Over-Segmentation of 3D Medical Image Volumes based on Monogenic Cues

Markus Holzer and Rene Donner
Computational Imaging Research Lab,
Department of Radiology and Nuclear Medicine,
Medical University of Vienna, Austria
markus.holzer, rene.donner@meduniwien.ac.at

Abstract  In this paper, we propose a novel approach to compute 3D supervoxels for radiological image datasets. It allows to cope with the high levels of noise and low contrast encountered in clinical data such as Computed Tomography (CT), Optical Coherence Tomography (OCT) and Magnetic Resonance (MR) images.

The method, monoSLIC, employs the transformation of the image content to its monogenic signal as primal representation of the image. The phase of the monogenic signal is invariant to contrast and brightness and by selecting a kernel size matched to the estimated average size of the superpixels it highlights the locally most dominant image edge. Employing an agglomeration step similar to the one used in SLIC superpixels yields superpixels/-voxels with high fidelity to local edge information while being of regular size and shape.

The proposed approach is compared to state of the art superpixel methods on the real-world images of the 2D Berkley Segmentation Dataset\(^1\) (BSD) converted to gray-scale, as well as challenging 3D CT and MR volumes of the Visceral\(^2\) dataset. It yields a highly regular, robust, homogeneous and edge-preserving over-segmentation of the image / volume while being the fastest approach.

1 Introduction

The goal of over-segmenting an image is to merge pixels into homogeneous groups of superpixels while preserving boundaries of objects in an image. This allows to perform image analysis tasks on the greatly reduced number of superpixels as opposed to every pixel in the volume. While several approaches to computing superpixels have been proposed in recent years, most were developed with the application to typical 2D color photographs in mind. Radiological image data, on the other hand, has quite different characteristics: monochrome data, high levels of noise and low contrast, both finely detailed structures (e.g. the internal structure of bones) and large objects with only subtle texture differences (liver in a CT). Our aim is to provide a method specifically adapted to these characteristics which is also computationally attractive.

All but one (Mori [13]) of the existing methods work directly on the image pixel intensities (see Section 2), causing them to be dependent on contrast and brightness of the image. The method of [13] extracts texture and contour information, but with high computational costs [9]. In contrast the proposed method extracts structure information using the computationally attractive approach of the monogenic signal. The phase of the monogenic signal contains the local structural information of the image, from which edge cues are extracted and then used as input for \(k\)-means clustering. The number of \(k\)-means cluster centers is equal to the number of desired superpixels, resulting in a fast and parameter-free (additional to the desired number of superpixels) over-segmentation method that creates regular and smooth superpixels.

In Section 2 the state of the art is summarized and the new method is described in Section 3, showing the definition and incorporation of the monogenic signal into the proposed approach, as well as its extension to 3D data. Section 4 presents the experimental setup and results, with Section 5 providing a conclusion.

2 State of the Art

The state of the art approaches of the over-segmentation problem can be categorized into graph-partition-based and gradient-ascent-based [2]. Visual examples for each algorithm are presented in Figure 1 for a cropped part of an abdominal CT slice.

Graph-Partition-Based

The methods listed in this category use a graph to represent the similarity between pixels, where each node refers to a pixel and the weight between nodes refers to the similarity of the pixels. The graph is then cut at weights where the difference between nodes is significant, creating a superpixel segmentation.

Felzenswab [7] proposed an efficient graph-based image segmentation approach, where the image is represented in a 5-D feature space containing spatial information \((x,y)\) and color information \((r,g,b)\). A nearest neighbor graph is created, with the weights corresponding to the distance in the feature space. The graph is then cut into components representing a minimum spanning tree of associated pixels. The resulting superpixels are perceptually meaningful but the
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Figure 1: Comparison of the superpixel segmentation on a 2D Computed Tomograph slice of the abdominal region with about 200 pixels per superpixel in average for (a) Felzenswalb [7], (b) Mori [13], (c) Veksler [14], (d) Engel [5], (e) Achanta [1] and (f) MonoSLIC.

are no constraints in terms of superpixel number or size, thus creating irregular ones.

