

Removing Blooming Artifacts with Binarized Deconvolution

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Cardiac CT – Motivation

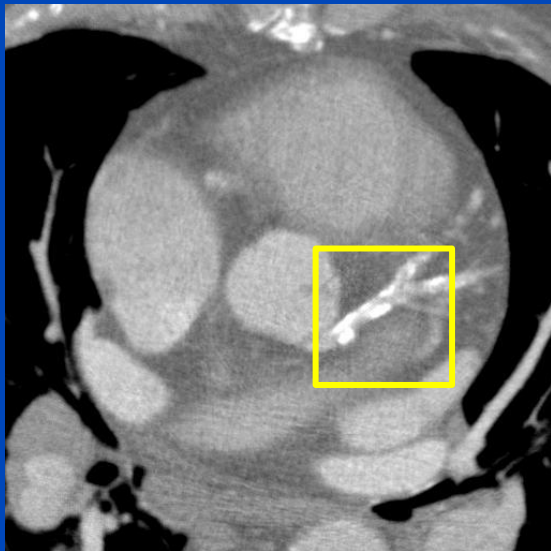
- The coronary artery disease is still one of the most dominating causes of death in the western world.
- Cardiac CT is a desirable non-invasive alternative to invasive coronary angiography.
- Imaging system limits spatial resolution → PSF of the system generates blooming artifacts which reduce the contrast at high contrast structures.
- Blooming artifacts arising from calcified vessels lead to an over-estimation of the degree of luminal narrowing and to loss of the plaque's morphology.



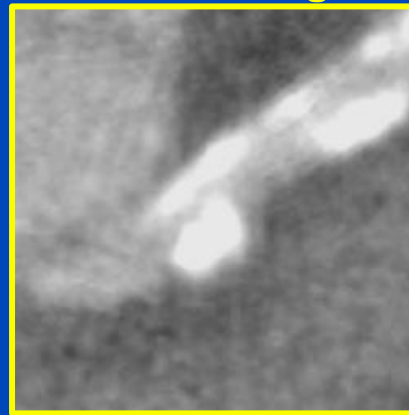
Aim

- To estimate the morphology and the CT-value of the calcification without the adverse effect of the PSF of the imaging system by an image based deconvolution approach.
- The proposed method estimates the correct CT-value and the correct morphology of the calcification by assuming that one calcification consists of a compact homogeneous region with a constant CT-value.

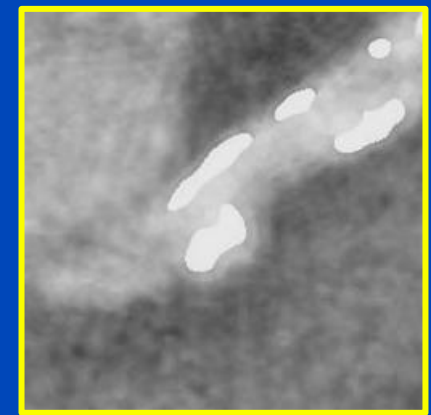
Cardiac reconstruction



Calcification
+ Blooming



Estimated
calcification



C = 0 HU, W = 1000 HU

Basic Idea of Binarized Deconvolution

- In CT the formation of the observed image g can be described as a convolution of the real image f with the PSF K of the imaging system:

$$K \cdot f = g$$

- The observed image g can be split into background g_{BG} and the calcification plus blooming g_C so that:

$$g_C = g - g_{BG}$$

- The proposed method makes use of the assumption that a single calcification g_C consists of a continuous region with almost constant CT-value:

$$K \cdot f_B \cdot c = g_C$$

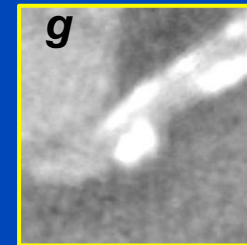
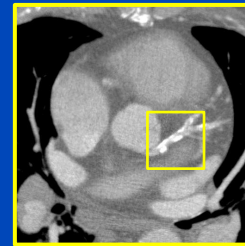
- f_B = binary image \rightarrow shape

- c = factor for CT-value

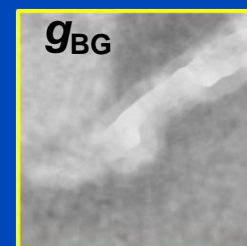
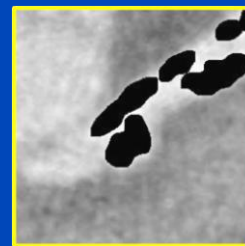
- Task: find f_B and c .

