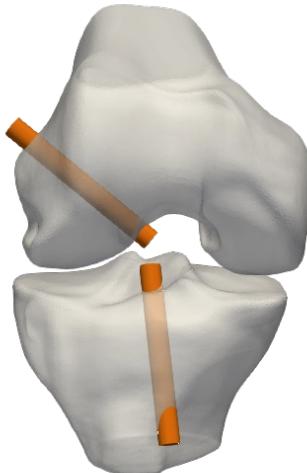
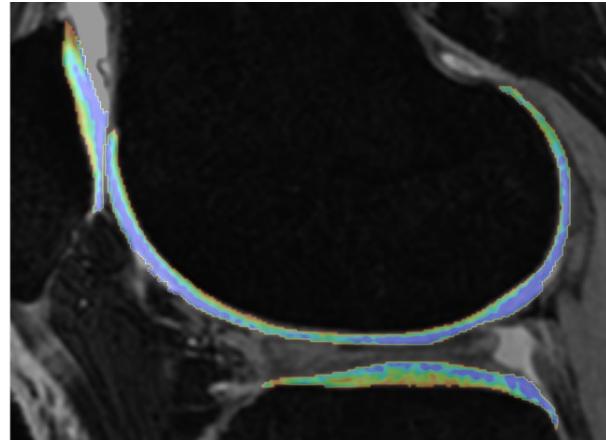
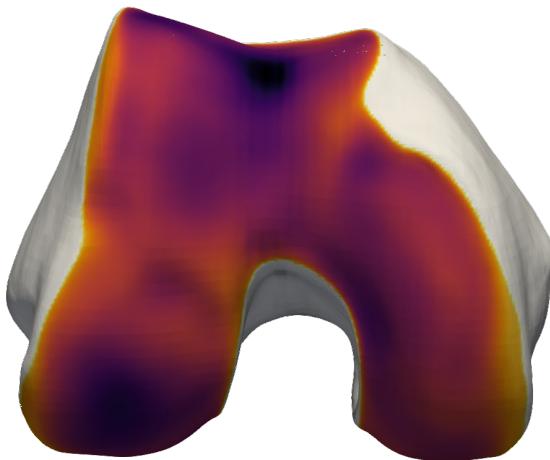
- Shareholder:
 - NeuralSeg
 - NodeAI
 - GeminiOV

What to expect

- Why automated segmentation??
- What auto MSK segmentation has enabled
- Evaluating auto segmentation
- Segmentation model overview
- Recommendations

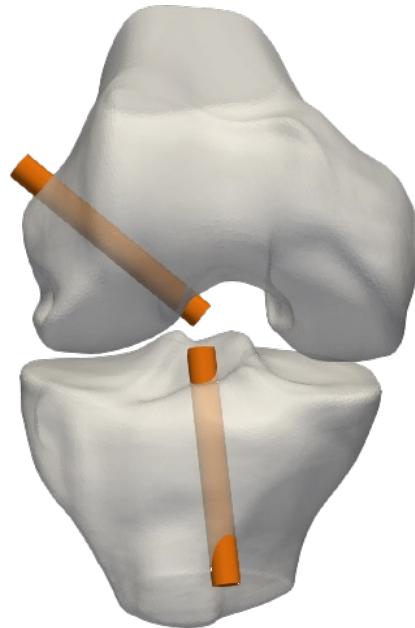
Why Automate Segmentation in MSK MRI?

- Quantitative outcomes
 - Shape models
 - Compositional/quantitative MRI
- Digital Models
 - Surgical planning
 - Biomechanical simulations

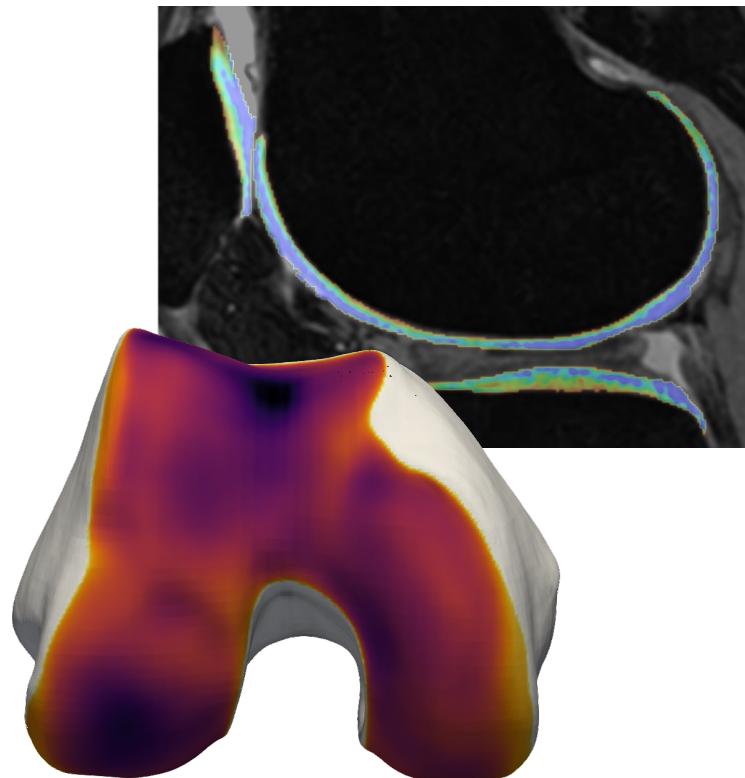


MSK Segmentation Beyond Research?

Surgical Planning



Clinical Trials



Improve subjective measures

- Muscular dystrophy
- Arthritis
 - Osteo
 - Rheumatoid
- Etc.

