



AI in Neuroradiology Stroke Imaging

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No conflicts of interest

Outline



Patient case



Imaging in stroke



**AI-based solutions
in stroke imaging**



Future directions



Case

79 year-old male presenting with sudden onset left-sided hemiplegia and dysarthria 2 hours prior to admission.

What's the diagnosis?



Stroke

- 2nd most common cause of death in Germany and worldwide
- 270,000 strokes per year in Germany
- **High mortality:** 25-33% die in first year after stroke
- **High morbidity:** 40% survivors with neurologic disability
- 85% ischemia; 15% hemorrhage
- 1.9 million neurons die per minute

➔ **Time is brain!**



Stroke treatment

Best
Medical
Treatment

i.v.
Thrombolysis

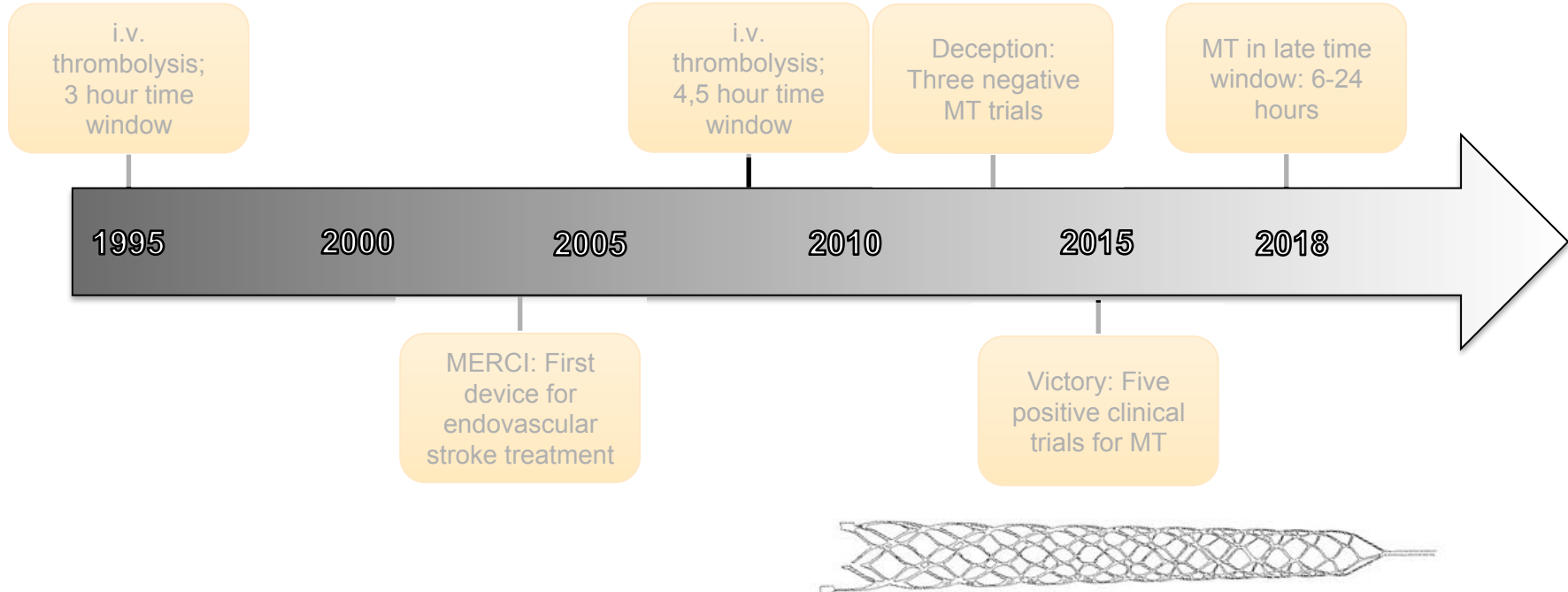
Mechanical
Thrombectomy



Only for ischemic stroke!



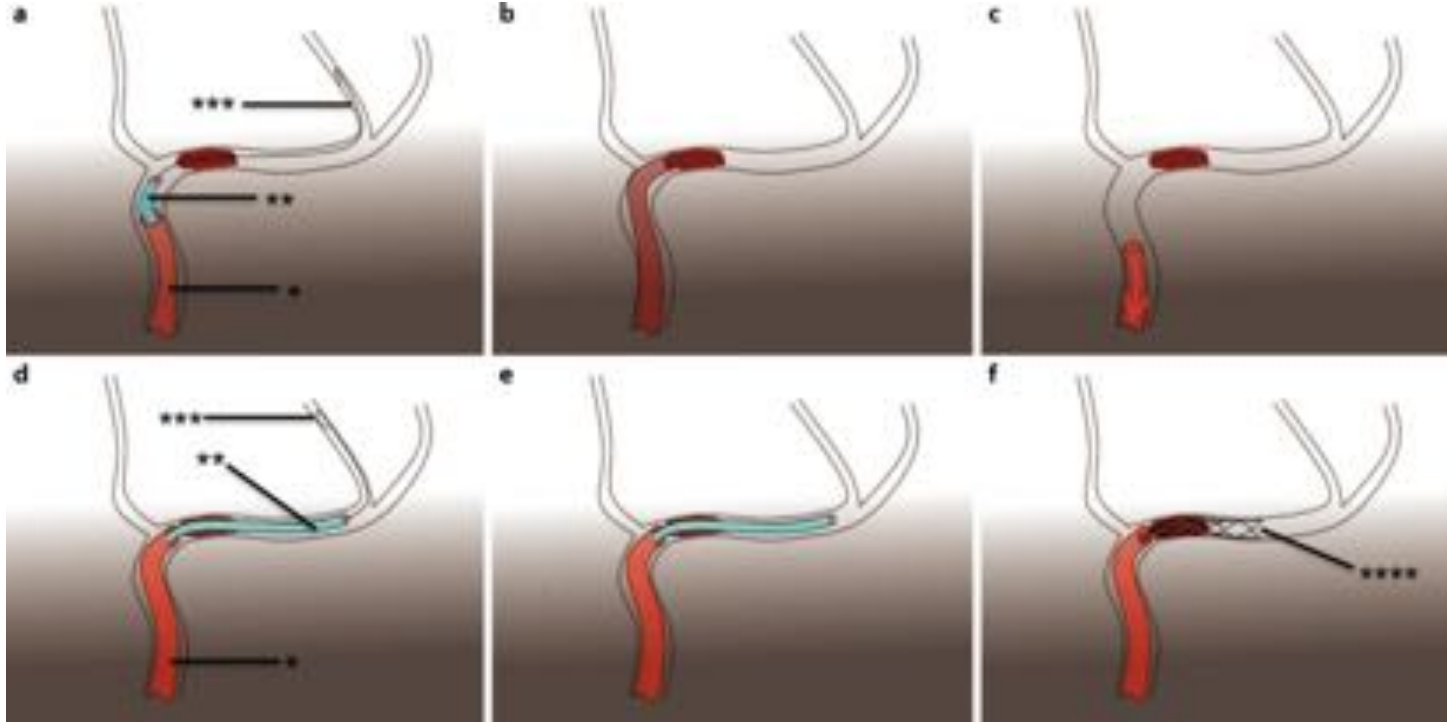
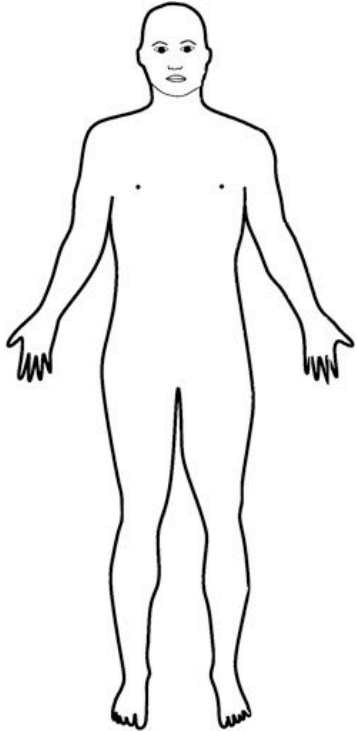
A brief history of stroke treatment



