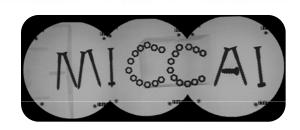
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Parallax-Free Long Bone X-ray Image Stitching

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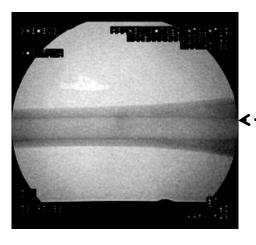
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² Trauma Surgery Department, Klinikum Innenstadt, LMU Munich, Germany

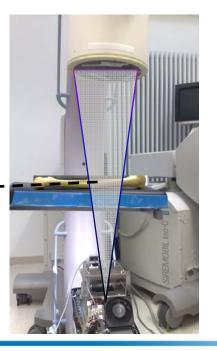
Presented by Lejing Wang



Clinical Motivation

- Orthopedic and trauma surgery relies heavily on intra-operative X-ray images to visualize bone fracture configurations and to support repositioning
- Mobile C-arm is an everyday tool for acquiring X-ray images during surgery
 - narrow imaging field of view

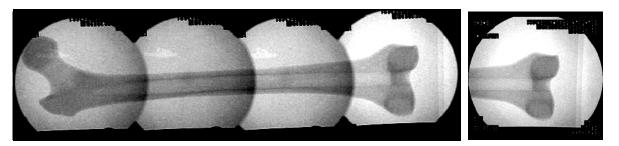






X-ray Image Stitching

- The entire bone structure is visualized across several individual X-ray images
 - vague impression of bone configurations
 - axial malalignment in bone fracture reduction surgery reported to be 5%- 28% [1,2]



- Panoramic X-ray image
 - diagnosis
 - mechanical axis (alignment of fragments) control
 - metric measurements
 - documentation

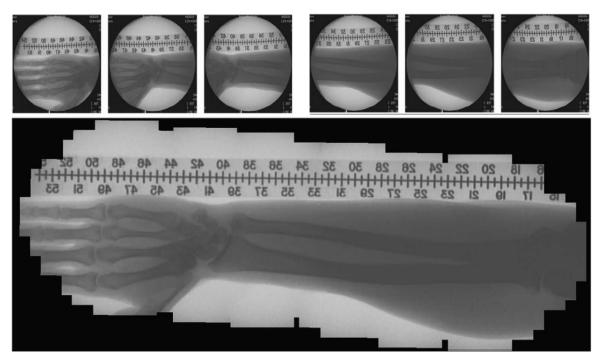
^{1.} Obremskey and Medina: Comparison of intramedullary nailing of distal third tibial shaft fractures: before and after traumatologists. Orthopedics 27 (2004)

^{2.} Jaarsma et al.: Rotational malalignment after intramedullary nailing of femoral fractures. Journal of Orthopaedic Trauma 18 (2004)



Related Work

• A radiolucent X-ray ruler is placed along the bones as reference [1]

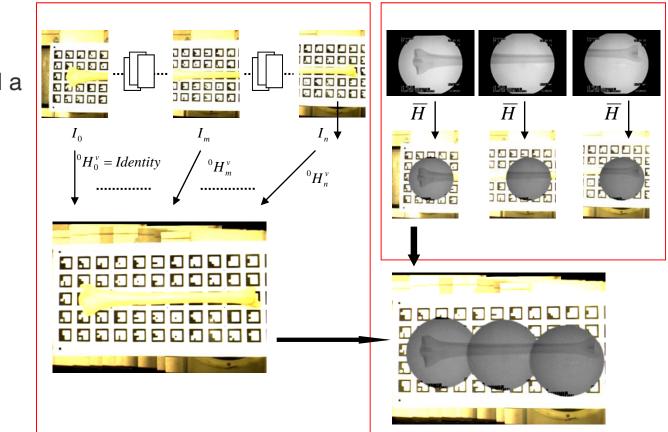


Courtesy of Yaniv & Joskowicz

1. Yaniv and Joskowicz: Long bone panoramas from fluoroscopic X-ray images. IEEE Trans Med Imaging 2004

Related Work

 Employ a C-arm augmented by a video camera, and a marker pattern [1]