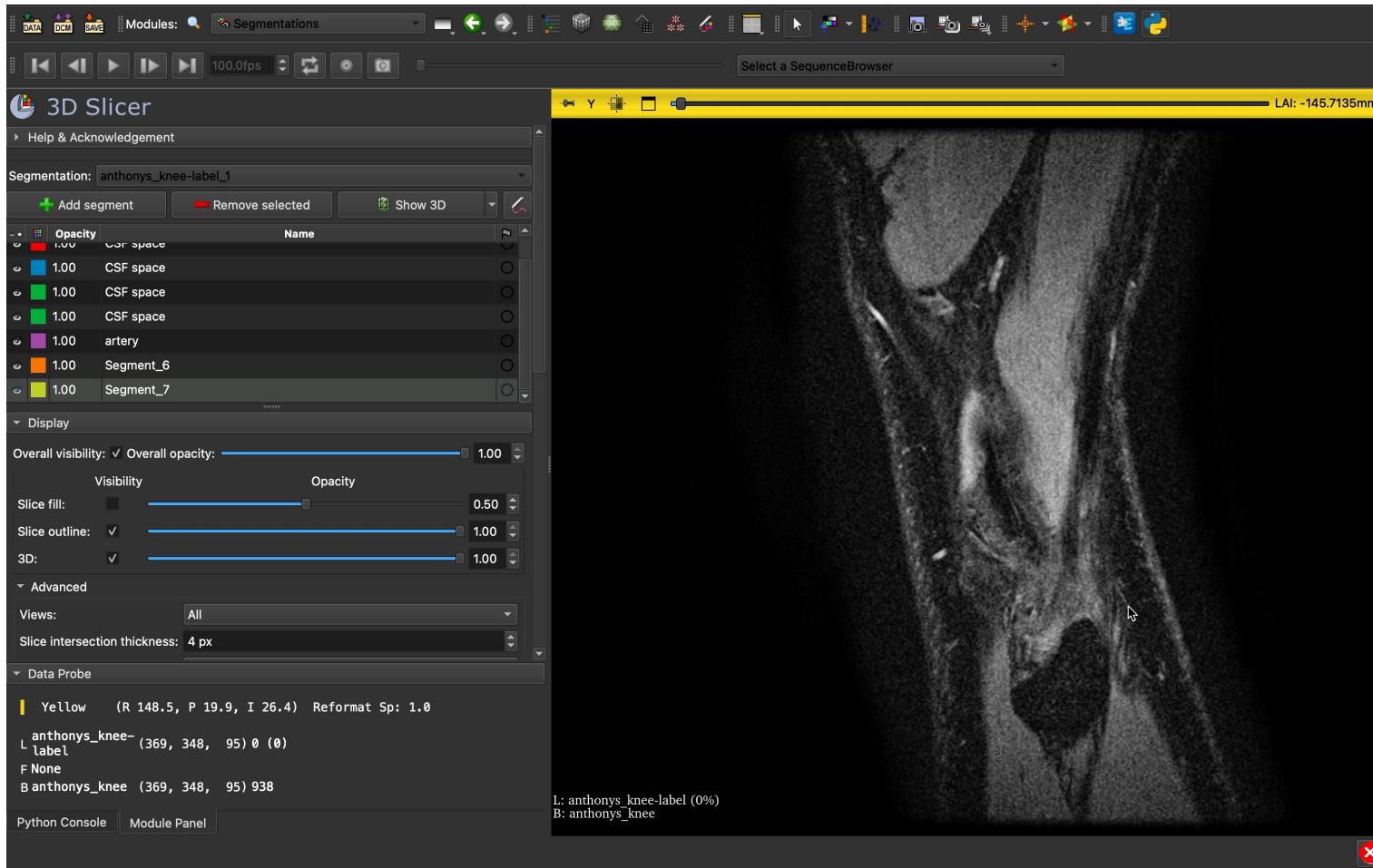


The Bottleneck: Manual Segmentation

Patella

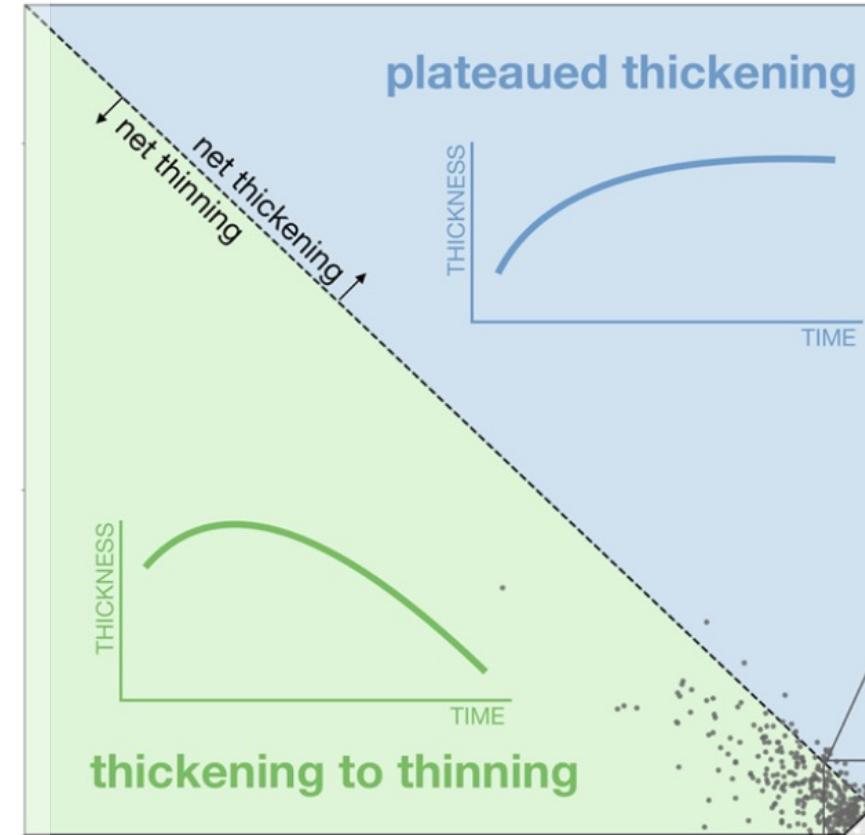
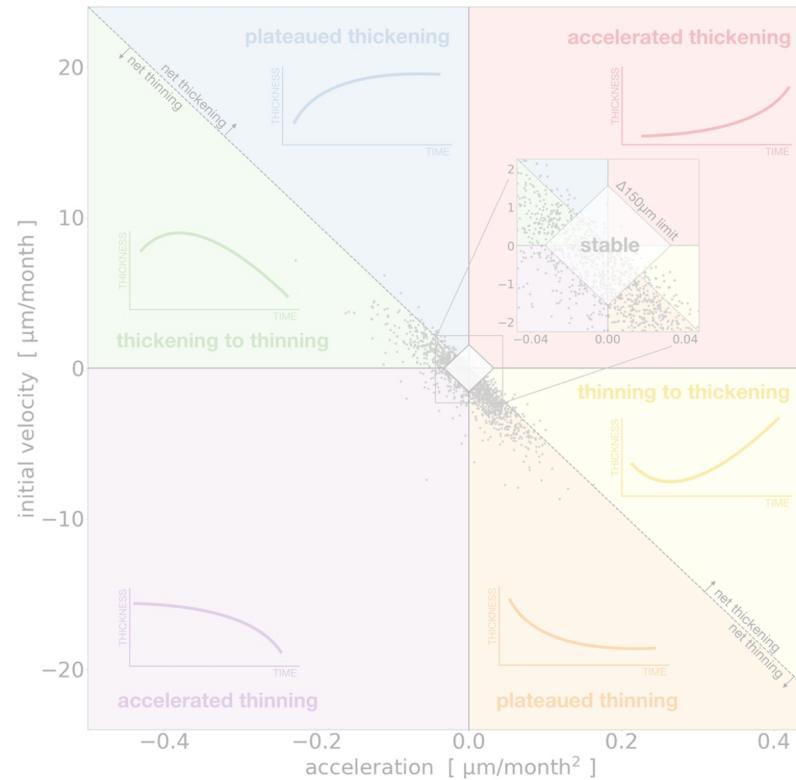
Femur

