Real-time registration of 3D cerebral vessels to X-ray angiograms

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Abstract. A quick method to obtain the 3D transformation of a 3D free-form shape model from its 2D projection data is proposed. This method has been developed for the real-time registration of a 3D model of a cerebral vessel tree, obtained from pre-operative data (eg. MR Angiogram), to a X-ray image of the vessel (eg.Digital Subtraction Angiogram) taken during an operation. First, the skeleton of the vessel in a 2D image is automatically extracted in a model-based way using a 2D projection of a 3D model skeleton at the initial state (up to ±20 degree difference in rotation). Corresponding pairs of points on the 3D skeleton and points on the 2D skeleton are determined based on the 2D Euclidean distance between the projection of the model skeleton and the observed skeleton. In the process, an adaptive search region for each model point, which is determined according to the projected shape, effectively removes incorrect correspondences. Based on a good ratio of correct pairs, linearization of a rotation matrix can be used to rapidly calculate the 3D transformation of the model which produces the 2D observed projection. Experiments using real data show the practical usefulness of the method.

Key words: 3D-2D registration, ICP (Iterative closest point) algorithm, multi-modal fusion and augmented reality visualizations.

1 Introduction

This work is being developed to aid the endovascular treatment of intracranial aneurysms by coil embolisation. In current practice, the neuroradiologist guides a catheter through a vessel while viewing its 2D projection (X-ray angiogram). It is hard for a neuroradiologist to visualize the complex 3D shapes of the vessels from one 2D projection, even with the 3D shape information from pre-operative data (eg. MR A(ngiography)). To help the neuroradiologist's understanding, Wilson and Noble[1] developed a method for reconstructing a 3D model of cerebral vessels from slices of MRA data. Fig. 1a shows a result of the reconstructed 3D model. If this 3D structure is superimposed on a 2D intra-operative X-ray image and the location of the catheter is displayed on the 3D reconstruction, it may aid the neuroradiologists in accurately deciding how they should manipulate the catheter. For this purpose, real-time determination of the posture and position of the 3D model from its 2D projection is required.

The determination of the position and posture of a 3D model from its 2D view is a fundamental and important problem in Computer Vision research. In the case that the object has some prominent features (points, edges etc) that can be robustly extracted and matched between the 3D model and its 2D view, the approach based on feature-matching can be taken. However, usually both robust feature extraction and robust feature matching are not easy, especially in the case of a free-form object. The iterative closest point (ICP) algorithm[2], originally developed for 3D-3D rigid registration, has appropriate characteristics for free-form shape registration. The basic idea of the method is to use iterative transformations of the 3D model towards the correct position and posture using the corresponding pairs between the observed and the model points, which are matched on the basis of the closeness at each state. If the initial position and posture is not far from the correct position and posture, so that the corresponding pairs include a high ratio of correct pairs, the model can converge to the correct state. For registration of a 3D model registration to its 2D view, that is, for obtaining the best 3D transformation of a model which produces a given 2D view, the difficulties of the extension of this approach are mainly two-fold:
I) The difficulty of finding correct pairs between the projection of the 3D model and the observed 2D view using only the 2D distance, and;
II) Even after finding the pairs, it is not easy to feedback the 2D difference to the 3D transformation of the model.

Concerning (I), in [3], the tangent of the projection of the 3D model and the observed 2D curve was used to decrease the number of bad correspondences. Although the effectiveness of using such additional attributes (curvatures, grey level etc) in addition to the geometrical distance has been shown in 3D-3D registration of free-form objects[4], it is not so effective in the 3D-2D case for two reasons: a) the tangent on the 2D image is not an invariant feature; and b) the projection of the complex 3D model often causes complicated self-overlapping, where the robust calculation of geometric features can be difficult.

Concerning (II), most proposed methods take similar approaches to a gradient descent method (eg. [5]) to find the best 3D transformation which minimizes the sum of 2D distances between corresponding pairs (or maximizes the similarity between the projection of the model and the observed data) over the six degrees of freedom. However, such approaches are time consuming and are not suitable for use in real-time applications. Fortunately, to address this problem, the Active Vision Research field has made advanced steps towards real-time object tracking from time-sequential 2D images. One solution that has been proposed is to linearize the 3D non-linear transformation[6]. The main difference between their application and ours is that, in their case, the feature correspondences are easier to find since special features (like corners) can be used. To use thier approach, we need to solve the problem (I) and robustly obtain a high ratio of correct pairs.

