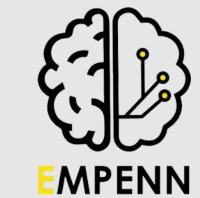
Evaluating SynthSeg's Pediatric Brain Segmentations: Longitudinal Volume Assessments, Preprocessing Effects, and Guidelines for Improved Accuracy

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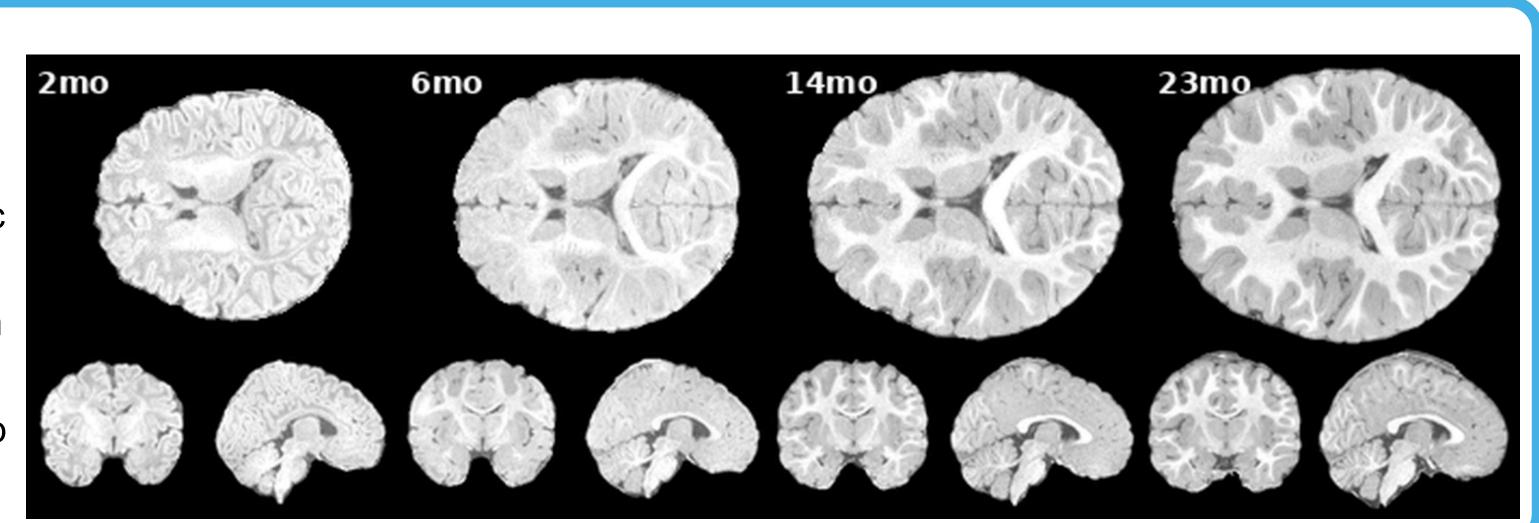