Tibia



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What has Automated MSK Segmentation Enabled?



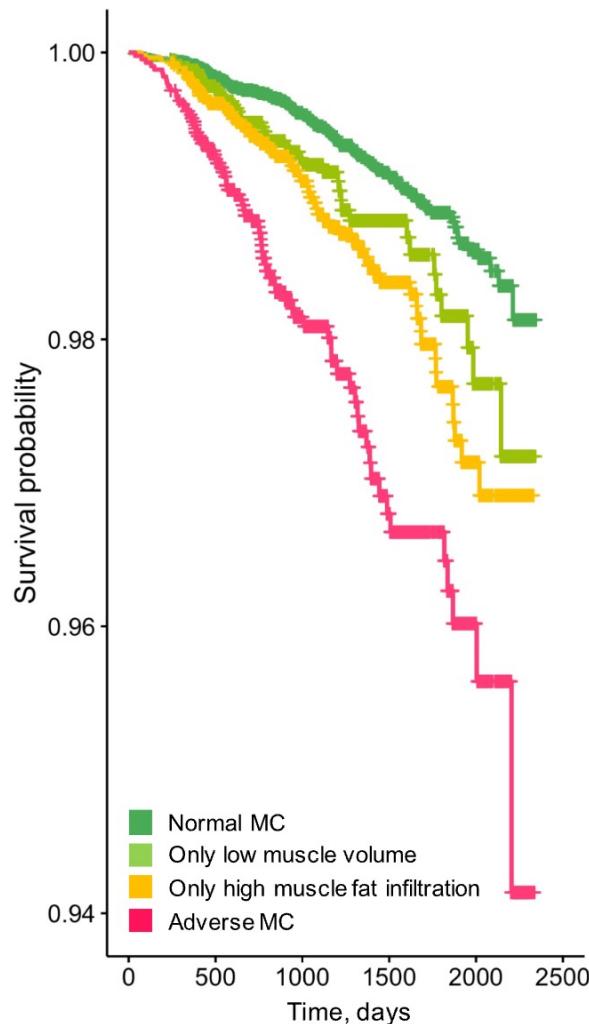
~4,000 knees
8-years

Iriondo et al. JOR, 2020



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What has Automated MSK Segmentation Enabled?



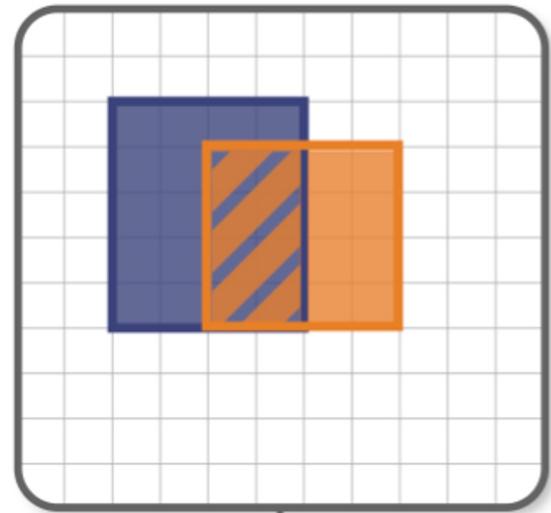
~40,000 people
Green = Healthy muscle
Red = Unhealthy muscle

Poor muscle health leads to
higher probability of death

Linge et al. JCSM, 2021

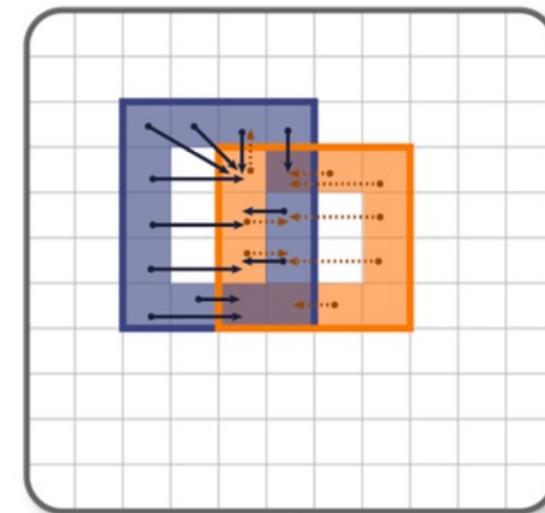
How Do We Evaluate?

Dice Similarity Coefficient (DSC)



small objects

Average Symmetric Surface Distance (ASSD)



big objects

Reinke et al. arXiv, 2021.

