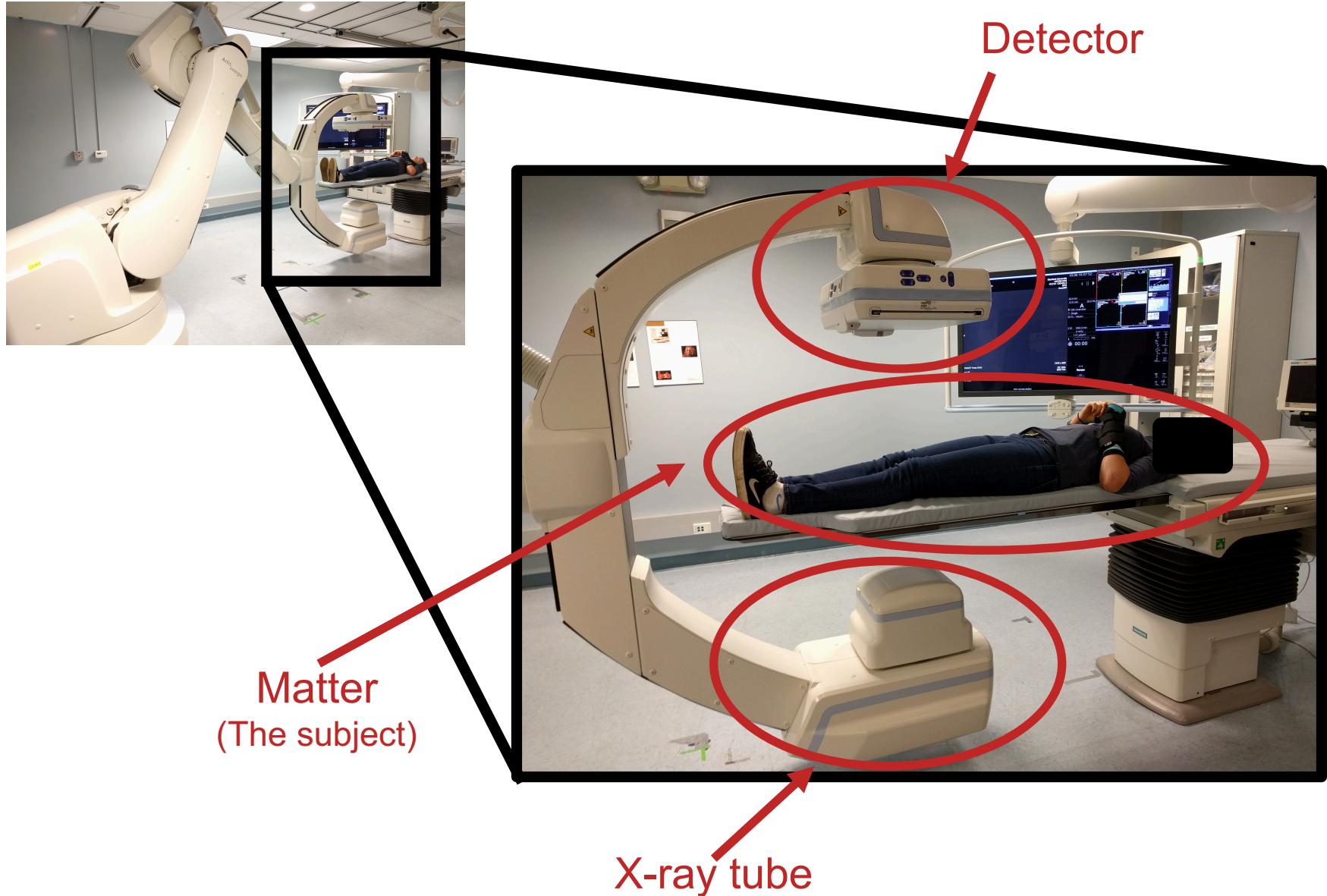


# Bone Imaging

Serena Bonaretti, PhD

[serena.bonaretti@stanford.edu](mailto:serena.bonaretti@stanford.edu)

# The imaging system: X-ray Tube, Subject and Detector



# X-ray discovery

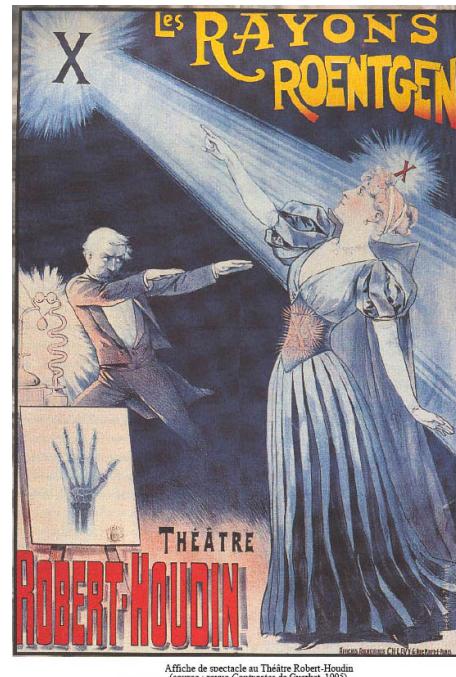
- 1895: Wilhelm Conrad Röntgen discovers X-rays



# Early usage of X-rays

- Beyond being used for medical applications, X-rays triggered unprecedented euphoria

MAGIC THEATER



<http://adammunich.com/a-brief-history-of-the-x-ray/>

COIN OPERATED X-RAY MACHINES



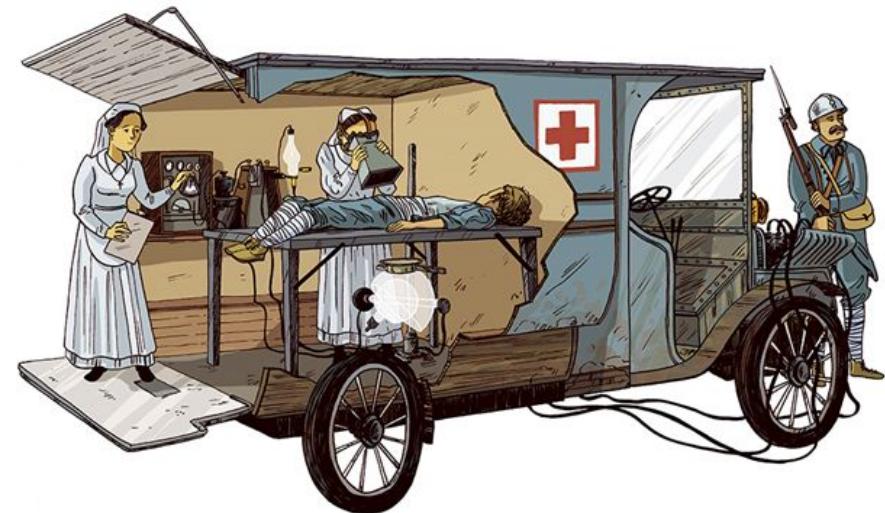
[http://www.underthepier.com/17\\_novelty\\_machines.htm](http://www.underthepier.com/17_novelty_machines.htm)

# Early usage of X-rays

- 1914-1918 (World War I): Marie Curie created mobile X-ray vehicles to assist battlefield surgeons



[https://en.wikipedia.org/wiki/Marie\\_Curie#World\\_War\\_I](https://en.wikipedia.org/wiki/Marie_Curie#World_War_I)



<http://www.carestream.com/blog/2014/11/13/radiology-first-world-war/>

# X-ray Safety



# Multi-Scale Approach to Bone Study

BODY  
LEVEL



[m - cm]

ORGAN  
LEVEL

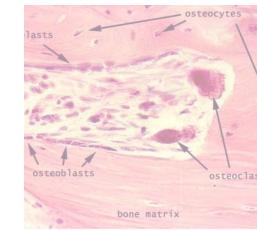


[cm - mm]

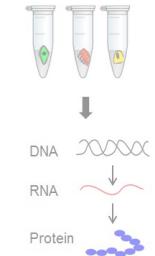
TISSUE  
LEVEL



CELLULAR  
LEVEL



MOLECULAR  
LEVEL



Biology

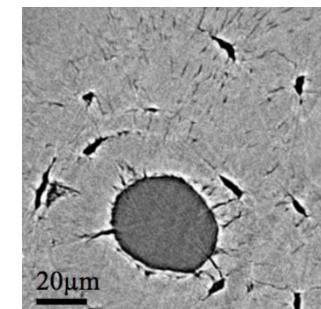
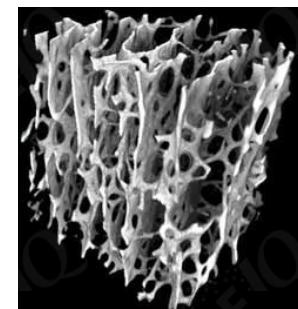
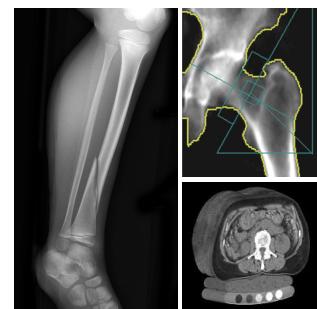
Biomechanics