Binarized Deconvolution – Workflow

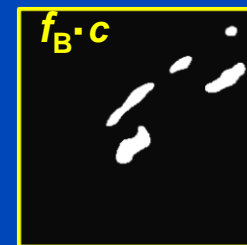
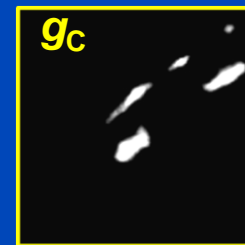
Initialization



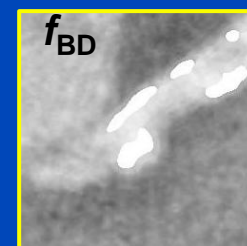
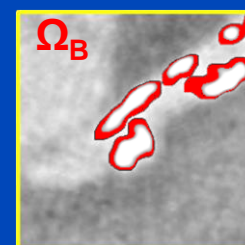
Separation of calcification and background



Removal of blooming artifacts



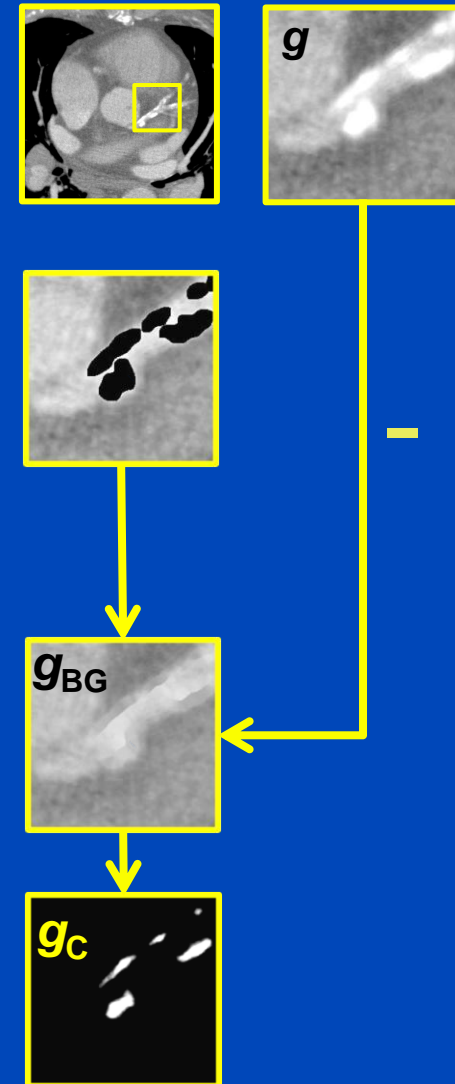
Combination of calcification and background



Result

Separation of Calcification and Background

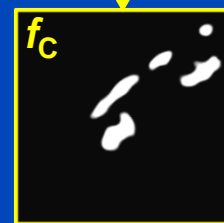
- Detect and select calcification
 - Manually chosen (to date)
- Upsample to fine voxel grid ($\Delta x = \Delta y = 0.1$ mm)
 - For a more exact extraction and deconvolution
- Extract calcification and blooming
 - Thresholding approach proposed by Steckmann et al¹.
- Calculate background g_{BG} by inpainting the thresholded image
 - Erosion-based method which uses the local surroundings of the borders of the defect which are to be continued into the defect region.
- Subtract g_{BG} from g to obtain calcification + blooming: $g_C = g - g_{BG}$



Removal of Blooming Artifacts

$$C(f_B, c) = \|K \cdot f_B \cdot c - g_C\|_2^2$$

- f_B = binary image \rightarrow shape
- c = factor for CT-value



Deconvolve g_C with TV penalty $\rightarrow f_C$

Binarize f_C with thresholds $t \rightarrow f_B(t)$
 $t = [0, \max(f_C)]$

For all thresholds t calculate c minimizing $C(f_B(t), c)$

Use the set c^*, f_B^* with the lowest cost $C(f_B(t^*), c^*)$

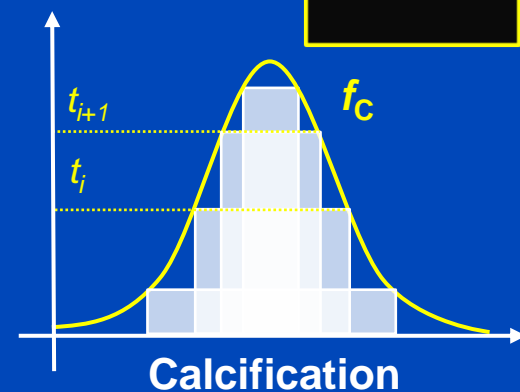
$$C_{TV}(f_C) = \|K \cdot f_C - g_C\|^2 + \beta TV(f_C)$$