Common Limitations of Image Processing Metrics: A Picture Story

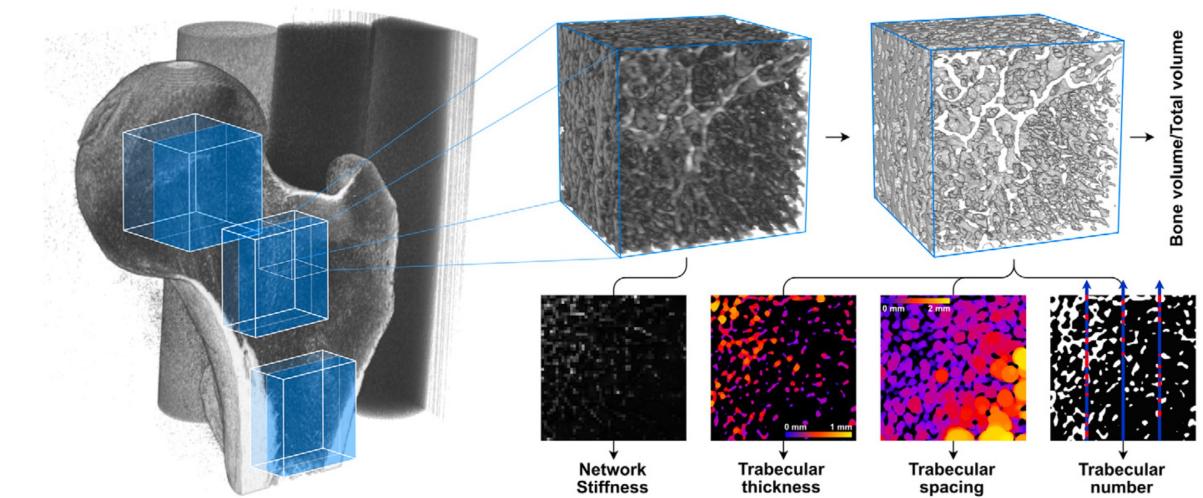
How Do We Evaluate? Beyond Dice

Cartilage Thickness Reliability

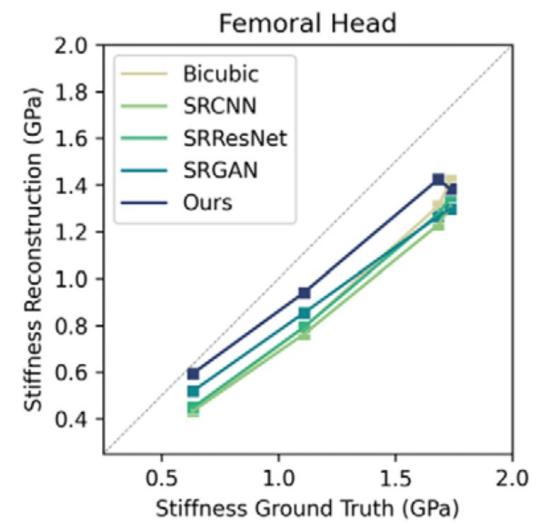
| corFLASH | | | | | |
|---------------------------------|--------|------|-------|------|--|
| | Manual | | U-Net | | |
| | SEM | SDC | SEM | SDC | |
| <i>Cartilage thickness (mm)</i> | | | | | |
| MFTC | 0.09 | 0.24 | 0.07 | 0.21 | |
| LFTC | 0.10 | 0.27 | 0.13 | 0.36 | |

Wirth et al. MAGMA, 2020

Eckstein et al. Quant Imaging Med Surg, 2024



Chan et al. Rad:AI, 2023



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Deep Learning Workhorse: The U-Net

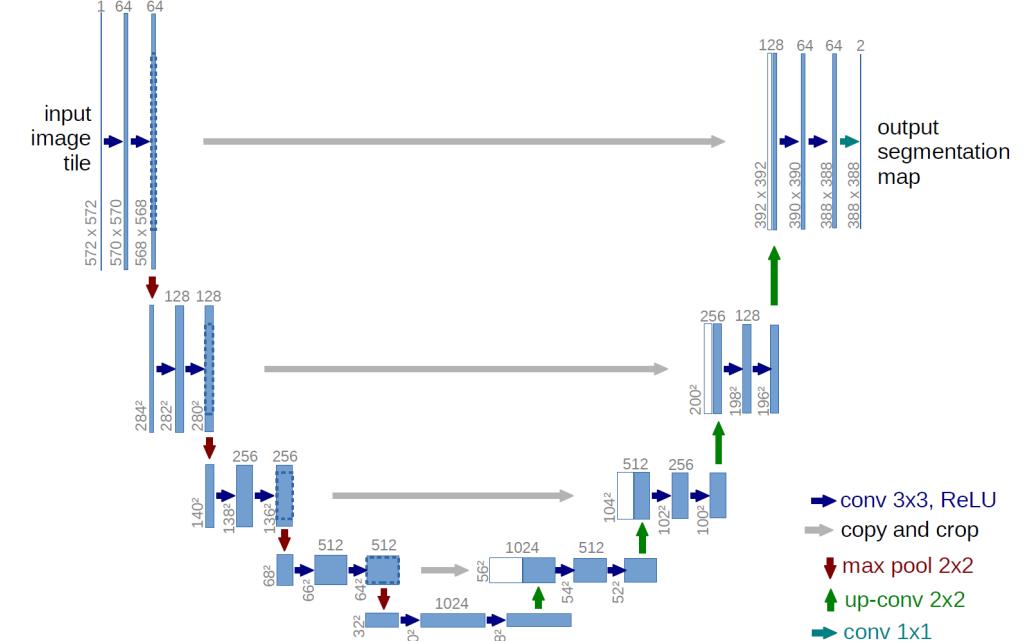
Invented MICCAI for medical imaging

Used throughout deep learning.