MT = Mechanical Thrombectomy



State of the art mechanical thrombectomy



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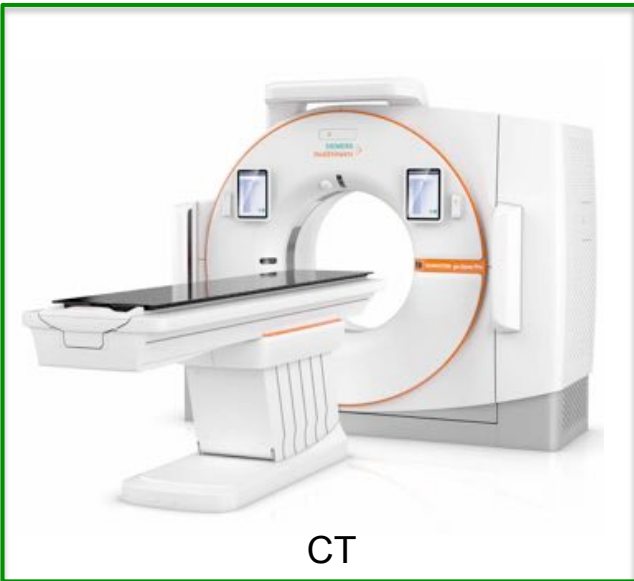


Future directions



Imaging guides stroke treatment decisions

Which modality?



