

Advanced Visual Medicine

Simulation & Visualization for Therapy Planning

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Computer Assisted Medicine

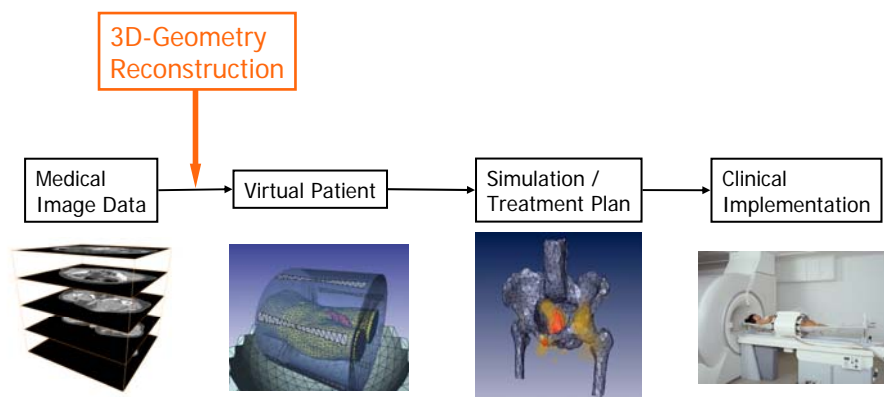
Due to rapidly evolving medical imaging techniques
Visualization in Medicine becomes more and more
important

Besides mere *visualization* of medical data, there is an
increasing demand for performing *modifications* or
even *functional simulations* based on individual data
for extended diagnosis and *therapy planning*

<http://www.zib.de/visual/medical/projects>

Goals

- **quantitative, patient specific** medicine
- **individual** therapy or surgery planning



Generation of virtual 3D anatomy

- Geometric reconstruction from medical image data and visualization, e.g. with **amira**®
- Statistical 3D shape models, i.e. anatomy including its variation

3D model based therapy planning

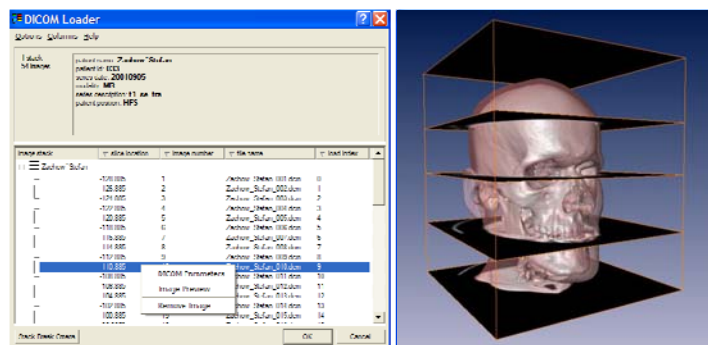
- Interactive modification (structure, properties, etc.)
- Numerical simulation (deformation, flow, pressure, etc.)

Virtual 3D Anatomy

Requirements

- **Morphology**
boundaries of, and interfaces between anatomic structures of interest
- **Geometry**
consistent, high quality surface meshes and volumetric grids (for planning and simulation)
- **Atlases**
mean or representative shapes of anatomic structures including shape variation

From medical image data (CT, MRI, ...)

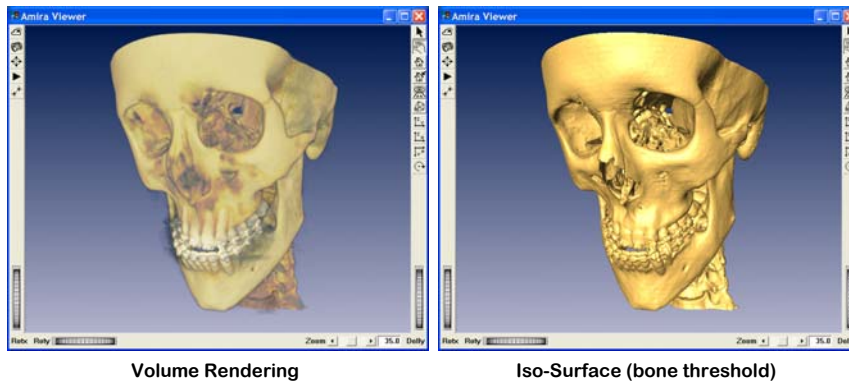


amira®

Consecutive slices of medical 2D images are converted into a 3D scalar field

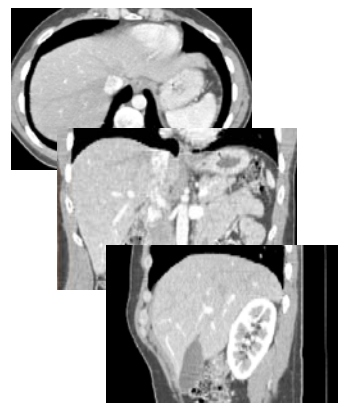
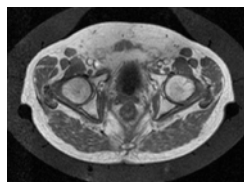
- Scalars depend on the imaging modality, thus having a tissue related meaning
- Scalars can be visualized directly via volume rendering techniques using an appropriate mapping to display colors
- Scalars can be mapped to labels (single, multiple), which is called tissue classification or segmentation
- Boundaries of labeled regions can be computed and visualized using surface rendering techniques

Visualization (Diagnostics)



Medical Image Segmentation

- Image decomposition into contiguous semantic regions, e.g. homogeneous tissue compartments



Virtual 3D Anatomy



Segmentation of medical image data typically is a labor intensive process, highly depending on

- image quality (specificity, signal to noise ratio)
- image resolution (voxel size, number of slices)
- number of anatomic structures
- homogeneity of tissue structures
- separability of adjacent structures

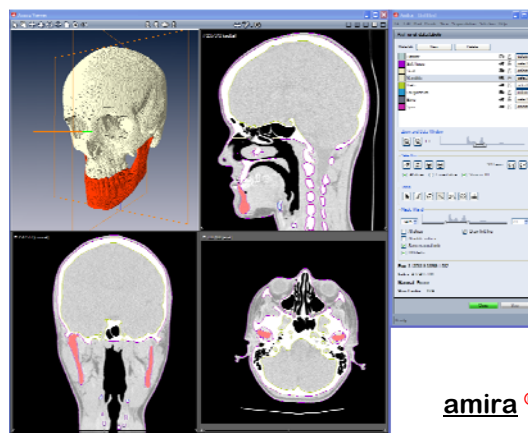
Appropriate software tools are needed!

Virtual 3D Anatomy

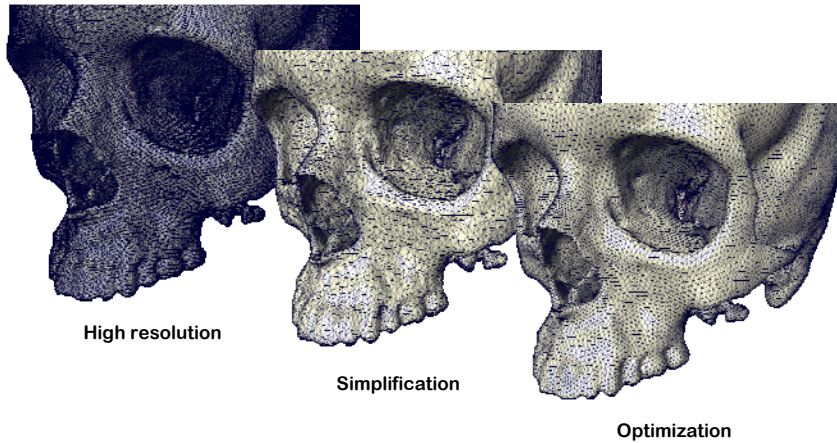


Tissue Classification / Segmentation

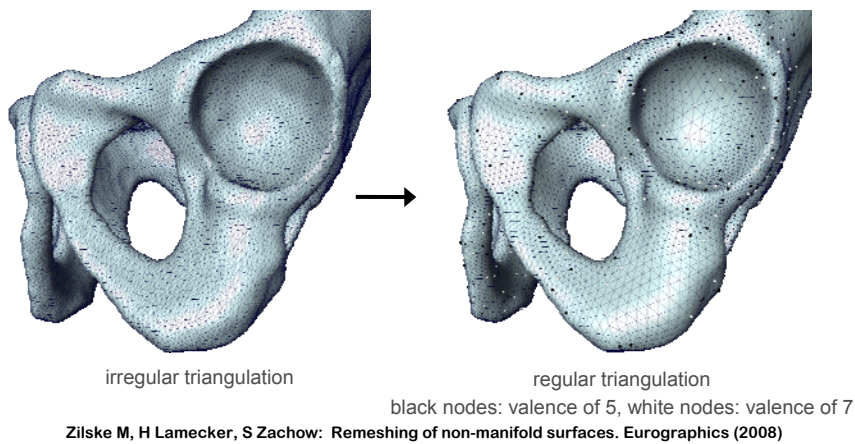
- thresholding
- 2D/3D region growing
- lasso, brush, snakes
- intelligent scissors
- inter- / extrapolation
- morphological operators
- smoothing, denoising
- ... to be improved !



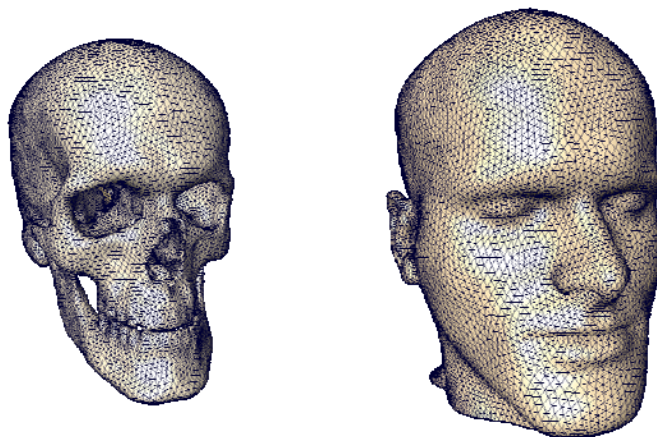
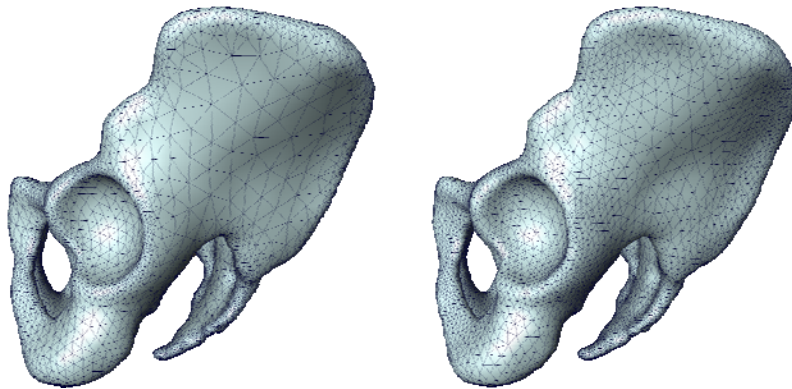
Tissue Boundaries / Surface Meshes



Explicit remeshing with constraints



Node density control (volumetric constraints)



