

Optimization For 3D Reconstruction Of Coronary Artery Tree By Two-stage Levenberg-Marquardt Algorithm

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Abstract—Three dimensional(3D) information acquisition and optimization of coronary artery tree is a key technology for the evaluation and diagnosis of cardiovascular disease. Based on the X-ray coronary angiography images in two directions, 3D reconstruction method establishes a projection model using the theory of perspective projection. In this study, on the basis of two-stage Levenberg-Marquardt(LM) algorithm, a novel method is employed for refinement of the 3D structure of vessel skeletons, considering deviation of angiography angle and distance. The first stage LM algorithm(LM1) optimizes the epipolar line matching error and the second stage LM algorithm(LM2) optimizes the back projection error. The experimental results show that this algorithm manages to obtain reconstruction model more accurately within a shorter time, verifying the efficacy of the proposed method.

Index Terms—Optimization, 3D reconstruction, Coronary artery tree, LM algorithm

I. INTRODUCTION

X-ray coronary angiography is one of the most commonly utilized method to evaluate coronary stenosis and its severity, which is known as the gold standard for the diagnosis of coronary artery disease(CAD)[1]. The biggest disadvantage of X-ray imaging is that the three-dimensional structure of blood vessels is overlapped on the two-dimensional image, interfering the doctor's observation[2]. 3D reconstruction of coronary artery tree can provide more abundant medical information, which is beneficial to the quantitative description and diagnosis of disease conditions, and can guide the interventional treatment of coronary heart disease. According to the type of angiographic instrument used, 3D reconstruction of coronary artery can be classified into three classes: monoplane system, biplane system, or rotational system. Among them, the monoplane system has developed most maturely in the past dozen years[3].

Monoplane coronary angiography operates on a C-arm system. A sequence of coronary angiography images is obtained from one angle at a time. The geometric transformation matrix between two uncalibrated monoplane angiographic images is the key of 3D reconstruction[4]. Meanwhile, the inconsistency of image acquisition time and the error of system position calibration bring great difficulties to 3D reconstruction and motion analysis. In order to refine the

3D structure of vessel skeletons, it is necessary to improve the accuracy of geometric transformation matrix.

The calibration method of angiography system proposed by G .Kristiansen is complicated, time-consuming and difficult to be popularized in clinical application[5]. Klein JL. found in his study that the error of angiography system parameters and the error of two-dimensional image processing reduced the accuracy of three-dimensional reconstruction of coronary tree[6]. S. James Chen uses branch point coordinates to optimize geometric transformation matrix to determine optimal views, nevertheless his method has limited effectiveness[7]. J.Yang proposed a nonlinear optimization method to reduce back projection error, which took the table movement and projection geometry deviation into consideration[3]. But he takes too many parameters in his one-stage LM algorithm, which leads to coupling in calculation, slow convergence speed, and easy to fall into local optimum, resulting in vascular distortion. C.Oueslati introduce artificial interest nodes to respect the topology variation between 3D vascular trees, but this operation is difficult to implement and cannot apply widely[8].

In order to obtain the geometric transformation matrix more accurately for uncalibrated monoplane angiographic images, this paper adopts a new nonlinear least square method based on two-stage LM algorithm. There are two main contributions of this study. First, the mathematical model of monoplane angiography is established and the matching of conjugate point pairs of epipolar lines are analyzed. Second, a novel two-stage LM algorithm is proposed and verified for the optimization of 3D reconstruction. The first stage LM algorithm(LM1) optimizes the mean epipolar line matching error and the second stage LM algorithm(LM2) optimizes the mean back projection error.

The angiogram images used in our experiment were obtained from routine medical practice. The initial parameters were read from the devices. The image preprocessing is completed before 3D reconstruction, including vessel segmentation, skeleton extraction and feature point recognition[9][10].

The rest of this paper is organized as follows. In Section II, the methodology of the proposed work will be discussed, followed by Section III, which illustrates the design and the results of the experiment. Section IV will present the conclusion.