CT



MRI



DSA



1st Imaging Decision: Rule out hemorrhage



➔ Intravenous Thrombolysis

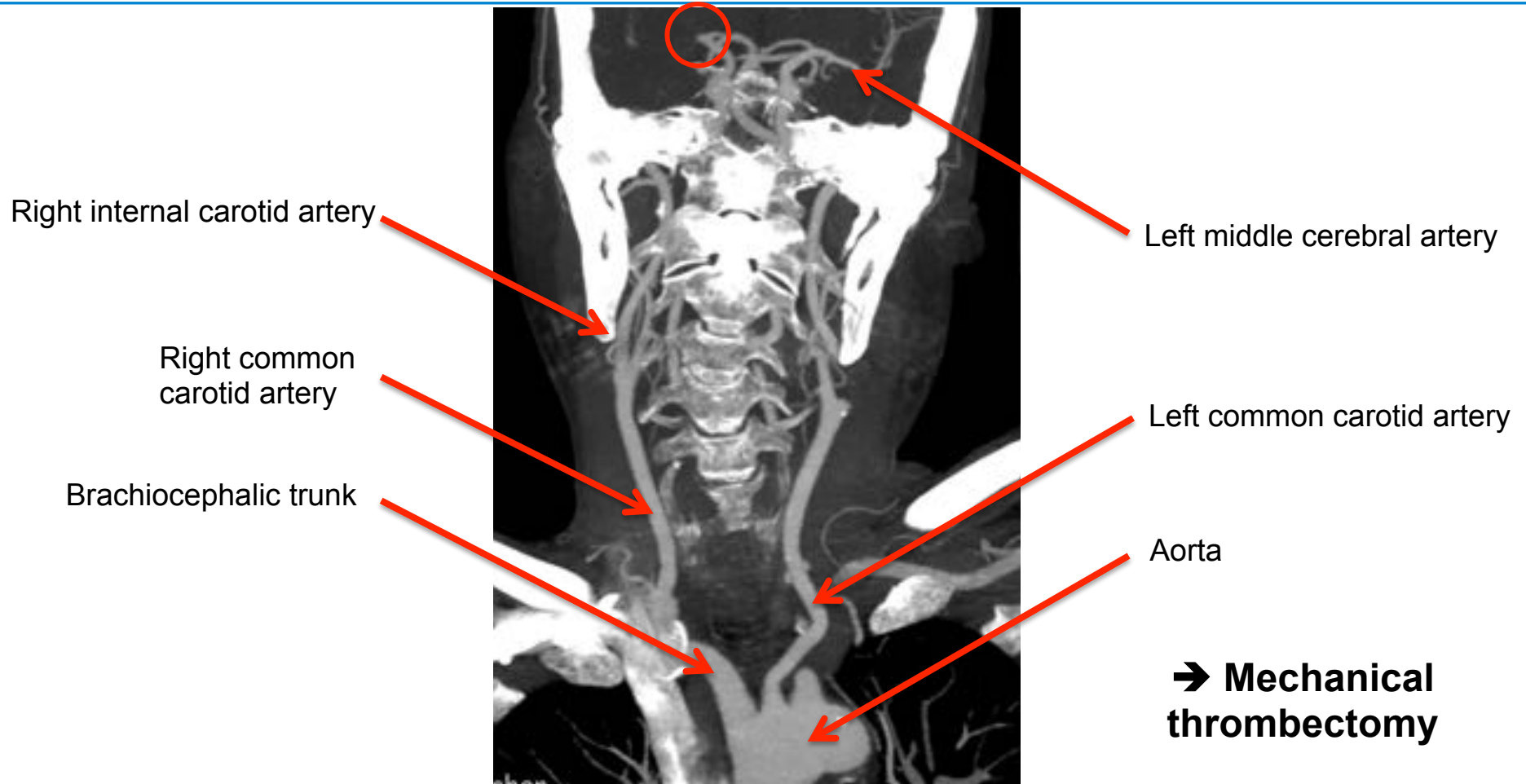
Ischemic vs. hemorrhagic stroke





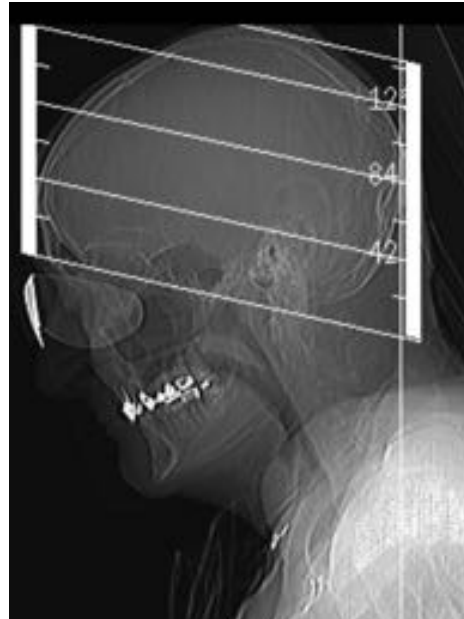
2nd Imaging Decision: Find large vessel occlusion







3rd Imaging Decision: Patient selection (late time window)