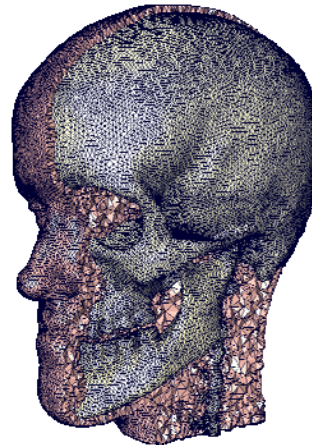
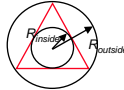
Zachow S, Zilske M, Hege HC: 3D Reconstruction of Individual Anatomy from Medical Image Data: Segmentation and Geometry Processing. 25th ANSYS Conference & CADFEM Users' Meeting, Dresden, ZIB Report 07-01 (2007)

Digital Anatomy

Surface meshes and volumetric grids for finite element analysis

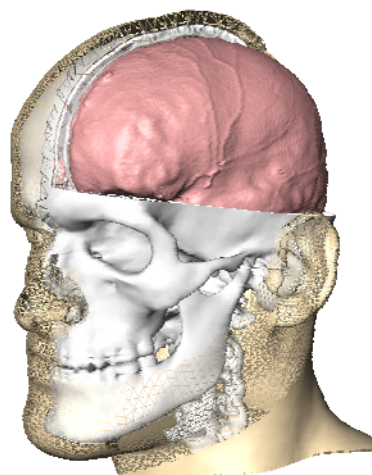
- multi-material
- unstructured
- locally adaptive resolution
- controlled element quality

$$Quality = \frac{R_{inside}/R_{outside}}{(R_{inside}/R_{outside})_{ideal}}$$



Virtual Patient Models

- contain all relevant anatomic structures
- are a faithful and consistent reproduction of real anatomy
- can be further processed with software tools
- are the foundation for computer assisted therapy planning



Statistical Shape Models

- do represent not only a single shape of an anatomical structure but also its *shape variation* with regard to a set of similar structures
- are an extension of static reference anatomy (so called anatomical atlases)

... the “new anatomy” !

<http://www.zib.de/lamecker/publications>

Statistical 3D Shape Models

Principal Component Analysis

1. Compute the mean shape

$$\bar{v} = \frac{1}{n} \sum_{i=1}^n v_i \in \mathbb{R}^{3m}$$

2. Compute deviations from the mean shape

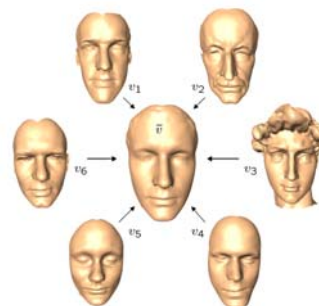
$$D = ((v_1 - \bar{v}), \dots, (v_d - \bar{v})) \in \mathbb{R}^{3m \times n}$$

3. Compute the covariance matrix

$$C = \frac{1}{n} D D^T \in \mathbb{R}^{3m \times 3m}$$

4. Compute eigenvalues and -vectors of C

$$C p_k = \lambda_k p_k$$

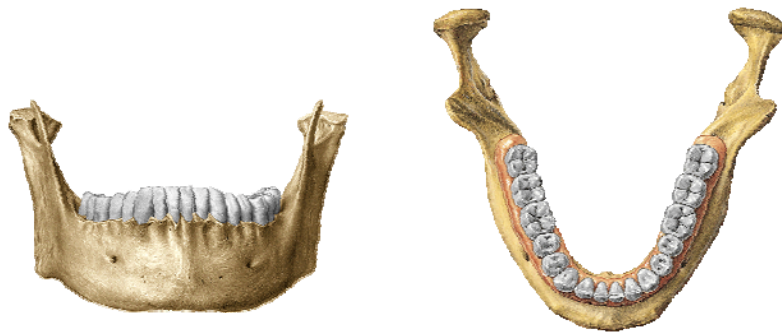


$$S(\mathbf{b}, T) = T \left(\bar{\mathbf{v}} + \sum_{k=1}^n b_k \mathbf{p}_k \right)$$

Statistical 3D Shape Models



Example: Mandible



Härle et al.: *Atlas of Craniofacial Osteosynthesis*. Thieme (1999)

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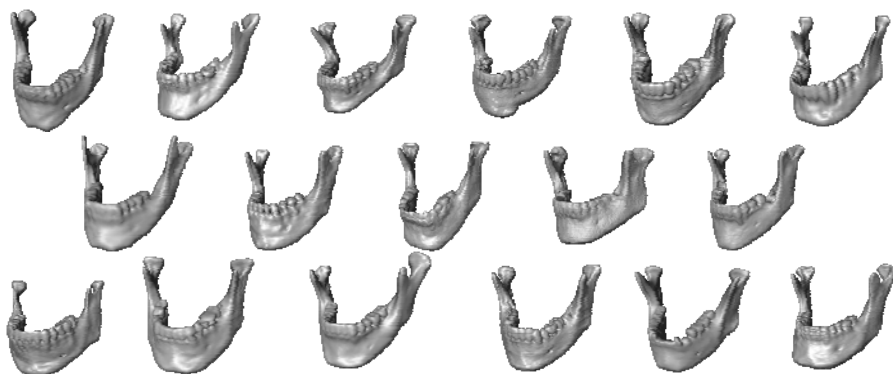
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Statistical 3D Shape Models



Mandibular Shapes are Manifold



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Statistical 3D Shape Models



Consistent Shape Decomposition



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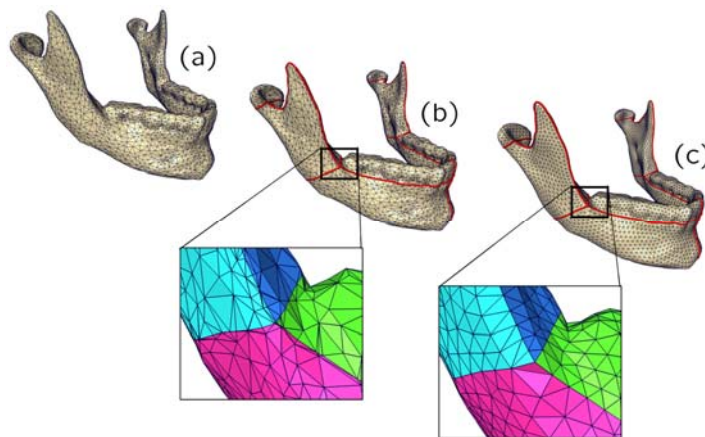
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Statistical 3D Shape Models



Explicit Remeshing with Constraints

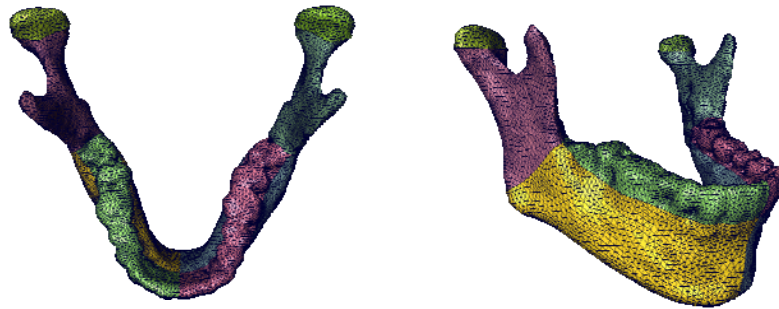


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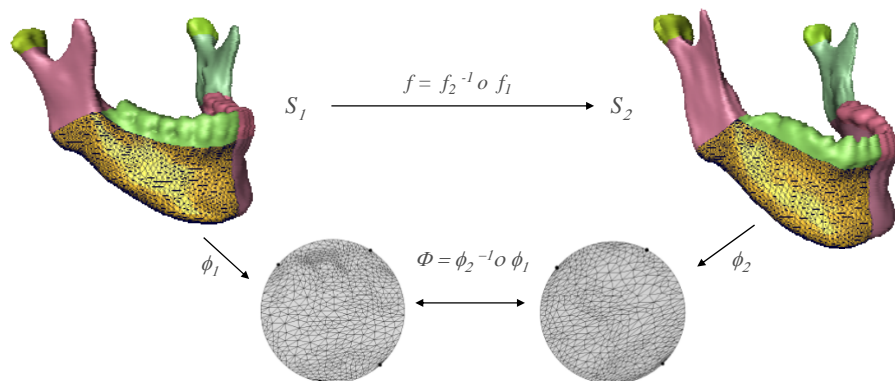
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Reference Triangulation



Shape Matching - Surface Parameterization and Correspondence Mapping



Statistical 3D Shape Models



- correspondence maps \rightarrow shape space $\mathbf{v}_k \in \mathbb{R}^{3m}$
 m = number of surface nodes
 $k = 1, \dots, n$ with n = number of shapes
- principal component analysis on vectors $\mathbf{p}_k \in \mathbb{R}^{3m}$
 average shape
 eigenvectors of covariance matrix (modes of variation)
- statistical shape model $\mathcal{S}(\mathbf{b}, T) = T \left(\bar{\mathbf{v}} + \sum_{k=1}^n b_k \mathbf{p}_k \right)$
- **essential degrees of freedom** $n' \ll n$
 rigid-body / affine transformation T
 weights of modes of variation $b_k \in \mathbb{R}$

Statistical 3D Shape Models



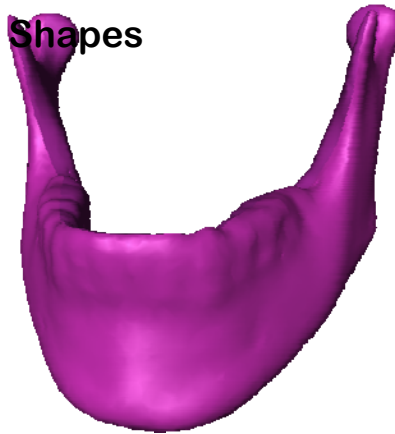
Averaging 3D Shape



Statistical 3D Shape Models



Averaging 3D Shapes



$$\bar{S}(\bar{h}, \bar{Y}) = Y \left(\bar{y} + \sum_k b_k \cdot \bar{y}_k \right)$$

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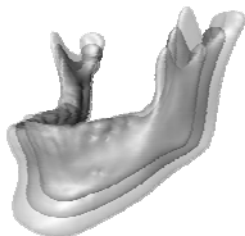
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Statistical 3D Shape Models

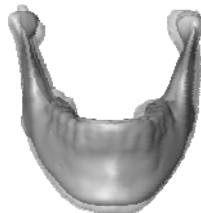


Characteristic Shape Variations

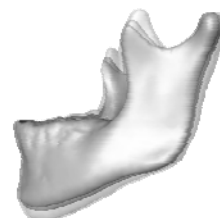
- the principal modes of variation are sorted according to their eigenvalues