II. METHODS

A. Mathematical model of monoplane angiography

1) *Perspective projection model*: Since the size of the X-ray source is much smaller than the distance between the

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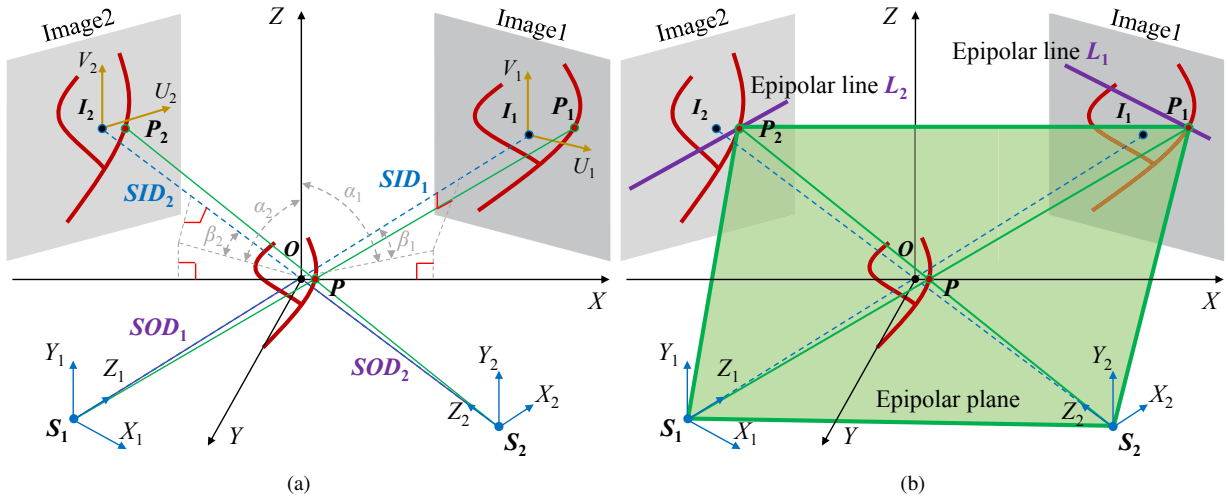


Fig. 1. Simplified model of monoplane X-ray angiography. (a) Schematic view of the angiography system from two different directions, including major parameters. (b) Schematic diagram of epipolar constraint.

X-ray source and the receiver, and for the convenience of research, the X-ray source is assumed to be an ideal point source. It emits a tapered beam of rays, and the projection axis of the rays is perpendicular to the image plane, so the X-ray radiography can be viewed as a simple one-point perspective, with the X-ray source being the extinction point. According to the principle of perspective projection[11][12], the projection model of the X-ray angiography system was established, as shown in Fig.1(a). Points S_1 and S_2 represent the positions of X-ray sources. $XYZO$ is the world coordinate system, $X_1Y_1Z_1S_1$ and $X_2Y_2Z_2S_2$ are the local coordinate systems with points S_1 and S_2 as the origin. The X-ray projection axis S_1Z_1 incident image1 vertically at the point I_1 , S_2Z_2 incident image2 vertically at the point I_2 . $U_1I_1V_1$ and $U_2I_2V_2$ are image coordinates. Angiography angles were recorded as (α_1, β_1) and (α_2, β_2) . $\alpha_i (i = 1, 2)$ represents the LAO/RAO(Left anterior oblique/Right anterior oblique) angle, when $\alpha_i < 0$ it represents LAO, whereas it represents RAO. $\beta_i (i = 1, 2)$ represents the CRAN/CUAD(Cranial/Caudal) angle, when $\beta_i > 0$ it represents CRAN, whereas it represents CUAD. SID (source to image intensifier distance) and SOD (source to object distance) determine the spatial relation among sources, objects and images.

2) *Least square solution:* Assume that the projection point of space point $P(x, y, z)$ in coordinate $X_iY_iZ_iS_i$ is $P_i(x_i, y_i, z_i)$, in image coordinate $U_iI_iV_i$ is $p_i(u_i, v_i)$, the translation vector between the coordinate systems is $T_i = (0 \ 0 \ SOD_i)^T$, $i = 1, 2$.