Diffusion models

Image-to-image translation

110,107 citations



Ronneberger et al. MICCAI, 2015

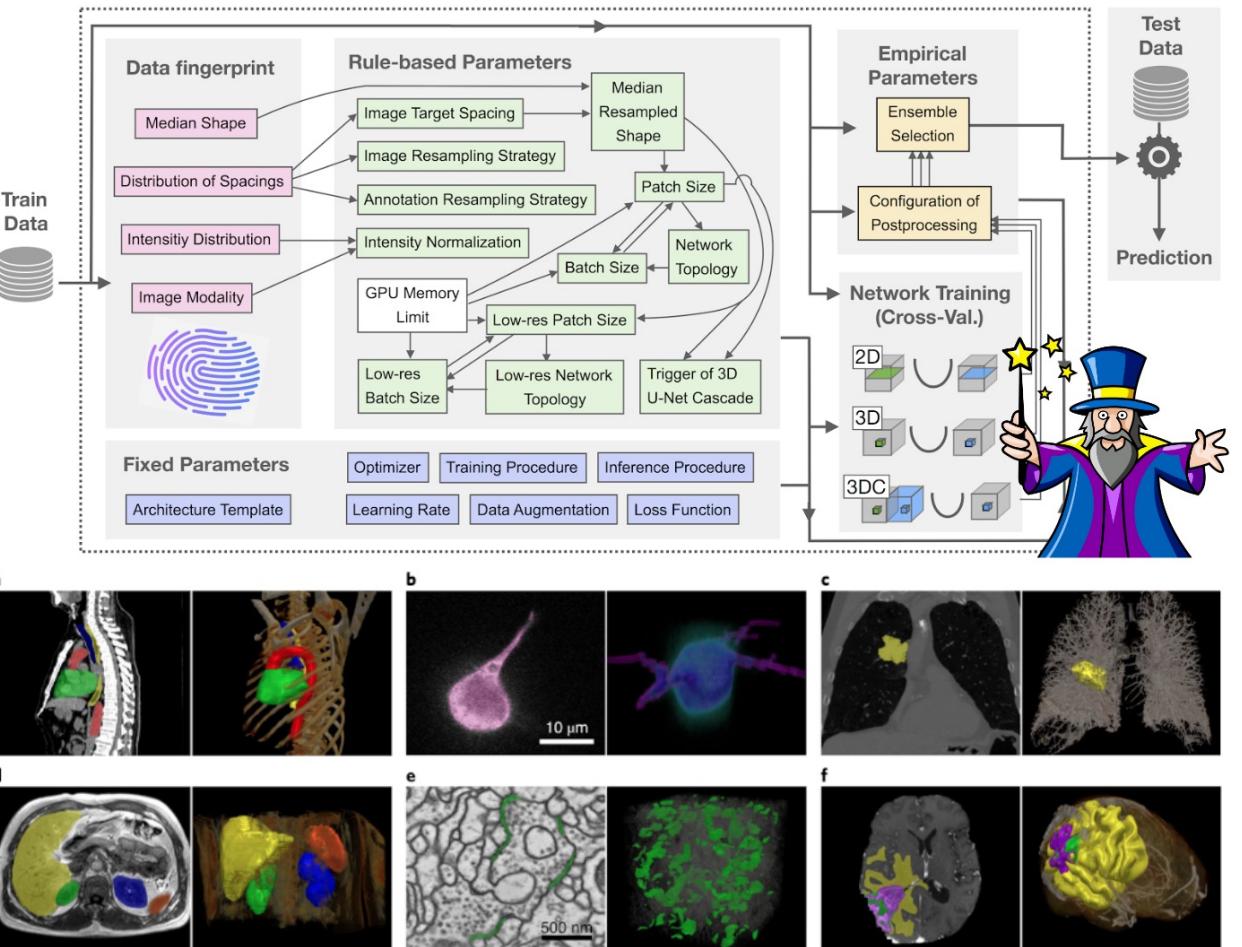


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Making it Practical: nnU-Net ("No-New-U-Net")

5671 citations

| | BTcv | ACDC | LiTS | BraTS | KiTS | AMOS | VRAM | RT | Arch. | nnU |
|----------------------|--------------|--------------|--------------|--------------|--------------|--------------|-------|-----|-------|-----|
| | n=30 | n=200 | n=131 | n=1251 | n=489 | n=360 | [GB] | [h] | | |
| nnU-Net (org.) [21] | 83.08 | 91.54 | 80.09 | 91.24 | 86.04 | 88.64 | 7.70 | 9 | CNN | Yes |
| nnU-Net ResEnc M | 83.31 | 91.99 | 80.75 | 91.26 | 86.79 | 88.77 | 9.10 | 12 | CNN | Yes |
| nnU-Net ResEnc L | 83.35 | 91.69 | 81.60 | 91.13 | 88.17 | 89.41 | 22.70 | 35 | CNN | Yes |
| nnU-Net ResEnc XL | 83.28 | 91.48 | 81.19 | 91.18 | 88.67 | 89.68 | 36.60 | 66 | CNN | Yes |
| MedNeXt L k3 [31] | 84.70 | 92.65 | 82.14 | 91.35 | 88.25 | 89.62 | 17.30 | 68 | CNN | Yes |
| MedNeXt L k5 [31] | 85.04 | 92.62 | 82.34 | 91.50 | 87.74 | 89.73 | 18.00 | 233 | CNN | Yes |
| STU-Net S [20] | 82.92 | 91.04 | 78.50 | 90.55 | 84.93 | 88.08 | 5.20 | 10 | CNN | Yes |
| STU-Net B [20] | 83.05 | 91.30 | 79.19 | 90.85 | 86.32 | 88.46 | 8.80 | 15 | CNN | Yes |
| STU-Net L [20] | 83.36 | 91.31 | 80.31 | 91.26 | 85.84 | 89.34 | 26.50 | 51 | CNN | Yes |
| SwinUNETR [32] | 78.89 | 91.29 | 76.50 | 90.68 | 81.27 | 83.81 | 13.10 | 15 | TF | Yes |
| SwinUNETRV2 [17] | 80.85 | 92.01 | 77.85 | 90.74 | 84.14 | 86.24 | 13.40 | 15 | TF | Yes |
| nnFormer [41] | 80.86 | 92.40 | 77.40 | 90.22 | 75.85 | 81.55 | 5.70 | 8 | TF | Yes |
| CoTr [37] | 81.95 | 90.56 | 79.10 | 90.73 | 84.59 | 88.02 | 8.20 | 18 | TF | Yes |
| No-Mamba Base | 83.69 | 91.89 | 80.57 | 91.26 | 85.98 | 89.04 | 12.0 | 24 | CNN | Yes |
| U-Mamba Bot [26] | 83.51 | 91.79 | 80.40 | 91.26 | 86.22 | 89.13 | 12.40 | 24 | Mam | Yes |
| U-Mamba Enc [26] | 82.41 | 91.22 | 80.27 | 90.91 | 86.34 | 88.38 | 24.90 | 47 | Mam | Yes |
| A3DS SegResNet [128] | 80.69 | 90.69 | 79.28 | 90.79 | 81.11 | 87.27 | 20.00 | 22 | CNN | No |
| A3DS DiNTS [118] | 78.18 | 82.97 | 69.05 | 87.75 | 65.28 | 82.35 | 29.20 | 16 | CNN | No |
| A3DS SwinUNETR [132] | 76.54 | 82.68 | 68.59 | 89.90 | 52.82 | 85.05 | 34.50 | 9 | TF | No |