1st mode



2nd mode



3rd mode

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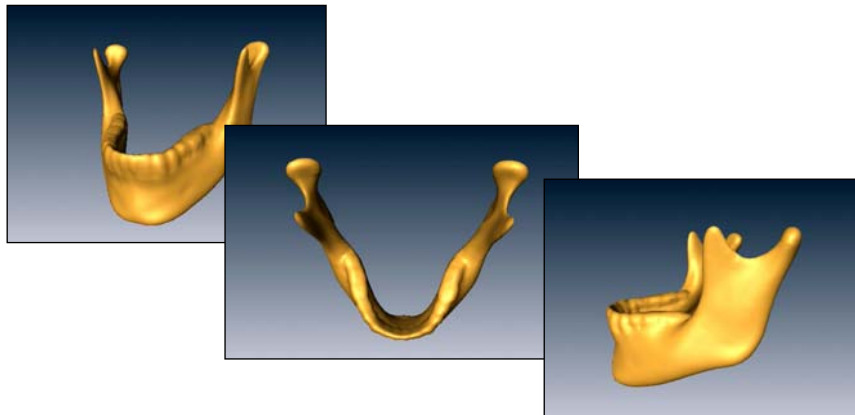
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Statistical 3D Shape Models



Characteristic Shape Variations



Animation: Principal modes of variation are sorted according to their eigenvalues

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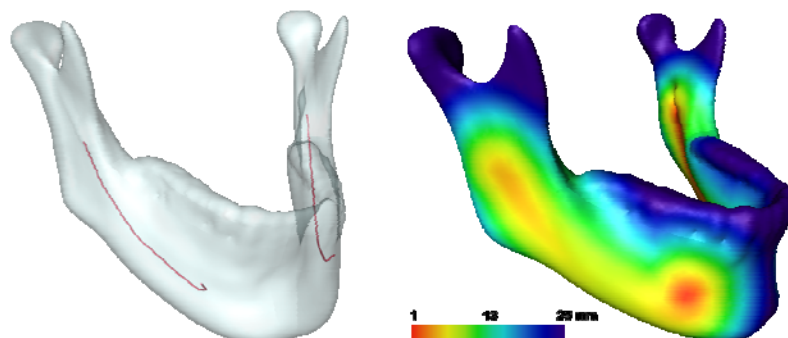
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Statistical 3D Shape Models



Mandibular nerve is added to the statistical shape model



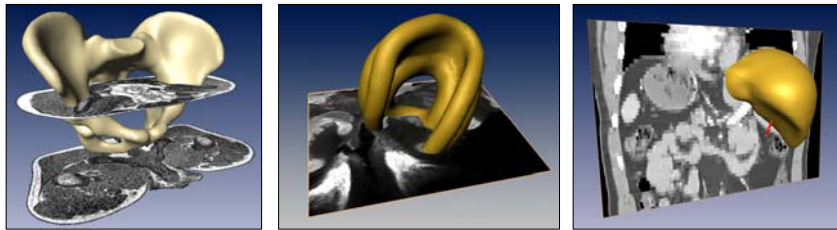
Zachow S, H Lamecker, B Elsholtz, M Stiller: Is the course of the mandibular nerve deducible from the shape of the mandible? Int. J. of Computer Assisted Radiology and Surgery, Springer, pp. 415-417 (2006)

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Segmentation of medical image data using statistical 3D shape models



Utilization of a-priori knowledge of the shape of the structure that is to be segmented

- Compilation of a set of 3D shapes from sufficient representative samples
- Generation of a statistical 3D shape model
- Adaptation of the 3D shape model to image data of the respective structure

Model-based 3D Segmentation



R is an **unknown** shape that is to be reconstructed from image data

Solve optimization problem

$$(\mathbf{b}^*, T^*) = \underset{\mathbf{b}, T}{\operatorname{argmin}} \|R - S(\mathbf{b}, T)\|^2$$

Since R is unknown, solve iteratively

$$R^i = S(\mathbf{b}^i, T^i) = \text{segmentation at "time" } i$$

$$\Delta R^i = \text{deformation vector field}$$

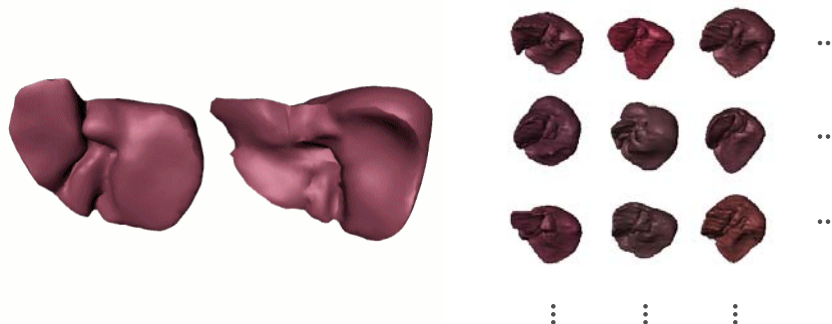
$$(\mathbf{b}^{i+1}, T^{i+1}) = \underset{\mathbf{b}, T}{\operatorname{argmin}} \|(R^i + \Delta R^i) - S(\mathbf{b}, T)\|^2$$

Displacements ΔR encode **specific** image characteristics

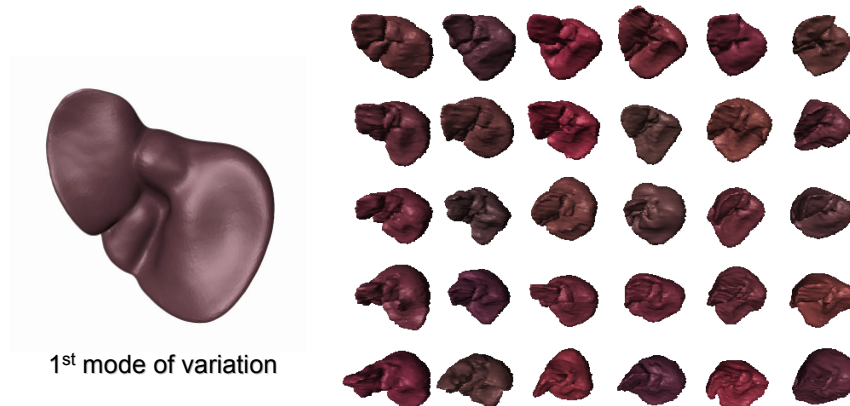
Model-based 3D Segmentation



Example: Liver from contrast enhanced CT

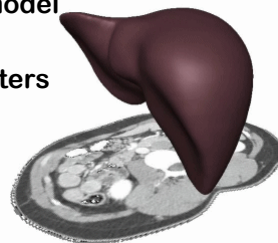


Averaged liver (150++ individual liver shapes)



Automatic segmentation of the liver from contrast enhanced CT-data

- Automatic initial positioning of the shape model according to anatomical landmarks
- Automatic initialization of intensity parameters via histogram analysis
- Adaptation of the statistical shape model (weighted combination of eigenmodes) to image features
- Shape constrained free form deformation

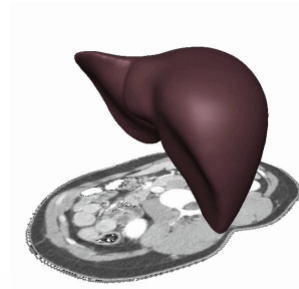


D. Kainmüller, Th. Lange, H. Lamecker: *Shape constrained automatic segmentation of the liver based on a heuristic intensity model*. MICCAI Workshop on 3D Segmentation in the Clinic: A Grand Challenge, 2007

Model-based 3D Segmentation



Automatic segmentation of the liver from contrast enhanced CT data



$$\min_{b_k, T} \left\| \left(\mathbf{v} + \Delta \mathbf{v} \right) - T \left(\bar{\mathbf{v}} + \sum_{k=1} b_k \mathbf{p}_k \right) \right\|^2$$

D. Kainmüller, Th. Lange, H. Lamecker: *Shape constrained automatic segmentation of the liver based on a heuristic intensity model*. MICCAI Workshop on 3D Segmentation in the Clinic: A Grand Challenge, 2007

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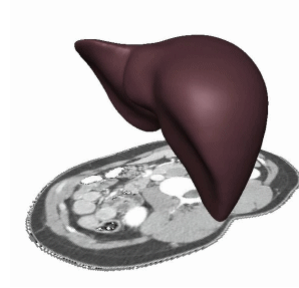
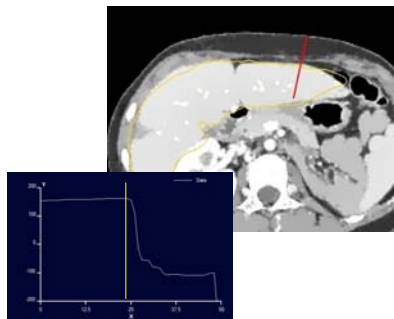
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Model-based 3D Segmentation



Automatic segmentation of the liver from contrast enhanced CT data



D. Kainmüller, Th. Lange, H. Lamecker: *Shape constrained automatic segmentation of the liver based on a heuristic intensity model*. MICCAI Workshop on 3D Segmentation in the Clinic: A Grand Challenge, 2007

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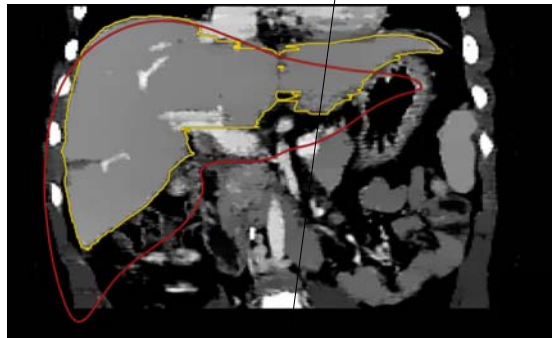
Model-based 3D Segmentation



Automatic segmentation of the liver from contrast enhanced CT data

yellow
manual reference
segmentation

red
adaptation of the
3D shape model



D. Kainmüller, Th. Lange, H. Lamecker: *Shape constrained automatic segmentation of the liver based on a heuristic intensity model*. MICCAI Workshop on 3D Segmentation in the Clinic: A Grand Challenge, 2007

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Model-based 3D Segmentation



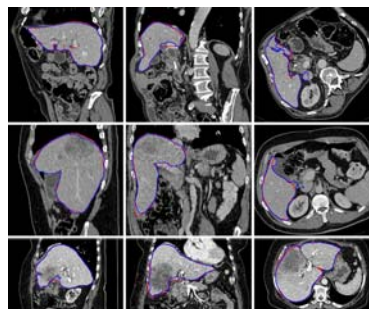
MICCAI 2007 – 3D Segmentation in the Clinic

Segmentation of 10 data sets (liver tissue + tumors) in < 3h

Scoring 100 = reference segmentation by radiologist
75 = same error as another manual reference segmentation

Combination of different volumetric overlap and surface distance measures

| | | |
|---|--------------------|----|
| 1 | ZIB / Charité | 68 |
| 2 | GE Hungary ZRT | 57 |
| 3 | Definiens AG | 53 |
| 4 | KU Leuven I | 51 |
| 5 | Siemens Research | 51 |
| 6 | KU Leuven II | 42 |
| 7 | University Tokyo | 42 |
| 8 | University Chicago | 6 |



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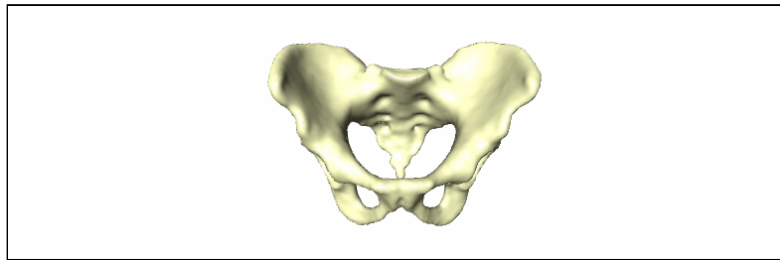
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Model-based 3D Segmentation