Define the following matrix

$$R_x(\theta) = \begin{pmatrix} 1 & 0 & 0 \\ 0 & \cos\theta & \sin\theta \\ 0 & -\sin\theta & \cos\theta \end{pmatrix} \quad (1)$$

$$R_y(\theta) = \begin{pmatrix} \cos\theta & 0 & -\sin\theta \\ 0 & 1 & 0 \\ \sin\theta & 0 & \cos\theta \end{pmatrix} \quad (2)$$

According to the transformation between coordinate sys-

tems, we can get

$$P = R_y^{-1}(\alpha_i) \cdot R_x^{-1}(\beta_i) \cdot (P_i - T_i), \quad i = 1, 2 \quad (3)$$

The relation between P_1 and P_2 can be obtained according to equation(3)

$$P_2 = R \cdot (P_1 - T) \quad (4)$$

in which $R = R_x(\beta_2) \cdot R_y(\alpha_2) \cdot R_y^{-1}(\alpha_1) \cdot R_x^{-1}(\beta_1)$, $T = -R^{-1} \cdot T_2 + T_1$. Let

$$R = \begin{pmatrix} r_{11} & r_{12} & r_{13} \\ r_{21} & r_{22} & r_{23} \\ r_{31} & r_{32} & r_{33} \end{pmatrix}, T = \begin{pmatrix} t_1 \\ t_2 \\ t_3 \end{pmatrix} \quad (5)$$

Define $\xi_i = u_i/SID_i$, $\eta_i = v_i/SID_i$, $i = 1, 2$. According to the perspective projection principle, the relation between $X_iY_iZ_iS_i$ and $U_iI_iV_i$ can be defined as

$$\begin{pmatrix} x_i \\ y_i \\ z_i \end{pmatrix} = z_i \begin{pmatrix} u_i/SID_i \\ v_i/SID_i \\ 1 \end{pmatrix} = z_i \begin{pmatrix} \xi_i \\ \eta_i \\ 1 \end{pmatrix}, \quad i = 1, 2 \quad (6)$$

Simultaneously solve equation(4) and equation(6), The coordinates of P_1 satisfy the following equations

$$\begin{pmatrix} 1 & 0 & -\xi_1 \\ 0 & 1 & -\eta_1 \\ m_1 & m_2 & m_3 \\ n_1 & n_2 & n_3 \end{pmatrix} \begin{pmatrix} x_1 \\ y_1 \\ z_1 \end{pmatrix} = \begin{pmatrix} 0 \\ 0 \\ m_1t_1 + m_2t_2 + m_3t_3 \\ n_1t_1 + n_2t_2 + n_3t_3 \end{pmatrix} \quad (7)$$

in which

$$\begin{pmatrix} m_1 \\ m_2 \\ m_3 \end{pmatrix} = \begin{pmatrix} r_{11} - r_{31}\xi_2 \\ r_{12} - r_{32}\xi_2 \\ r_{13} - r_{31}\xi_2 \end{pmatrix}, \begin{pmatrix} n_1 \\ n_2 \\ n_3 \end{pmatrix} = \begin{pmatrix} r_{21} - r_{31}\xi_2 \\ r_{22} - r_{32}\xi_2 \\ r_{23} - r_{31}\xi_2 \end{pmatrix}$$

For this overdetermined equation, the least square solution can be used to obtain the optimal coordinate position of the space points. That is, for the overdetermined equation $A \cdot P_1 = b$, solve P_1 to minimize $\|A \cdot P_1 - b\|$. Thus the least squares solution can be calculated by equation(9)

$$P_1 = (A^T \cdot A)^{-1} \cdot A^T \cdot b \quad (8)$$

Finally, the coordinates of the points in the world coordinate system can be obtained through equation(3) to realize the 3D reconstruction.