Rigid Object  
Models

Deformable Continuum  
Models

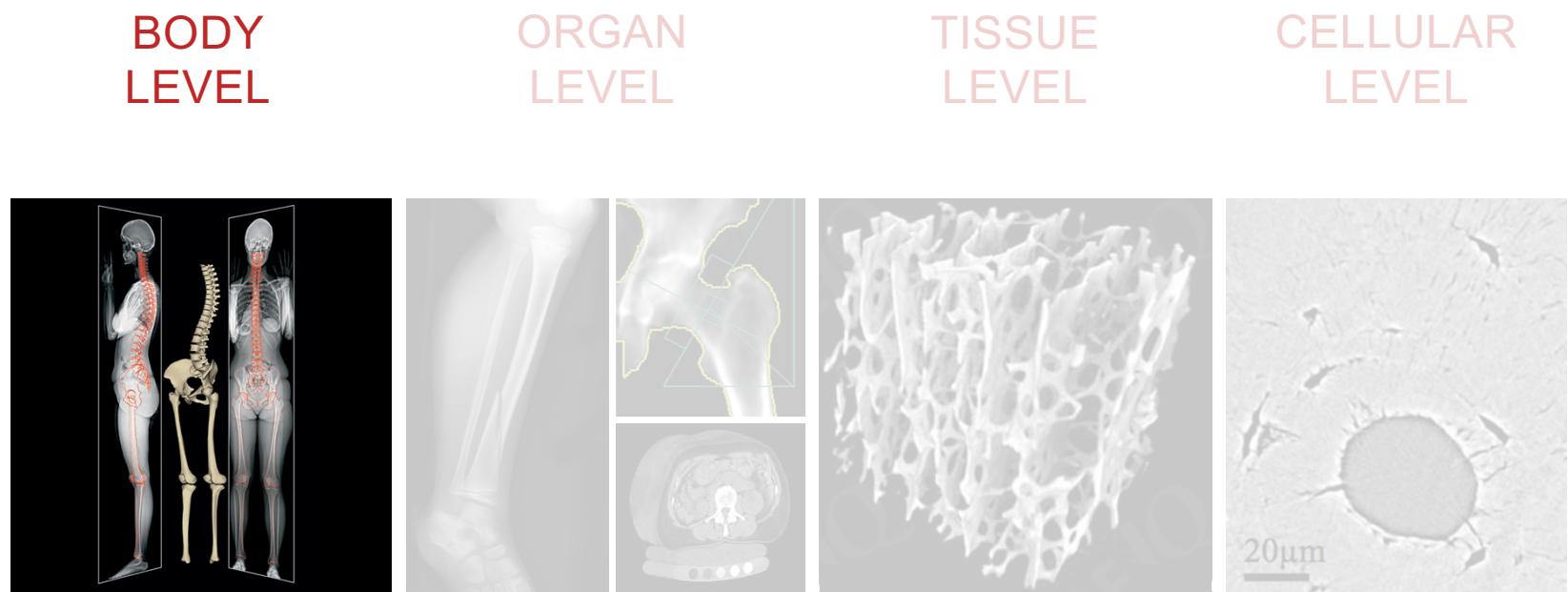
Statistical  
Models

Imaging

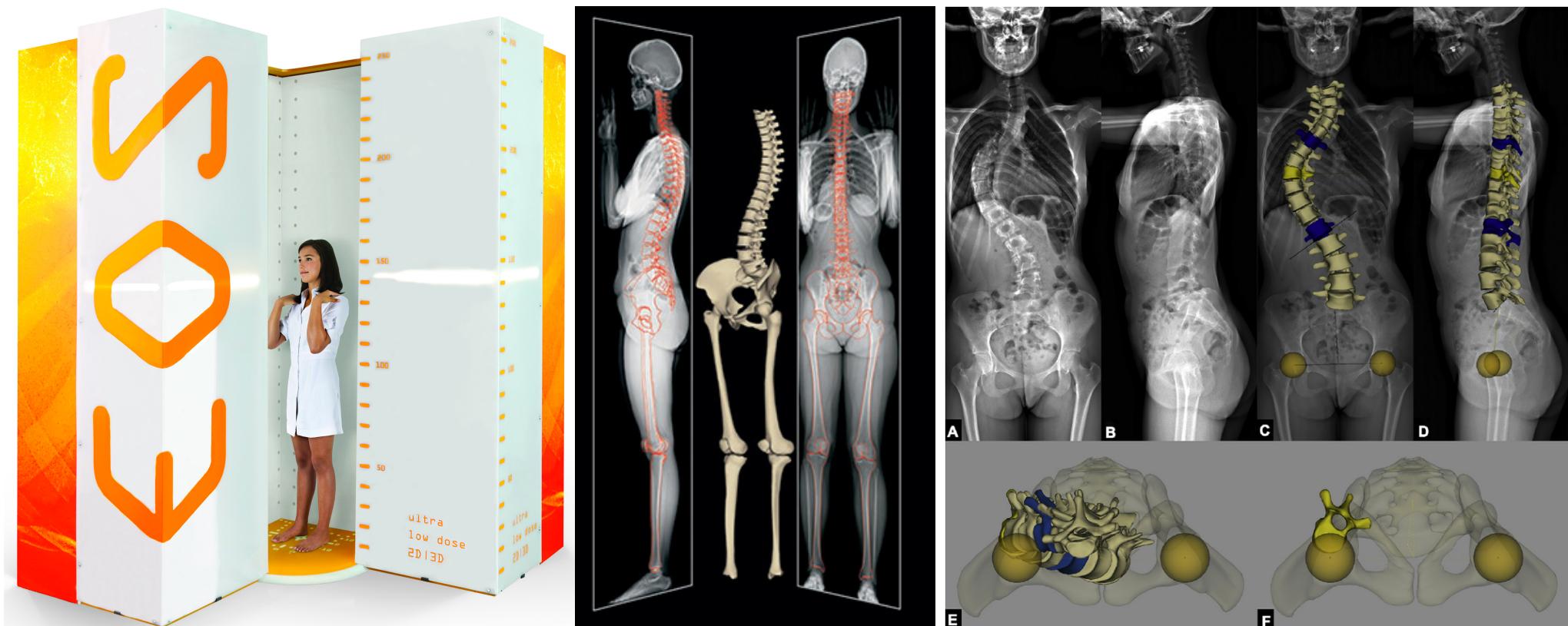


# The Body Level

Imaging



# Whole-Body Imaging



# The Organ Level

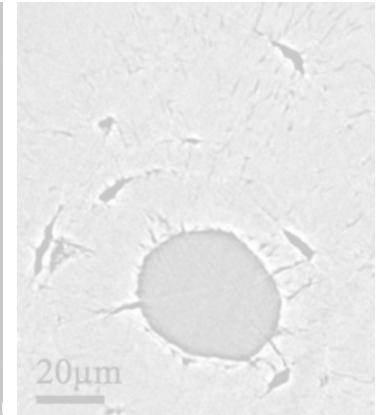
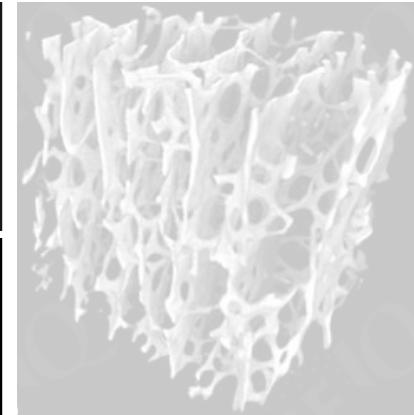
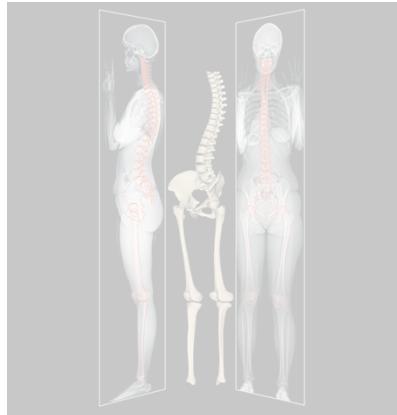
Imaging

BODY  
LEVEL

ORGAN  
LEVEL

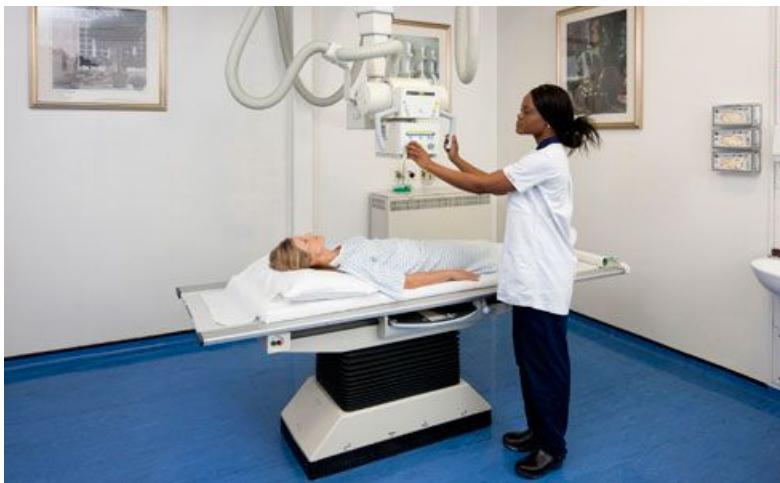
TISSUE  
LEVEL

CELLULAR  
LEVEL



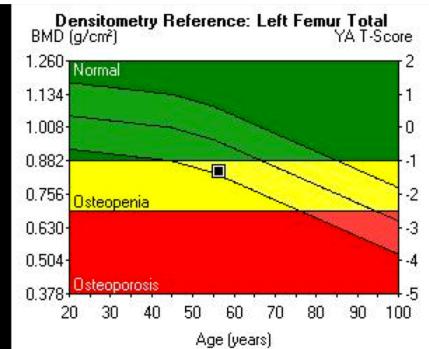
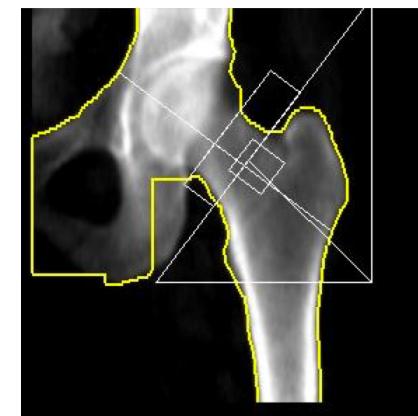
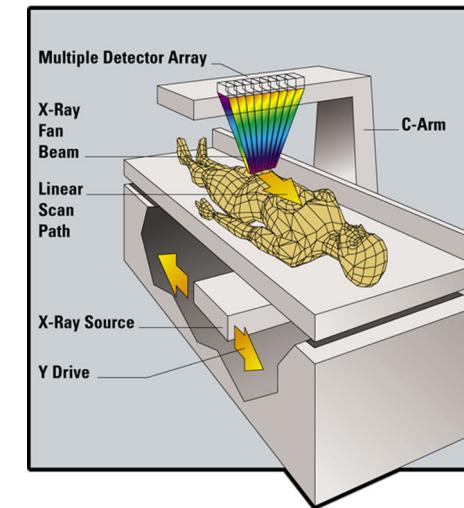
# Radiography

- Oldest medical application of X-rays
- Used mainly to diagnose fractures and to assess surgical outcome



# DXA: Dual Energy X-ray Absorptiometry

- Introduced to clinical routine in 1987
- Standard technique to define osteoporosis
- It measures areal bone mineral density (aBMD) in vivo
- Low radiation dose
- Indicated for women > 65yo
- Recommended for men > 70yo



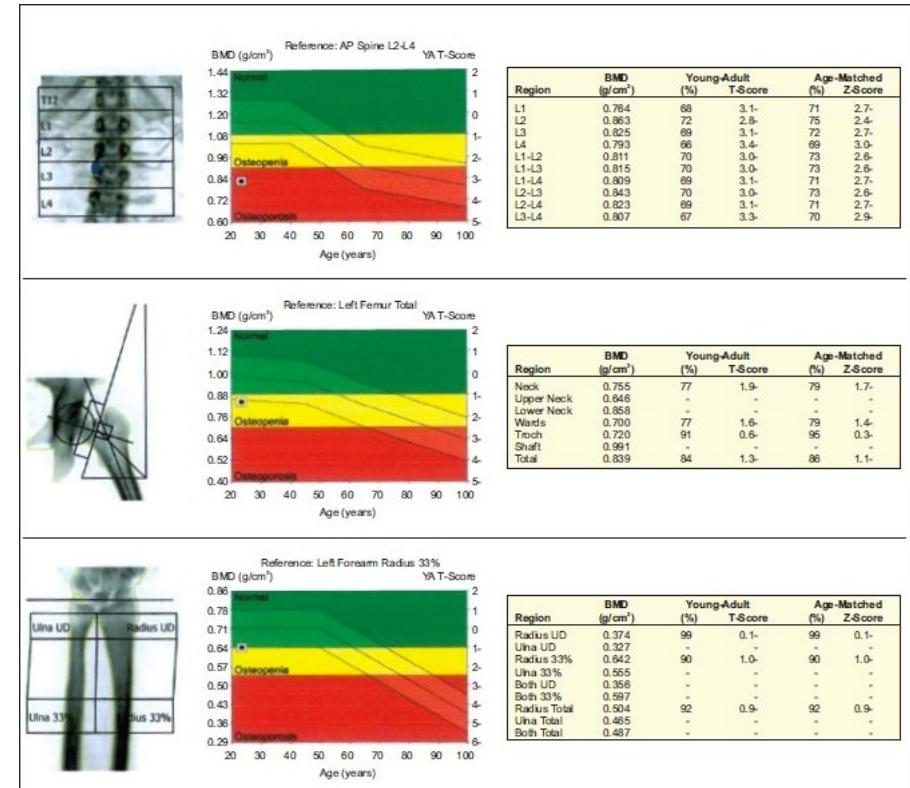
# DXA: The Clinical Exam



<https://www.youtube.com/watch?v=2h4EB-ZPNv8&spfreload=10>

# DXA: Measurements

- Measurement sites:
  - Spine: L1-L4
  - Hip: Total proximal femur, femoral neck, trochanter
  - Forearm: 1/3 radius
  - Whole body
- Acquisition time:
  - Spine, hip, forearm: ~1min
  - Whole body: 3-6min
- Radiation dose:
  - 10-15  $\mu$ Sv
    - Chest X-ray: 0.1 mSv
    - Cross country flight: ~0.05 mSv
    - Annual background radiation: ~3.6 mSv