Example: Pelvic bones from CT or MRI data



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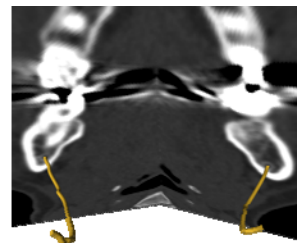
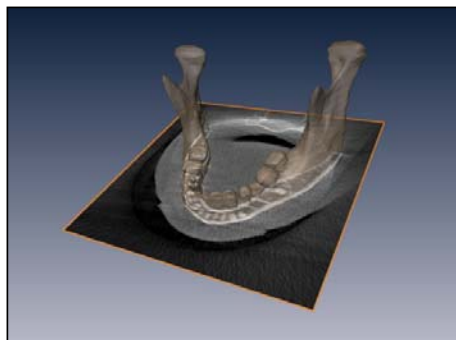
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Model-based 3D Segmentation



Example: Mandible from Cone Beam CT (DVT) including mandibular nerve



Lamecker H, S Zachow, A Wittmers et al.: Automatic Segmentation of Mandibles in Low-Dose CT-Data. Int. J. of Computer Assisted Radiology and Surgery, Springer, pp. 393-395 (2006)

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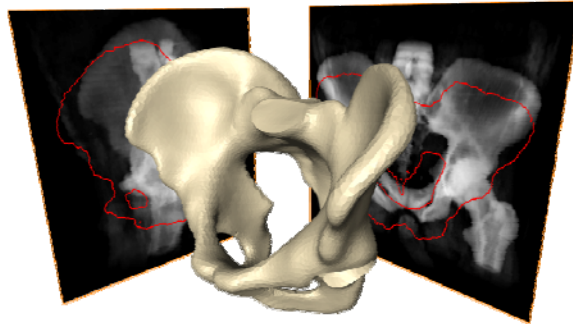
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Model-based 3D Segmentation



Example: Pelvic bones from 2D X-ray images



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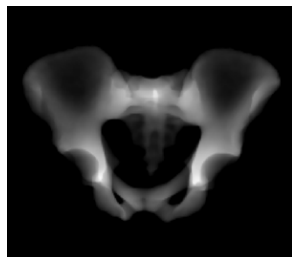
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Model-based 3D Segmentation



Segmentation of pelvic bones from X-ray images



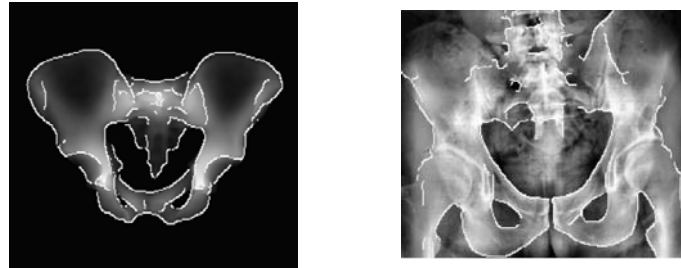
Left: GPU computation of thickness image according to the beam propagation length through the shape model

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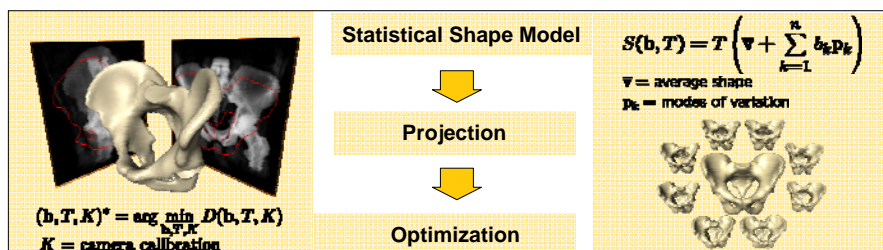
Segmentation of pelvic bones from X-ray images



Canny edge detection in projection and X-ray images

D = 'distance' between projected model and X-ray

K = camera calibration



$$D = \int_{\mathbf{x} \in s} d(\mathbf{x}, s')^2 d\mathbf{x} + \int_{\mathbf{x} \in s'} d(\mathbf{x}, s)^2 d\mathbf{x}.$$

$$d(\mathbf{x}, s') = \min_{\mathbf{y} \in s'} \|\mathbf{x} - \mathbf{y}\|$$

Model-based 3D Segmentation



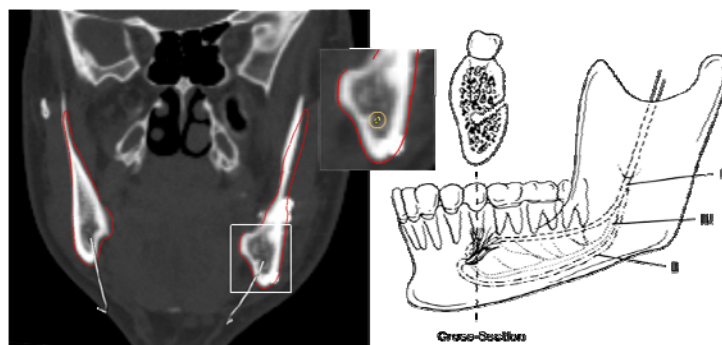
Example: Mandibles including nerve from panoramic X-ray images (OPG)



Model-based 3D Segmentation



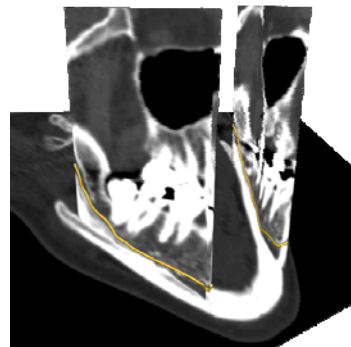
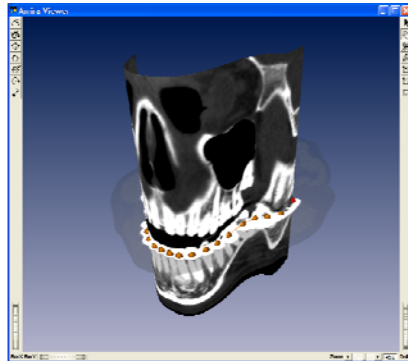
Segmentation of mandibles including nerve from panoramic X-ray images (OPG)



Model-based 3D Segmentation



Segmentation of mandibles including nerve from panoramic X-ray images (OPG)



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Therapy Planning



Part II

3D Model-based Therapy Planning

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Mental and technical preparation of complex medical interventions

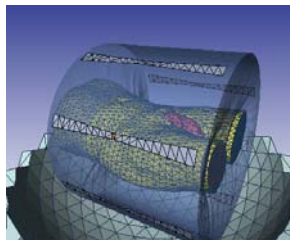
- **Assessment**
Type, location and extent of pathologies, functional (and esthetic) impairments, etc.
- **Strategy**
Tools and methods, access paths, security margins, protection of vulnerable structures, etc.
- **Insight**
Pre-interventional assessment of general outcome, effects on physiology, biomechanics, etc.

- **Oncology - Regional Hyperthermia**
- **Maxillofacial Surgery - Osteotomy / Bone Relocation**
- **Craniofacial & Neurosurgery - Craniosynostosis**
- **Plastic and Reconstructive Surgery**
- **Ear, Nose and Throat Surgery - Rhinosurgery**
- **Orthopedic Surgery - Implants, Biomechanics**
- ...

www.zib.de/visual/projects

Regional Hyperthermia

- Heating up tumor tissue above 42°C using radio waves without damaging surrounding tissue

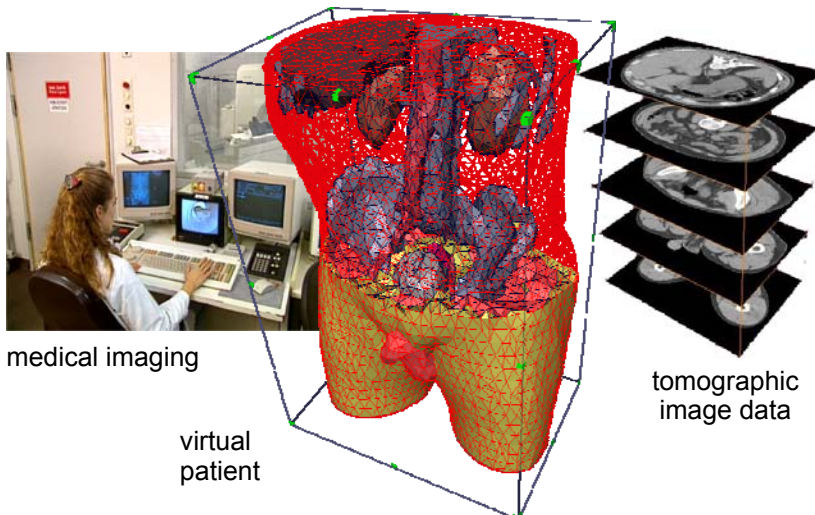


www.zib.de/visual/projects/hyperthermia

Regional Hyperthermia

- An individual anatomic model of a tumor patient is generated
- The electro-magnetic field has to be computed according to the parameters of the applicator
- Energy distribution has to be computed within the patient model on basis of a heat transport equation as well as the specific absorption rates of tissues
- Applicator parameters, i.e. amplitudes and phases of the signals being sent to the antennas, are optimized in order to focus the heat within the tumor

Therapy Planning in Oncology



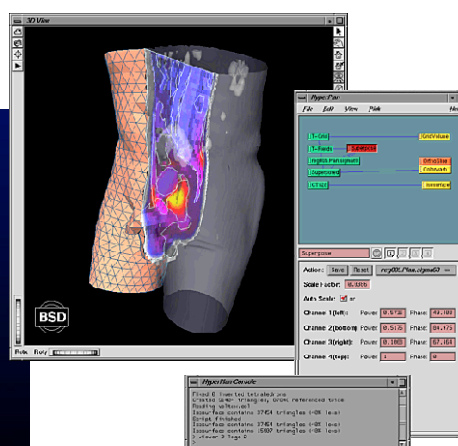
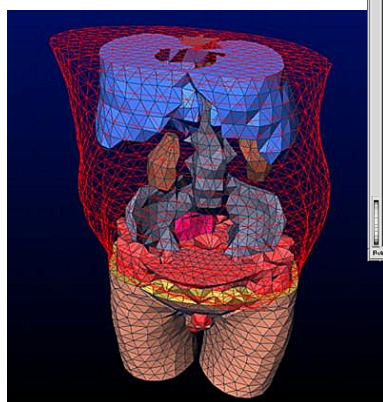
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Therapy Planning in Oncology



