Known-Component Registration

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Project Overview

- Goal: to improve pedicle screw placement procedures
- Current standard of care involves "free-hand" placement of screw
- Optical Tracker Solution vs. 3D-2D Registration Solution





Paper Selection

"Known-component 3D-2D registration for quality assurance of spine surgery pedicle screw placement"

- Describes namesake technique: known-component registration (KC-Reg)
- Allows for localization of a "known component" in some 3D space (ie. preoperative CT)



Background

- Known Component
 - Surgical tools (fixation hardware, guide wires, needles, screws) that are structurally known beforehand
 - Varying degrees of structural knowledge
- 3D-2D Registration
 - Iteratively match intraoperative 2D radiographs to digitally reconstructed radiographs (DRRS) from a preoperative 3D CT volume.
 - Maximize image similarity





- Could remove the necessity for an optical tracking in our current system
- Removes physical clutter from operating space
- Eliminates problems associated with tracking reliability
- Tool simplification



Background: Known Components

- Parametrically Known Component (pKC)
 - pKC1 most simple parametrization
 - pKC2 more complex, multi-component parametrization
- Exactly Known Component (eKC)
 - CAD model





Flow of Technique

• KC-Reg goes along with standard 3D-2D registration





Mathematical Methods

• Maximizing the similarity metric



Experimental Setups

- Anthropomorphic torso phantom with 5 pedicle screws
- Human torso cadaver with 8 pedicle screws
- Intraoperative radiographs obtained with mobile C-arm as shown
- QA analysis: geometric accuracy, device verification, visualization relative to acceptance window





Geometric Accuracy of Registration

- TRE computed in terms of translational and rotational components
 - Ground truth determined from 3D-2D registrations using all available views (200 projections acquired over a semicircular arc using mobile C-arm)







Geometric Accuracy Results

- Higher-order known components offer lower TRE
 - 92% of 40 repeat registrations per target screw within gold standard TRE accuracy levels of <1 mm in translation and <5 degrees in rotation for eKC
 - Median translational and rotational errors for eKC were 0.2 mm and 0.2 degrees
- Cadaver presents higher TRE likely due to deforming soft tissue and more complex gradients in real anatomy





Device Verification & Results

- Extension of KC-Reg methodology to detect instances in which device in 2D intraoperative image differs from that specified in planning
- 200 data samples of registration solution output parameters (length, diameter) used to train multi-class learning-based classifier
- Decision boundaries for classification reasonable in both cases
- Higher-order pKC2 had better classification (c) results (99.3% vs pKC1 92.9%)

TPF = TP / P FNF = FN / P PPV = TP / (TP + FP)ACC = (TP + TN) / (P+N)



Visualization Within Acceptance Window

- Screws purposely misplaced
- Assessment if screws were within acceptance window
- Acceptance window defined around planned trajectory
- KC-Reg result was able To correctly identify whether or not screws were properly placed





Assessment

Pros

- Overall well-described methodology surrounding the experiments
- Detailed in outlining how models were parametrized
- Powerful potential in substituting out optical tracking for described techniques
- Results very cleanly and intuitively discussed

Cons

- Organization slightly misleading
 - Could have been improved with more initial description on known-components
- Perhaps could have presented some additional base information surrounding the classification methods