In this paper we propose a fast registration method which overcomes the two difficulties noted above as follows. Concerning (I), the model-based strategy plays an important role both in extracting the vessels from the X-ray image and
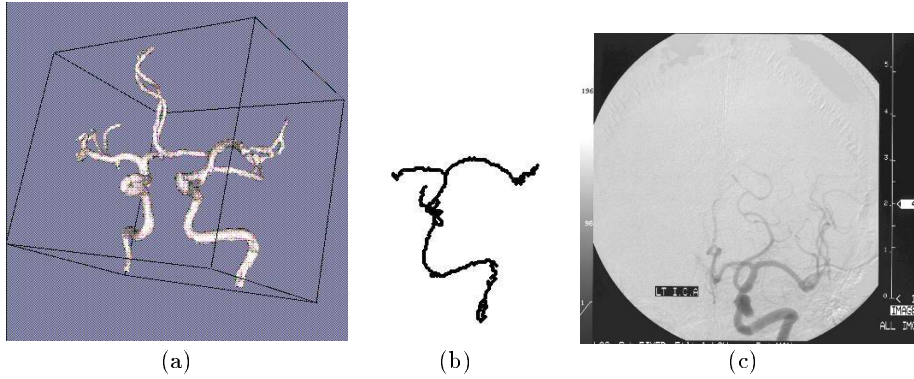
(a) (b) (c)

Fig. 1. The 3D model of the cerebral vessels and a digital subtraction angiography (DSA) image of the same vessels: (a) the 3D model of both carotid circulations; (b) a skeleton of the left internal carotid circulation; (c) a DSA image of the left internal carotid circulation.

in finding correct point matching pairs between the vessel and the 3D model. In particular, the search area for finding the corresponding observed points is effectively adjusted for each point in the 3D model depending on the shape of the model projection, so that most of the wrong pairs are excluded. Secondly, concerning (II), taking advantage of the high-ratio of correct pairs obtained by the first process, the 3D transformation of the model is calculated using separation of the translation effect and linearization of the rotation matrix. Although the correct position and posture of the model is not obtained at once, because of inaccurate matching pairs and linearization errors, the 3D model quickly converges to the correct state by iterating the point matching and model transformation processes.

2 Model-based 2D vessel extraction

2.1 Preprocessing

The input to our method is a skeleton of the 3D vessel model (eg. Fig.1b), obtained from the full 3D vessel reconstruction (Fig. 1a)[7], and a digital subtraction angiography (DSA) image of the vessels (eg. Fig. 1c). For full automation, the region of interest (which is almost a circle) is extracted from the X-ray image with simple image processing. The small black rectangle containing text is also removed from the region of interest.

2.2 Initial localization

Here we briefly explain our 3D coordinate frame, (X, Y, Z). The X-ray source of the X-ray machine is defined as the origin of the coordinate system. The image plane is on the $Z = f$ plane, where f is the distance between the source and the plane. The X and Y axes are defined as the same directions as I and J

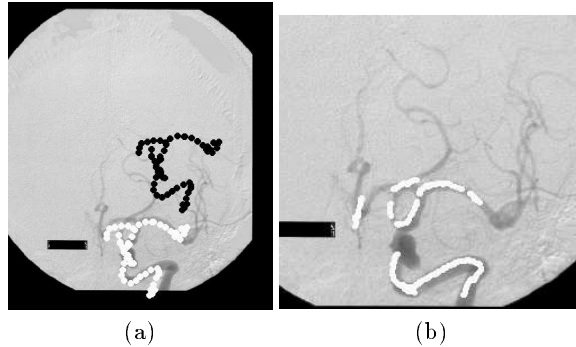(a)   (b)

Fig. 2. Model-based extraction of 2D vessel skeleton: (a) initial translation (t_x, t_y) of 3D model (from black to white points); (b) resultant extraction (white lines).

of the image coordinates respectively. The 3D vessel model is placed between the source and the image plane and perspectively projected to the image. The model's initial position and posture is approximately known.

In the registration process we use n points which have been sampled at regular intervals from the 3D model skeleton. The 3D coordinates of these points are $\mathbf{X}_i = (X_i, Y_i, Z_i)^\top (i = 1, ...n)$. The 3D transformation of the model is represented by $\mathbf{R}$(the 3×3 rotation matrix) and $\mathbf{T} = (t_x, t_y, t_z)^\top$(the translation vector). The 2D projections of the 3D model points after the transformation of $\mathbf{R}$ and $\mathbf{T}$ have the 3D coordinates $(x_i, y_i, f)^\top$, where $x_i = fX_i'/Z_i'$, $y_i = fY_i'/Z_i'$ and $\mathbf{X}'_i = \mathbf{R}\mathbf{X}_i + \mathbf{T}$.

When real X-ray images are acquired, the patient's head is immobilized, and the X-ray source and the image plane are rotated together around the head. Here, inversely, we rotate the model (head) to give the same effect as the X-ray system rotation. Since the rotation angle of the system is known from the graduations, the position and posture of the 3D model can be estimated approximately. This includes about $\pm$ 20 degrees error in rotation and about $(\pm 100, \pm 100, \pm 200)$(mm) in translation, since the position and posture of the head is not calibrated and is changed a little during the acquisition of the X-ray images. It is this calibration, or determination of the change in the patient position and orientation between MR and X-ray, that we wish to find.

In Fig. 2a black points represent the projection of the 3D model skeleton at its initial state. Using simple template matching between the projected shape of the 3D model skeleton at its initial state and the X-ray image, t_x, t_y is roughly estimated so that the projection optimally overlaps the dark regions (possible vessel regions) . In the case of Fig. 2a, the model is translated by (-14.8, 39.8, 0.0)(mm); the white points show the projection of the model after the translation.