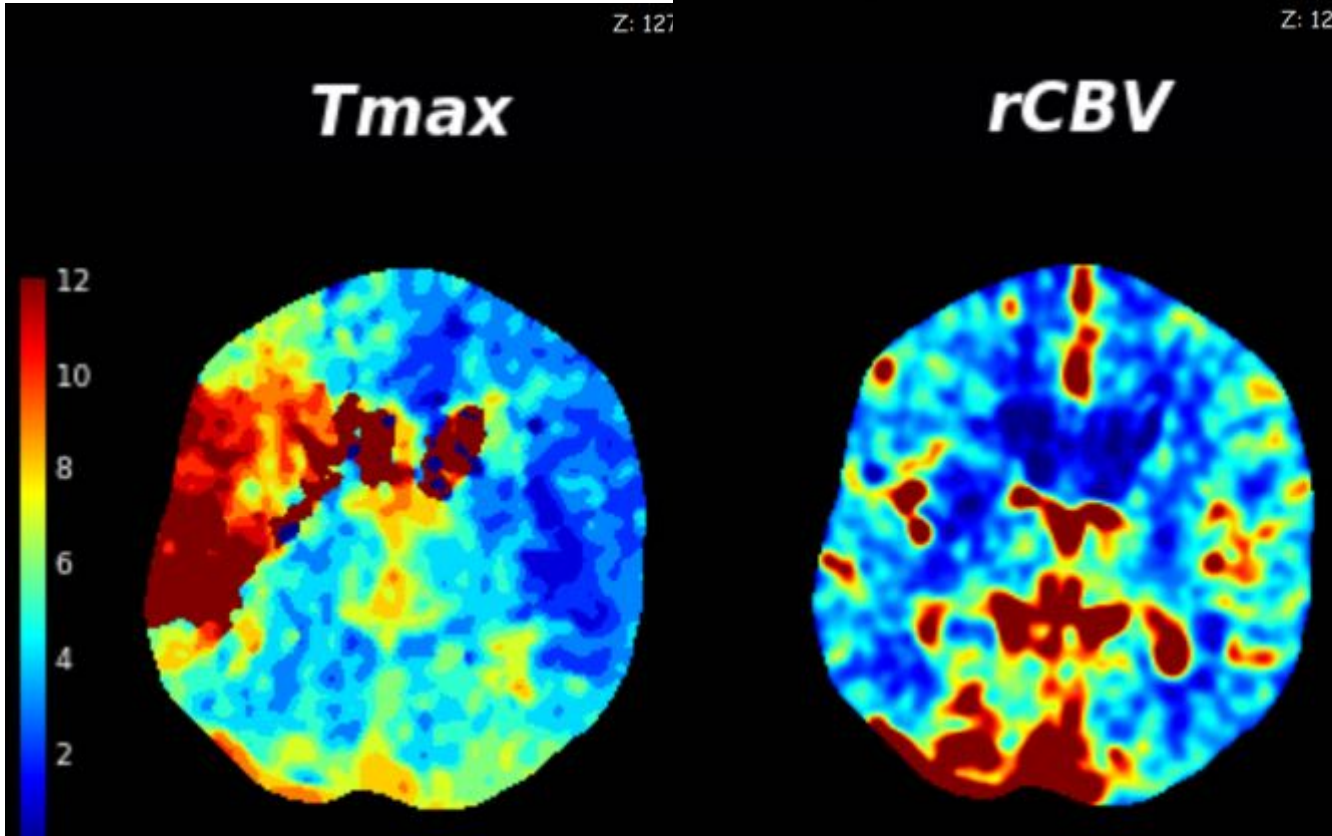
i.v. contrast administration

+

repeated CT scans

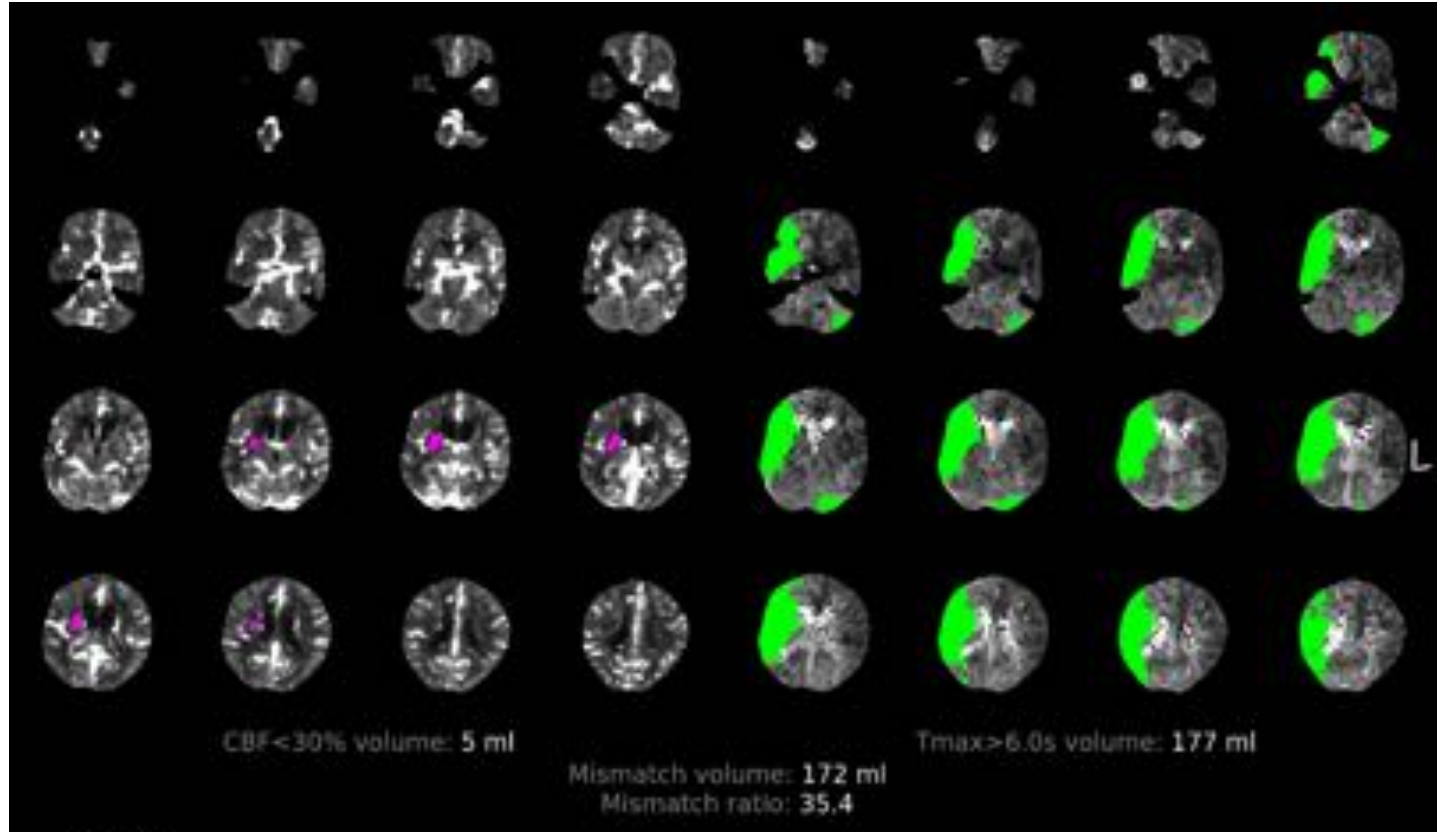
Tissue at risk? → Mechanical thrombectomy

Perfusion maps





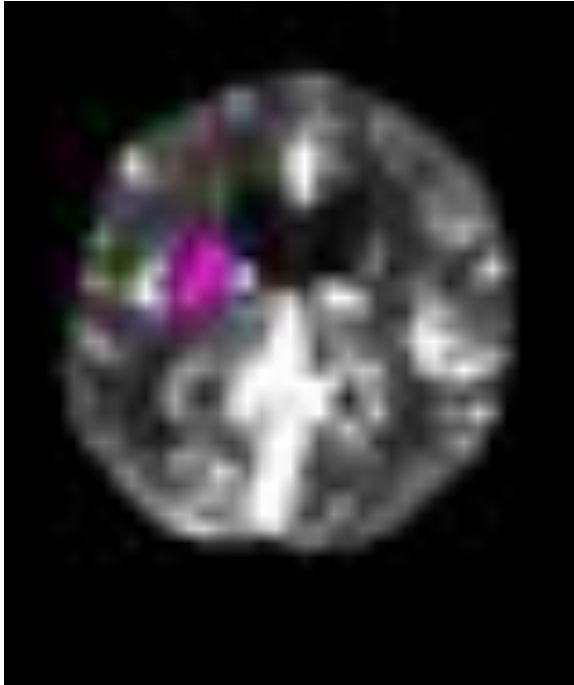
Perfusion summary





Perfusion summary

Infarct core



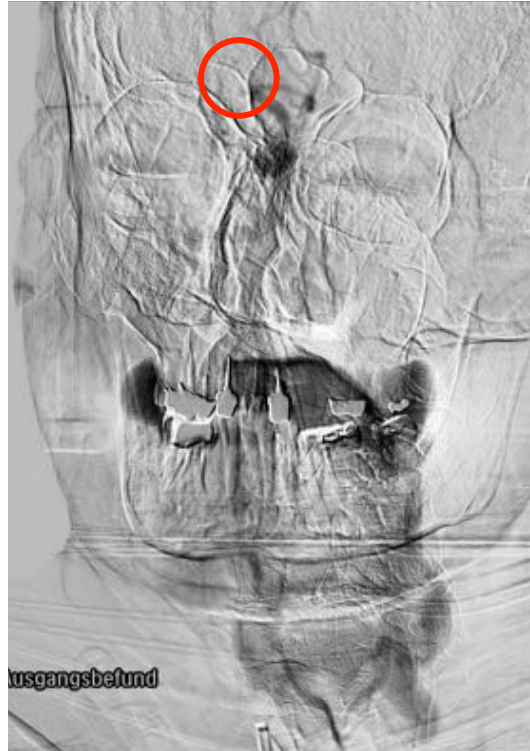
Penumbra





Mechanical thrombectomy

Before



After



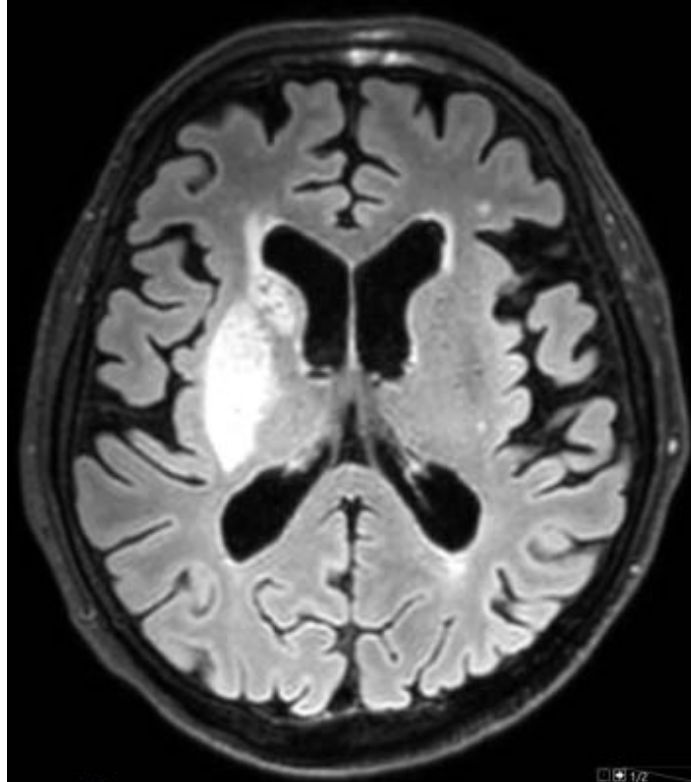


Mechanical thrombectomy





Follow-up MRI



Outline



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Future directions



1st Imaging Decision:

Rule out hemorrhage



Detection of intracranial hemorrhage

ORIGINAL ARTICLE

Diagnostic Accuracy and Failure Mode Analysis of a Deep Learning Algorithm for the Detection of Intracranial Hemorrhage

Andrew F. Voter, PhD^a, Ece Meram, MD^b, John W. Garrett, PhD^b, John-Paul J. Yu, MD, PhD^{b,c,d}



Detection of intracranial hemorrhage

Data

- Retrospective, consecutive single center cohort
- $n = 3605$; ICH+: 349 / ICH -: 3256
- Nonenhanced cranial CT, 7 scanners

Reference-standard

- 1 + 1 Neuroradiologists
- Consensus reading in case of deviation

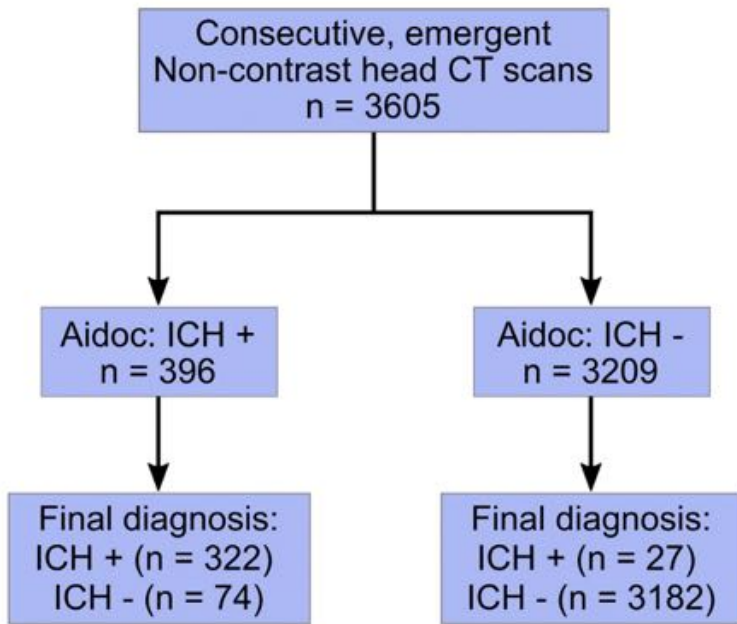
Technique

- Aidoc
- „FDA-cleared neural network algorithm“



aidoc

Detection of intracranial hemorrhage

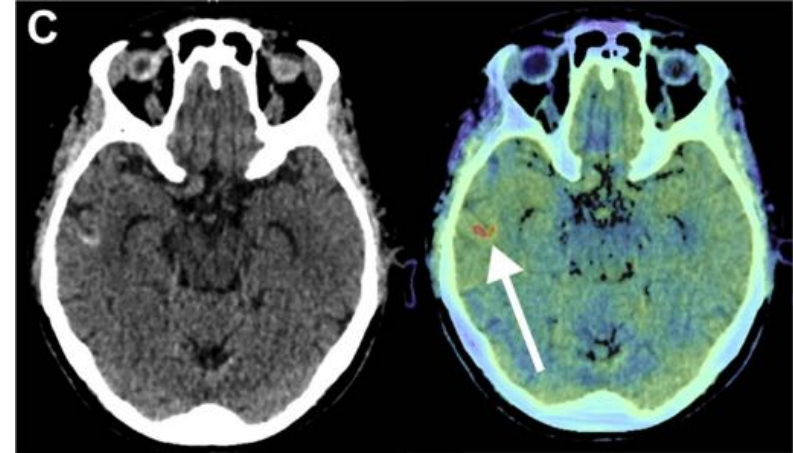
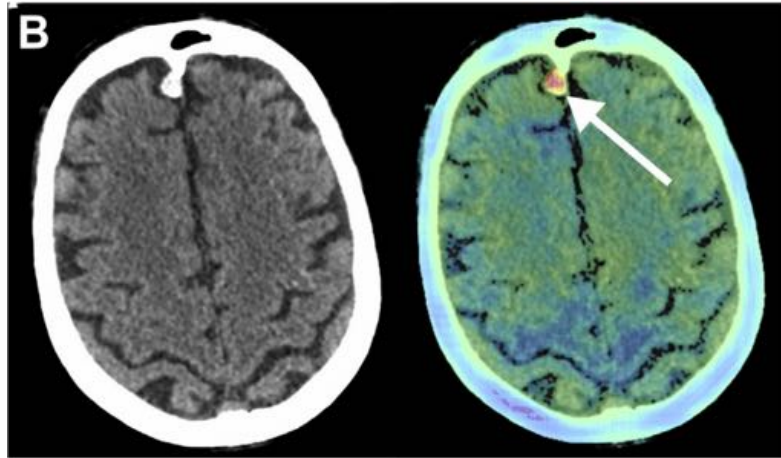


		Referenzstandard	
		ICH +	ICH -
Aidoc ICH	ICH +	322	74
	ICH -	27	3182

Sensitivity	92% [89% – 95%]
Specificity	98% [97% – 98%]
PPV	81% [78% – 85%]
NPV	99% [99% – 99%]



False positive findings



Miscellaneous hyperdense findings in $\frac{3}{4}$ of cases



2nd Imaging Decision: Find large vessel occlusion





Large vessel occlusion detection





Large vessel occlusion detection

Data

- Retrospective, consecutive single center cohort
- $n = 1167$; LVO+ = 75 (6,4%)
- CTA: all indications, $n = 404$ stroke