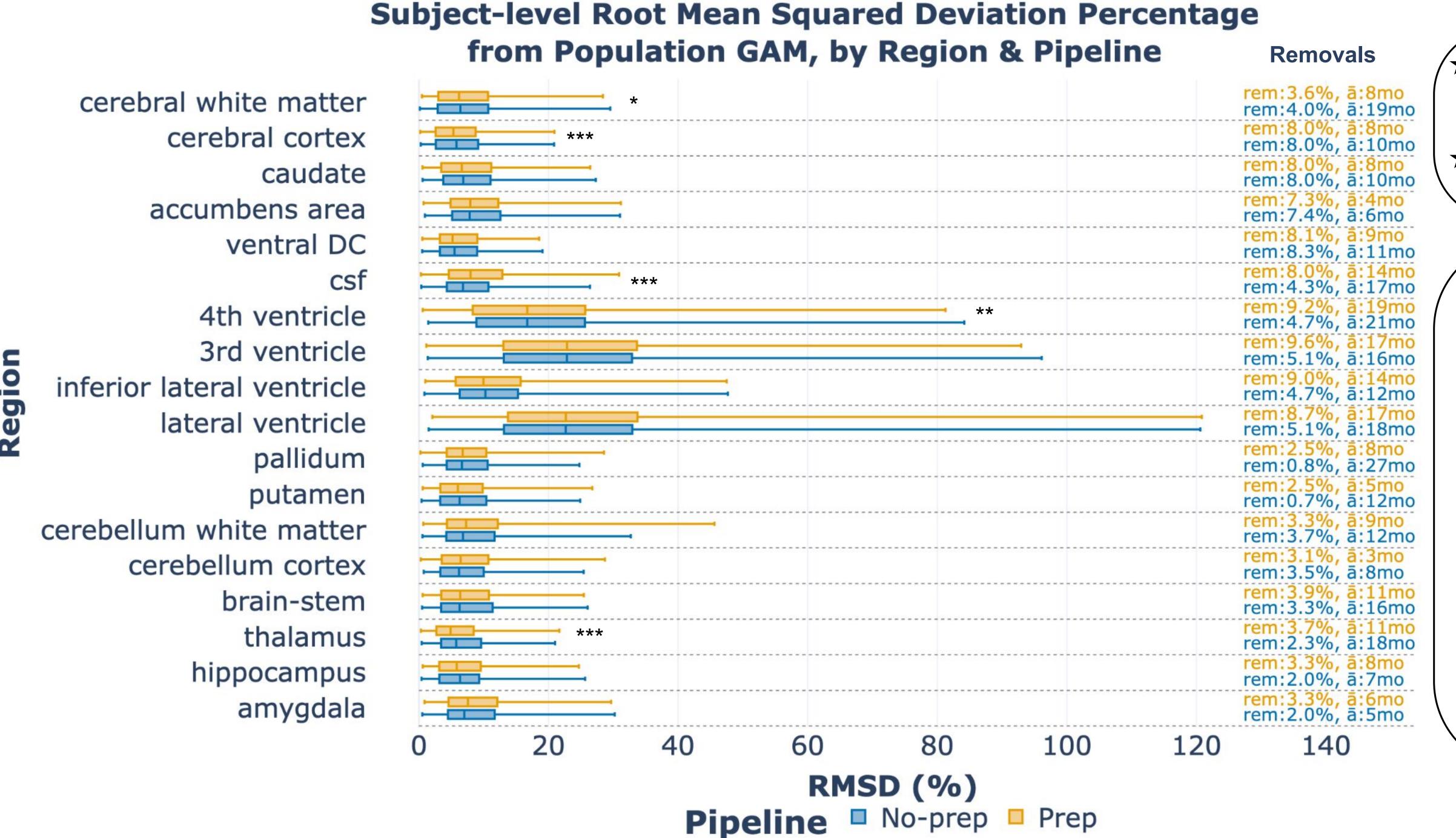
Introduction

- **★ Challenge:** Rapid neurodevelopment and frequent motion/contrast artifacts in early-childhood MRI complicate segmentation [1].
- ★ Gap: SynthSeg (FreeSurfer v7.3.2) [2], an automatic segmentation tool works well in adults, but pediatric segmentation best practices and how MRI pipelines affect longitudinal consistency are poorly defined.
- ★ Context: Gray matter volume rises steeply in infancy (≈1–2 %/month), while white matter myelination follows a more gradual curve, underscoring expected growth trajectories.
- ★ Aim: Benchmark 18 regions in two longitudinal cohorts; test no-preprocessing (No-prep) vs N4+skull-strip (Prep) pipelines + evaluate how individual trajectories align with established neurodevelopmental patterns.



Methods * Illustration for BCP, but both pipelines applied to each dataset **5. Longitudinal Measures of Deviation from the** 1. Datasets After Visual QC 2. Segmentation Pipelines 3. QC Segmentations & Outlier Removal **Population & Other Interactive Figures** 2.1. SynthSeg 3.3. Remove outliers for **Baby Connectome Project (BCP)** [3] 3.1. Remove timepoints Pipeline cerebral white matter which residuals are if QC Score < 65% → No-prep BCP, Age: 44 months further than 3* residual 3.2. Remove timepoints -- Prep standard deviation if volume == 0 **Outlier Removal** QC No-prep 4. GAM Fits of Volumes per Region Versus Age 2.1 SynthStrip 2.2. N4 Correction Timepoints: 903, Subjects: 363 500k Avg timepoints/subject: 2.49 Avg age (months): 17.16 **Calgary Preschool Dataset (CP)** [4] 2.3. SynthSeg 350k CP, Age: 41.5 months 300k * RMSD % is a single-number summary of how much an 250k individual's measured volumes deviate, on average, 200k from the values the GAM predicts for their age. For 150k each subject: 1. Residual = Observed - Predicted volume Timepoints: 276, Subjects: 96 cerebral white matter pts (No-prep) cerebral white matter pts (Prep) Avg timepoints per subject: 2.88 2. % Residual = 100 × Residual / Predicted — cerebral white matter GAM (No-prep) — cerebral white matter GAM (Prep) Avg age (months): 53.44 3. RMSD % = $\sqrt{\text{mean}((\% \text{ Residual})^2)}$

Results & Discussion



- ★ Low RMSD % <=> individual trajectory closely follows population-average neurodevelopmental curve;
- ★ High RMSD % <=> greater departures from the expected developmental pattern.

Across 18 regions, the **Prep** pipeline showed lower mean RMSD% in 11 regions, indicating modestly better alignment to the population model.