The approach of Mori et. al. [13] on the other hand creates regular and visually pleasing superpixels. The quality of its segmentation performance is based on computational intensive extraction of texture and contour features. These are then combined to a final weight matrix creating a graph of size $O(N^2)$ where the normalized graph cut method, proposed by Shi and Malik [10] with a high computational cost of $O(N^3)$ [9], is used to calculate the segmentation.

Similar to the previous method Veksler [14] also creates and cuts a graph, but this time an extended grid-graph is created. In this graph each pixel is connected to its neighbors as well as to a number of terminal nodes, each representing a possible superpixel label. A multi-way-graph cut approach is then used to calculate the final segmentation of the image. Two versions of the algorithm are proposed, one for more regular and compact superpixels and another for irregular but more precise superpixels. The latter is named constant intensity superpixels and is used for the evaluation in this paper.

Gradient-Ascent-Based In this category methods are used that start by an initial segmentation, which is then improved based on the gradient of the feature space. The boundaries are moved to, or created where, the gradient magnitude of the image is a local maximum.

For the method of Engel [5] the initial segmentation is the distribution of seed-points of a watershed transformation. The seed-points and the height-map are calculated by exploiting the properties of the Gradient Vector Flow (GVF). Based on the GVF a flux flow field is calculated which serves as the height-map and this height-map is thresholded to generate the initial seed-points. The properties of the superpixel output is similar to [7], with irregular shape and size.

For Achanta [2] the initial segmentation is a rectangular grid, which is then iteratively updated to align with local high gradients using the $k$-means clustering method. The features space for the Simple Linear Iterative Clustering (SLIC) method is a 5-D space, which is similar to [7], but instead of the $r,g,b$ the $L,a,b$ values of the CIELAB color space is used. The distance function for $k$-means is non-euclidean with a parameter that regulates the weight between $x,y$ and $L,a,b$ values, giving the user the option to create regular superpixel at the cost of edge precision.

Summary and Additional Approaches A compact summary of the analyzed methods is given in Figure 2. Additional approaches not compared in this paper were proposed, among them the gradient-ascent based approach of Vincent [15], the TurboPixel approach of [9] and the graph-partition-based Lattices approach of [12]. A comparison of these can be found in [2].

3 Methods

The proposed method is designed to over-segment 2D and 3D image data, with a special focus on medical data. Such medical data typically exhibits high levels of noise and low
In the frequency domain, with the Fourier transformed shifter $H$, the Hilbert transform can be therefore understood as a phase shifter, shifting every sinusoidal function by $90$ degrees. The kernel can be written as the inverse Fourier transform of the transfer function $H(u)$

$$ f_H(x) = \frac{1}{2\pi} \int_{-\infty}^{\infty} H(u)e^{iux} \, du $$

and its combination with the original signal is called the analytic signal

$$ f_a(x) = f(x) - if_H(x), $$

The Hilbert transform is generalized in [6] using the Riesz transform with the transfer function defined in the frequency domain $R(u) = -\frac{u}{u^2 + |\Lambda|}$, where $\Lambda = (u_1, ..., u_n)^T$, for $n$ dimensional signals [3]. Similar to the analytic signal the monogenic signal is also a combination of the original signal and, this time, its Riesz transformation $f_{R}(x)$,

$$ f_M(x) = f(x) - if_{R}(x), $$

where $i = (i_1, ..., i_n)$ dimensional. The monogenic signal is isotropic and also performs a so-called split of identity [6]. This refers to the fact that the signal is decomposed into the local amplitude $A_f$, the local phase $\varphi$ and the local orientation $\theta$.