3) *epipolar constraint*: There is a certain constraint relation between two images of the same scene obtained from two different perspectives, which is usually called the epipolar geometric relation. Fig.1(b) shows the constraint diagram of the epipolar lines. The space point P , X-ray source S_1 and S_2 form a plane, which is called the epipolar plane. The epipolar plane intersects with image1 and image2 to get two epipolar lines L_1 and L_2 . P_1 and P_2 are conjugate point pairs.

According to the principle of perspective projection imaging and epipolar constraint[13], the conjugate point P_2 on image2 must be located on the epipolar line L_2 corresponding to point P_1 . In coronary angiography, branch points, cross points and endpoints in blood vessels are most commonly selected as conjugate point pairs, as shown in Fig.4(a)(b).

Deviations of angiography angle and distance bring epipolar line matching error. Through the equation of epipolar lines, this error can be calculated.

Combining equation(4) and equation(6), we can get

$$\begin{pmatrix} x_2 \\ y_2 \\ z_2 \end{pmatrix} = z_2 \begin{pmatrix} \xi_2 \\ \eta_2 \\ 1 \end{pmatrix} = \begin{pmatrix} z_1 a_1 - b_1 \\ z_1 a_2 - b_2 \\ z_1 a_3 - b_3 \end{pmatrix} \quad (9)$$

in equation(9), $a_i = r_{i1}\xi_1 + r_{i2}\eta_1 + r_{i3}$, $b_i = r_{i1}t_1 + r_{i2}t_2 + r_{i3}t_3$, $i = 1, 2, 3$. Solve this equation and the epipolar line function of L_2 can be shown as below

$$\xi_2(a_3b_2 - a_2b_3) + \eta_2(a_1b_3 - a_3b_1) + (a_2b_1 - a_1b_2) = 0 \quad (10)$$

Define the distance between $p_2(u_2, v_2)$ and L_2 as the epipolar line matching error. It can be calculated by

$$d_2 = \frac{|\xi_2(a_3b_2 - a_2b_3) + \eta_2(a_1b_3 - a_3b_1) + (a_2b_1 - a_1b_2)|}{\sqrt{(a_3b_2 - a_2b_3)^2 + (a_1b_3 - a_3b_1)^2}} \quad (11)$$

Reducing the value of d_2 will also reduce the error of 3D reconstruction.

B. Back projection

As shown in Fig.2, according to the conjugate points p_1 and p_2 in the two-dimensional image plane, the three-dimensional point P' are reconstructed and projected onto image1 and image2 respectively to obtain the projection point pairs p'_1 and p'_2 . If the reconstruction is accurate, point p_1 in image1 should be close to p'_1 , and point p_2 in image2 should be close to p'_2 . Therefore, the back projection error of 3D reconstruction can be evaluated by the length of line segment $p_1p'_1$ and $p_2p'_2$ on the two-dimensional image plane, denote as

$$\varepsilon(P, P') = \|\overrightarrow{p'_1p_1}\| + \|\overrightarrow{p'_2p_2}\| \quad (12)$$

in which $\|\overrightarrow{p'_1p_1}\|$ represents the Euclidean distance between p_1 and p'_1 . Reducing the value of ε will also reduce the error of 3D reconstruction.

The mean back projection error is the most commonly used criterion to evaluate the accuracy of coronary artery 3D reconstruction[6].

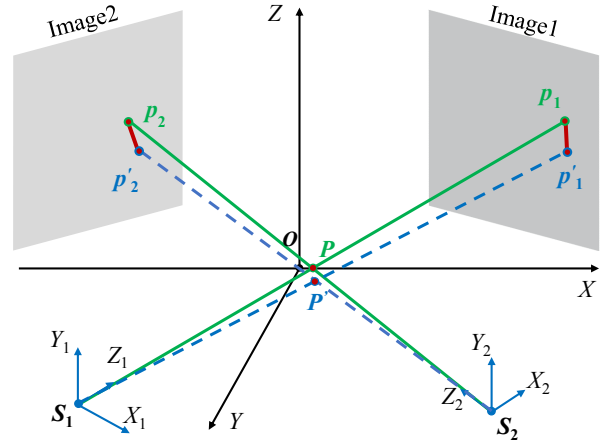


Fig. 2. Back projection model. P is the actual point and P' is the reconstruction point, $p_1p'_1$ and $p_2p'_2$ are back projection errors.