Reference-standard

- Written radiology report

Technique

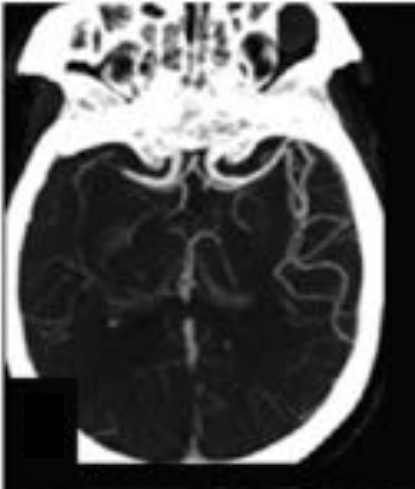
- Viz.ai LVO
- Vessel length
- Predefined threshold
- Distal ACI, M1, (M2)



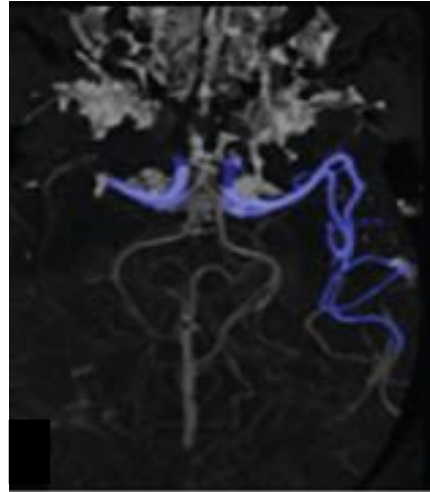


- Registration
- Cropping
- Vessel segmentation

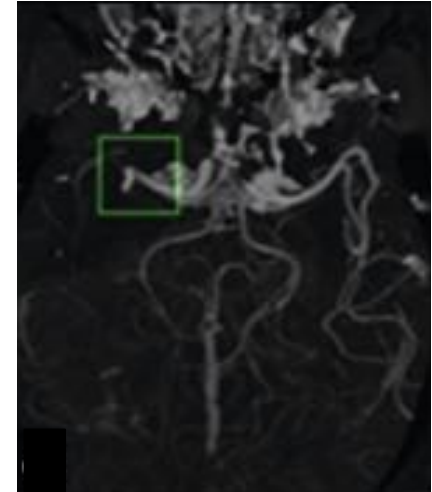
- Bounding box
- Information to NRAD

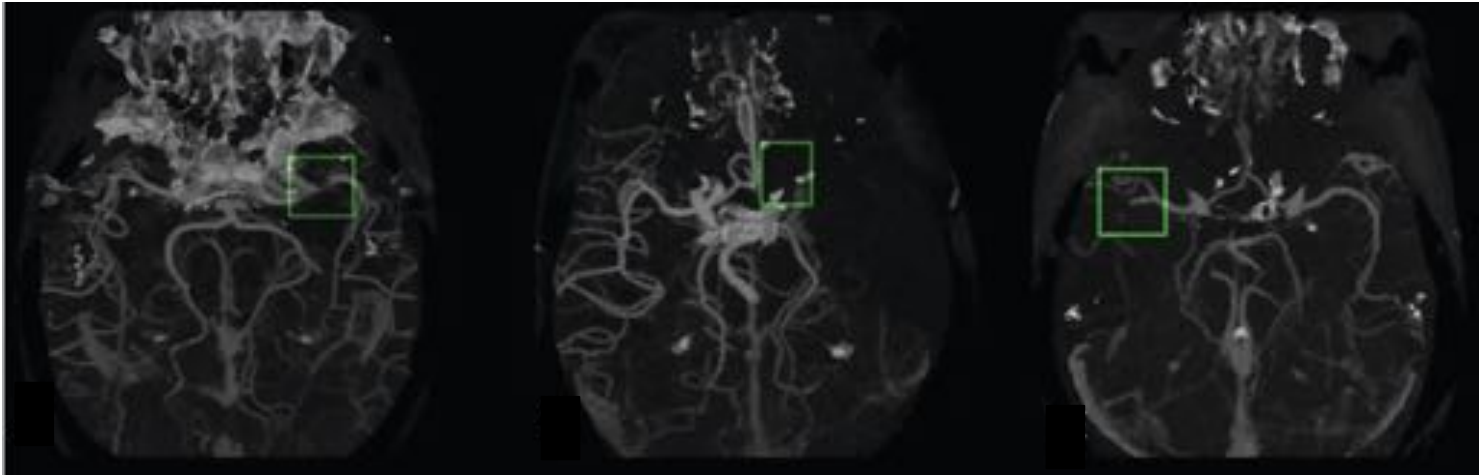


CTA? – Metadata
i.v. contrast?
metal present?



Vessel length
below threshold?





		Referenzstandard	
		LVO +	LVO -
Viz LVO	LVO +		
	LVO -		

Sensitivity	81% [74% – 91%]
Specifity	96% [95% – 97%]
PPV	65% [55% – 74%]
NPV	99% [98% – 99%]




LVO-Detection

NICOLAB

Original research

Diagnostic performance of an algorithm for automated large vessel occlusion detection on CT angiography

Sven P R Luijten ¹, Lennard Wolff,¹ Martijne H C Duvekot,^{2,3}
Pieter-Jan van Doormaal,¹ Walid Moudrous,⁴ Henk Kerkhoff,³
Geert J Lycklama a Nijeholt,⁵ Reinoud P H Bokkers,⁶ Lonneke S F Yo,⁷
Jeannette Hofmeijer,⁸ Wim H van Zwam ⁹, Adriaan C G M van Es,¹⁰
Diederik W J Dippel ², Bob Roozenbeek,^{1,2} Aad van der Lugt,¹ on behalf of the MR
CLEAN Registry and PRESTO investigators

LVO-Detection

Data

- Retrospective study
- MR CLEAN (n=1110) &
- PRESTO (n=646; 141 LVO+)