Planning: E-field simulation



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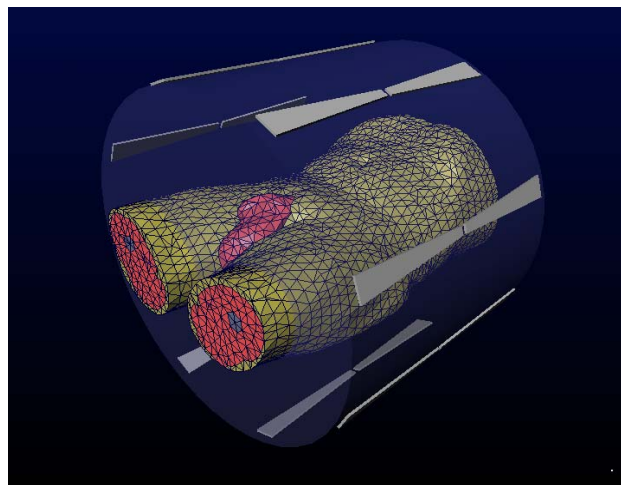
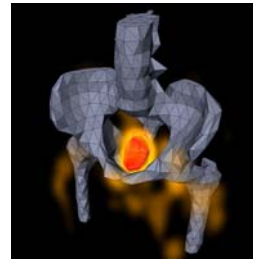
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Regional Hyperthermia

- Field calculation: Maxwell's equations
- Temperature distribution: Heat transport equation

$$\begin{aligned} \text{curl } \mathbf{H} &= \mathbf{j} + \frac{\partial \mathbf{D}}{\partial t} & \text{div } \mathbf{D} &= \rho \\ \text{curl } \mathbf{E} &= -\frac{\partial \mathbf{B}}{\partial t} & \text{div } \mathbf{B} &= 0 \\ \rho c \frac{\partial T}{\partial t} &= \text{div}(k \text{ grad } T) - W \rho_b \rho_t c_b (T - T_a) + Q \end{aligned}$$

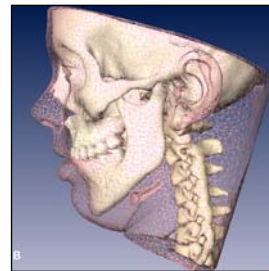
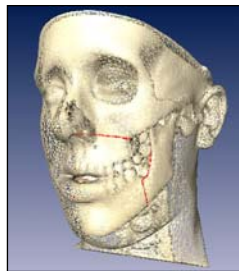
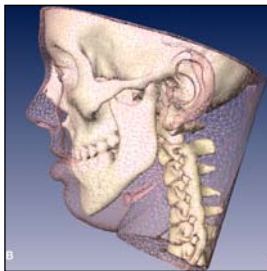


Therapy Planning in Maxillofacial Surgery



Maxillofacial Surgery

Bone cuts, bone relocations, and soft tissue prediction



www.zib.de/visual/projects/cas

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Therapy Planning in Orthognathic Surgery



Dysgnathia

congenital pathologic
development of the
maxilla and/or mandible



Patients of Prof. H.-F. Zeilhofer (Basel, Switzerland)

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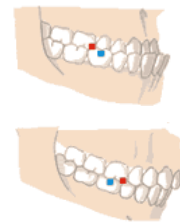
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Therapy Planning in Orthognathic Surgery



Relocation of the Jaws

- Bone cuts (osteotomies) and
- Bone relocations to achieve dental occlusion & facial harmony



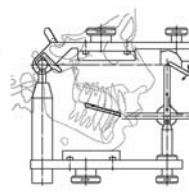
Härle et al: *Atlas of Craniomaxillofacial Osteosynthesis*. Thieme (1999)

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Therapy Planning in Orthognathic Surgery



SAM Präzisionstechnik GmbH



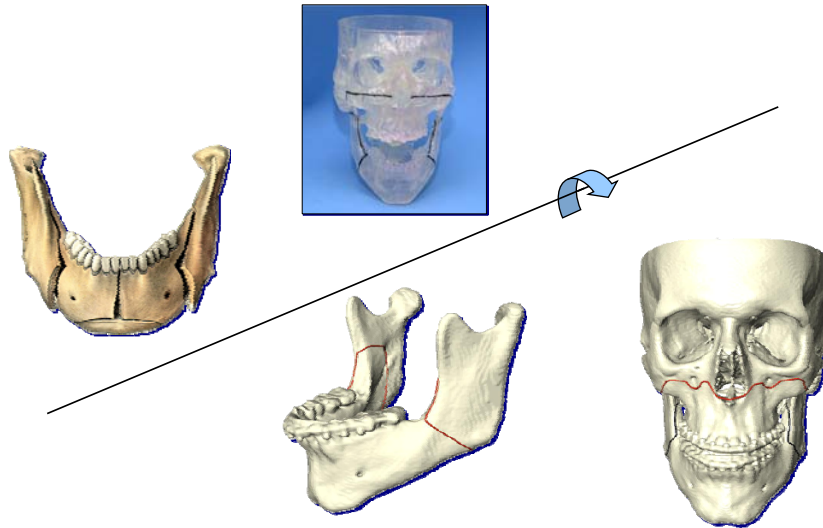
Fuhrmann et al: *Journal of Orofac. Orthop.* (1996)

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Therapy Planning in Orthognathic Surgery



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Therapy Planning in Orthognathic Surgery



Video: Patient of Dr. A. Westermarck (Stockholm, Sweden)

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Therapy Planning in Orthognathic Surgery



Computer-assisted osteotomy planning

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Therapy Planning in Maxillofacial Surgery



Soft Tissue Prediction

- based on the theory of 3D elasticity
- using a biomechanical tissue model
(in the simplest case homogeneous and isotropic
with Young's modulus E and Poisson ratio ν)

Stress-strain relationship

$$\sigma_{ij} \approx \frac{E}{1+\nu} \left(\varepsilon_{ij} + \frac{\nu}{1-2\nu} \varepsilon_{ll} \delta_{ij} \right)$$
$$\varepsilon_{ij} = \frac{1}{2} (u_{i,j} + u_{j,i}) + \dots$$

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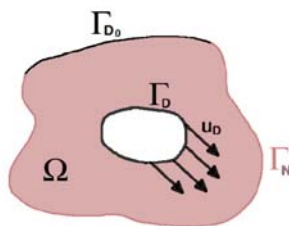
Therapy Planning in Maxillofacial Surgery



Minimization of internal deformation energy

$$W(\mathbf{u}) := \frac{1}{2} \int_{\Omega} \varepsilon : \sigma \, dV \longrightarrow \min$$

Numerical solution of the Lamé-Navier equation



$$\frac{E}{2(1+\nu)} \left(\frac{1}{1-2\nu} \nabla(\nabla \cdot \mathbf{u}(\mathbf{x})) + \Delta \mathbf{u}(\mathbf{x}) \right) = 0 \quad \text{in } \Omega$$

$$\mathbf{u}(\mathbf{x}) = \mathbf{u}_{D_0}(\mathbf{x}), \quad \mathbf{x} \in \Gamma_{D_0} \subset \partial\Omega$$

$$\mathbf{u}(\mathbf{x}) = \mathbf{u}_D(\mathbf{x}), \quad \mathbf{x} \in \Gamma_D \subset \partial\Omega$$

$$\sigma(\mathbf{x}) \cdot \mathbf{n} = 0, \quad \mathbf{x} \in \Gamma_N \subset \partial\Omega$$

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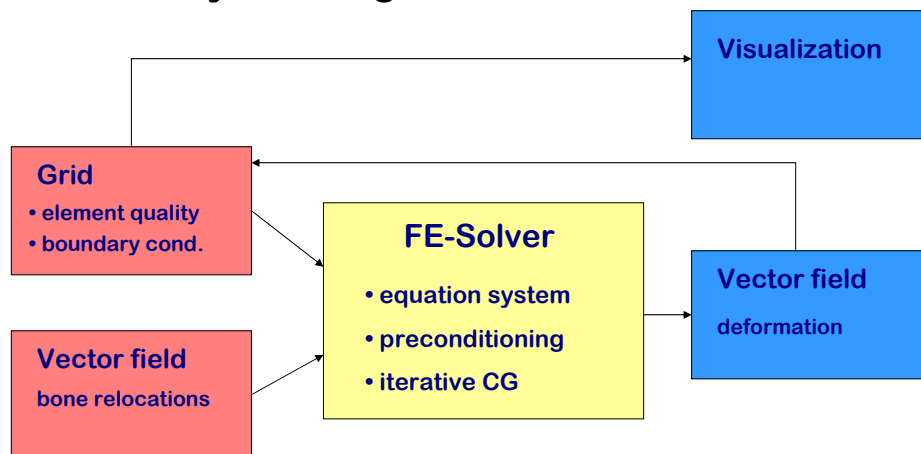
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Therapy Planning in Maxillofacial Surgery



Osteotomy Planning with Soft Tissue Prediction



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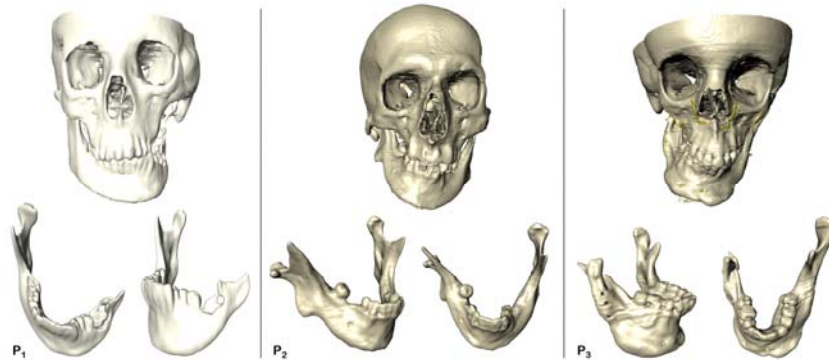
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Therapy Planning in Maxillofacial Surgery



Severe Mandibular Dysplasia



www.zib.de/visual/projects/mandiblerecon

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Therapy Planning in Maxillofacial Surgery



Severe Mandibular Dysplasia

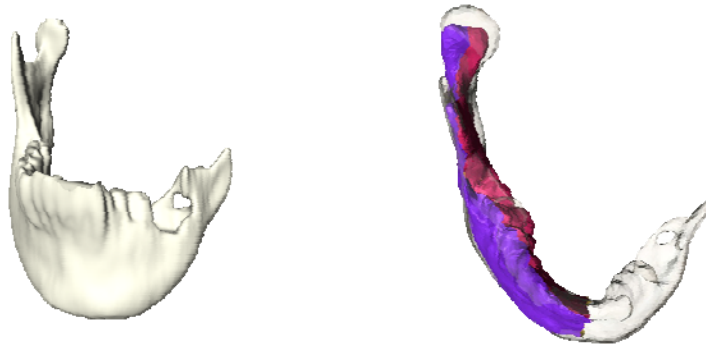
- due to tumor related bone resections or craniofacial microsomia
- Reconstruction cannot be guided by the symmetry of anatomical structures
- Either autologous bone grafts or implants are used for reconstruction
- A statistical shape model of a normally developed mandible is used as a reconstruction template
- Adaptation to unaffected structures

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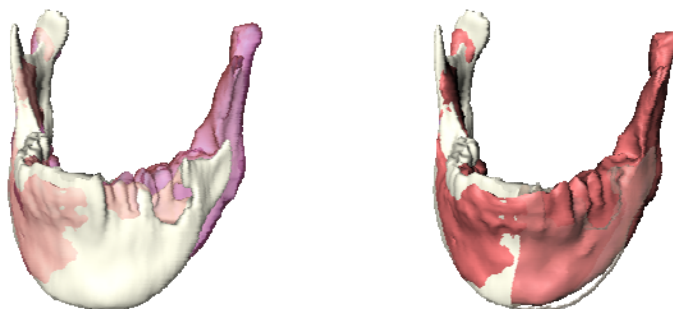
72/76