$$f_{Bj}(t) = \begin{cases} 1, & \text{if } f_{Cj} > t \\ 0, & \text{if } f_{Cj} \leq t \end{cases}$$

$$c = \arg \min_c \|K \cdot f_B(t) \cdot c - g_C\|_2^2$$

$$\rightarrow c = \frac{(K f_B(t)) \cdot g}{(K f_B(t))^2}$$

$$(c^*, t^*) = \arg \min_{c, t} C(f_B(t), c)$$

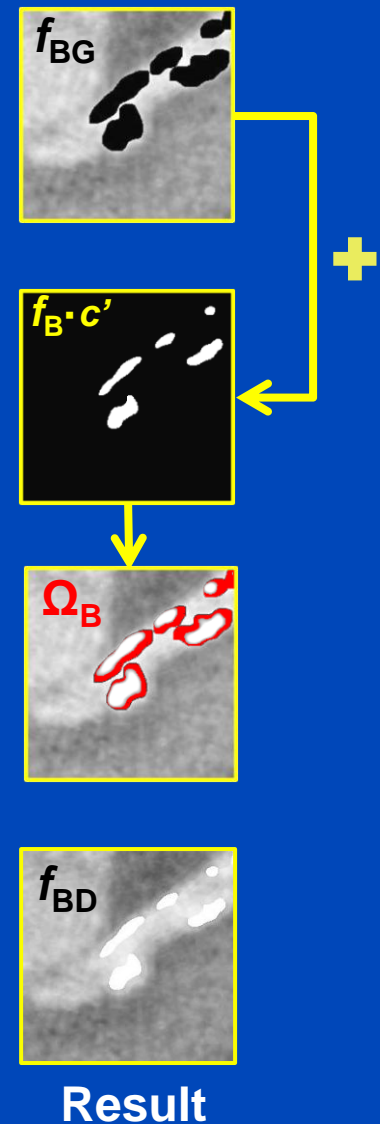


Combination of Calcification and Background

- The factor for the CT-value c^* has to be background corrected due to the subtraction of the background before.
- For that we calculate the mean of the set of voxels of the inpainted image g_{BG} which corresponds to the blooming corrected calcification.
- Add thresholded image and $f_B \cdot c'$.
- Choose the blooming corrected f_{Ω_B} region best solving the cost function:

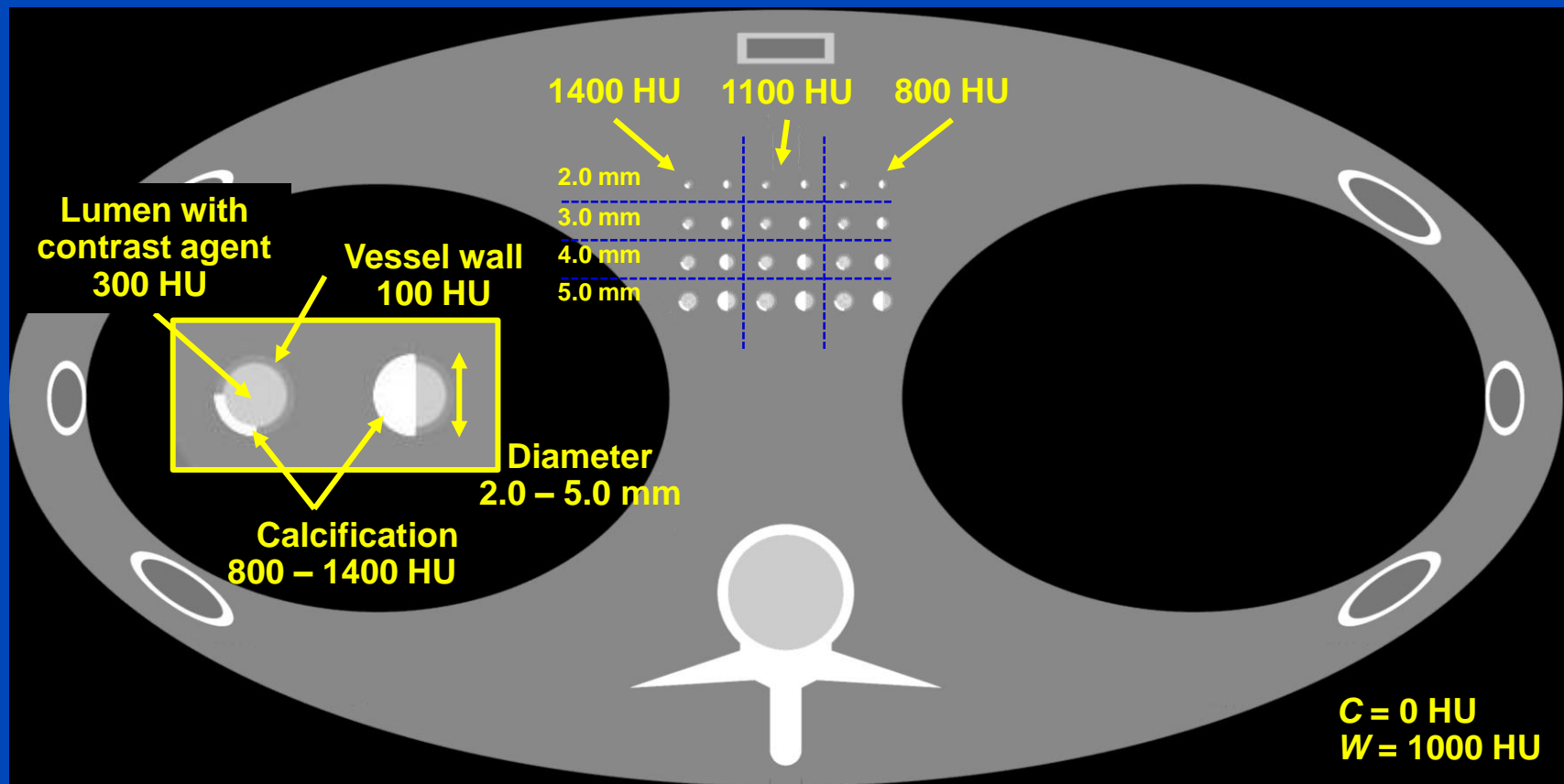
$$f_{\Omega_B} = \arg \min_{f_j, j \in \Omega_B} \|K \cdot (f + f_B(t^*) \cdot c' + f_{BG}) - g\|_2^2 + \beta TV(f).$$

→ Here only voxel values $j \in \Omega_B$ are being updated.



Phantom with Calcified Vessels

- Blood vessels were simulated into the heart region of the Forbild thorax phantom and high density calcium deposits were simulated into the vessels.
- The center portion of large lesions is typically between 800 – 1400 HU.



Assessment of Image Quality

- Image quality was quantified by computing the normalized cross correlation with ground truth,

$$\text{NCC} = \frac{1}{L-1} \sum_{x,y \in \Omega} \frac{(f(x,y) - \bar{f})(g(x,y) - \bar{g})}{\sigma_f \sigma_g},$$

- » **f** = reconstructed image, **g** = ground truth
 - » **σ_f** , **σ_g** = corresponding standard deviations
 - » **Ω** region for NCC analysis
- and with the root mean square deviation to the ground truth:

$$\text{RMSD} = \sqrt{\frac{1}{|\Omega|} \sum_{x,y \in \Omega} (f(x,y) - g(x,y))^2}.$$

- Estimated calcium size: voxels exceeding the threshold of 70 % of the CT-value of the calcification are counted as calcified voxels.

Compared Algorithms

- Ground truth:

Noise-free ten-fold spatial resolution analytical reconstruction of our analytical phantom.

- FBP reference reconstruction:

Ram-Lak kernel (ramp filter till Nyquist frequency).

- Richardson Lucy deconvolution (RL)¹:

Standard deconvolution technique (often used in CT literature).

$$f^{n+1} = f^n K^T \left(\frac{g}{K f^n} \right)$$

- g = image to be deconvolved
- K = convolution kernel
- K^T = transpose kernel
- f^n = result after iteration n

- Proposed binarized deconvolution (BD):

$$C(f_B, c) = ||K \cdot f_B \cdot c - g_C||_2^2$$

[1]Al-Ameen, et al., “Utilizing a Laplacian–Richardson Lucy procedure for deblurring CT medical images degraded by Gaussian blur,” In proceeding of: 5th conference and exhibition on computer communication (Jul. 2012).