CAMP

1. Wang et al.: Long Bone X-ray Image Stitching Using Camera Augmented Mobile C-arm . MICCAI 2008

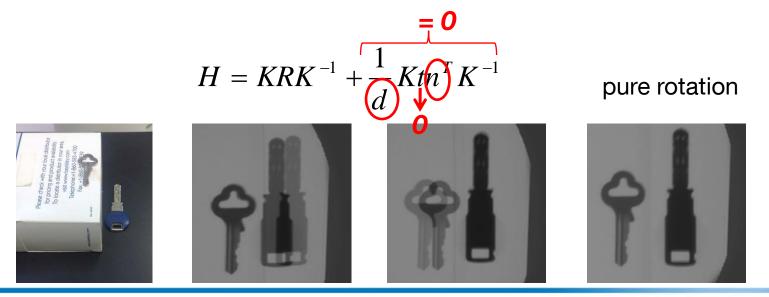


Parallax-free X-ray Stitching



For parallax reduction, methods [1, 2] require bone structure to be

- <u>simple planar</u>
 - cannot deal with fractures or patients who are unable to extend the joints
 - anatomical scene is rarely planar (no occlusion in X-ray images i.e. can see behind objects)
- parallel to the plane of the ruler or marker pattern (stitching plane)
 - not the case for soft tissue around bones



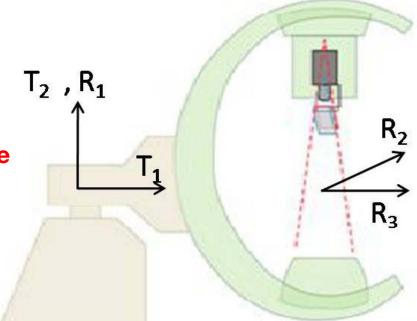
1. Yaniv and Joskowicz: Long bone panoramas from fluoroscopic X-ray images. IEEE Trans Med Imaging 2004 2. Wang et al.: Long Bone X-ray Image Stitching Using Camera Augmented Mobile C-arm. MICCAI 2008

Mobile C-arm Movements

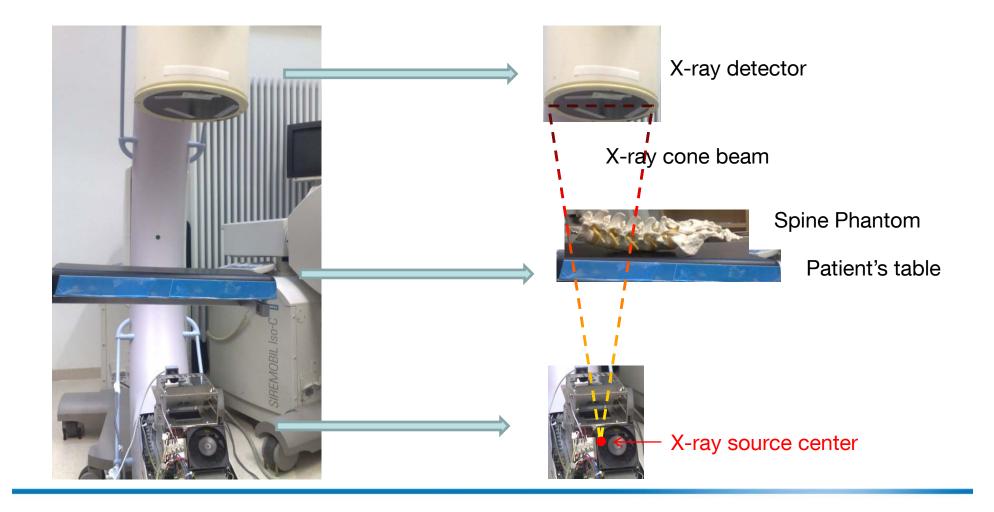
 It is difficult and sometimes impossible to make a pure rotation around the X-ray source (5DOF Carm)