The local amplitude $A_f$ is defined as the norm of the monogenic signal

$$ A_f(x) = |f_M(x)| = \sqrt{f^2(x) + |f_{R}(x)|^2}. $$

and the local phase

$$ \varphi(x) = \text{arg}(f_M(x)), \quad \varphi \in [-\pi, \pi] $$

represents the change of local structural information in the range of $-\pi$ to $\pi$ [6]. Examples for corresponding structures for a certain $\varphi$ value are shown in Figure 4 for the 1D case. Finally the geometric information is represented by the orientation in the range of $0$ to $\pi$

$$ \theta(x) = \text{arccos} \left( \frac{f(x)}{A_f(x)} \right), \quad \theta \in [0, \pi] $$

defining the direction of the structure.
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(a)

(b)

Figure 3: Example images for 3D medical volumes with the segmentation of MonoSLIC, where (a) shows a Magnetic Resonance Tomography of the thorax and head and (b) an Optical Coherence Tomograph of an eye.

Edge-cues from Monogenic Signal and filter scale selection The monogenic phase $\varphi(x)$ picks up the locally dominant structure in an image regardless of contrast and brightness. Its values are between $-\pi, \pi$ and a value of $\pm \pi/2$ correlates with a strong edge, as previously illustrated in Figure 4. In order to detect this change in structure with the $k$-means algorithm the values have to be mapped such that there is a high difference between two pixels with different values for $\operatorname{sgn}(|\varphi(x)| - \pi/2)$. In other words, to get a representation with similar feature values within superpixels and value changes at their boundaries, the monogenic phase needs to be transformed. We first map $\varphi$ to $\varphi_{\text{new}} = |\varphi| - \pi/2$ before calculating the final monogenic phase cue with

$$\Lambda(x) = \frac{\operatorname{sgn}(\varphi_{\text{new}}) \exp(-|\varphi_{\text{new}}|)}{2}, \Lambda \in [-0.5, 0.5].$$

(7)

The wavelength governing the scale of the monogenic signal depends on the number of superpixels and is set to $\lambda = \sqrt{\frac{2}{P}}$ (for dimension $d$, the number of pixels $P$ and the number of superpixels $SP$) which influences the size of the smallest structure that should be detected in the image. $\lambda$ correlates to the number of superpixels because a small number can only detect large structures and the lower wavelength ensures smoothness balanced with the level of detail, that is desirable at this scale.

In the example shown in Figure 5 (c) of the transformed monogenic phase a high contrast can be seen at the change of structure of the original image. Using this as input for $k$-means will create clusters with are boundaries at the changes of structure. This is the only information about the image employed by our approach.

Super-pixels through clustering Similar to [2], we perform $k$-means clustering to obtain the superpixels, but instead of using the Lab values color space, we cluster based on the monogenic phase. We initialize the cluster centers (seeds) spatially according to a hexagonal grid with a cluster center distance $d_{cc} = \lambda$ corresponding to the number of superpixels, to avoid imposing too much of a directional preference. Each pixel is represented in an $nD + 1$ space, with the coordinates being the original $n = 2$ pixel or $n = 3$ voxel coordinates. The additional dimension is the monogenic phase, which is scaled by two times the cluster center distance

$$\Lambda(x)_{\text{kmean}} = 2d_{cc}\Lambda(x).$$

(8)

For the $k$-means computation we restrict the number of potential pixels for each cluster seed to a $\pm 2d_{cc}$ neighborhood and the maximum number of iterations to $I = 10$, reducing the $k$-means complexity $O(10SR)$ introduced by [2] to $O(9SN + SR), N \ll R$, where $S$ is the number of seed-points, $R$ a region around $S$ and $N$ a number of randomly chosen pixels from $R$. The compact information contained in the monogenic phase makes it possible to choose a random subset of pixels from the region $R$, reducing the number of computations per iteration.

For the first iteration of the clustering, the initial values for the $nD + 1$’st coordinate of the cluster center have to be
Figure 5: The monogenic phase calculated on an abdominal Computed Tomography image (a) with a filter wavelength of 18.3. In (b) the local phase $\varphi$ of the image is shown. Panel (c) presents the transformed signal $\Lambda$ as used by our approach with the overlayed initial cluster centers ($d_{cc} = 18.3$) on the left. In panel (d) the final segmentation is overlayed with the original image.

estimated. These are set to the average of $\Lambda(x)_{kmean}$ of all pixels that are closest (distance $< \frac{d_{cc}}{2}$) to that cluster center.

