



1



2



3



3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56

Left-ventricular Epi- and Endocardium Extraction from Using an Automatically Constructed 3D ASM

C. Butakoff^a, S. Balocco^b, F. M. Sukno^a, C. Hoogendoorn^a, C. Tobón-Gómez^c

^a *Universitat Pompeu Fabra, Barcelona, Spain*; ^b *Computer Vision Center, Barcelona, Spain*; ^c *King's College London, UK*; ^d *Instituto Cardiovascular, University of Sheffield, UK*

(Received 00 Month 20XX; accepted 00 Month 20XX)

In this paper, we propose an automatic method for constructing an Active Shape Model (ASM) to segment the complete cardiac left ventricle in 3D ultrasound (3DUS) images. The automatic construction of the ASM has already been proposed, however the direct application of these methods to 3DUS is hampered by artifacts. Therefore, we propose to construct the ASM by fusing the multidetector data, to learn the shape, with the artificially generated 3DUS, in order to learn the boundaries. Our artificial images were generated by two approaches: a faster account the geometry of the transducer, and a more comprehensive one, implying the geometry of the transducer. The segmentation accuracy of our ASM was evaluated on 20 patients with demonstrating plausibility of the approach.

Keywords: ASM; cardiac segmentation; statistical model; shape model; 3D segmentation

1. Introduction

Ultrasound (US) is known to be the fastest, least expensive and least invasive method for imaging the heart. Because of the 3D structure and deformation of the heart cycle, analysis of irregularly shaped cardiac chambers or description of 2D images is inherently limited. Developments in 3D echocardiography (Woo (2009)). During the last two decades it evolved from free-hand mechanical scanning of several planes using a linear transducer, to methods that are able to acquire a 3D volume of the whole heart almost in real time.

The appearance of this new modality brought in new challenges and tools, many of which rely on correct segmentation of the myocardium. Artifacts or having a poor window limit the accuracy of such tools. It is difficult to force many studies to reject up to one third of the data (Nikiti Bellenger, Burgess, et al. (2000)). An extensive survey of traditional segmentation can be found in Noble and Boukerroui (2006); Frangi, Nies Frangi, et al. (2006); Angelini, Homma, et al. (2005); Angelini, Jin and Niessen (2001); Frangi, Niessen, et al. (2005).

Let us start with approaches using explicit surface representation. To our knowledge, the first segmentation algorithm, Hong, Georgescu, et al. (2006) proposed