Impossible in absolute coordinate frame

Possible in relative coordinate frame

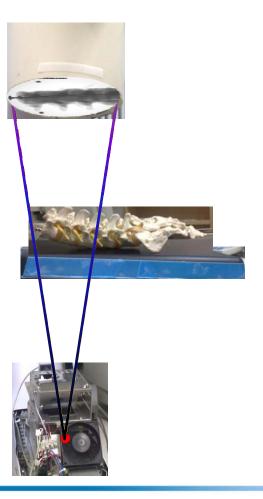




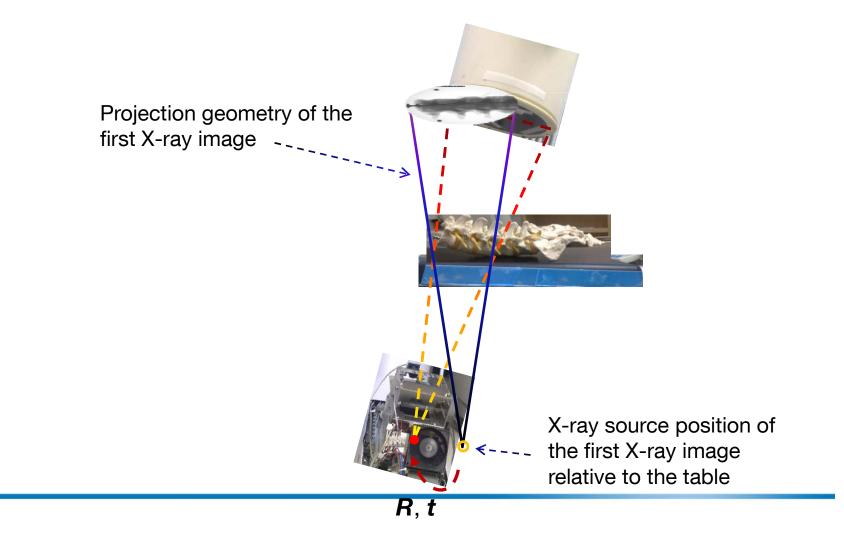




Acquire the first X-ray image!







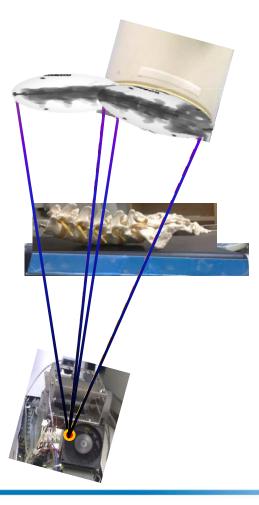


Move, **only translate**, the table to compensate for the translation of the X-ray source with respect to the table

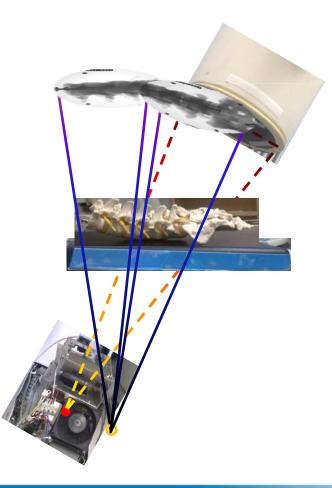
Relative pure rotation



Acquire the second X-ray image!