4 Experiments

In Section 4.1 the setup of the experiments is presented, followed by the results in Section 4.2.

4.1 Setup

The methods presented in this paper are run using their respective reference implementations. The parameters governing the number of superpixels was carefully selected for each case to yield the same number of superpixels, where possible. Parameters specifying edge fidelity versus homogeneity were set to a value such that edge responses are captured, while still maintain regularity. The parameter for [1] was set to 15, which provides a trade-off in terms of regularity and recall and was used throughout this paper. The algorithms are compared in terms of recall, the regularity of their superpixels, their robustness to noise and their runtime.

Two datasets are used for evaluation. The first is the BSD [11] with 500, 0.15 Mega Pixels (MP) real-world images, with objects annotated by five different annotators. The second is the Visceral [8] dataset, which consists of 14 CT and 14 MR volumes. In each of the volumes 20 different anatomies are annotated by medical experts. From the 3D volumes also a 2D dataset is created by extracting the 28 coronal center slices of the dataset with an average size of 0.18 MegaPixel (MP). For the 3D test all the 14 CT and but only 5 abdominal MR volumes are taken, as the method of [1] failed to compute on the other MR volumes.

4.2 Results

In this section first the results for the 2D Visceral and BSD are presented. The recall rate on the Visceral dataset and the regularity on the BSD dataset are analyzed, before looking at the summary of all acquired statistics. In the following the 3D Visceral results are presented and at the end the run-time performance of the algorithms is evaluated.

2D - Visceral and Berkley Segmentation Dataset

The first comparison of the algorithms is the recall rate, which describes the percentage of how many of the annotated pixels were detected by the algorithms segmentation. A higher recall value indicates a better detection of the annotated boundaries. The recall rate for the 2D Visceral dataset is measured at defined superpixel sizes shown in Figure 6. The reference over-segmentation using a rectangular and hexagon grid show how a blind over-segmentation would perform. The slightly better results for the hexagon are due to the naturally more meaningful shape compared to a rectangle.

The approaches of Mori [13], Felzenswalb [7] and Engel [5] have the highest recall accuracy followed by MonoSLIC, Veksler [14] and Achanta [1]. The accuracy of [13] comes at the cost of computation, which is also the reason for the missing first data-point. The methods of [5] and [7] do not allow direct control over the superpixel number. For [5] it was not possible to calculate values for 100 pixels per superpixel due to the properties of the medical images.

The regularity of the superpixels is evaluated because smooth superpixel boundaries lower the computation cost of algorithms that compute on the segmentation itself. Another benefit of creating smooth boundaries is that they are visually more pleasing [16], which could be important when presented to physicians. The results are calculated on the BSD, as for regularity comparison this dataset is more representative. That is because medical images contain a high percentage of smooth and homogenous background that would benefit the methods of [1] and [14]. The regularity is measured
with the relation of perimeter $peri$ and area $area$, where the final value is $\frac{peri}{area}$. The mean over all the superpixels of this value is an indicator for the roughness of the boundary, where a lower value means smoother superpixel boundaries. The corresponding standard deviation expresses the consistency of the smoothness, e.g. if there is an high or low variation in superpixel shape. Both measurements are combined in the coefficient of variation, where the mean is divided by the standard deviation. The results are shown in Figure 7 where lower values indicate smoother superpixel boundaries. The MonoSLIC approach has the lowest coefficient of variation and therefor creates the smoothest superpixels for the BSD dataset.

To get a compact view of all the results for the BSD dataset they are summarized in Figure 8, where green indicates good performance and desired parameters and red otherwise. The presented columns are recall, recall on images with added Gaussian noise (mean = 0, std = 0.22), standard deviation of the superpixel area in pixels, mean and standard deviation for perimeter over area, the runtime in seconds per MP, if there is a parameter $P$ to set (0 equals no parameter) and if the number of superpixels SP can directly be specified. The values are taken for 70 pixels per superpixel.