Partial Reconstruction of Bone Structures



Zachow S, H Lamecker B Elsholtz, M Stiller: Reconstruction of mandibular dysplasia using a statistical 3D shape model. Proc. Computer Assisted Radiology and Surgery (CARS), pp. 1238-1243 (2005)

Reconstruction Proposal (adapted shape model)

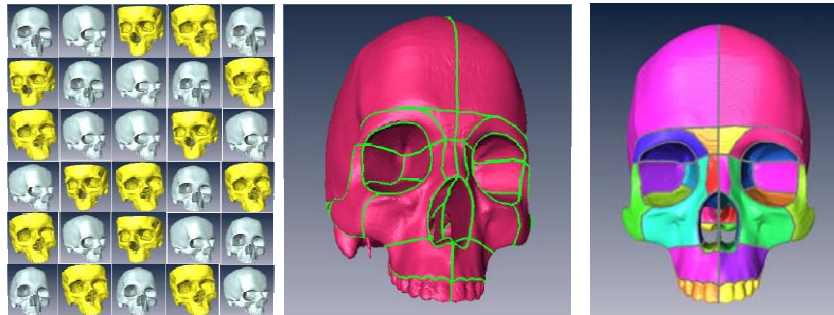


$$d_{\text{rms}}(S(\mathbf{b}, T), S') = \sqrt{\frac{1}{|S| + |S'|} \left(\int_{\mathbf{x} \in S} d(\mathbf{x}, S')^2 dS + \int_{\mathbf{x} \in S'} d(\mathbf{x}, S)^2 dS \right)}.$$

Therapy Planning in Maxillofacial Surgery



A statistical 3D shape model of the skull



Together with A. Schramm (BWK Ulm), E. Barth, K. Kubiack (MH Hannover)

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Therapy Planning in Cranio-Neurosurgery



Surgical Correction of Skull Deformities

- Prematurely ossified cranial sutures in infants lead to skull deformities within the growth process
- Surgical correction is necessary to prevent functional impairment of the brain and to improve a patient's appearance
- A preoperative planning method of reshaping the cranium with the help of a statistical shape model has been developed

www.zib.de/visual/projects/craniosynosis

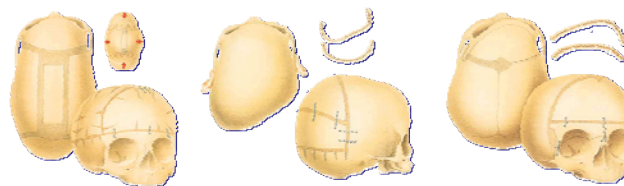
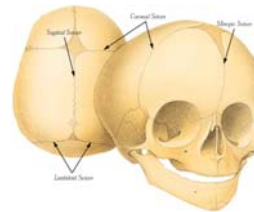
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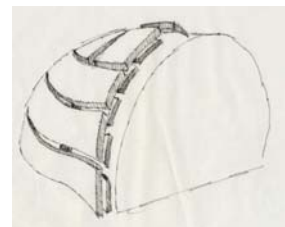
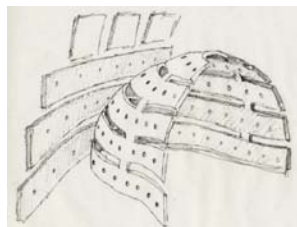
Surgical Correction of Skull Deformities

Craniosynostosis
pathologic development
of the neurocranium



Surgical Correction of Skull Deformities

- Fragmentation, reshaping and reorganisation of cranial bone structures
- No target specification - aesthetic result is difficult to predict

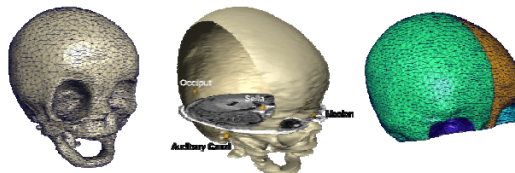


H. Haberl, 2002

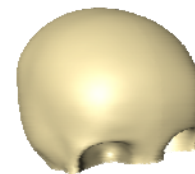
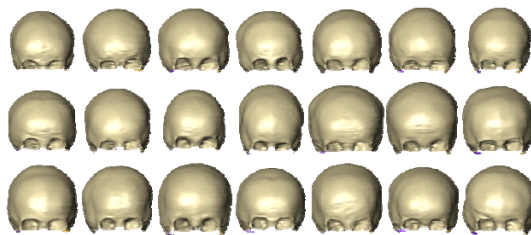
Therapy Planning in Cranio-Neurosurgery



A Statistical Shape Model of the Skull



MRI data of 21 patients
age: 3 to 10 months
male/female

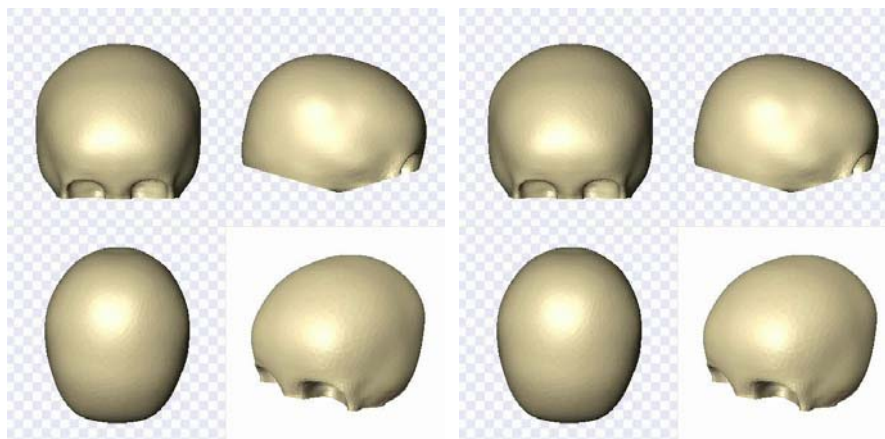


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Therapy Planning in Cranio-Neurosurgery



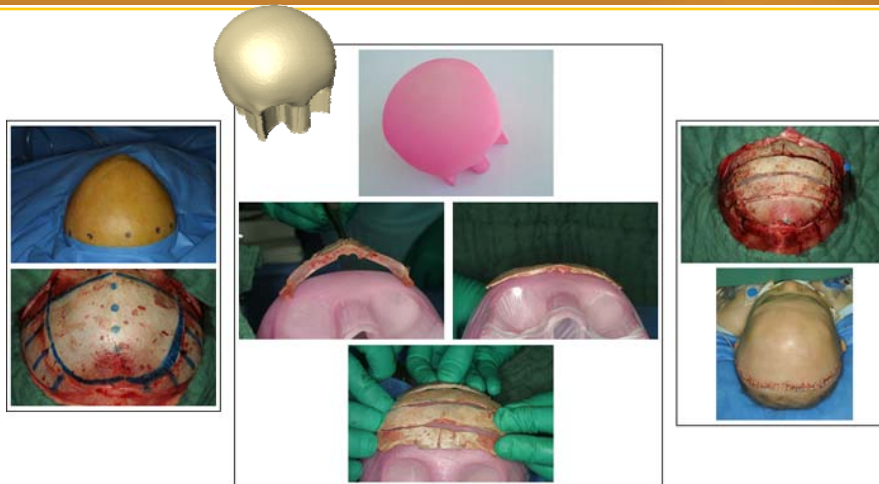
Animation: 1st and 2nd mode of principal variation

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Therapy Planning in Cranio-Neurosurgery



Lamecker H, S Zachow, Hege HC, Zöckler M, Haber, H: Surgical Treatment of Craniosynostosis based on a Statistical 3D-Shape Model - First Clinical Application. Int. J. of Computer Assisted Radiology and Surgery, Springer, pp. 253-255 (2006)

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Therapy Planning in Orbit-Surgery



Orbital Wall Fractures



enophthalmus



blow out fracture



orbital floor reconstruction



postoperative result



postoperative assessment

www.zib.de/visual/projects/orbita

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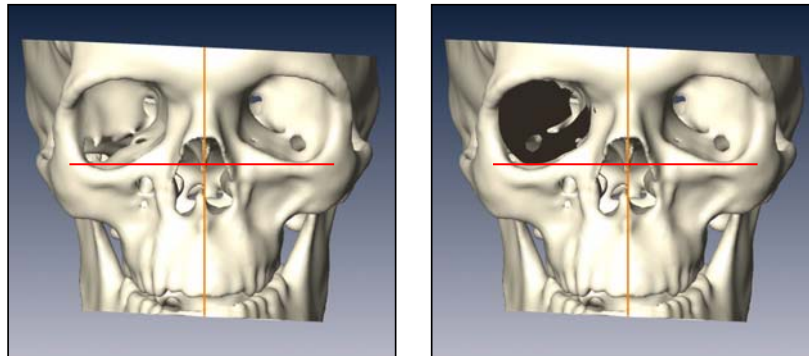
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Therapy Planning in Orbit-Surgery



Mirroring of the Bony Orbit



Cooperation with A. Schramm (BWK Ulm), E. Barth (MH Hannover), R Kontio (Helsinki)

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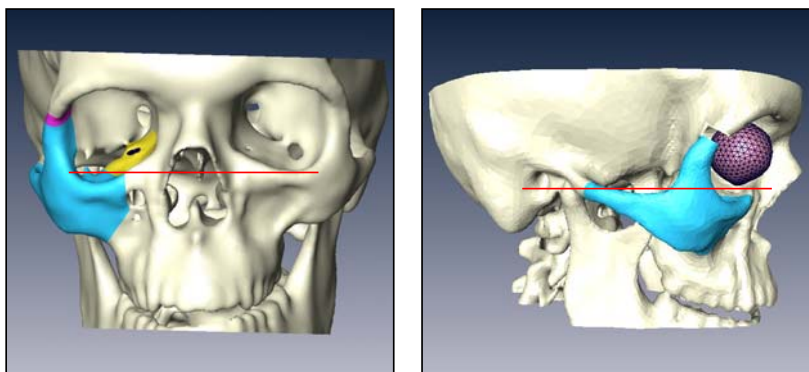
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Therapy Planning in Orbit-Surgery



Elevation of the Zygomatic Bone



Planning in Cooperation with Dr. Kontio, Helsinki

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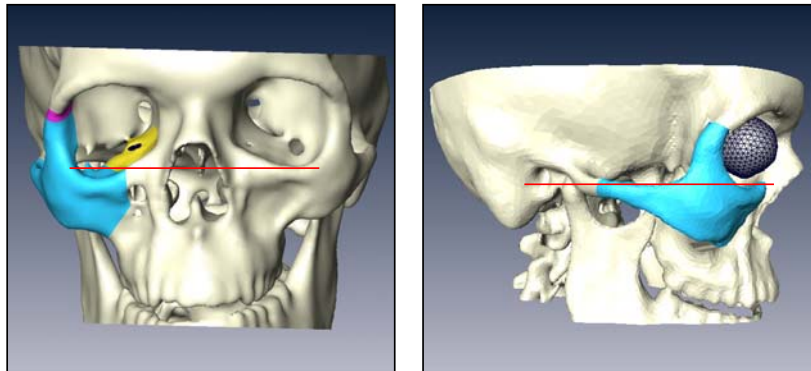
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Therapy Planning in Orbit-Surgery