Isensee et al. MICCAI, 2024

Isensee et al. Nat. Methods, 2021



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Generalist Segmentation Models

TotalSegmentator

Trained ~1200 CTs to segment 104 tissues

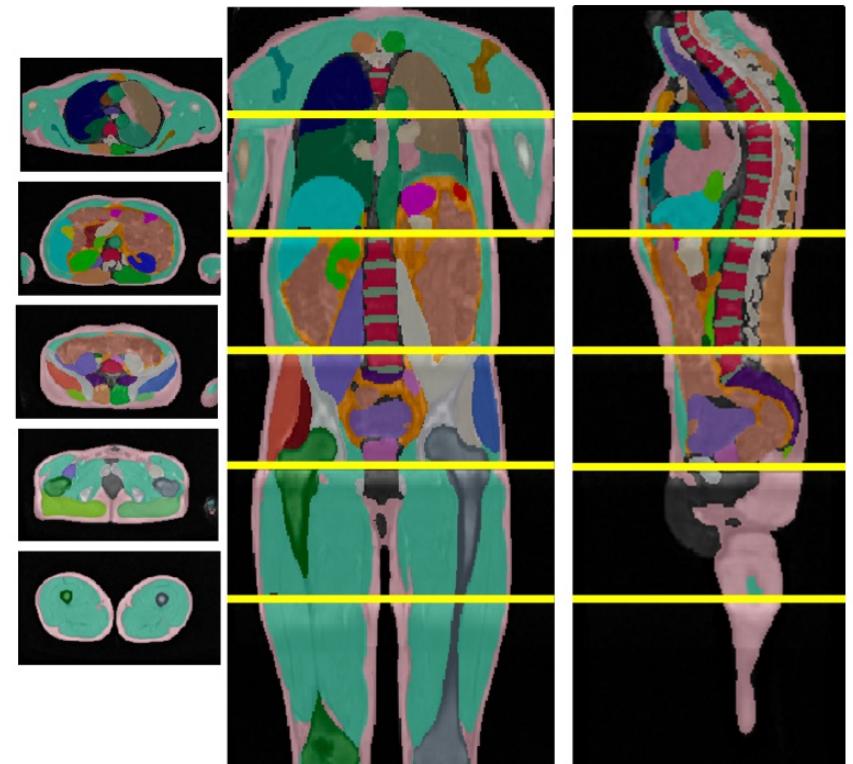
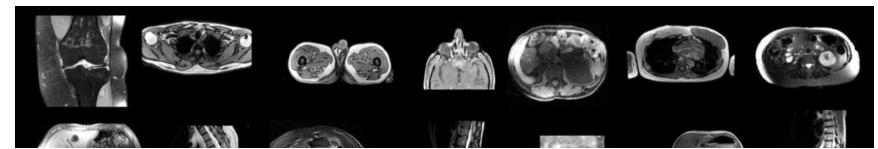
TotalSegmentator MRI

Train ~1100 scans (600 MRI) to segment 80 tissues

UKBOB

TotalSegmentator segmentations for 50k wholebody MRIs from UK Biobank

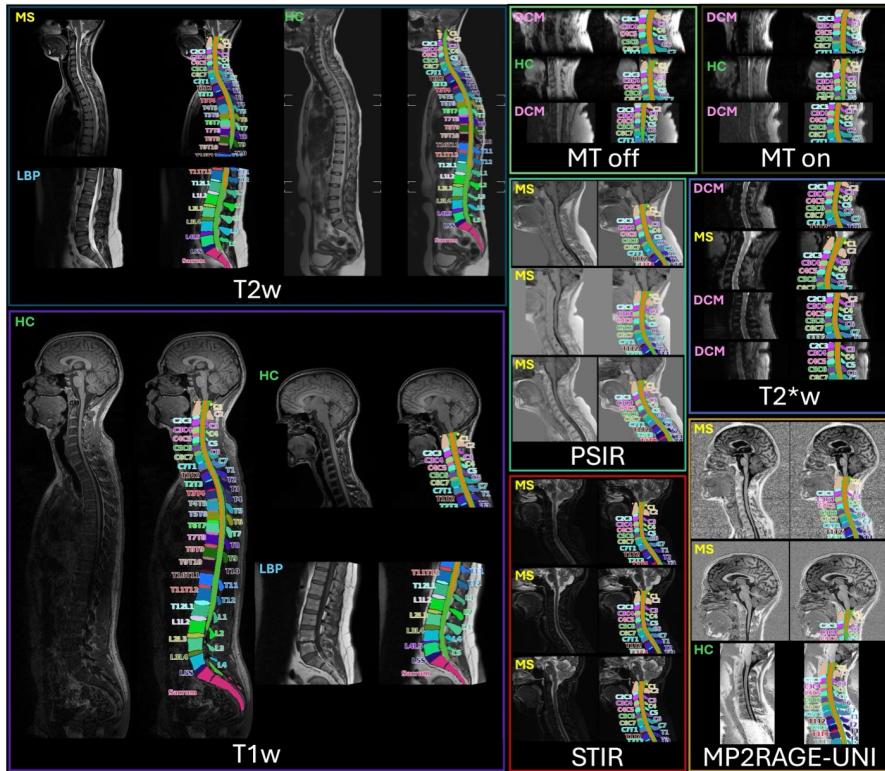
Train ViT-based segmentation foundation model