C. Two-stage LM algorithm

According to equation(3) and equation(6), the parameters need to be optimized are α_i , β_i , SOD_i and SID_i , $i = 1, 2$. Let $\mathbf{VAR} = [\alpha_i, \beta_i, SOD_i, SID_i]$. On the basis of equation(11), the optimization function of epipolar line matching error can be formulated as

$$\operatorname{argmin} F_1(\mathbf{VAR}) = \sum_{j=1}^M d_{2j}^2 \quad (13)$$

Similarly, on the basis of equation(12), the optimization function of back projection error can be formulated as

$$\operatorname{argmin} F_2(\mathbf{VAR}) = \sum_{k=1}^N \|\overrightarrow{p'_{1k}p_{1k}}\|^2 + \|\overrightarrow{p'_{2k}p_{2k}}\|^2 \quad (14)$$

where M and N are the numbers of calculated points.

Obviously, objective function F_1 and F_2 belong to the nonlinear least squares problem, many different nonlinear search algorithms can be used to solve such problems. Commonly used methods mainly include the fastest descent method, conjugate gradient descent method, Gauss-Newton algorithm and Levenberg-Marquardt(LM) algorithm, etc[14][15]. Among them, LM algorithm is also known as the damped least square method. Compared with other methods, L-M method has faster convergence speed and is more robust, so it is more commonly used.

In this paper, the traditional LM algorithm is simplified. For normalized function $F(x) = \sum_{i=1}^m f_i(x)^2$, the main process of our algorithm is shown in Algorithm1. Where \mathbf{H} is the Hessian matrix and \mathbf{J} is the Jacobian matrix. Input variables include initial parameter $x_0(\mathbf{VAR}_0)$, damper factor λ , constant factor β , maximum permissible error(MPE) ε and maximum iterations N .

Due to the complexity of the process of back projection and LM algorithm, if the back projection error is directly calculated, once the initial parameter accuracy is low, setting a high convergence precision will consume much time and more badly the result could fall into local optimum, resulting in vascular distortion.

Algorithm 1 Simplified LM algorithm**Input:** $x_0, \lambda, \beta, \varepsilon, N$ **Output:** x_{min}, F_{min}

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1:  $x_{curr} := x_0, F_{curr} := F(x_0)$ 
2: for  $iter := 1 \rightarrow N$  do
3:    $\Delta x := -[\mathbf{H}(x_{curr}) + \lambda \mathbf{I}]^{-1} \mathbf{J}^T(x_{curr}) f(x_{curr})$ 
4:    $x_{new} := x_{curr} + \Delta x, F_{new} := F(x_{new})$ 
5:   if  $F_{new} < F_{curr}$  then
6:      $x_{curr} := x_{new}$ 
7:     if  $\|\Delta x\| < \varepsilon$  then
8:        $x_{min} := x_{curr}, F_{min} := F_{new}$ 
9:       break
10:     $F_{curr} := F_{new}, \lambda := \lambda/\beta$ 
11:   else
12:     if  $\|\Delta x\| < \varepsilon$  then
13:        $x_{min} := x_{curr}, F_{min} := F_{new}$ 
14:       break
15:      $\lambda := \lambda * \beta$ 
16: return  $x_{min}, F_{min}$ 

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Therefore, in this study, we propose a two-stage LM algorithm. In the first stage(LM1), we set a relatively low convergence precision to optimize F_1 , this process converges quickly and gets temporary parameters. In the second stage(LM2), based on the result in LM1, we set a relatively high convergence precision to optimize F_2 , this process converges slowly and gets final optimized parameters. The whole procedure is shown in Fig.3.