Elevation of the Zygomatic Bone



Planning in Cooperation with Dr. Kontio, Helsinki

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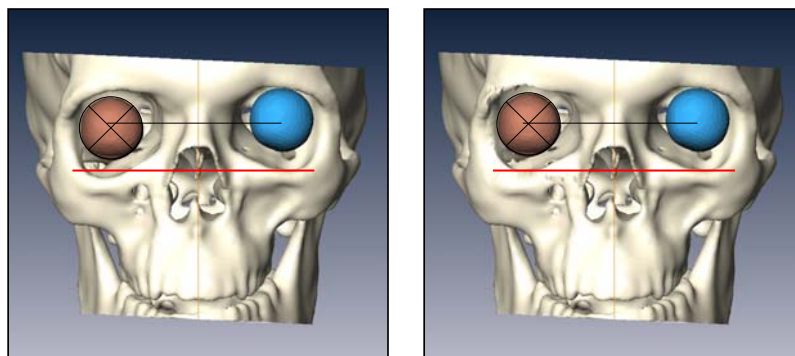
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Therapy Planning in Orbit-Surgery



Elevation of the Eye Ball



Planning in Cooperation with Dr. Kontio, Helsinki

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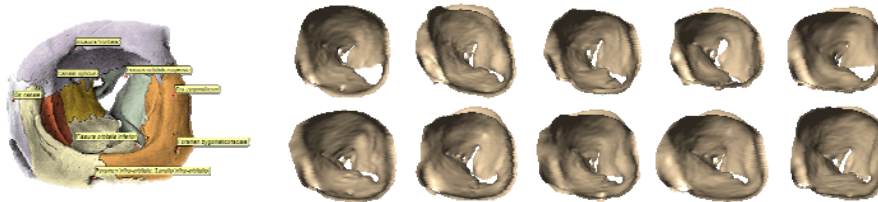
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Therapy Planning in Orbit-Surgery



A Statistical Shape Model of the Orbit



Lamecker H, L Kamer, A Wittmers, S Zachow, Th Kaup, A Schramm, H Noser, B Hammer:
A method for the three-dimensional statistical shape analysis of the bony orbit.
Proc. Computer Aided Surgery around the Head, pp. 94-97 (2007)

Kamer L, H Noser, H Lamecker, S Zachow, A Wittmers, Th Kaup, A Schramm, B Hammer:
Three-dimensional statistical shape analysis -- A useful tool for developing a new type of orbital implant?
AO Development Institute, New Products Brochure 2/06, pp. 20-21 (2006)

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Therapy Planning in Orbit-Surgery



Template for Custom Implant Design

| | mean | first mode of variation (min/max) | |
|-------------------|------|-----------------------------------|--|
| statistical model | | | |
| rapid prototyping | | | |

Cooperation with Dr. Noser, AO Development Institute, Davos, Switzerland

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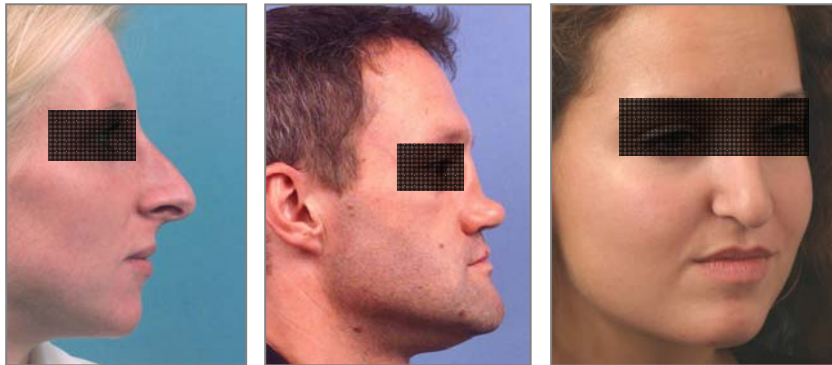
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Therapy Planning in Rhinosurgery



Esthetics & Function



www.zib.de/visual/projects/nose

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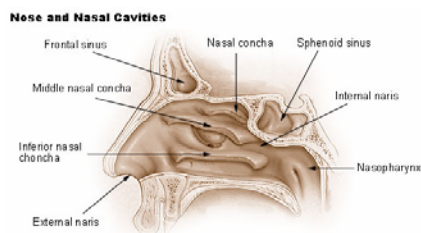
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Therapy Planning in Rhinosurgery



Function of the Nose

- Breathing - Smelling
- Cleaning the air
- Conditioning the air to body temperature
- Humidification



Surgical correction might be indicated

**in cases where the function is disturbed,
e.g. due to any obstruction or deformity.**

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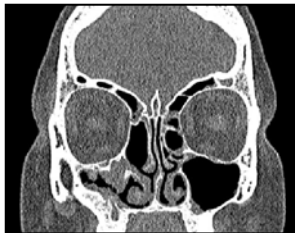
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Therapy Planning in Rhinosurgery



Dysfunction of the Nose

- Septal deviation
- Deformities of the external nose
- Paranasal sinusitis, nasal polyps



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Therapy Planning in Rhinosurgery



Understanding Nasal Airflow

- Characterization of typical airflow phenomena
- Analysis of the correlation between shape and function of the nose
- Individualized therapy planning of rhinosurgery under consideration of *regular* nasal air flow

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Therapy Planning in Rhinosurgery



Understanding Nasal Airflow

Due to the complexity and the anatomical inaccessibility of the nasal cavities, as well as the limited availability of meaningful measuring methods

Modeling and simulation of nasal airflow via Computational Fluid Dynamics (CFD)

Therapy Planning in Rhinosurgery



A Reference Model of the Nasal Airways

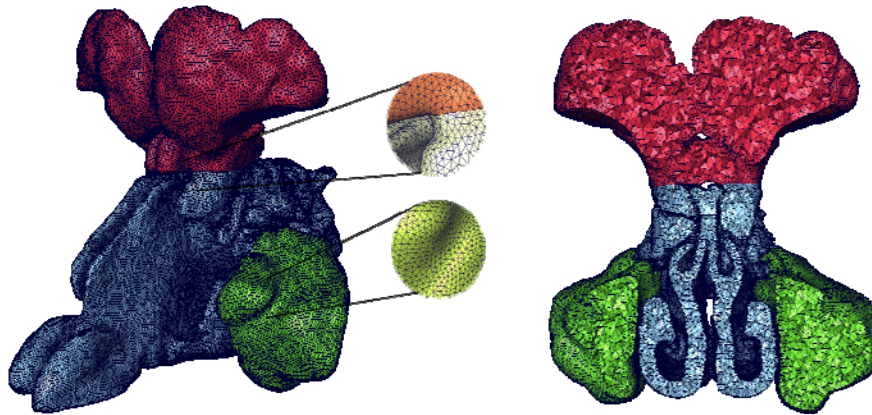
- Helical CT scan (64-slice) of a volunteer
- Local administration of a decongestant (xylometazoline)
- Systemic application of methylprednisolon



Therapy Planning in Rhinosurgery



A Reference Model of the Nasal Airways



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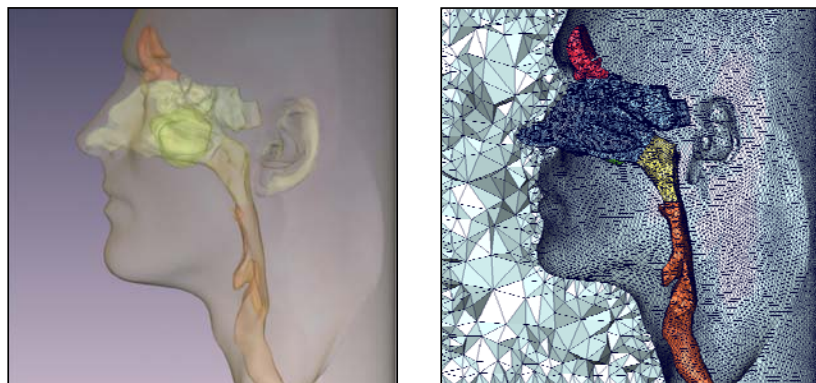
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Therapy Planning in Rhinosurgery



Upper Respiratory Tract and Inflow Region



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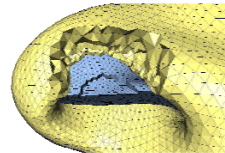
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Boundary conditions

Walls (mucosa)

- smooth
- flow involved friction



Air

- isothermal, incompressible
- density 1.185 kg/m^3
- dynamic viscosity $1.831 \cdot 10^{-5} \text{ kg/m}\cdot\text{s}$
- temperature $25 \text{ }^\circ\text{C}$
- ambient pressure (absolute) 101325 Pa

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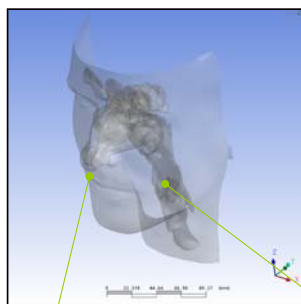
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Therapy Planning in Rhinosurgery



Boundary conditions



Nostril 0 Pa

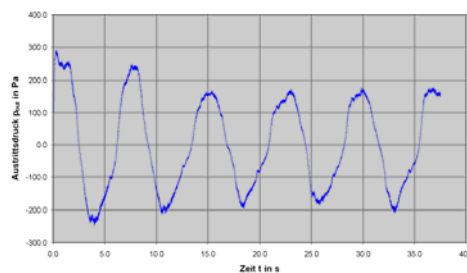
Outlet: trachea

Steady state

- Outlet pressure = -150 Pa

Transient flow

- Time dep. pressure: Active Anterior Rhinomanometry (AAR)



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Computational Fluid Dynamics

- Conservation of mass

$$\frac{\partial \rho}{\partial t} + \frac{\partial(\rho u_i)}{\partial x_i} = 0$$

- Conservation of momentum

$$\frac{\partial(\rho u_i)}{\partial t} + \frac{\partial(\rho u_i u_j)}{\partial x_j} = -\frac{\partial p}{\partial x_i} + \frac{\partial}{\partial x_j} \left(\mu \left(\frac{\partial u_i}{\partial x_j} + \frac{\partial u_j}{\partial x_i} - \frac{2}{3} \delta_{ij} \frac{\partial u_k}{\partial x_k} \right) \right) + f_i$$

- Conservation of energy

$$\frac{\partial(\rho E)}{\partial t} + \frac{\partial(\rho u_j E)}{\partial x_j} = -\frac{\partial(p u_j)}{\partial x_j} + \frac{\partial}{\partial x_j} \left(\lambda \frac{\partial T}{\partial x_j} \right) + \frac{\partial(u_i \tau_{ij})}{\partial x_j} + S_E$$