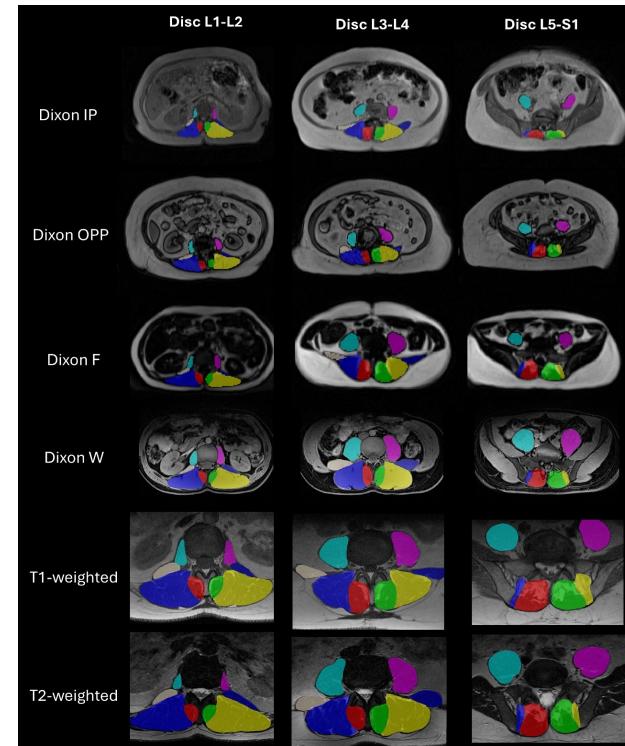
Generalist Segmentation Models

3:45 Towards Foundation Models in MRI

0624: TotalSpineSeg

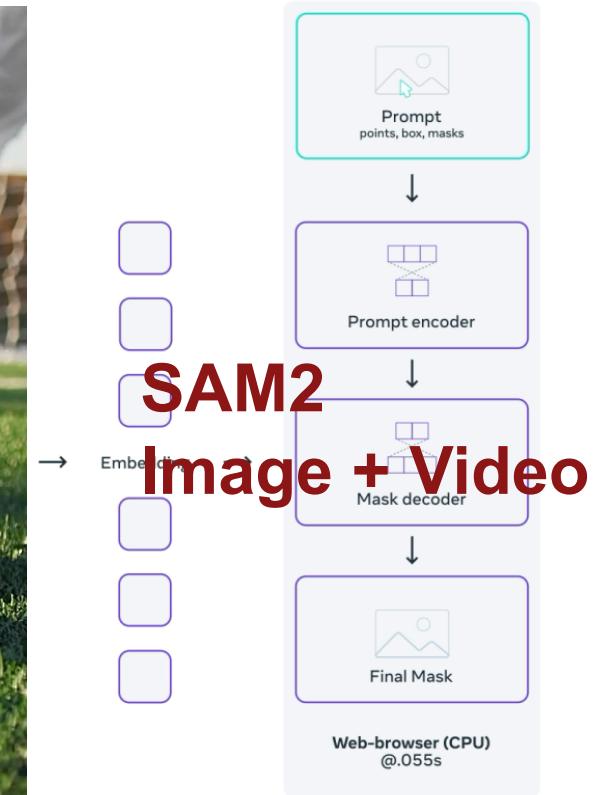


0622: SegmentAnyMuscle



Foundation Models & Prompting

Segment Anything Model (SAM)



Ogier et al. *Frontier in Neurology* 2021; Hu, M. et al. *JMRI* 2024; Kirillov et al. *arXiv* 2023; Ravi et al. *arXiv* 2024



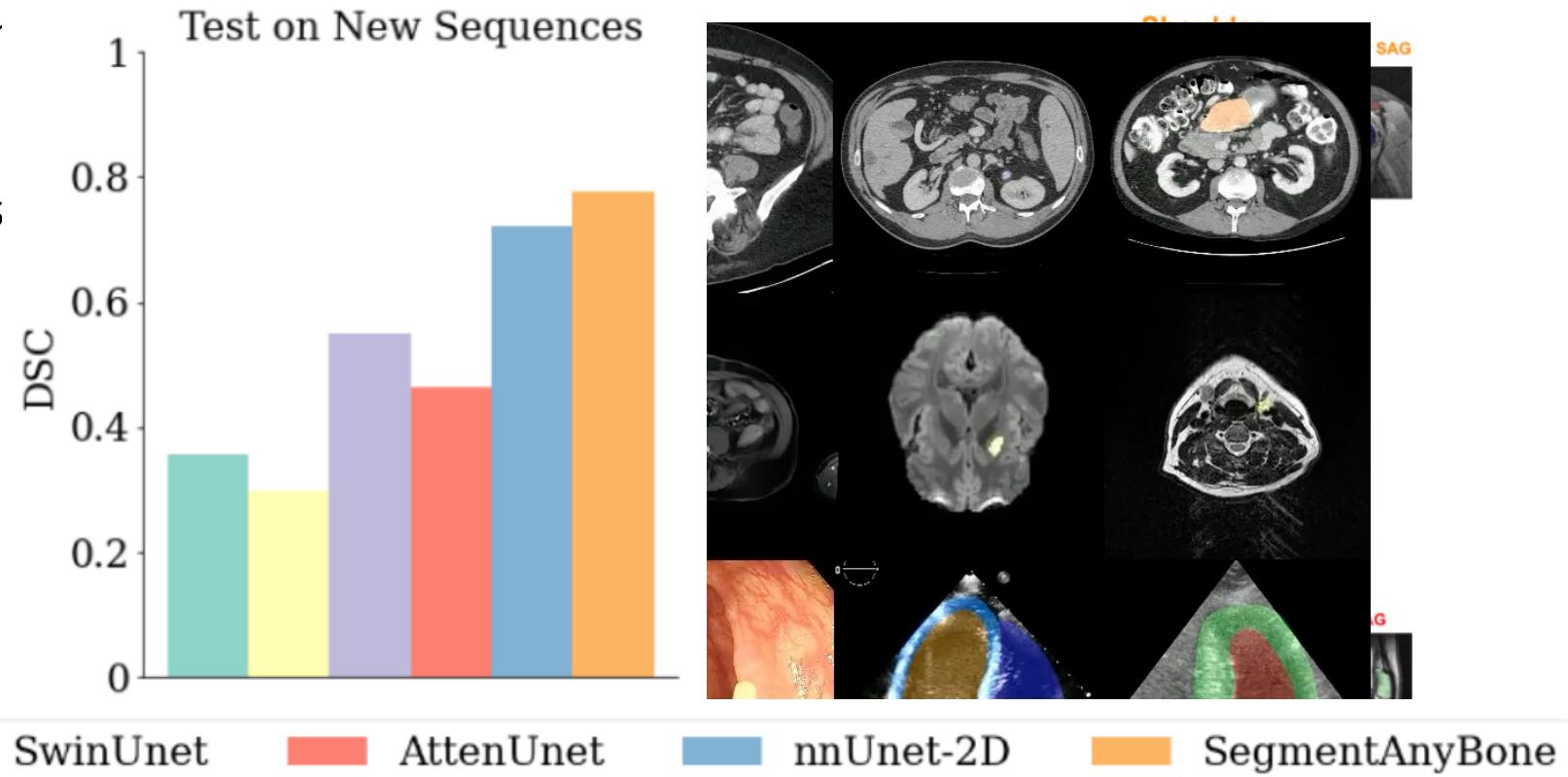
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Medical Specific - Foundation Models