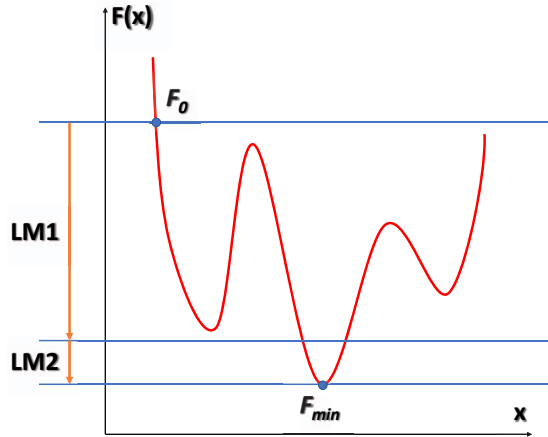


Fig. 3. Two-stage LM algorithm and its convergence procedure

III. EXPERIMENT

In order to verify the reliability of the proposed method, the experiment is divided into three parts. Firstly, the angiography images were processed and the conjugate point pairs were selected. Secondly, the mean epipolar line matching error is optimized. At last, the mean back projection error is optimized. And the reconstruction model is established.

The experiment was programmed in Matlab R2020a, ran

on a low cost PC with a 3.60GHz Intel(R) Core(TM) i5-8600K CPU and 16G Memory.

A. Conjugate point pairs selecting

Before 3D reconstruction, it is necessary to process the initial angiography images, including vessel segmentation, skeleton extraction and feature point recognition. Fig.4(a)(b) are angiography images taken from LAO/CRAN view and RAO/CRAN view of the same scene, the feature points are marked on them, and the extracted skeletons are shown on Fig.4(c)(d). According to the research by F.Chierita, the number of feature points selected in the optimization process is not the more the better[16], so we took 6 branch points as conjugate point pairs.

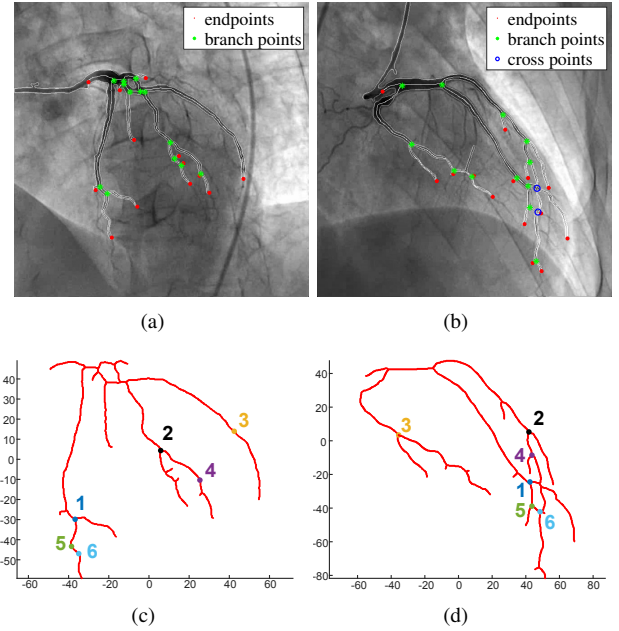


Fig. 4. Feature point recognition and conjugate point pairs selecting. (a), (b) are extracted skeletons and feature points in LAO/CRAN view and RAO/CRAN view. (c), (d) are skeletons transformed into image coordinate UV , and selected conjugate point pairs.

The initial epipolar line matching error is shown on Fig.5(a), the back projected errors of each image are shown on Fig.5(d)(g). Due to relatively large deviations of initial parameters VAR_0 in this experiment, the coincidence degree between the backprojected skeleton and the original skeleton is poor, which could cause serious distortion of the 3D reconstruction.

The rest of experiment will optimize these errors.

B. Epipolar line matching error optimization

Compared with back projection error, epipolar line matching error is much easier to calculate and costs less time for the following reasons:

- Back projection error needs to do the complex matrix manipulation twice(forward and backward), epipolar line matching error just need once(forward).