Largest improvements (Prep vs No-prep):

- ✓ Inf. lat. ventricle: 7.96 % vs 11.74 % ✓ Thalamus: 6.14 % vs 6.85 %
- ✓ Putamen: 7.18 % vs 7.41 %
- ✓ Caudate: 7.94 % vs 8.10 %

Regions favoring No-prep (higher RMSD% with Prep):

- ✓ Lateral ventricle: 27.29 % vs 26.32 %
- Cerebellum white matter: 9.10 % vs 8.65 %
- ✓ CSF: 9.26 % vs 8.17 %

Statistical significance

Only 5 regions showed significant Prep vs No-prep differences (Wilcoxon or t-test, p<0.05):

✓ 4th ventricle, cerebral cortex, cerebral white matter, CSF, thalamus

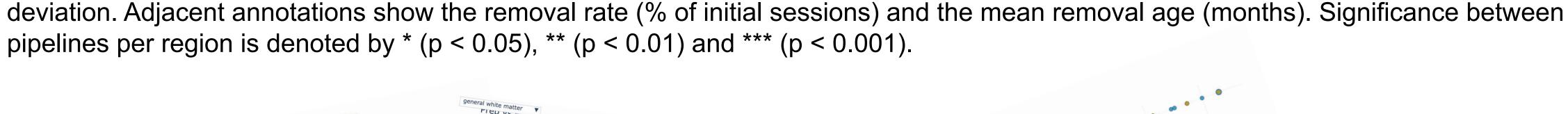
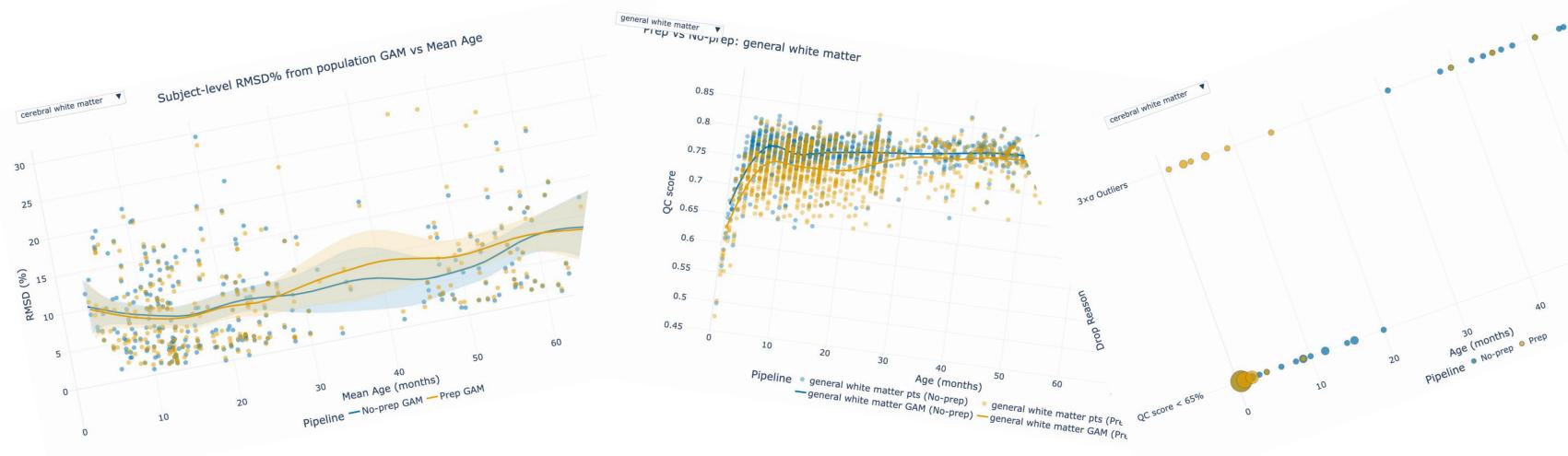


Fig 1. Regional RMSD (%) from the population GAM, compared between No-prep and Prep pipelines. Boxplots show the distribution of %



To explore more interactive figures on the QC removal process, longitudinal trajectories, GAM fits on volumes per age for all 18 regions, scan this QR code →



Conclusion

- ★ Prep improved alignment (lower mean RMSD %) in 11/18 regions, but performance gains were modest (≤ 1 % difference in most).
- ★ QC-based removals occurred primarily in very young infants (≈ 1 mo), with more Prep removals in 5/8 broad anatomical groups, especially for general CSF, suggesting SynthStrip's contrast changes hurt its performance in neonates.
- * GAM models of RMSD % versus age show a clear downward trend: residual deviations shrink with increasing age, indicating more stable segmentation in older subjects.
- * Next steps: Benchmark SynthSeg against pediatric-focused tools (e.g., iBEAT), include sex as a covariate in developmental models, and develop additional preprocessing or QC strategies tailored for subjects < 10 months, where current methods underperform.