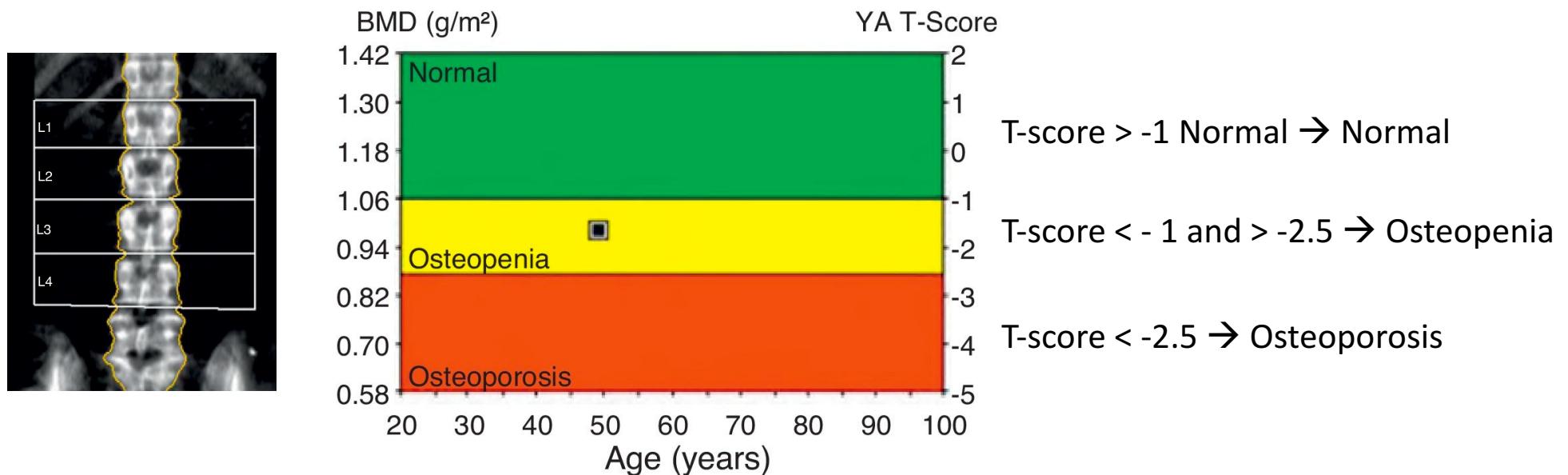


## DXA: T-score

- The T-score is used to classify and define aBMD measurements
- The T-score is the standard deviation of the aBMD of an individual patient compared with a young, healthy reference population, matched for sex and ethnicity

$$\text{T-score} = \frac{\text{Subject's BMD} - \text{Young-Adult Mean BMD}}{\text{1SD of Young-Adult Mean BMD}}$$

Ex. T-score =  $\frac{0.7\text{g}/\text{cm}^2 - 1.0\text{g}/\text{cm}^2}{0.1\text{g}/\text{cm}^2} = -3.0\text{g}/\text{cm}^2$



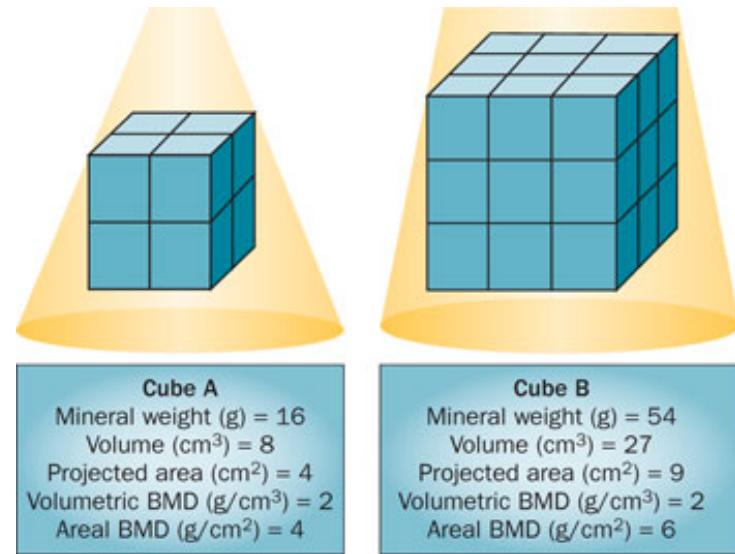
- The Z-score: comparison with age-matched population

# DXA: Limitations

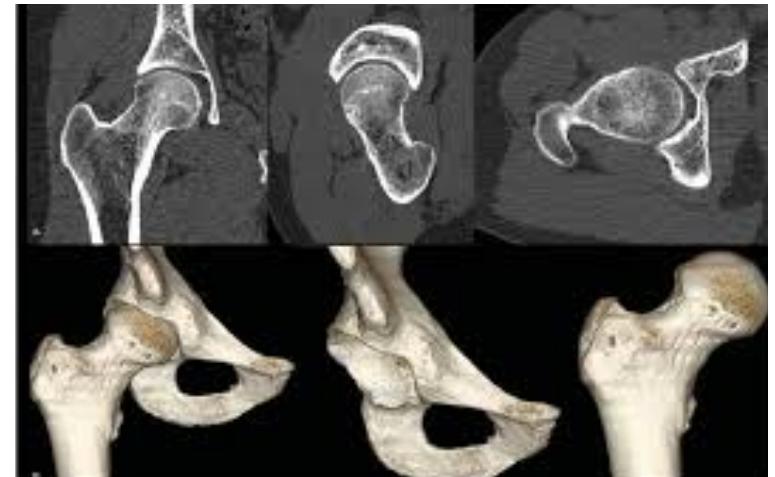
- DXA is 2D and measures *areal* BMD

- Susceptibility to body size:  
overestimation of fracture risk for  
small individuals

- DXA cannot separate cortical and  
trabecular bone

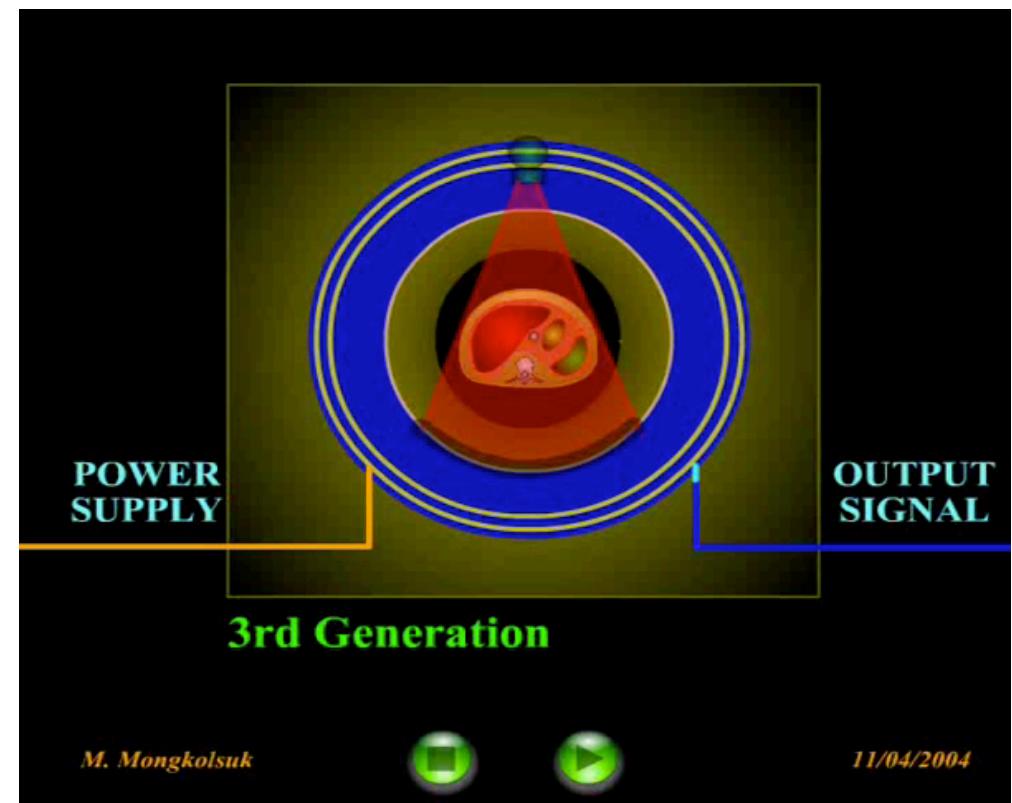
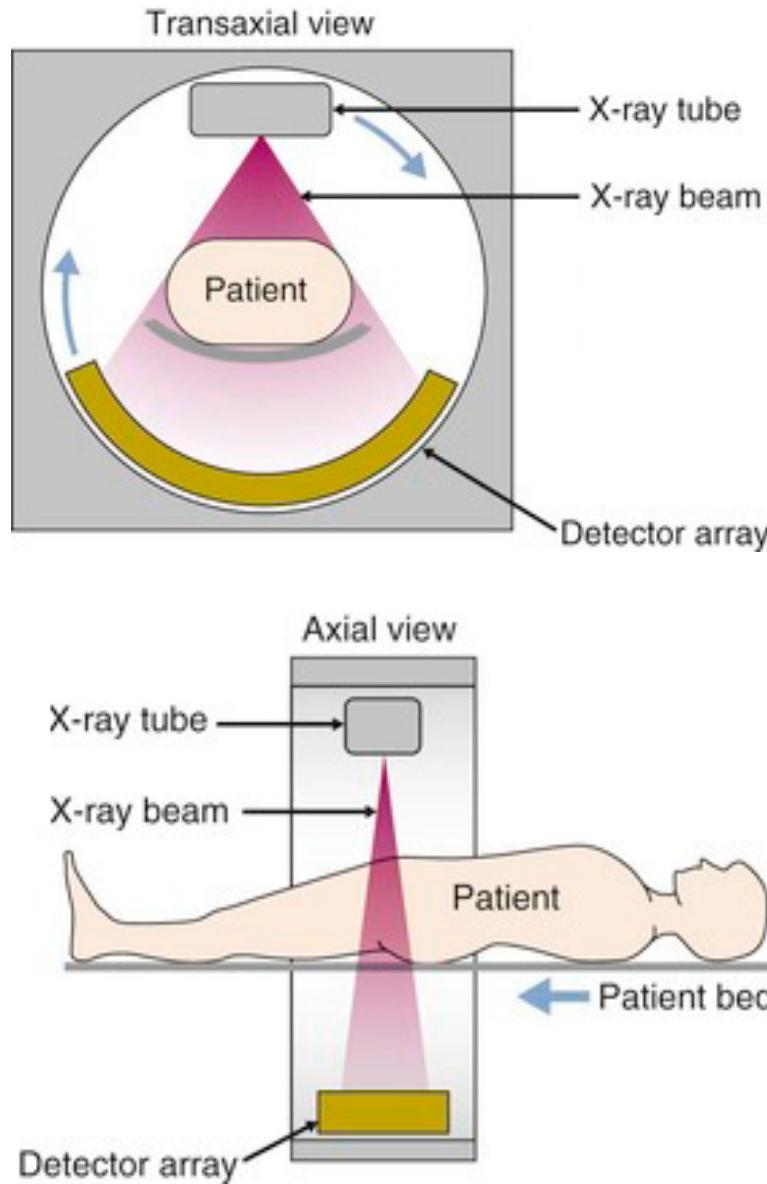