Simulation and Reconstruction Setting for Phantom Simulations

Rawdata:

- Siemens SOMATOM Definition Flash Geometry
- $N_{360} = 1160$
- Monoenergetic x-ray spectrum with 80 keV
- 30 HU Poisson noise (in water equivalent tissue)

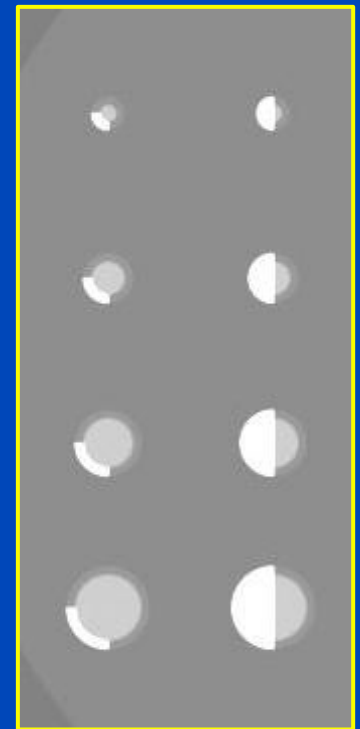
Reconstruction setting:

- Field of view = 250 mm
- $N_x = N_y = 512 \rightarrow \Delta x = \Delta y = 0.5$ mm

BD Algorithm:

- For the deconvolution the PSF was approximated as a spatial invariant Gaussian function
- The PSF is determined with a delta object, simulated into the phantom: $\text{FWHM}_{\text{FBP}} \approx 1.01$ mm $\rightarrow \sigma_{\text{FBP}} \approx 0.43$ mm

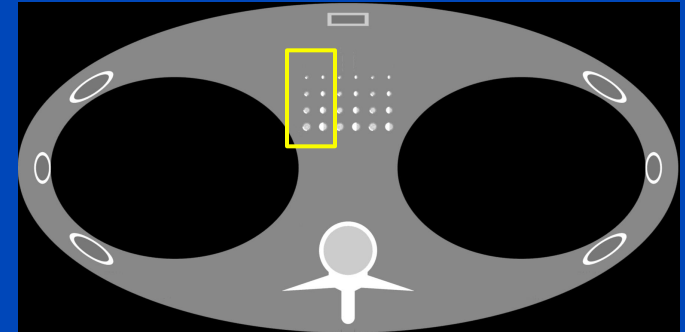
Ground truth
(Calcification = 1400 HU)



Phantom Results

- Reference reconstruction: **FBP** (Ram-Lak)
- Richardson Lucy (**RL**) deconvolution
- Binarized deconvolution (**BD**)