Computational Fluid Dynamics

- Transport equations

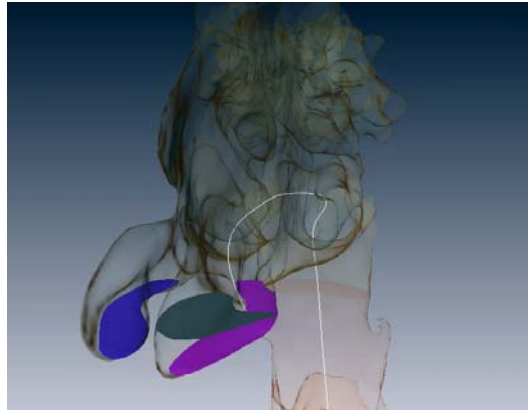
(Reynolds-averaged) Navier-Stokes PDE

$$\underbrace{\frac{\partial}{\partial t}(\rho \Phi)}_{\text{time alteration rate}} + \underbrace{v_j \frac{\partial}{\partial x_j}(\rho \Phi)}_{\text{convective transport}} = \underbrace{\Gamma_\Phi \frac{\partial^2 \Phi}{\partial x_j^2}}_{\text{diffusive transport}} + \underbrace{S_\Phi}_{\text{production}}$$

Numerical solution of the averaged conservation equations (velocity and pressure field)

Ansys CFX®

Therapy Planning in Rhinosurgery



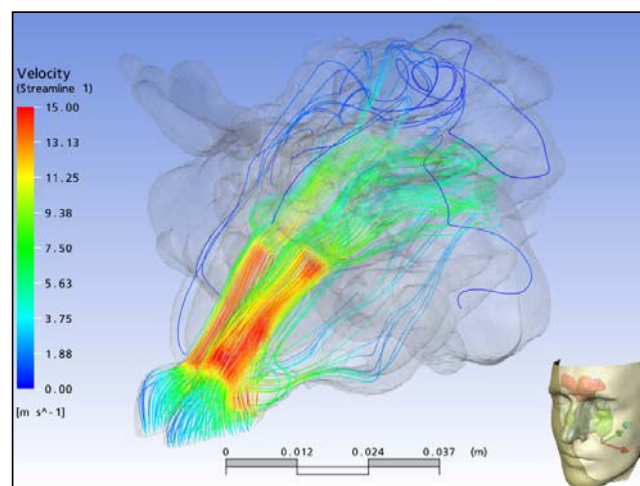
Movie: Hydraulic profile of the upper respiratory tract

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Therapy Planning in Rhinosurgery



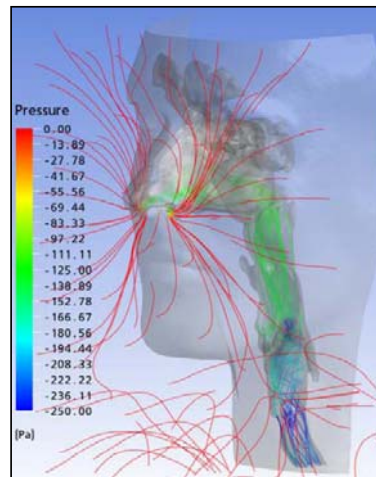
Visualization of inspiratory flow up to 16 m/s under laminar and turbulent conditions

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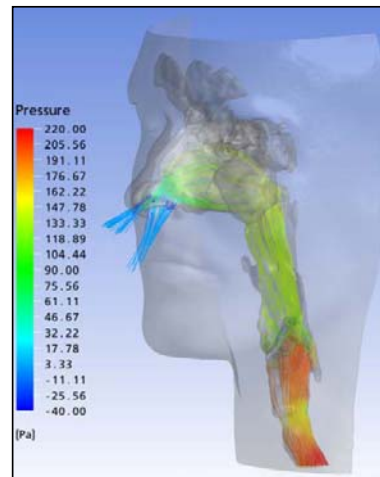
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Therapy Planning in Rhinosurgery



inhalation



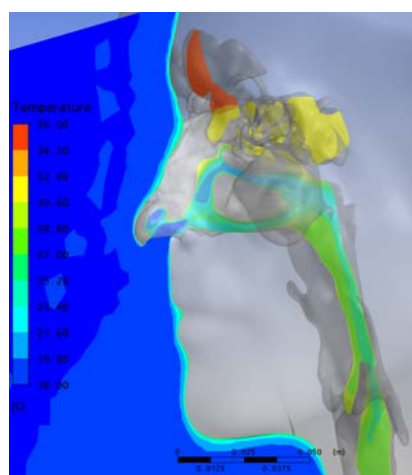
exhalation

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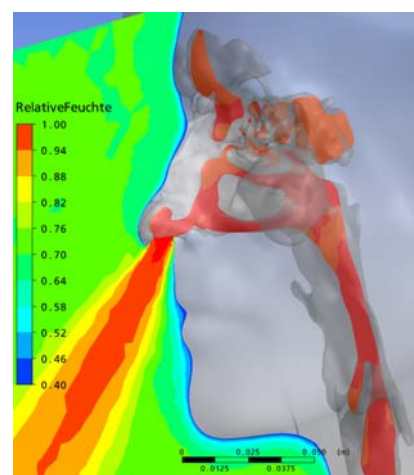
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Therapy Planning in Rhinosurgery



Inhalation (temperature)



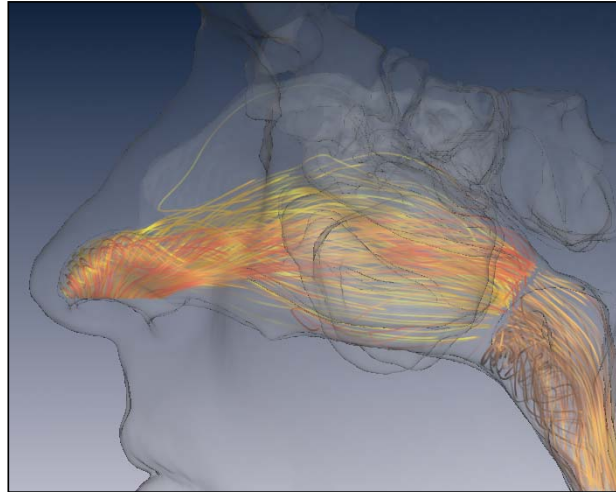
Exhalation (humidity)

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Therapy Planning in Rhinosurgery



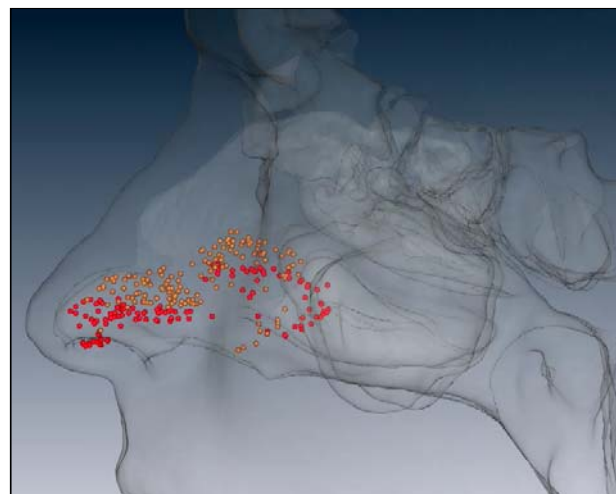
Illuminated streamline visualization of the velocity vector field with
color coded discrimination of left (red) and right (gold) side

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Therapy Planning in Rhinosurgery



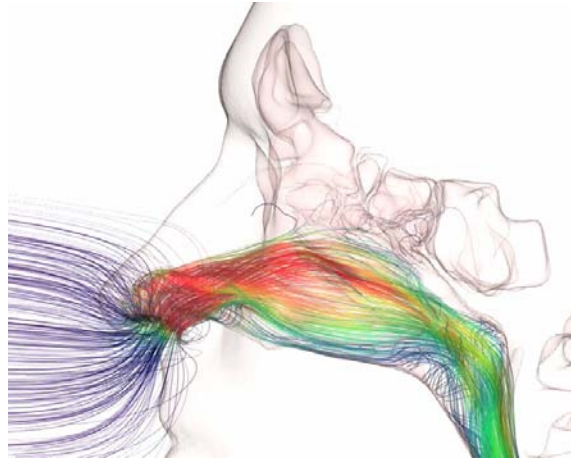
Movie: Particles - color coded discrimination of left (red) and right (gold) side

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Therapy Planning in Rhinosurgery



Movie: Inhalation and exhalation with velocity coded streamlines

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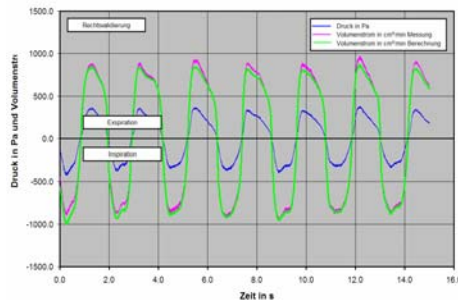
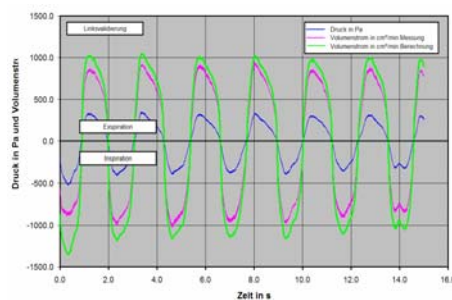
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Therapy Planning in Rhinosurgery



Validation (pressure / time)

Simulation vs. Measurements (left/right nostril)



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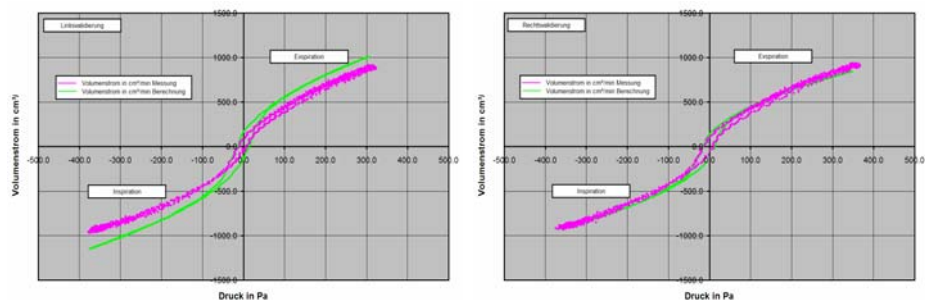
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Therapy Planning in Rhinosurgery



Validation (total flow / pressure)

Simulation vs. Measurements (left/right nostril)



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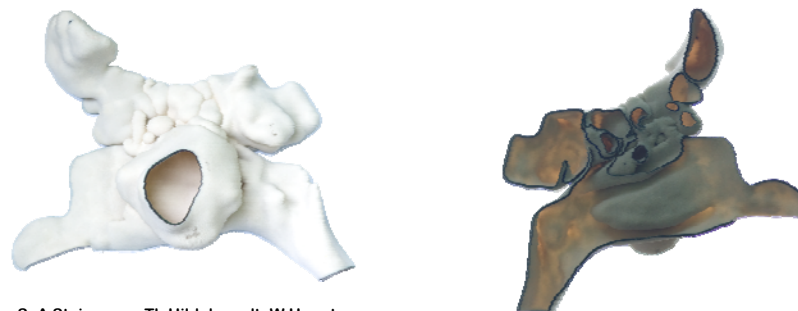
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Therapy Planning in Rhinosurgery



Biofluidmechanics (experimental studies)



Zachow S, A Steinmann, Th Hildebrandt, W Heppt:
Understanding nasal airflow via CFD simulation and visualization.
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Zachow S, A Steinmann, Th Hildebrandt, R Weber, W Heppt:
CFD Simulation of nasal airflow: Towards treatment planning for functional rhinosurgery.
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