# CT: Computed Tomography



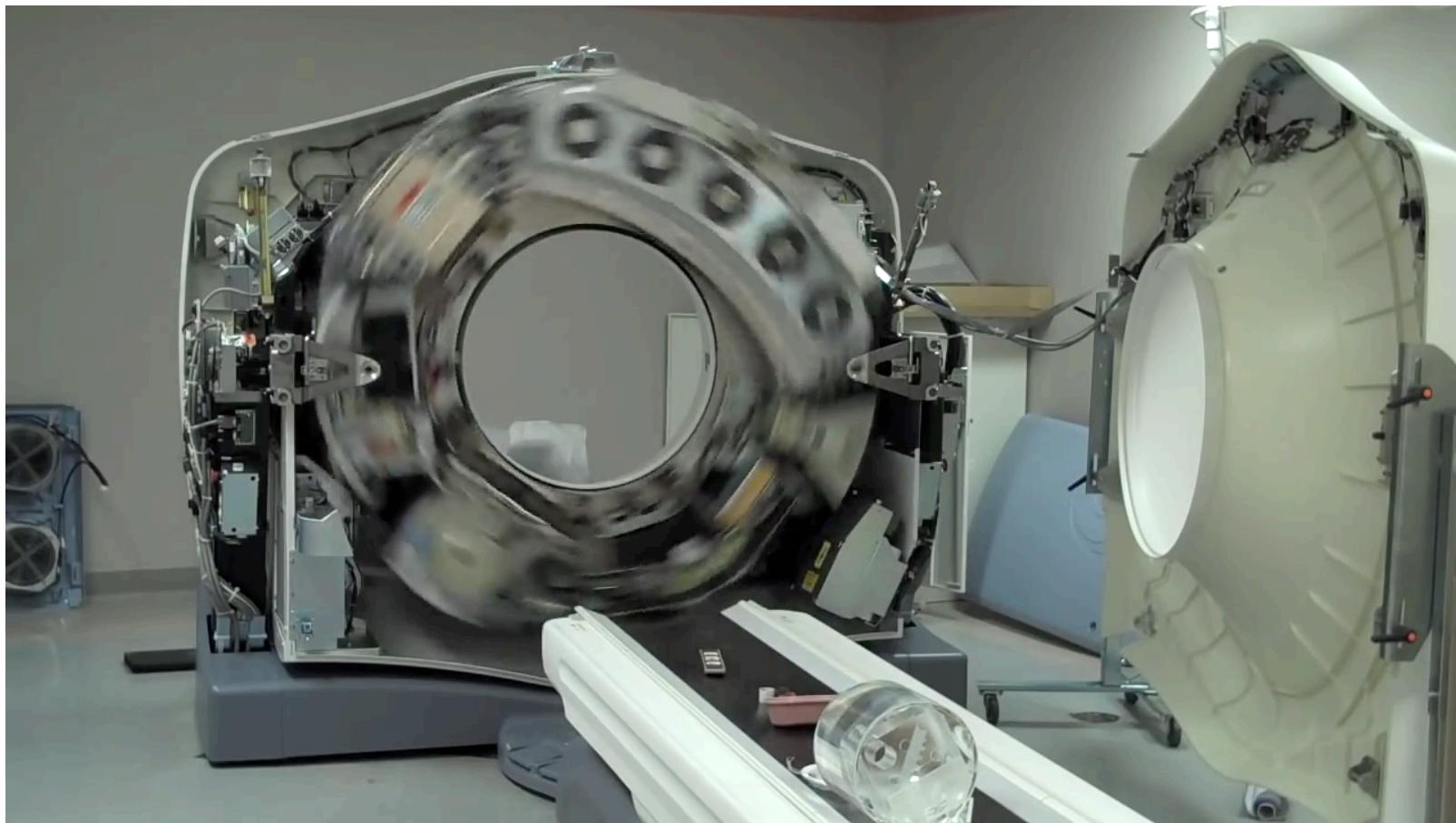
- 3D acquisitions
- Pixel → Voxel

# CT: Acquisition



<https://www.youtube.com/watch?v=bdf0kXn5Eeg&index=3&list=PL1RWXS1RBx2rtghGz7e7TF5UwkVdzMhcf>

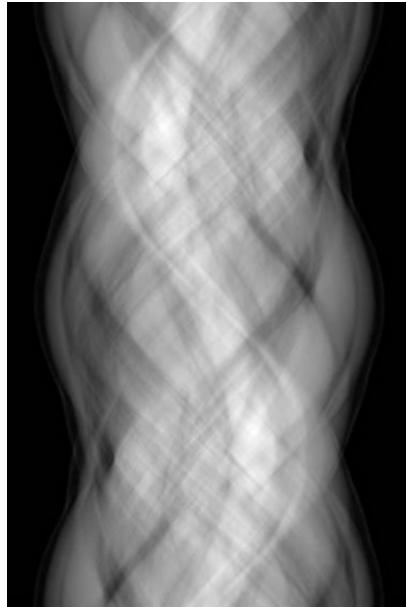
# CT: Acquisition



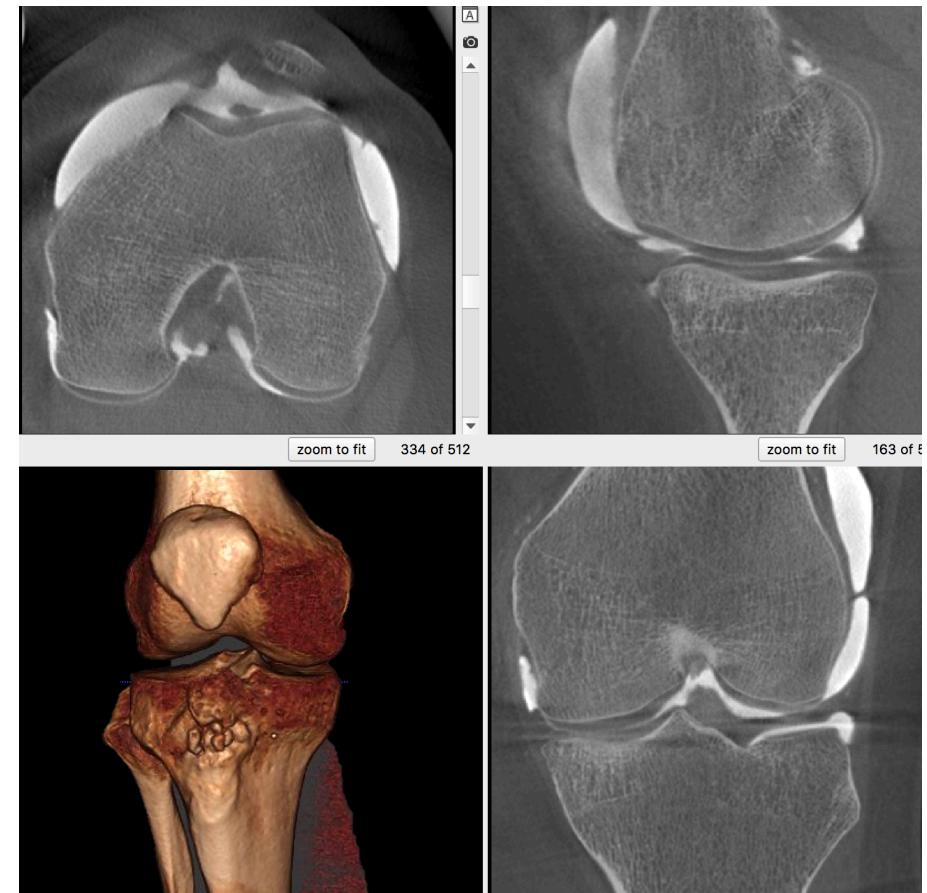
<https://www.youtube.com/watch?v=bg0iNhw2ARw>



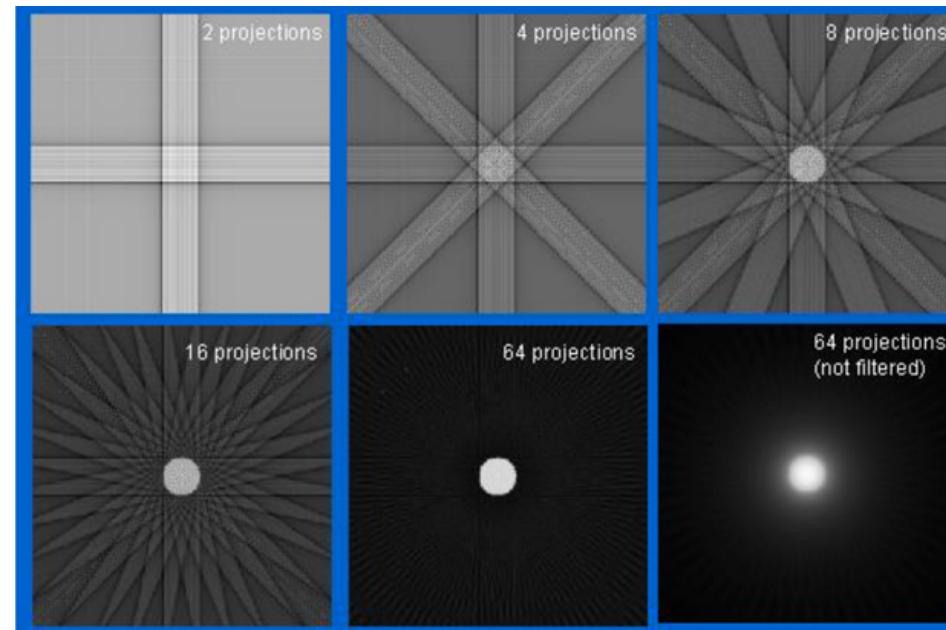
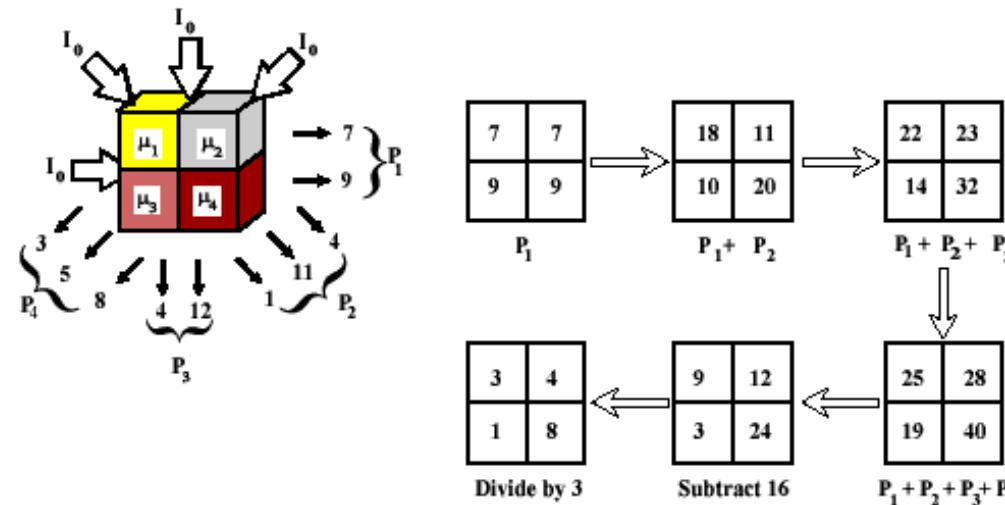
# CT: Image Creation



Filtered Back-Projection

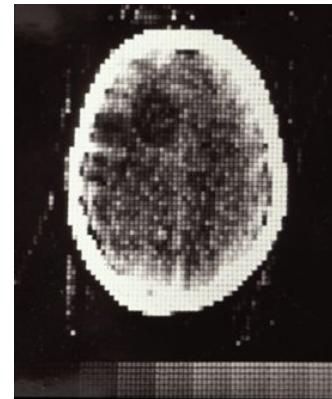


# CT: Filtered Back-Projection

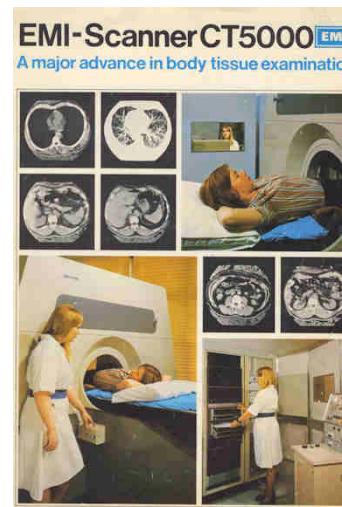
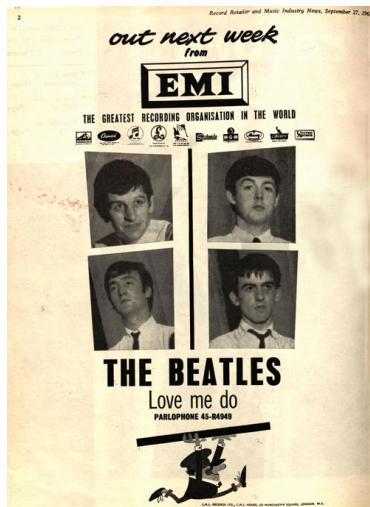