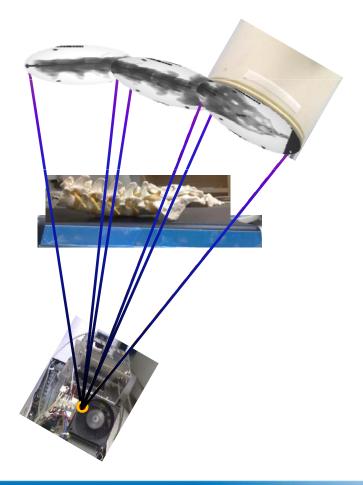




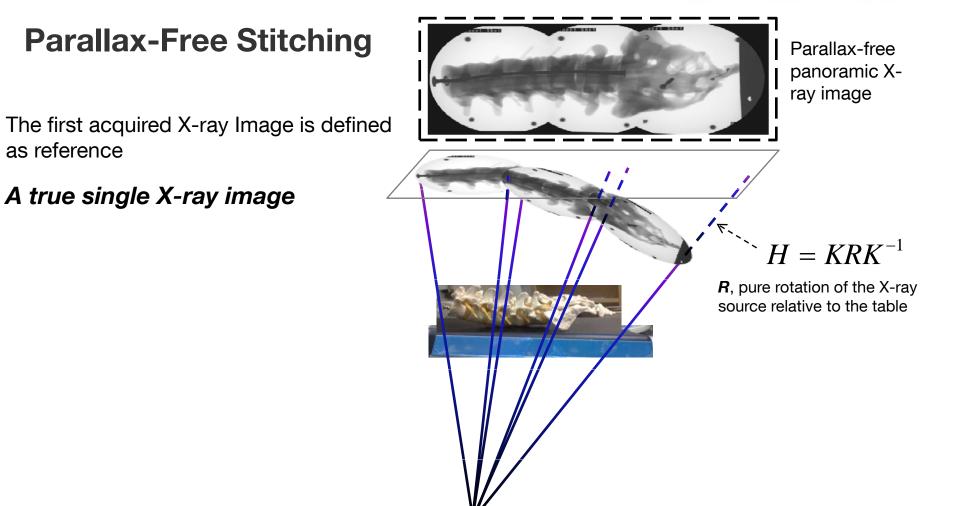




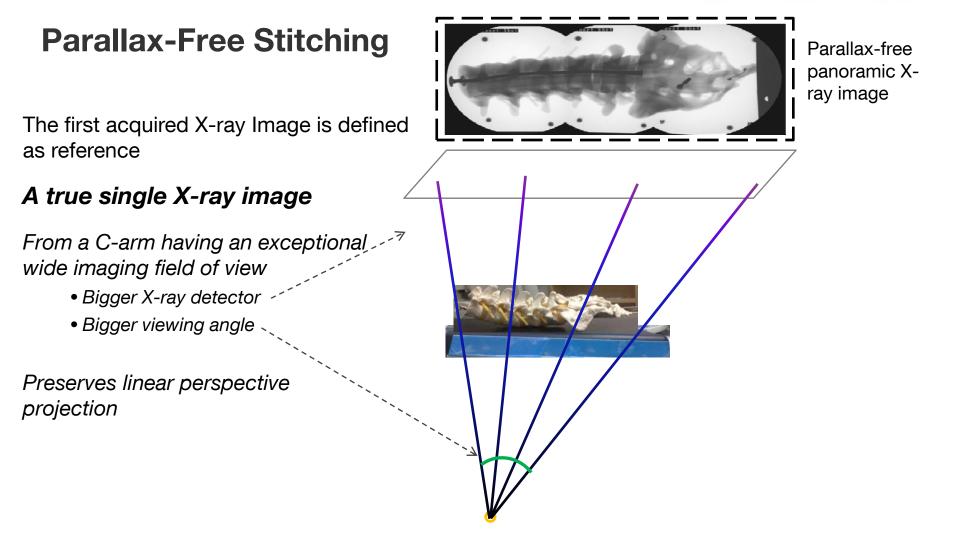
Acquire the third X-ray image!









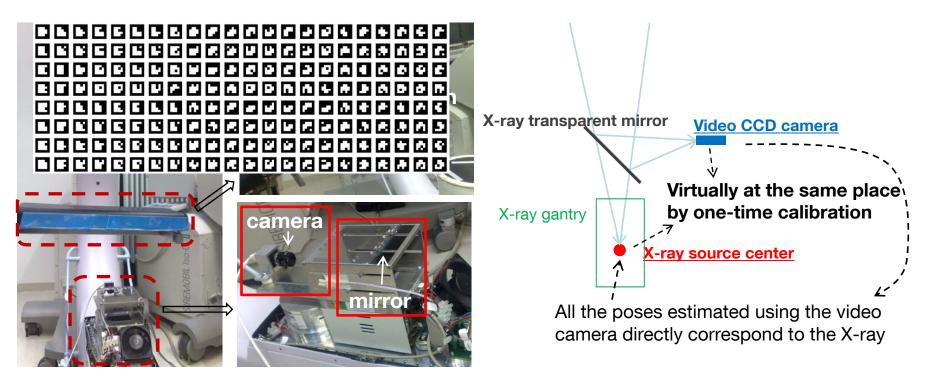


Challenge : How to translate the table to achieve a relative pure rotation ?