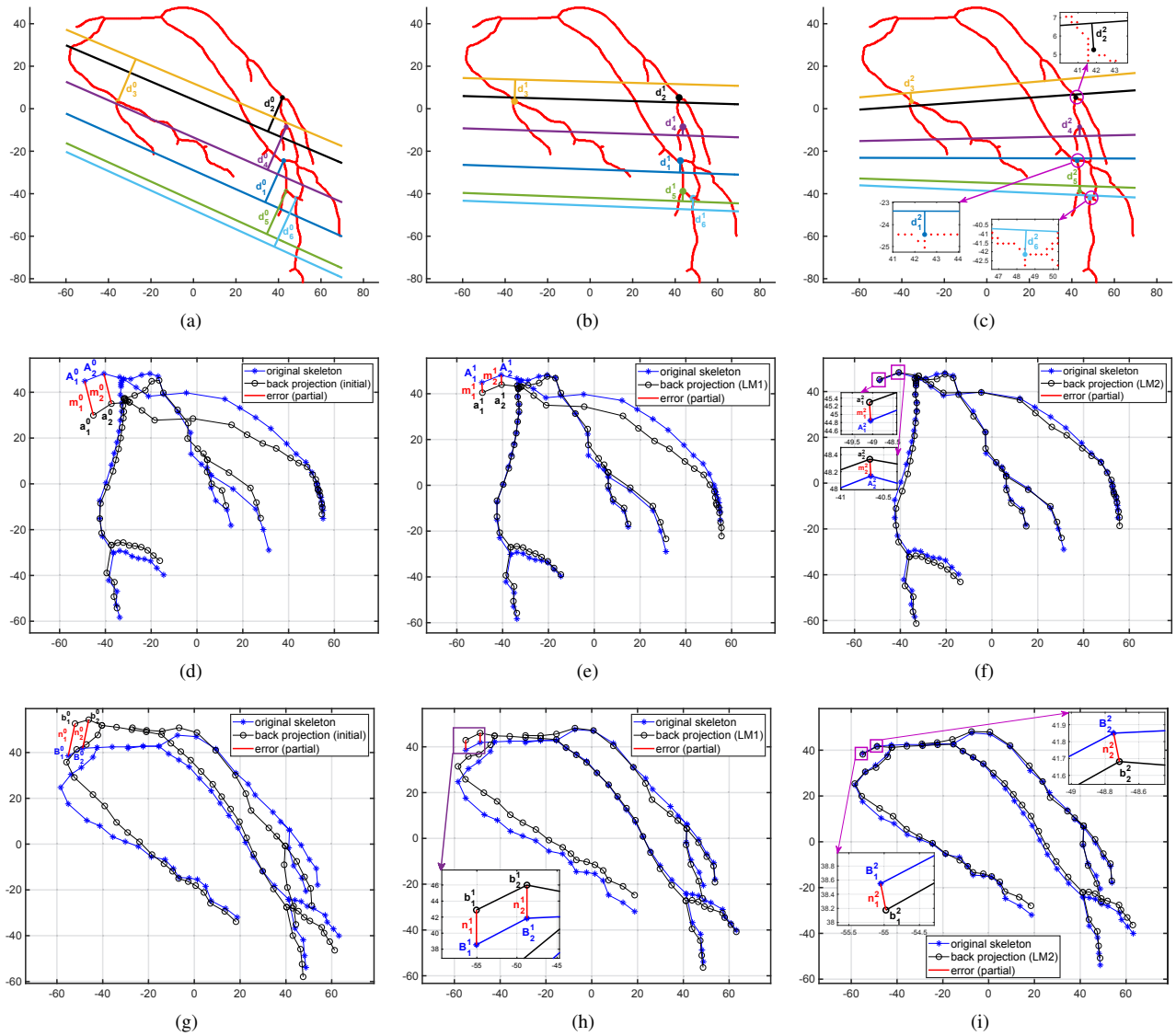


Fig. 5. Epipolar line matching errors d_i^j and back projection errors m_i^j , n_i^j in different stages. (a), (b), (c) are epipolar line matching errors before optimization, after LM1 and after LM2. (d), (e), (f) are back projection errors in LAO/CRAN view before optimization, after LM1 and after LM2. (g), (h), (i) are back projection errors in RAO/CRAN view before optimization, after LM1 and after LM2.