# CT: Invention

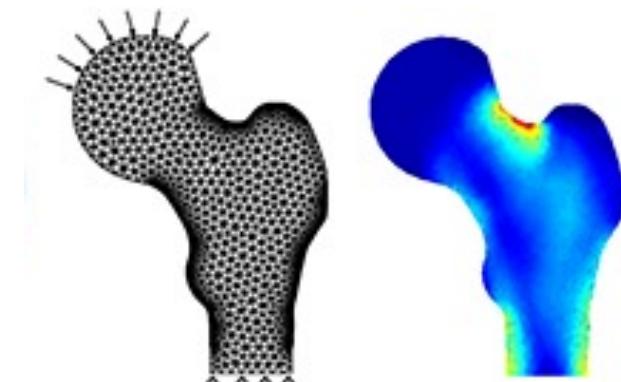
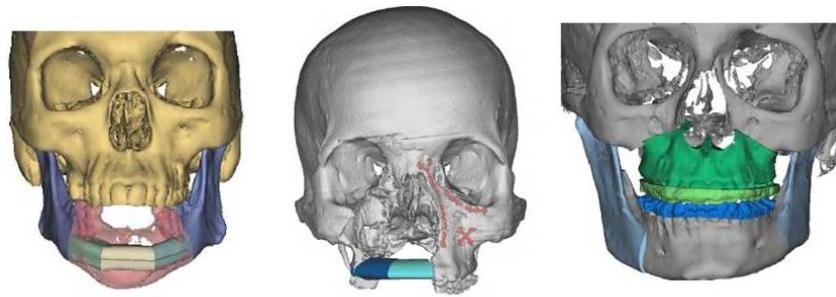
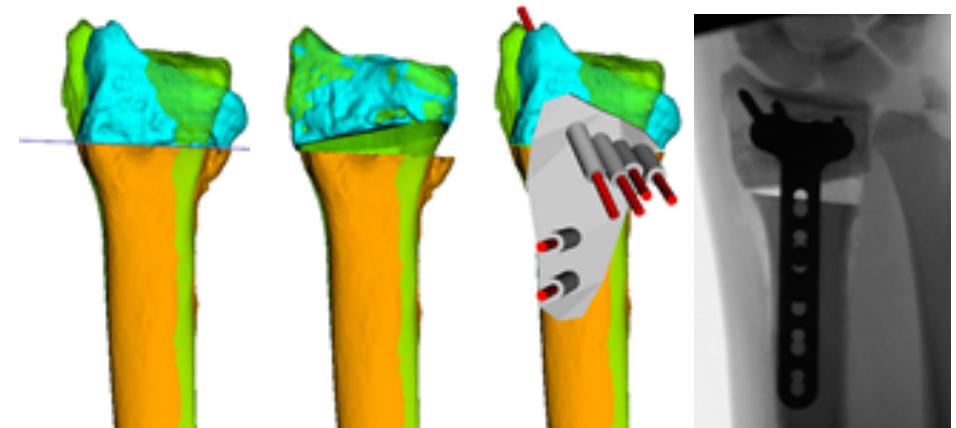
- 1979: Godfrey Newbold Hounsfield invented Computed Tomography



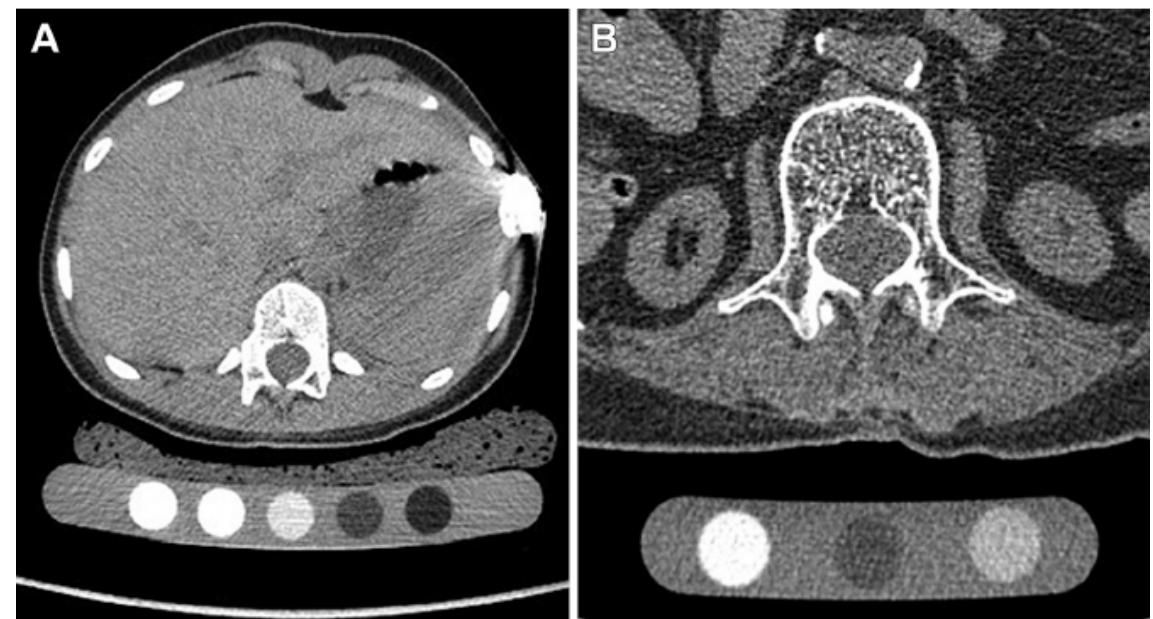
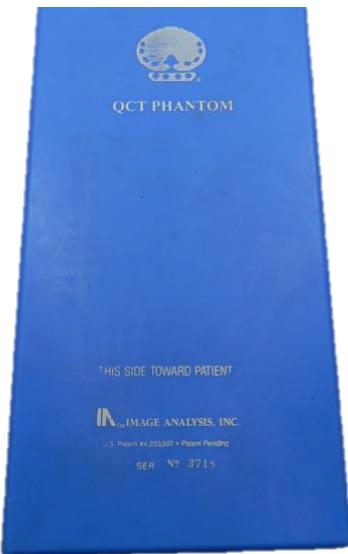
- CT scanner was “the greatest legacy” of the Beatles: the massive profits from their record sales enabled EMI to fund scientific research



## CT: Use in Bone



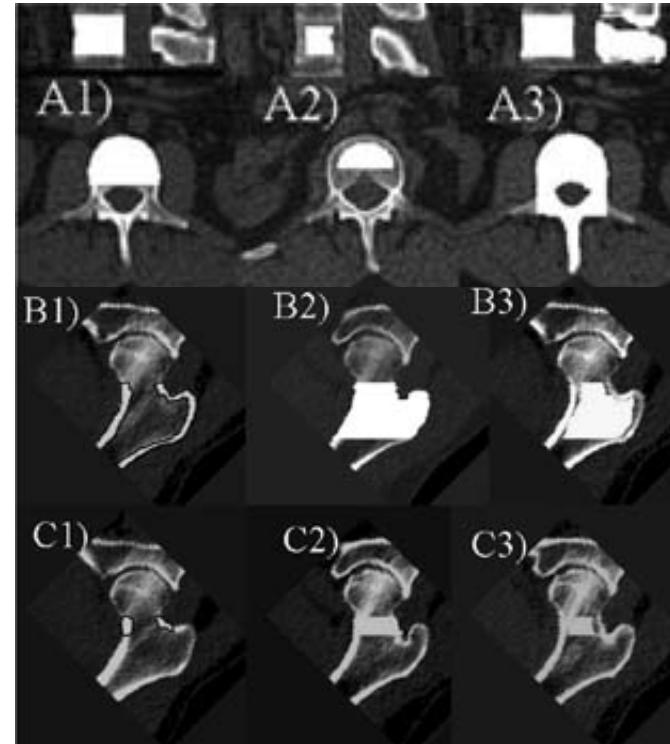
# QCT: Quantitative Computed Tomography



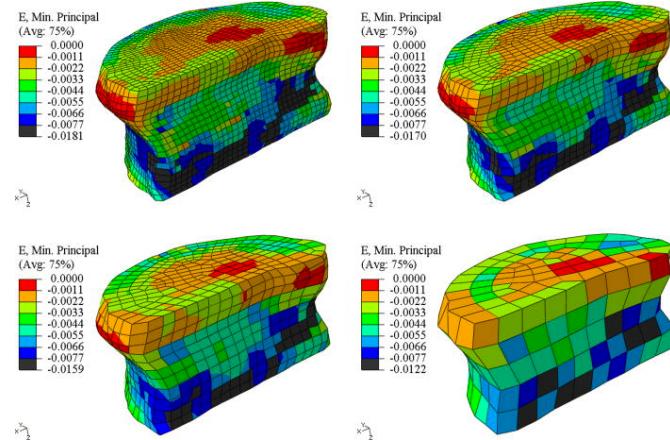
Hounsfield Units → Maps of Bone Mineral Density (BMD)

# QCT: Pros and Cons

- QCT provides *volumetric* BMD of spine and femur
- QCT provides separate measurements of cortical and trabecular bone
- QCT provides geometry and Young's modulus for mechanical simulations (FEM)

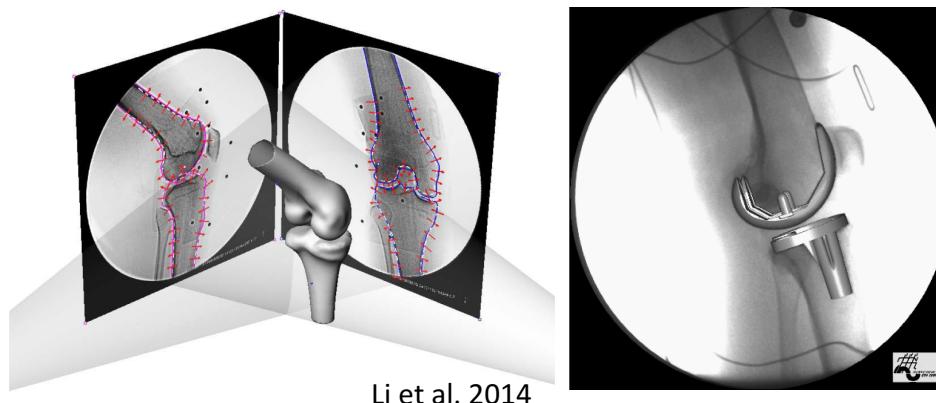
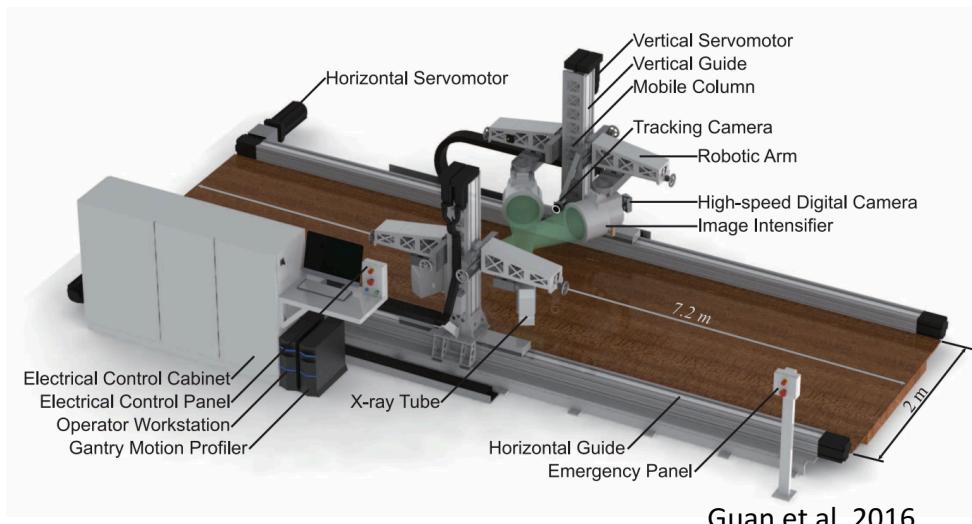