Going through the algorithms from bottom to top [7] shows very good runtime and recall rates but the user cannot control the number of superpixel, which also causes a high variation in the area and the regularity of the superpixels. The approach of [5] has the same properties, although a lower recall rate and and higher computation time. The method of [13] achieves the highest recall rate with 84% and 79% for noise, but this comes at a high computational cost, taking about 455s to compute one image. The approach of [14] has a low recall rate and is influenced by noise, the superpixels are of irregular shape and also a relative high runtime of 38s. The recall rate of [1] is a moderate 73% for the normal images but is highly influenced by noise, where the recall rate drops to 60%. The average regularity is the highest of the tested methods but also has a low variation. It has one of the best run-times and is available in 3D. On the other side it has a parameter that has to be tweaked for a trade-off between compactness. The proposed method MonoSLIC has very robust to noise with a recall rate of 72% for both the normal and noisy images. It creates very regular superpixels and does not require a parameter to be set.

The summary is also presented for the 2D Visceral dataset in Figure 9. There are some differences to the BSD results. The methods of Achanta [1] and Veksler [14] have a better regularity which is due to the smooth background of medical images. For medical images the recall rate of MonoSLIC is higher when compared to the other methods on the BSD.

**3D - Visceral Dataset**

For the 3D case again the recall rate is shown for the Visceral dataset. This time the supervoxel size is given in $mm^3$ as the medical recordings have a defined real-world size for one voxels. The results are shown for a range of about $10^3$ to $10^5 mm^3$ in Figure 10. Our method outperforms Achanta [1] for the broader range of supervoxel size, for a over-segmentation in the range of $1 - 10 mm^3$.

The 3D results are again summarized in Figure 11 for a supervoxel size of about $7 \times 10^4 mm^3$. The recall rate is 10% higher for MonoSLIC. With a runtime of 0.7s/M $P$ the performance of MonoSLIC is 3 times faster than Achanta [1] and it requires no parameter to be set apart of the desired number of superpixels.

A visual comparison in terms of recall rate is presented for the Visceral dataset. In the following two figures the segmentation of the algorithm is shown in red, the annotated ground truth in green and blue corresponds to a matching segmentation of the algorithm to the ground truth. Each figure is divided by a white line, where the left shows the result.
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Figure 10: Recall for the 3D Visceral dataset.

Figure 11: Summary of the results for an over-segmentation into $15 \times 10^3 mm^3$ sized supervoxels, where green indicates desired results.

Figure 12: Comparison of Achanta [1] on the left and MonoSLIC on the right on a 3D Visceral Computed Tomography slice example with a supervoxel size of $7 \times 10^3 mm^3$.

The features extracted by [13] as well as the NCut segmentation technique use multiple cores. The only other method that has an advantage of the multi-core CPU is the monogenic signal calculation of monoSLIC, as the FFT used for convolution is multi-threaded.

There is more potential for speed improvements. The method of [14] is designed for running in parallel but is only implemented in C++ for single core. The code of [13] and [5] also have improvement potential as the code is partially implemented in Matlab and C and only some parts are parallel. The FFT used by the monogenic signal could also be adapted to make use of the GPU, which for 3D volumes is currently limited by the memory.

5 Conclusion

We have presented monoSLIC, a novel method for the computation of superpixels / -voxels, which incorporates the monogenic signal’s unique characteristics of being invariant to contrast and brightness as well as robust to noise. It represents the dominant edge information in any given image patch corresponding to a selected scale. The resulting superpixels / -voxels provide a nice balance of of compactness, homogeneity and fidelity to edge information. Combined with a fast runtime in 3D the algorithm outperforms state of the art methods in terms of runtime, recall, regularity and robustness to noise and is therefore particularly well suited for 3D radiological image data.

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Figure 13: Comparison of the Achanta [1] on the left and MonoSLIC on the right on a 2D Visceral Magnetic Resonance slice example with about 200 pixels per supervoxel.

References


Figure 14: Runtime performance per MP in logarithmic scale on different image and volume sizes.