1400 HU pattern analyzed

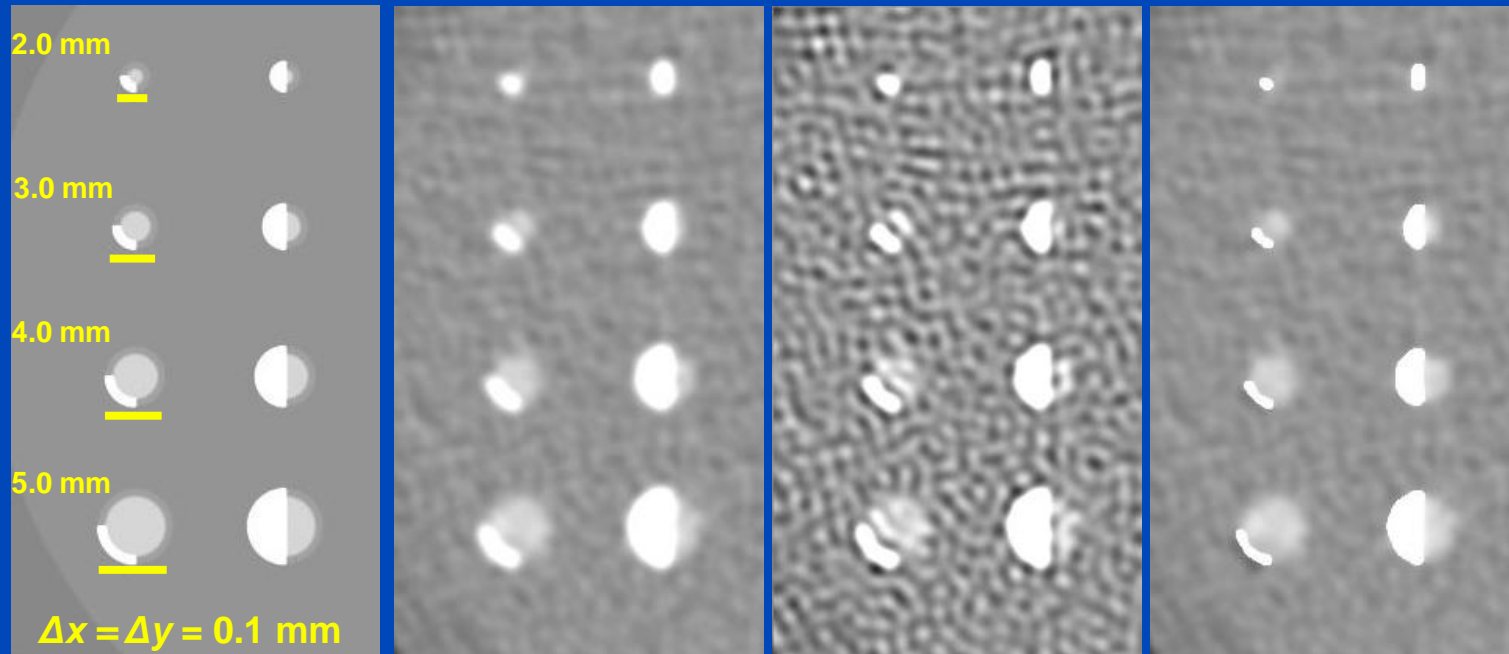


Ground truth
(Calcification = 1400 HU)

FBP

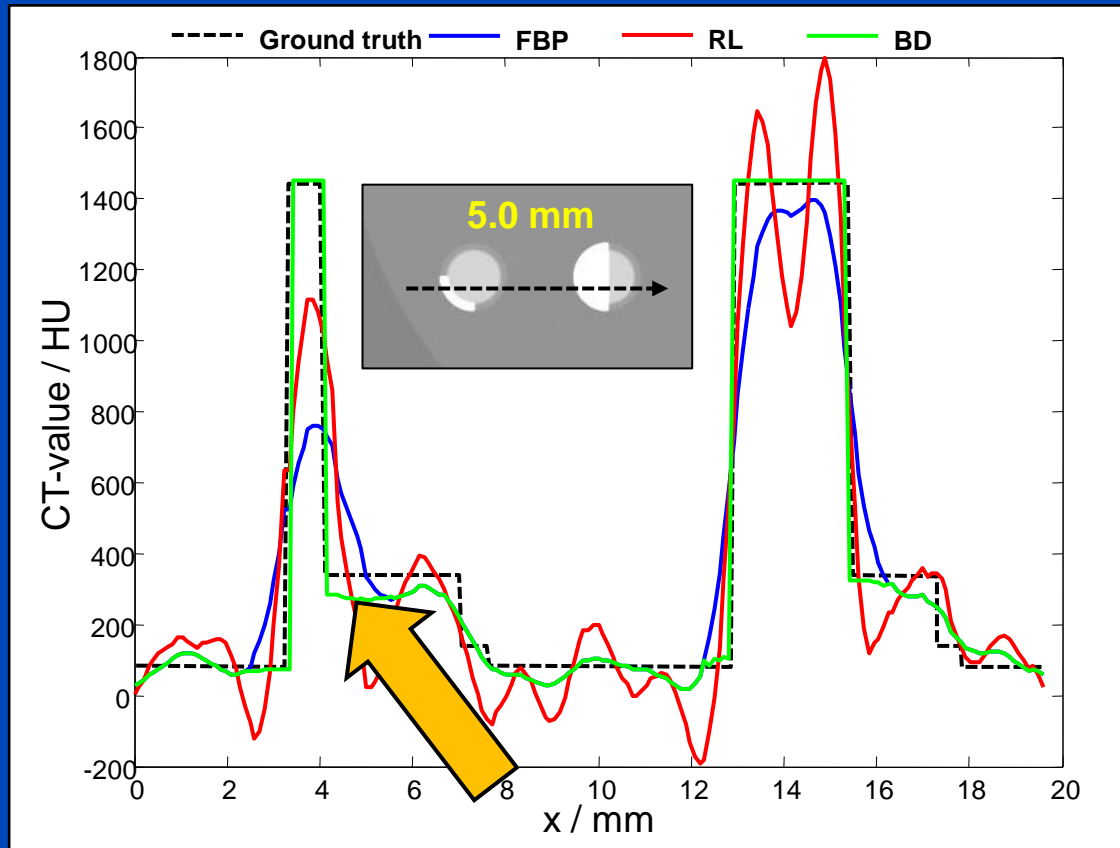
RL

BD



$C = 0 \text{ HU}, W = 1000 \text{ HU}$

Quantitative Results



Algorithm	RMSD / 10^{-3}	NCC	Calcification size in %
Ground truth	0.0	1.0	100
FBP	0.35	0.53	55.8
RL	0.30	0.62	83.1
BD	0.26	0.71	93.9