- Higher radiation dose
- Scanner cross-calibration is an issue



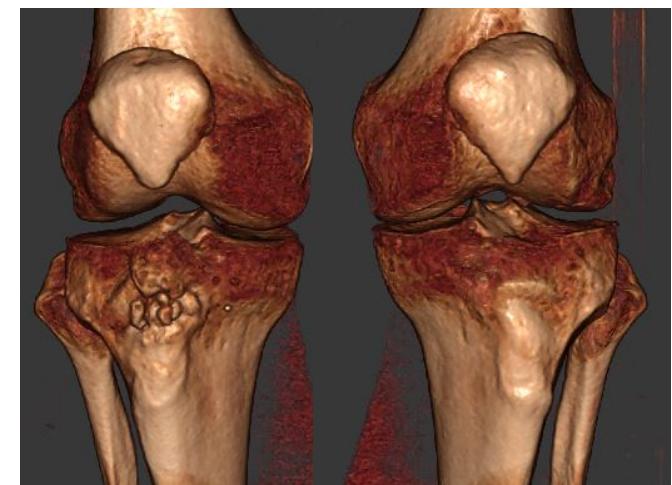
# Fluoroscopy

- Single plane and bi-plane fluoroscopy
- Used to study joint kinematics



<https://www.youtube.com/watch?v=nwnOSuFL0ps>

# Weight-bearing Imaging



# The Tissue Level

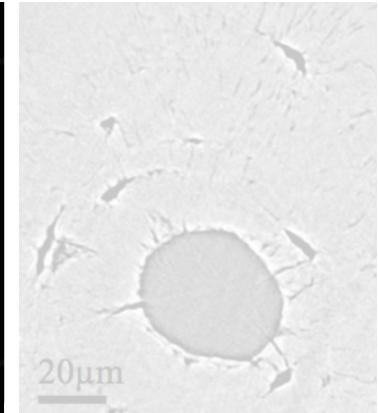
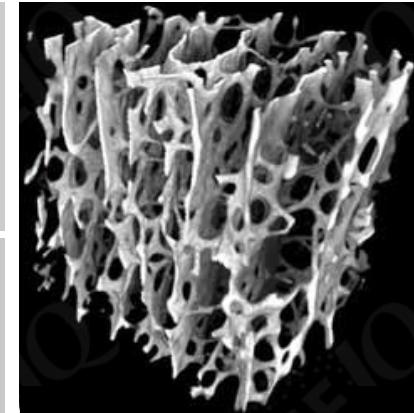
Imaging

BODY  
LEVEL

ORGAN  
LEVEL

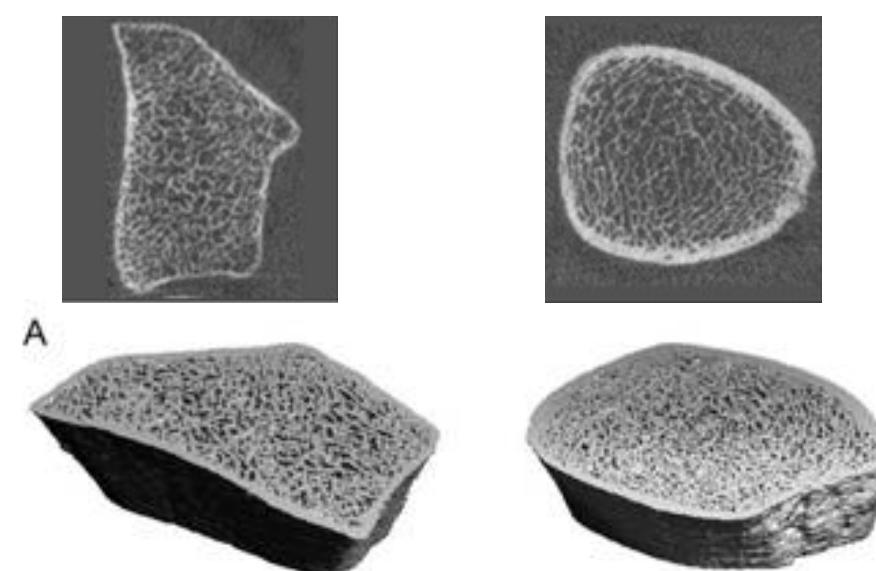
TISSUE  
LEVEL

CELLULAR  
LEVEL

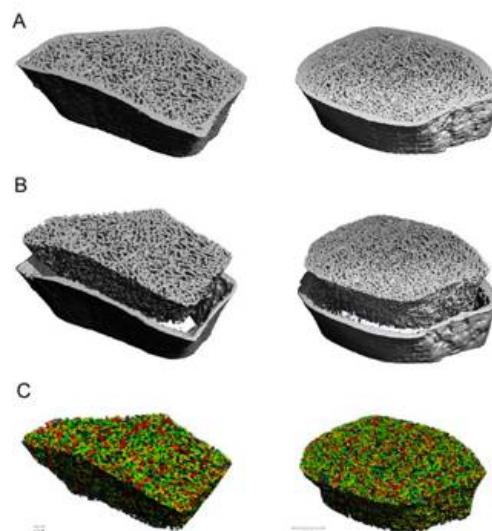
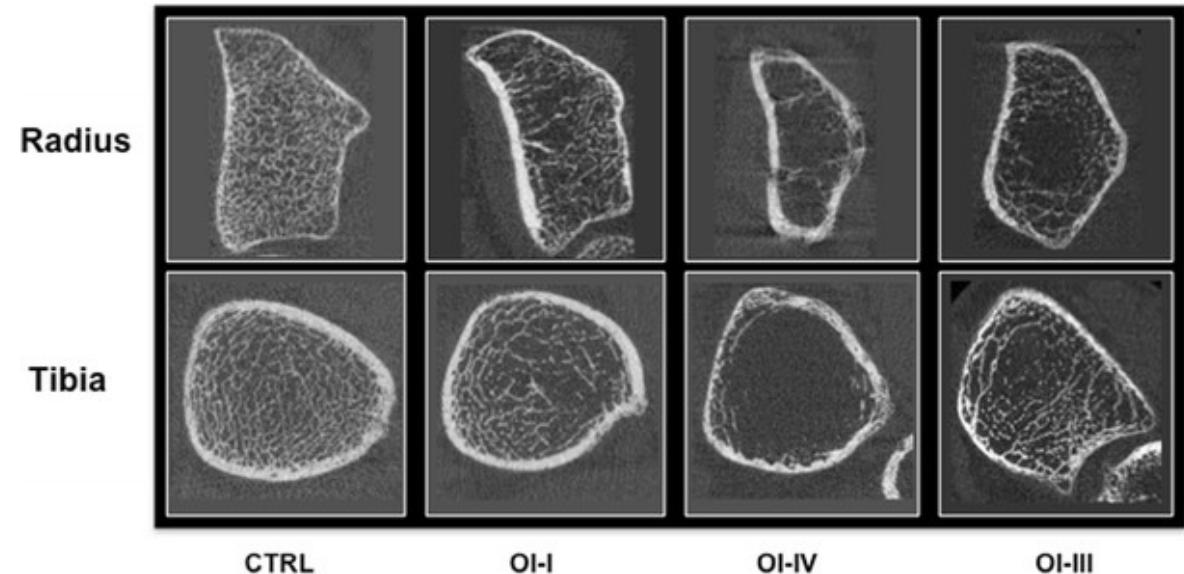


# HR-pQCT: High-Resolution peripheral Quantitative Computed Tomography

- Introduced in the 1990s
- Imaging of peripheral radius and tibia
- Low radiation dose