- Back projection error calculates multiple points to insure the authenticity, epipolar line matching error just takes several conjugate point pairs (in this paper 6) into consideration.
- In our method the epipolar line matching error optimization just need to get temporary parameters VAR_1 , thus the convergence precision is relatively low comparing with back projection error optimization.

Therefore, we set relatively large ε_1 of Algorithm1 in LM1. This procedure consumes few time, as listed in Tab.I. After the optimization of LM1, the epipolar line matching error is shown on Fig.5(b), the back projected errors of each image are shown on Fig.5(e)(h). It can be found that the coincidence degree between the backprojected skeleton and the original skeleton increases, but in some points it still needs to be refined.

C. Back projection error optimization

To ensure the accuracy of feature points reconstruction, in addition to selecting reference points evenly on each vessel, we repeat the selection near the feature points. Moreover, we set relatively small ε_2 of Algorithm1 in LM2. This procedure consumes more time than LM1, as listed in Tab.I. After the optimization of LM2, the epipolar line matching error is shown on Fig.5(c), the back projected errors of each image are shown on Fig.5(f)(i). Obviously the result is much better, most of the errors can only be seen by zooming in. To make it more intuitive, we back project the 3D structure onto original iamges, as show in Fig.6.

For a more detailed analysis, the time consuming data of LM1 and LM2 are recorded in Tab.I. And the errors after each optimization are listed in Tab.II. As a comparison, we take a one-stage LM algorithm[3] experiment and also show

the result. It can be seen that in the case of a relatively large initial error, one-stage LM algorithm cannot converge to the specified precision within the maximum iteration, this also results in significant time consumption.

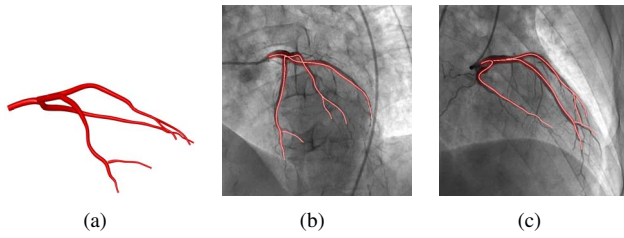


Fig. 6. (a) Reconstructed 3D model in world coordinate system $XYZO$, projected vertically along the Z axis. (b), (c) are back projections on initial images, the red parts are vascular perspectives and the white parts are their skeletons. (b) is from LAO/Cran view and (c) is from RAO/Cran view.

TABLE I
TIME CONSUMING OF DIFFERENT ALGORITHMS

algorithms		maximum iterations	actual iterations	time cost(s)	total(s)
2-stage LM	LM1	100	23	786.4	6476.3
	LM2	100	36	5689.9	
1-stage LM		100	100	15678.3	15678.3

TABLE II
ERROR STATISTICS OF EUCLIDEAN DISTANCES
BETWEEN EXTRACTED AND BACKPROJECTED^{1,2}

algorithms	maximum	minimum	Mean	RMS
before optimization	15.7895	0.2366	5.2212	8.6965
2-stage LM	0.8767	0.0004	0.1543	0.2698
1-stage LM	2.6316	0.0003	0.3857	0.5141

¹ Errors are the sum of two images.

² Units of all datas are millimeters.

From Tab.I, the computational efficiency is increased by 58.7%. And from Tab.II, the reconstruction accuracy is increased by 47.5% within 100 iterations. These verifies the reliability of the method.

IV. CONCLUSIONS

In this paper, a two-stage LM algorithm is adopted for the optimization of coronary artery tree 3D reconstruction. Specifically, the mathematical model of monoplane angiography is established and analyzed, and the formulations of epipolar line matching error and back projection error are derived. On this basis, the LM algorithm is simplified and experimented. The reconstruction result shows that the proposed method improves computational efficiency and reconstruction accuracy, it is more applicable for uncalibrated monoplane angiographic images.

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