Reconstruction Setting for the Patient Data

Rawdata:

- Siemens SOMATOM Definition Flash scanner
- Dual source spiral scan, retrospectively gated scan
- Scan parameters: $N_{360} = 1160$, tube voltage = 100 kV

Reconstruction setting:

- Reference reconstruction: EPBP¹
- Retrospective reconstruction, 70% R-R interval reconstruction
- Field of view = 250 mm
- $N_x = N_y = 512 \rightarrow \Delta x = \Delta y = 0.5$ mm

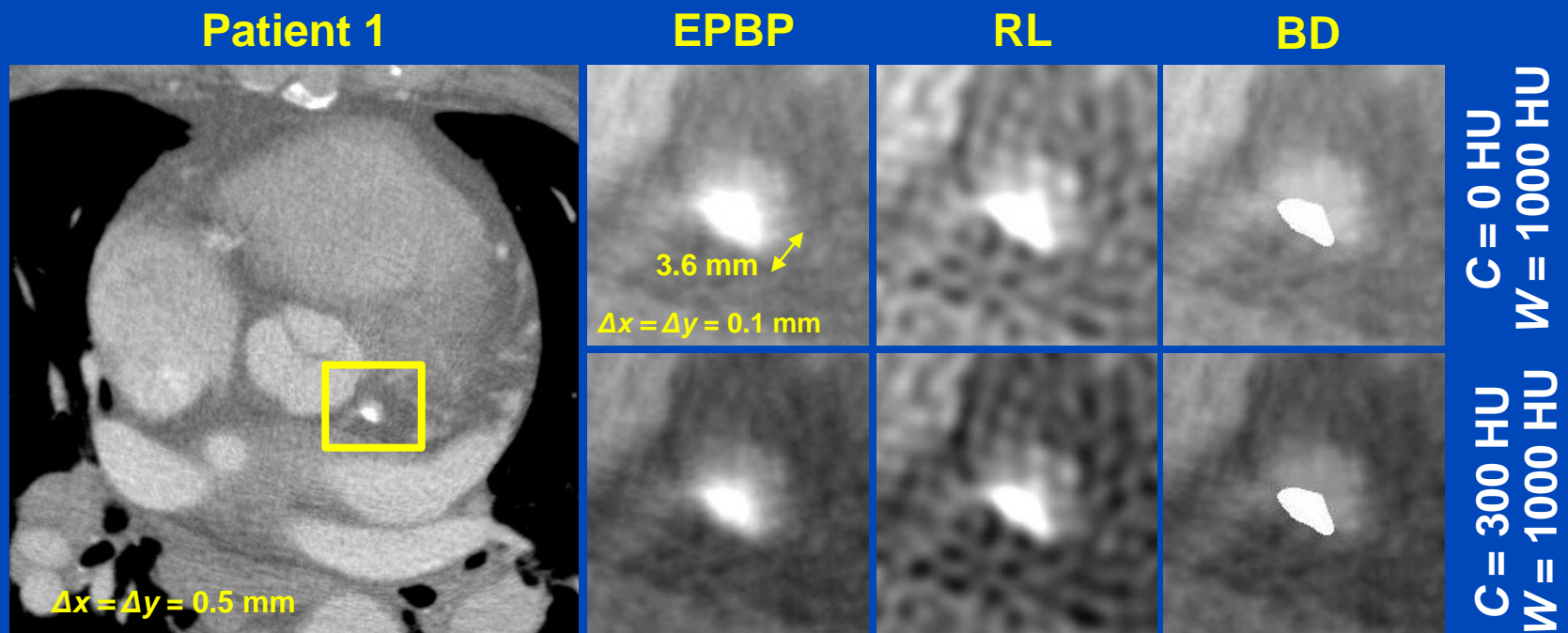
BD algorithm:

- Estimate PSF in Reconstruction:
 - Measure several edge profiles and calculate averaged FWHM
 - $d/dr (ESF(r)) = LSF(r) \rightarrow$ FWHM by fitting Gaussian to the LSF
 - FWHM ≈ 1.3 mm $\rightarrow \sigma_{EPBP} \approx 0.56$ mm

[1] Kachelrieß, M., Knaup, M., and Kalender, W., "Extended parallel backprojection for standard three dimensional and phase-correlated four-dimensional axial and spiral cone-beam CT with arbitrary pitch, arbitrary cone-angle, and 100% dose usage," Med. Phys. 31, 1623–1641 (Jun. 2004).