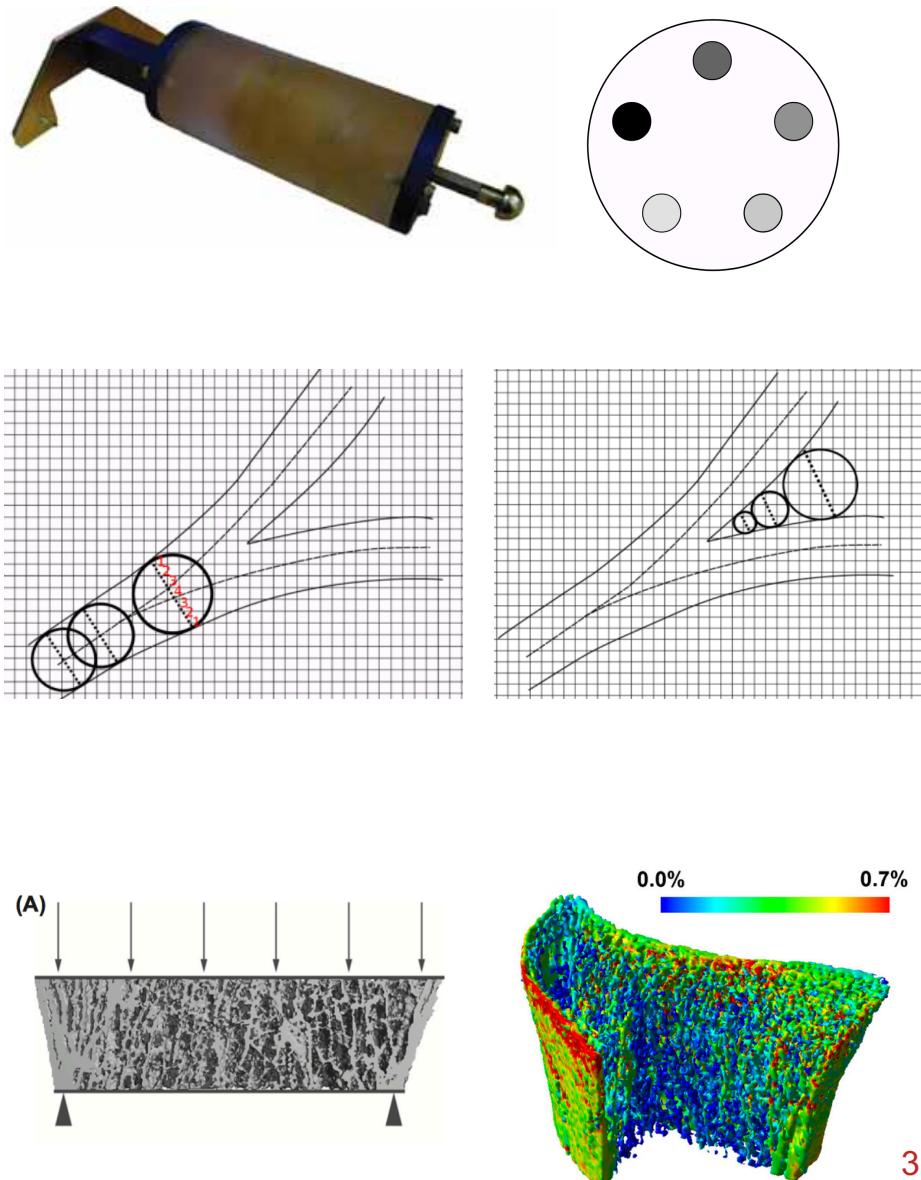


# HR-pQCT: Acquisition and Images



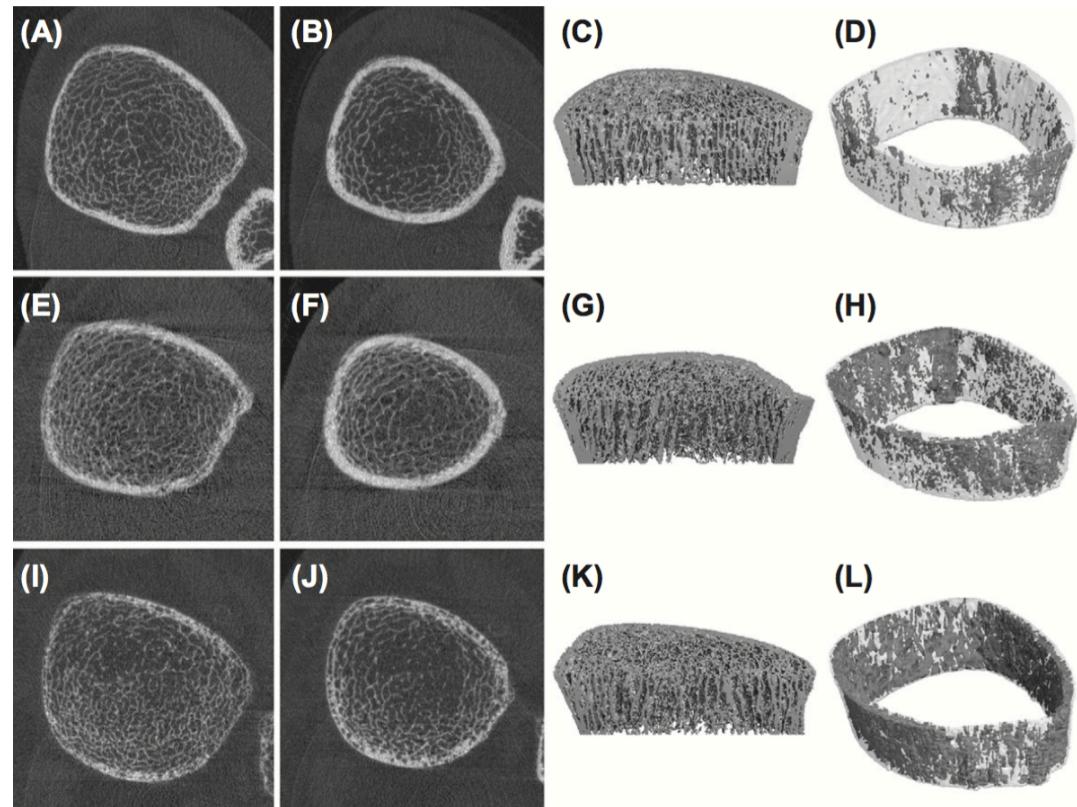
# HR-pQCT: Measurements

- Densitometric measurements
  - Total, cortical and trabecular BMD
- Morphologic measurements
  - Cortical area, thickness
  - Trabecular number, thickness, heterogeneity
- Mechanical response
  - FEM with axial loading



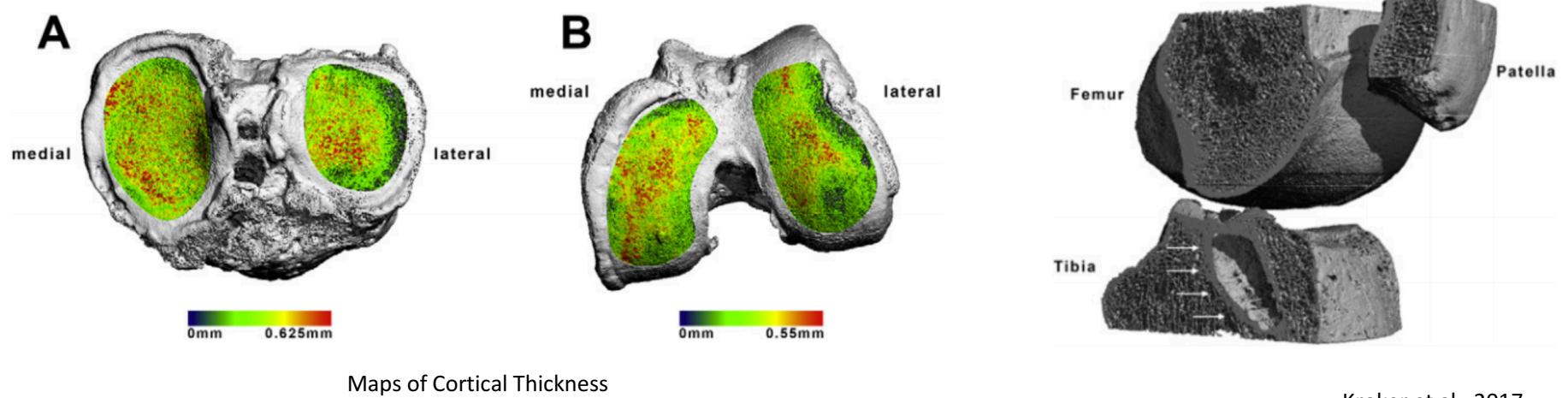
# HR-pQCT: Applications

- Cross-sectional studies
  - Bone quality assessment
  - Changes in cortical porosity
  - Fracture risk assessment
- Longitudinal studies
  - Drug studies



Burghardt et al. 2011

# HR-pQCT: New Applications



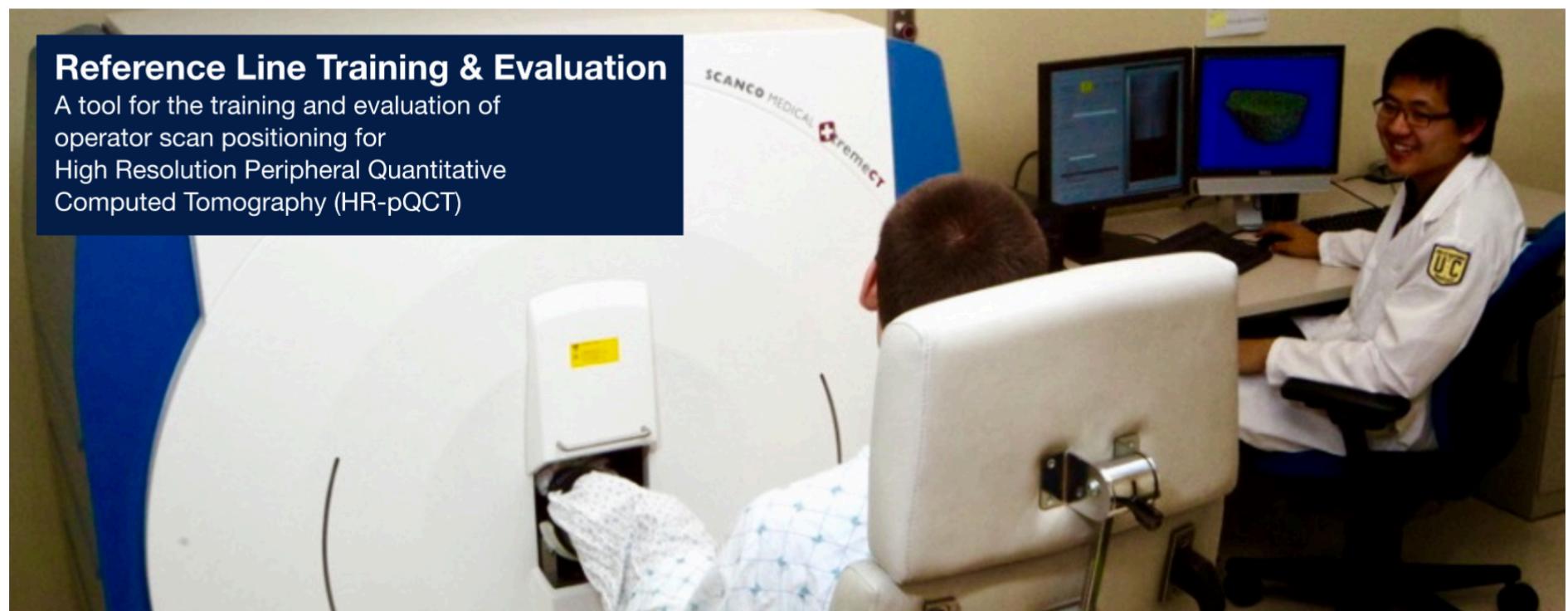
# HR-pQCT: Acquisition Standardization



University of California, San Francisco

**UCSF** Reference Line  
Training & Evaluation

[About](#)   [Documentation](#)   [Contact Us](#)



## Reference Line Training & Evaluation

A tool for the training and evaluation of operator scan positioning for High Resolution Peripheral Quantitative Computed Tomography (HR-pQCT)

[Launch Web App](#)

<http://webapps.radiology.ucsf.edu/refline/>

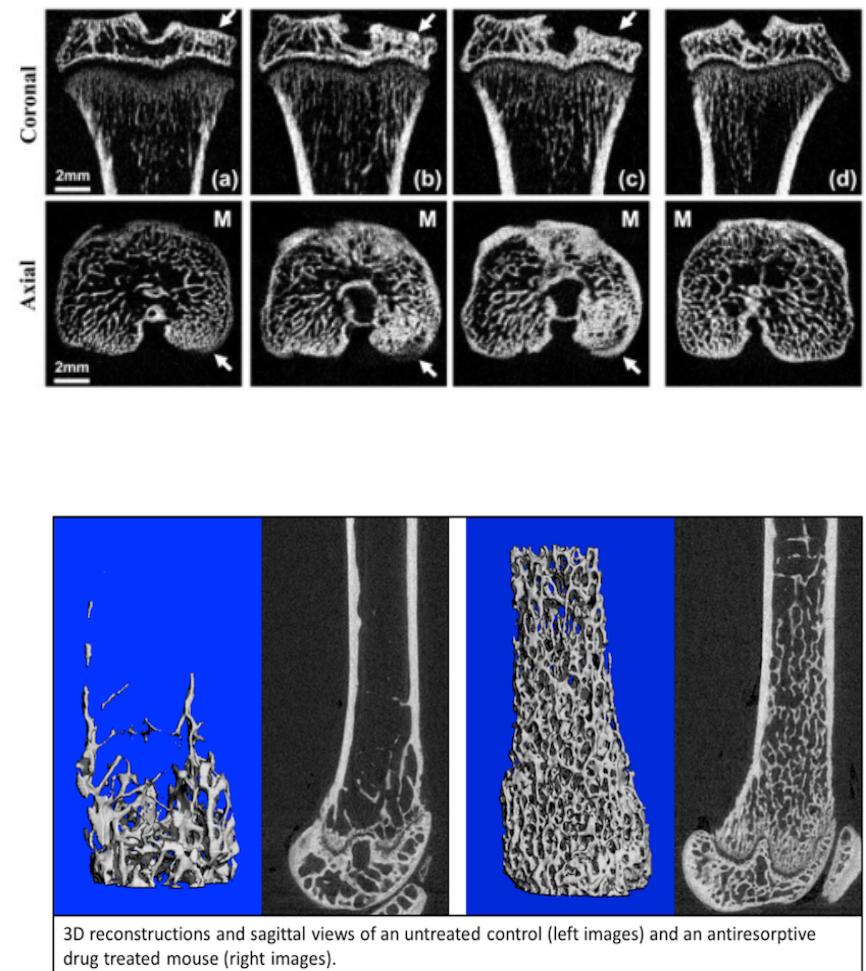
# $\mu$ CT: Micro Computed Tomography

- Introduced in the 1980s as an alternative to histology (destructive and 2D)
- Gold standard for evaluation of bone morphology and microarchitecture in animal studies
  - E.g. mouse trabeculae [30-50 $\mu$ m]

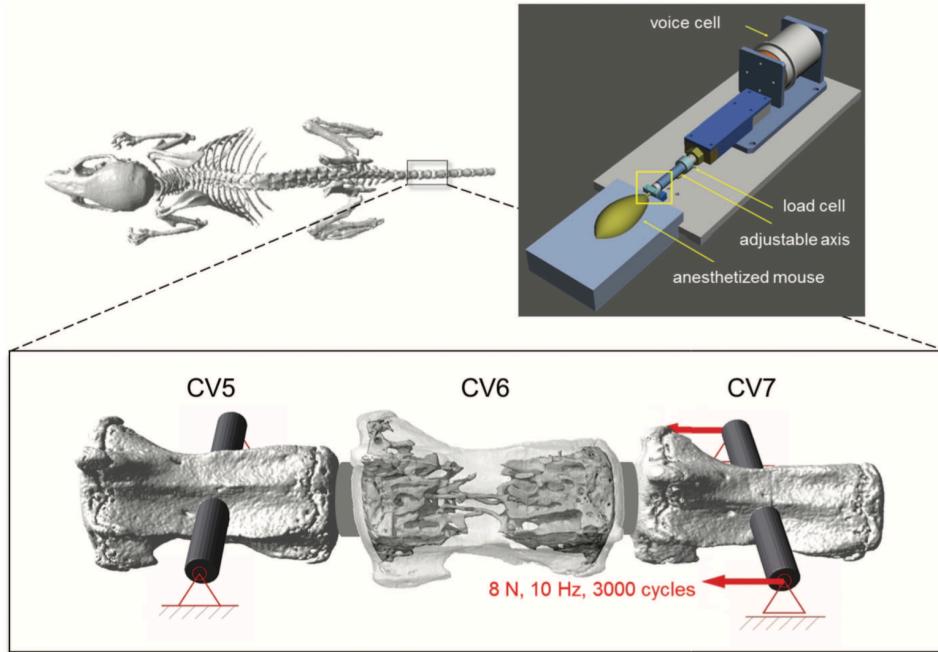


# $\mu$ CT: Applications

- Bone models to evaluate
  - Bone growth and development
  - Effects of pharmacological intervention
  - Effects of mechanical loading
  - Macrocracks in cortical bone
  - Fracture healing
  - 3D vascular architecture (with contrast agent)