Segment Anything Model (SAM)

- 3D medical image and video segm
- 455,000+ 3D image-mask pairs
- 76,000+ annotated video frames

- SegmentAnyBone
- mskSAM



Ma et al. arXiv, 2025; Hoyer et al. arXiv, 2025; Gu et al. Med Image Anal, 2025

Foot

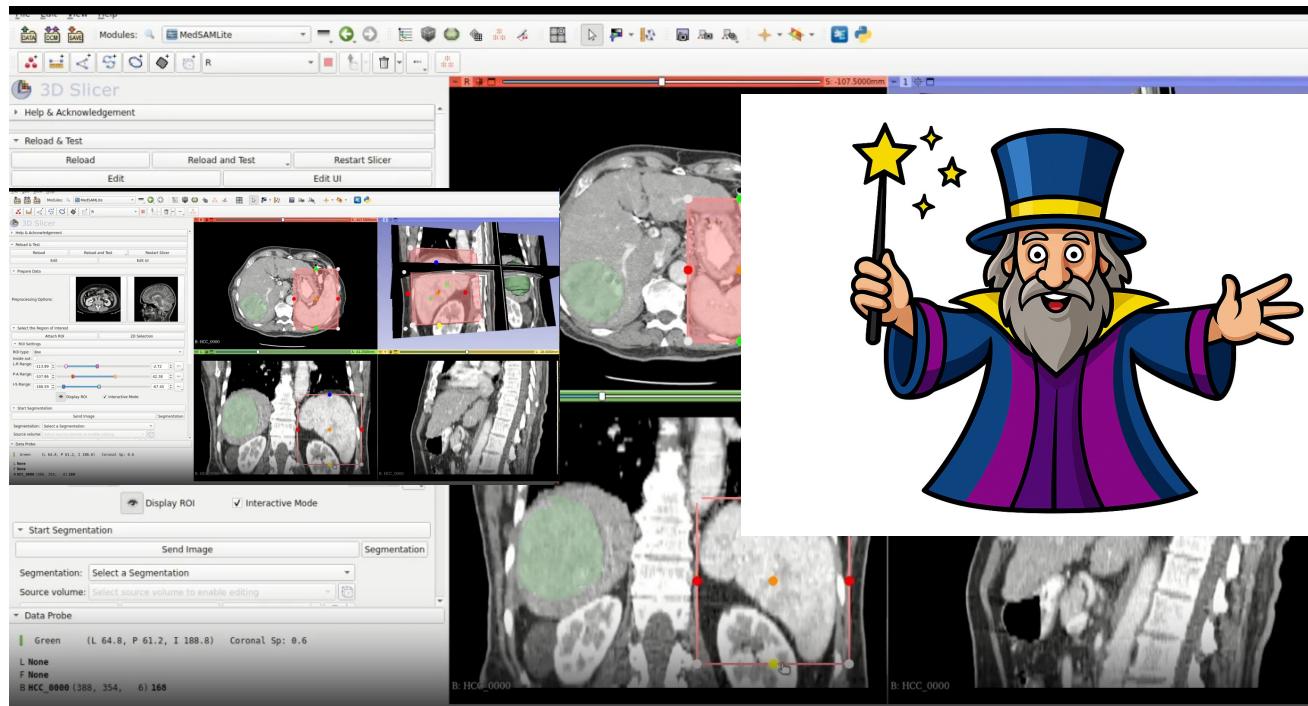


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Training Recommendations

Labeling New Data

SAM-based models

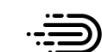


Training local model

nnUNet

State of the art!!

... test the other methods first!

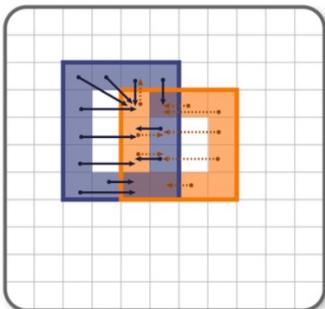


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Evaluation Recommendations

Big Objects

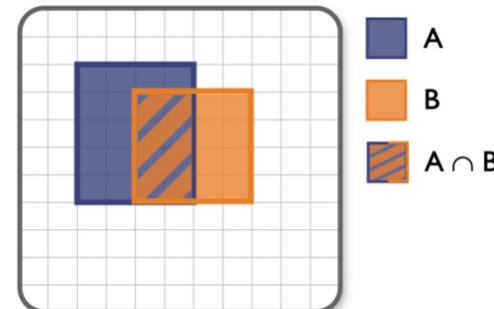
Surface-based errors



ASSD

Small Objects

Overlap measures

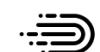


DSC

Always! Go-beyond Dice

Why do you want a segmentation?

Evaluate on your application!



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Future Outlook

- Still in research mode
- Need to show new clinical utilities
 - Models in the clinic were also segmented manually
 - Demonstrate clinical utility & who will / wants to pay