Table Translation based on C-arm Pose Estimation

• C-arm pose estimation employs a Camera Augmented Mobile C-arm (CAMC) system [1,2] and a visual markee pattern

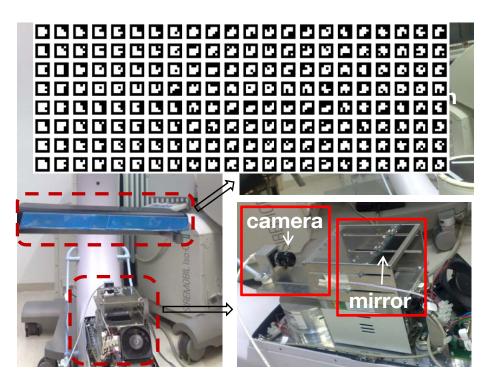


1. Navab et al.: Merging Visible and Invisible: Two Camera-Augmented Mobile C-arm (CAMC) Applications. IEEE and ACM Int'l Workshop on Augmented Reality,1999. 2. Navab et al.: Camera Augmented Mobile C-arm (CAMC): Calibration, Accuracy Study and Clinical Applications. TMI 2009.



Table Translation based on C-arm Pose Estimation

• C-arm pose estimation employs a Camera Augmented Mobile C-arm (CAMC) system [1,2] and a visual marker pattern



- **Invisible** to the whole surgery
 - smooth integration into the surgical procedure
- Continuous C-arm pose estimation without radiation
 - feedback for supporting the translation of the table

1. Navab et al.: Merging Visible and Invisible: Two Camera-Augmented Mobile C-arm (CAMC) Applications. IEEE and ACM Int'l Workshop on Augmented Reality,1999. 2. Navab et al.: Camera Augmented Mobile C-arm (CAMC): Calibration, Accuracy Study and Clinical Applications. TMI 2009.



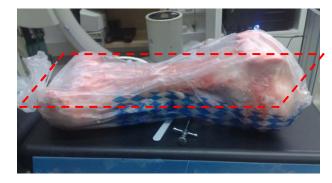
Experiments & Results

• **Quantify** the accuracy by computing the distance between marker pairs inside the overlapping area of two stitched X-ray images.

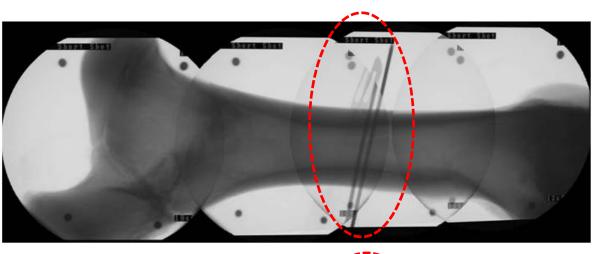
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		×	×			#1	#2	Overall
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Construction of the second sec		×	×		STD (pixels)	1.30	1.17	1.36
		×	××	×	# X-ray markers	14	13	27
		×	×					
Co l		×	×					

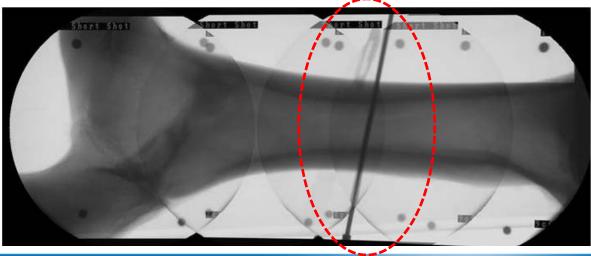
Left: Spherical X-ray markers on three different planes Right: Extracted centers of X-ray markers marked by red and green crosses in the two stitched X-ray images

Experiments & Results



non parallax-free stitching





parallax-free stitching



Discussion & Conclusion



A true parallax-free panoramic X-ray image based on relative rotation

- suitable for any part of body X-ray imaging, e.g. pelvis or whole-spine imaging



Minimized radiation (no overlapping X-ray regions required)



Smooth integration to the whole surgery

- C-arm systems with known relative pose information
 - external tracking
 - Robotic C-arm, e.g. Artis zeego Multi-axis system from Siemens



Control of the entire environment (C-arm, table, patient)

- limited space between C-arm and patient -> collision



Video for MICCAI



Metal screws on different planes



Acknowledgement

- Thanks to Trauma Surgery Department, Klinikum Innenstadt, LMU Munich
- Our colleagues at NARVIS lab

Thank you for your attention



• CAMC system has been developed with partial support from Siemens Healthcare