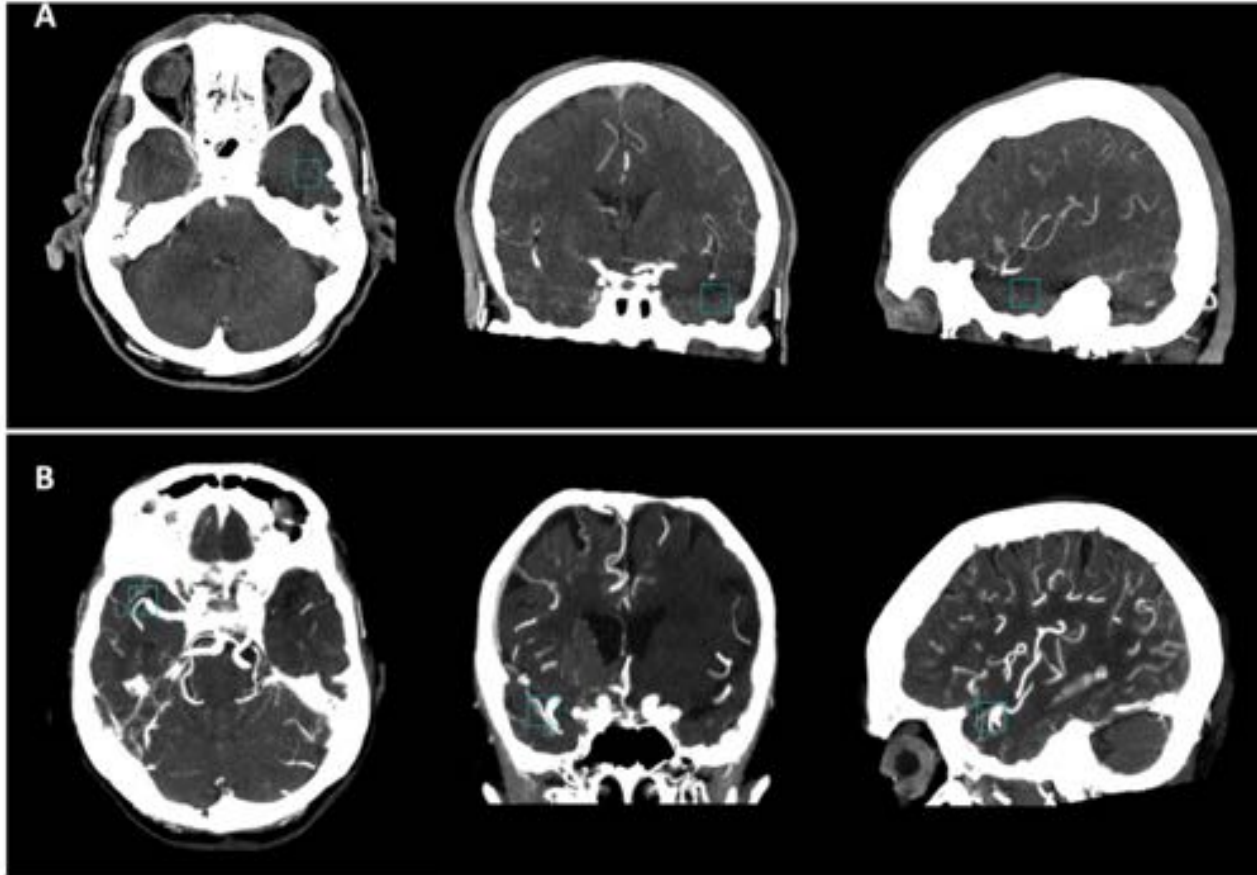
Reference standard

- Core lab assessment

Methods

- NICO LAB
- Bounding Box
- Distal ACI, M1, M2







MR CLEAN		Reference standard	
		LVO +	LVO -
NicoLab	LVO +	992	0
	LVO -	118	0

Sensitivity

89% [87% – 92%]

PRESTO		Reference standard	
		LVO +	LVO -
NicoLab	LVO +	102	113
	LVO -	39	392

Sensitivity

72% [64% – 80%]

Specificity

78% [74% – 81%]

PPV

47% [41% – 54%]

NPV

91% [88% – 93%]



What can we learn from these studies?

- Don't expect perfect results
- The scenario matters
- Examples of false positive and false negative findings
- Guide clinical deployment
- Weird output can happen





3rd Imaging Decision: Patient selection (late time window)

Lots of automated solutions....



... but not AI

Outline



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Future directions

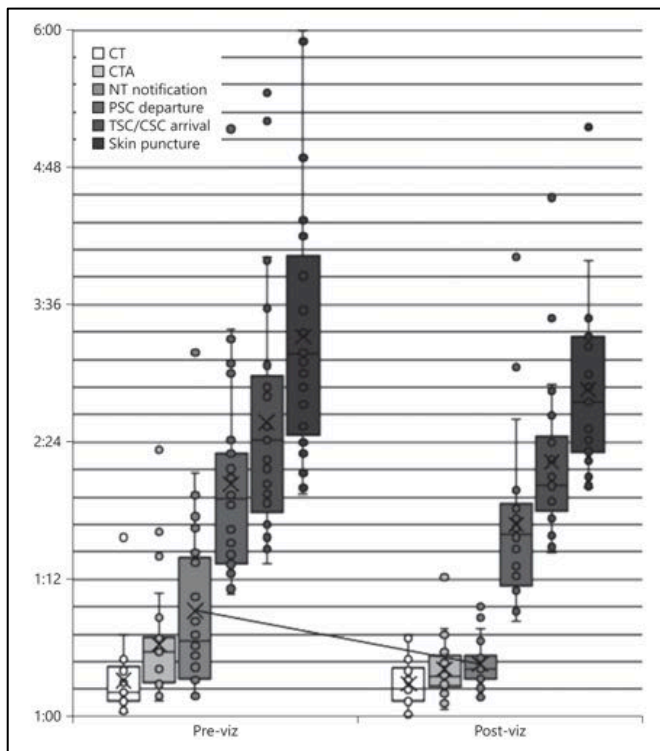


Decreasing time to treatment through mobile apps





Mobile stroke apps impact on turnover times



Time to notification:

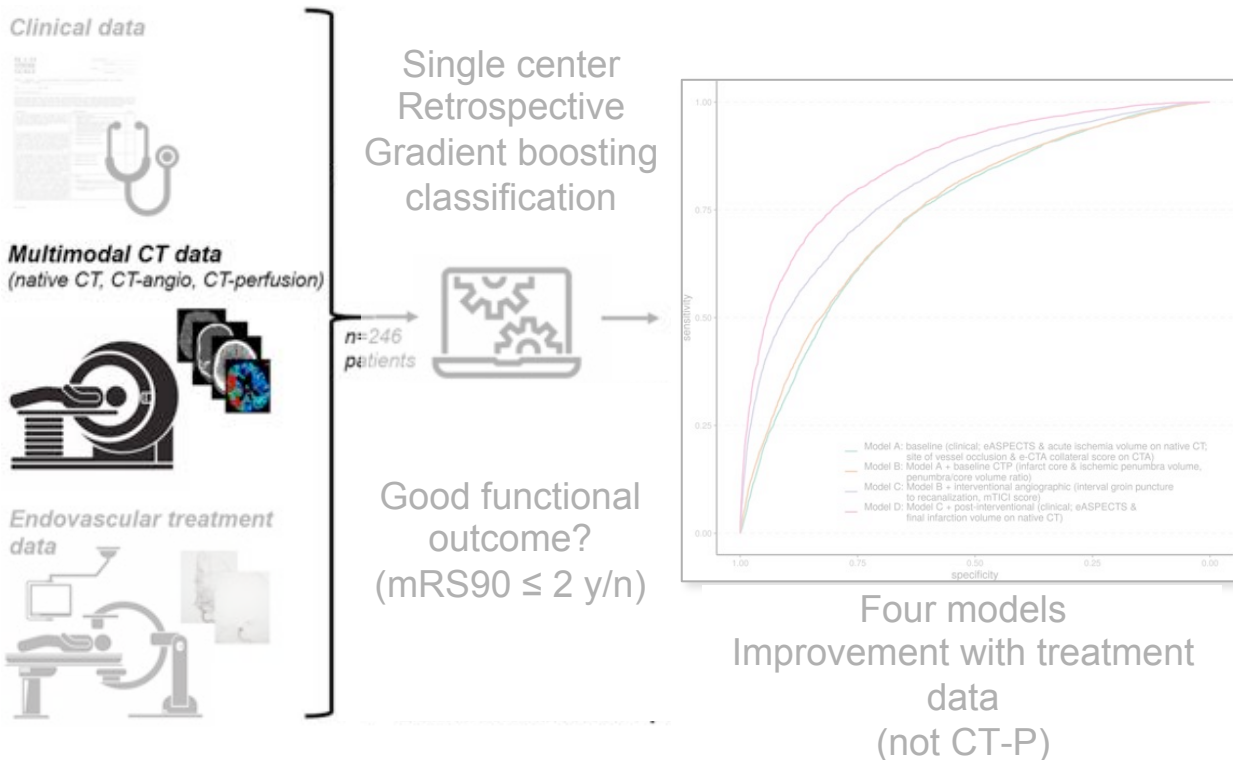
Before implementation: 40 min

After implementation: 25 min





Machine learning for outcome prediction



Most important predictors:

- 1) NIHSS after 24hrs
- 2) Premorbid mRS
- 3) Final infarct volume (NCCT)
- 4) Groin to recanalization
- 5) Baseline infarct volume (NCCT)

Summary



**Stroke is common
and serious
Time is brain**



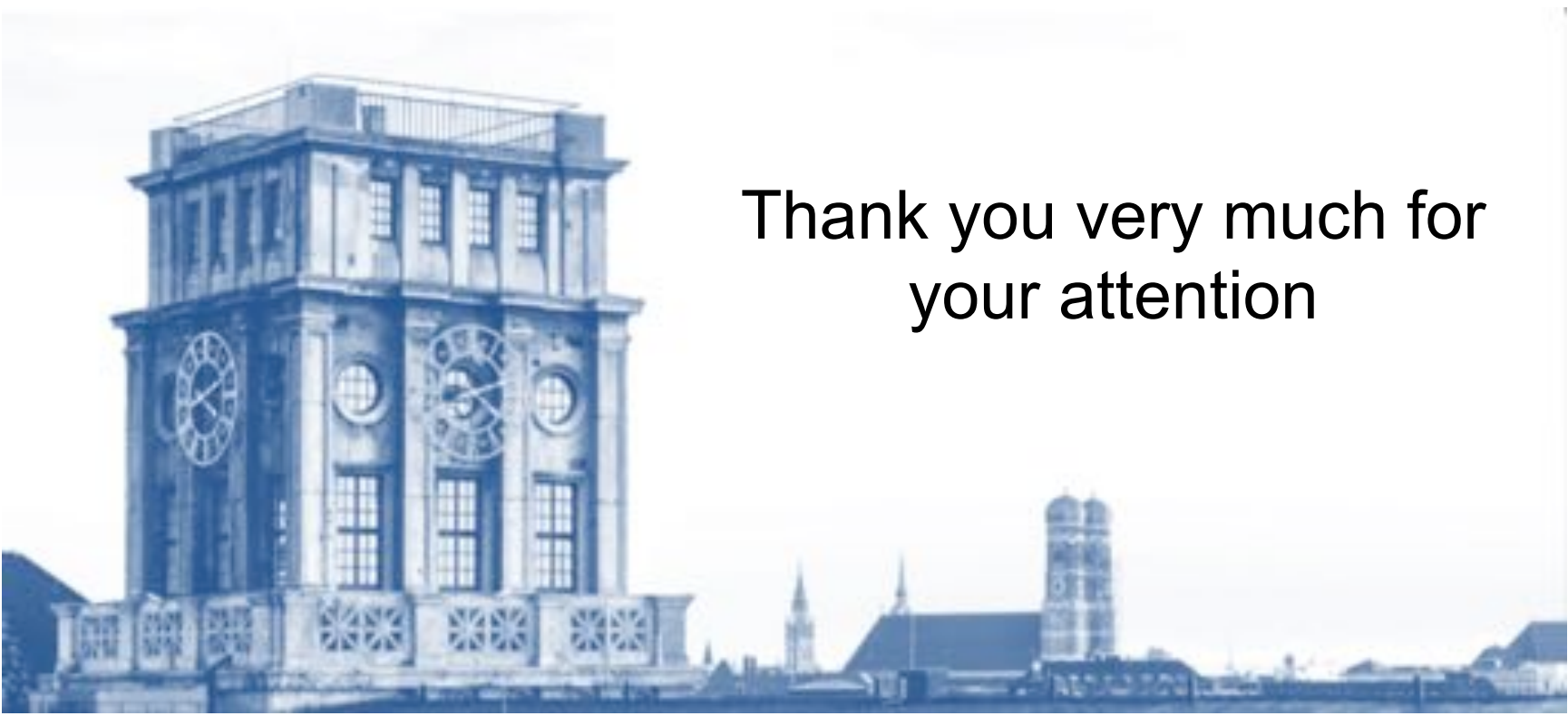
**Three image-
guided treatment
decisions
Image-guided
thrombectomy**



**AI-based solutions
are available for
dedicated imaging
questions, room for
improvement**



**Workflow
streamlining
Outcome
prediction**



Thank you very much for
your attention

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