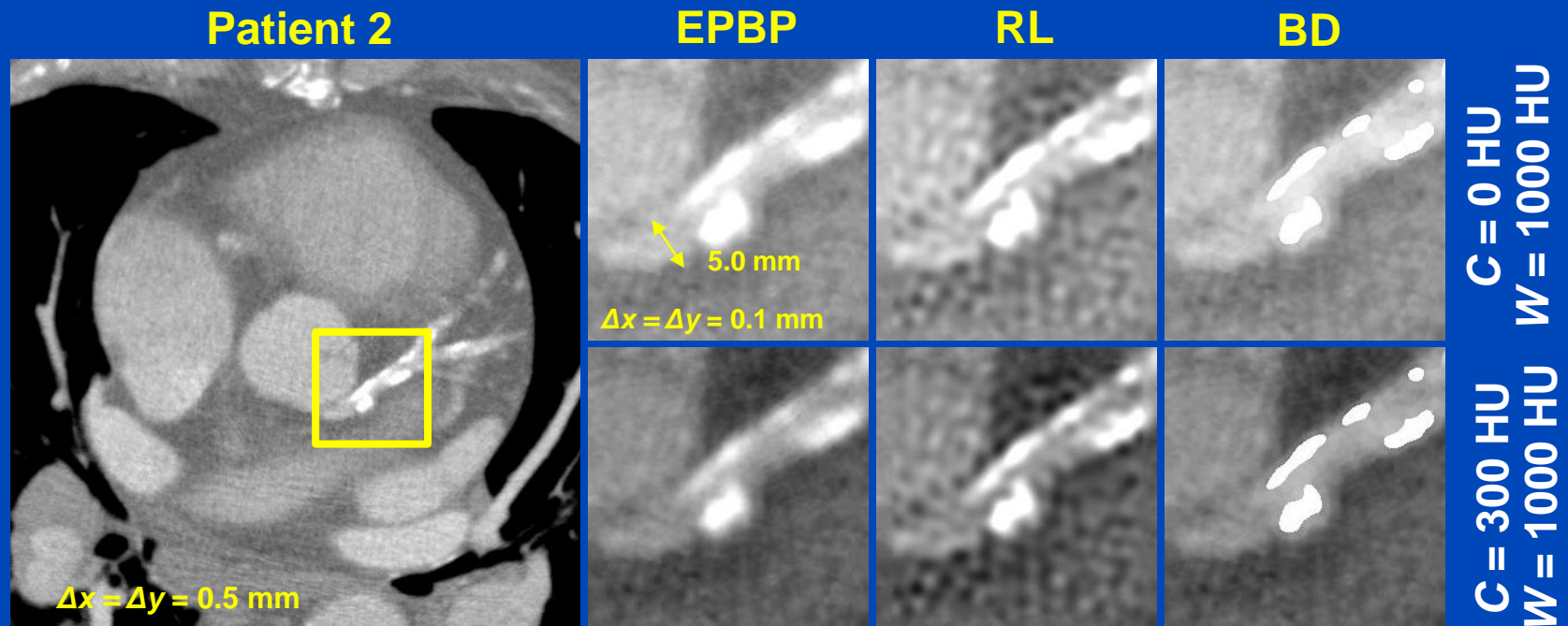
Simple Calcification Patient Data

- The estimation of the calcification size and the degree of the luminal narrowing is now independent from the window level due to the removed blooming.



Multiple Calcifications Processed at Once

- The initial patient data results are promising, but a μ -CT study has to be done to verify the correctness of the CT-values and the morphology.



Summary & Conclusion

- The phantom study shows good results → the correct CT-value and the correct morphology of the calcification can be restored.
- The visibility of the calcification and its borderline to the lumen is independent from the window level.
- The patient data results are promising.
- A μ -CT study has to be done to verify the correctness of the CT-values and the morphology and to tune the various parameters of the method.

Thank You!

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This presentation will soon be available at www.dkfz.de/ct.