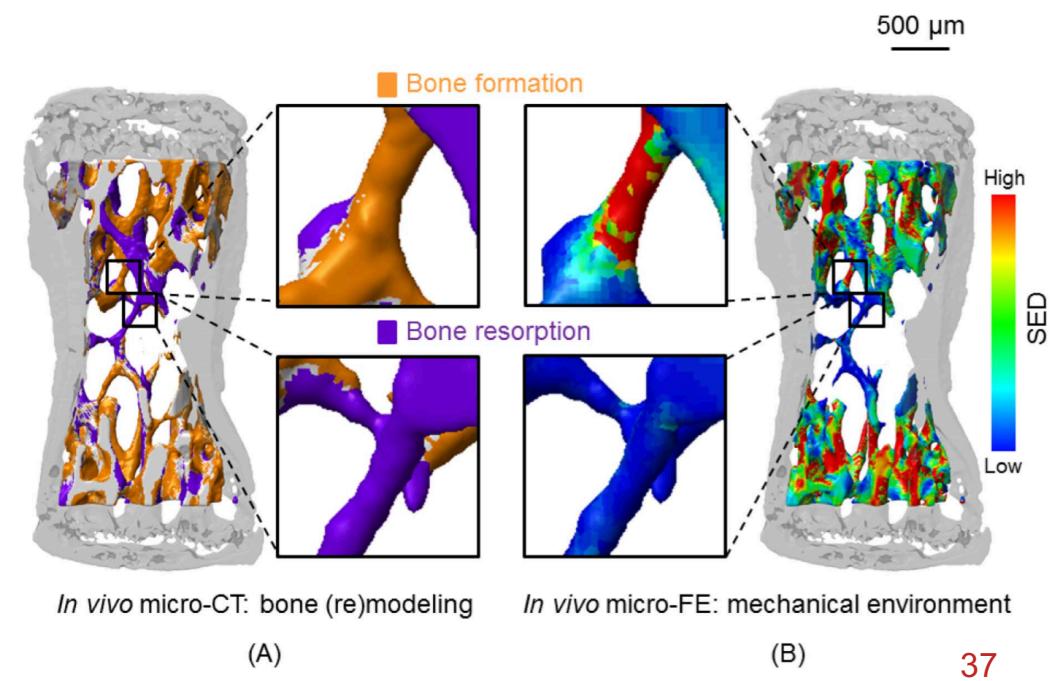


# $\mu$ CT: Bone Mechanical Response

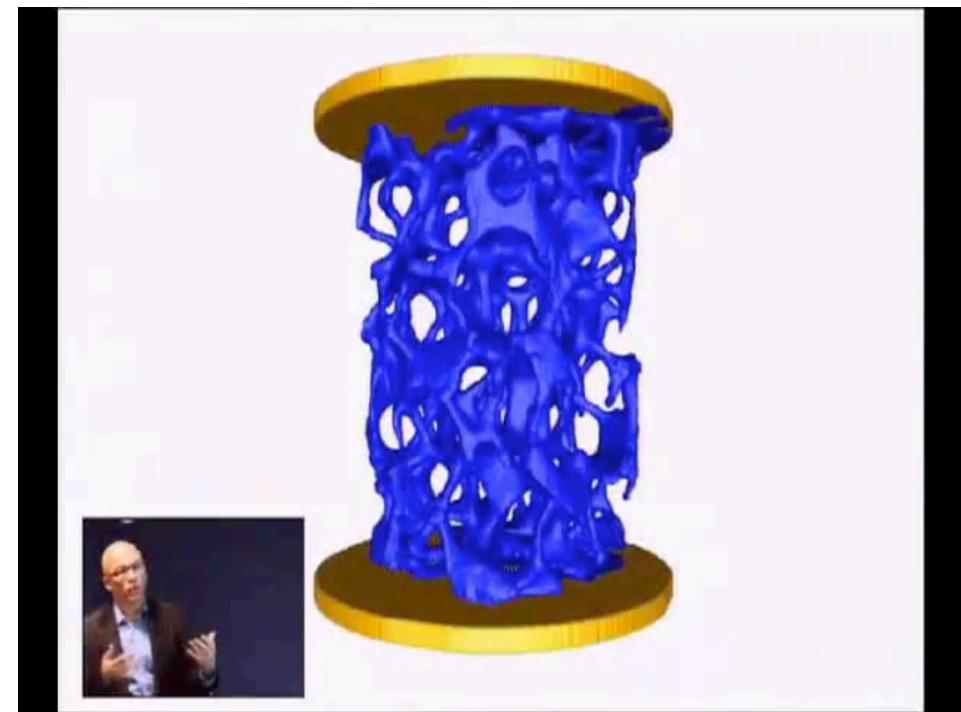
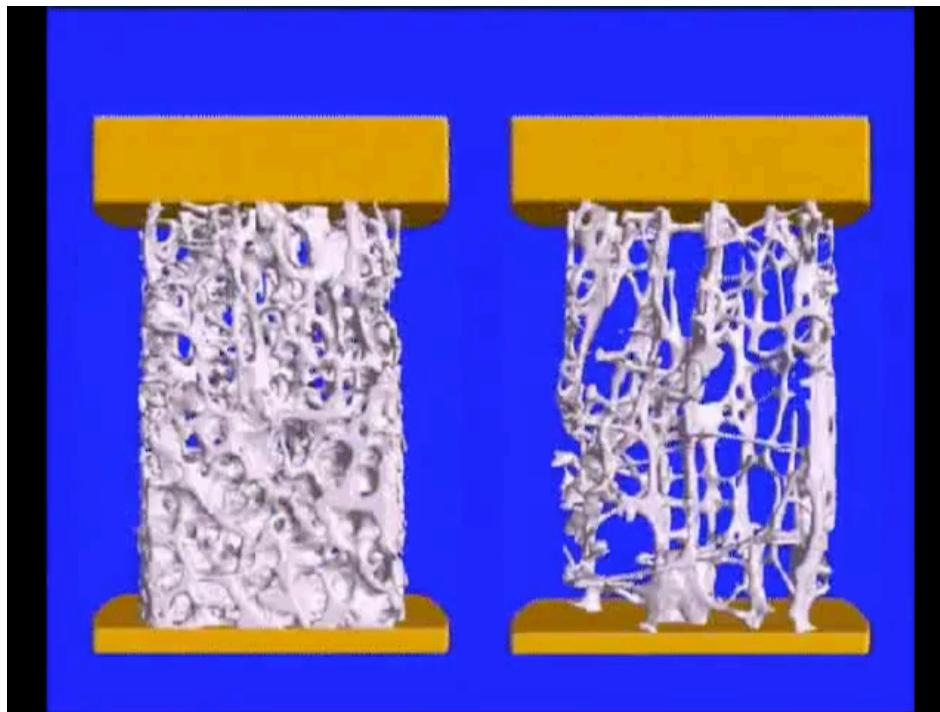


- The 6th caudal vertebra (CV6) is cyclically loaded
- Controlled force is obtained through two pins inserted in the adjacent vertebrae

- Trabecular bone formation and resorption measured *in vivo* over 4 weeks
- High SED correspond to sites of bone formation, while low SED correspond to sites of bone resorption.



# $\mu$ CT – Bone Mechanical Response



<https://www.youtube.com/watch?v=1ubdRWjXTok>

# The Cellular Level

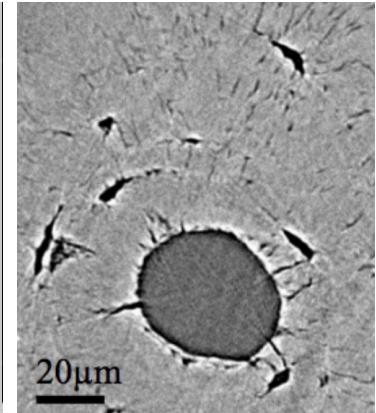
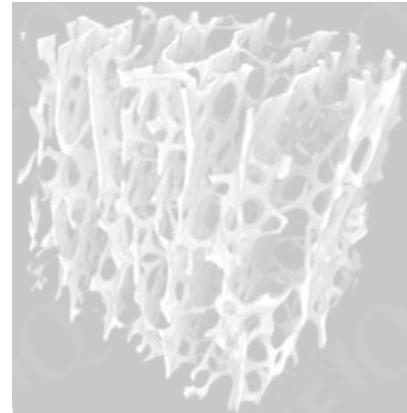
Imaging

BODY  
LEVEL

ORGAN  
LEVEL

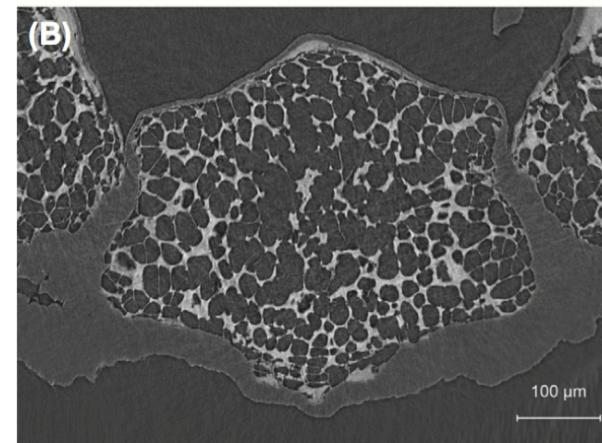
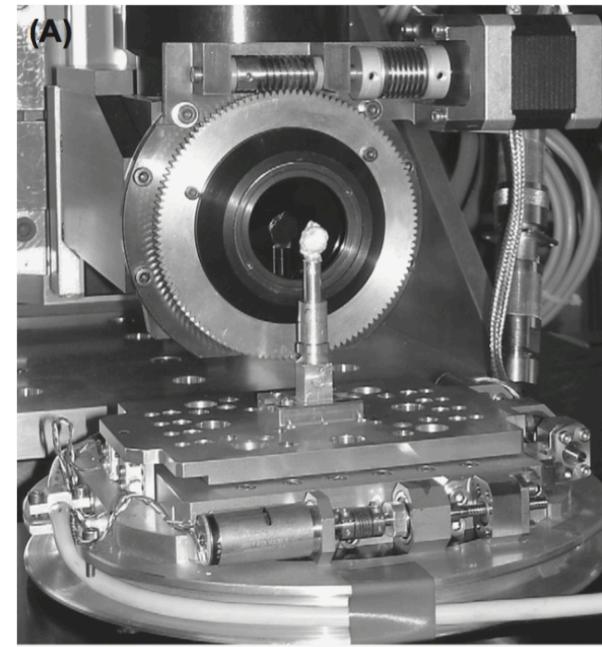
TISSUE  
LEVEL

CELLULAR  
LEVEL



# Synchrotron radiation $\mu$ CT

- Need a Synchrotron!
- Fast acquisition and high SNR
- Monocromatic beam
- *Ex-vivo* for morphological studies



Burghardt et al. 2011

# Synchrotron radiation µCT

***3-D Visualization of Cortical Bone Porosity  
in a Mouse Femur Using Synchrotron  
X-Ray Micro-Computed Tomography***

**Images collected on 08/12/2012  
Advanced Light Source (BL 8.3.2)  
Berkeley, CA**

**John Jameson**

<https://www.youtube.com/watch?v=3D6yG2apYiU>