



A novel method for determining thoraco-abdominal organ location using low dose X-ray: Applications for body armour design.

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## CONTENT

- Body Armour: coverage
- Organ Location: limitations
- Solution
- Results
- Discussion
- Future Work

## **Function of Body Armour**

- Personal Protective Equipment (PPE)
- Protect vital organs of thorax & abdomen<sup>[1, 2]</sup>
- Protection-mobility tradeoff
- Evidence based design



#### **Coverage requirements**

- No universal requirements
- National Institute of Justice:
  - Standards for stab resistance coverage of vital organs: heart, liver, kidneys and spleen
- Breeze<sup>[2]</sup>:
  - Essential organs: heart, great vessels, liver and spleen



## **Organ Location**

- Medical imaging literature centre mass of organs
- Lack of data: boundaries of organs – dependent on body size and shape / male versus female
- Consideration of breathing and postural conditions <sup>[1]</sup>
- Erect versus prone



## **Limitations of determining organ location**

- Inappropriate imaging modalities: CT, MRI and ultrasound
  - Invasive / risks
  - Expensive
  - Inappropriate



 Goal is to be able to develop a method that can be easily used for all soldiers

# **Alternate solution?**

- Existing methodologies<sup>[3]</sup>
- For this work:
  - Low dose PA and lateral chest / upper abdomen x-ray images
  - 3D surface scan





- PBU-60 whole body anthropomorphic phantom (Kyoto Kagaku Co. Ltd., Kyoto, Japan)
  - Includes lungs, heart, great vessels, liver, kidneys and spleen



- PBU-60 whole body anthropomorphic phantom
  - Includes lungs, heart, great vessels, liver, kidneys and spleen
- Planar X-ray images, PA and Lat., and known image magnification factors.

(X-ray unit: Carestream Health, Rochester, USA)

> planar X-ray images PA & lateral of phantom



- PBU-60 whole body anthropomorphic phantom
  - Includes lungs, heart, great vessels, liver, kidneys and spleen
- Planar X-ray images, PA and Lat., and known image magnification factors.
- External surface scan using a handheld 3D scanner (Artec<sup>™</sup>, Leo 3D Scanner, Artec Group, San Jose)



- PBU-60 whole body anthropomorphic phantom
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- Planar X-ray images, PA and Lat., and known image magnification factors.
- External surface scan using a handheld 3D scanner
- CT scans and 3D reconstructions (Canon Aquilion One, Tochigi, Japan)



- X-ray images saved in DICOM format; external surface scan in stereolithography (stl) format
- X-ray images were manually segmented using custom software (Orthovis v4 Matlab, The Mathworks, Inc., Natick, MA)<sup>[4]</sup>
- Multi-modality 2D–3D registration based on previous work <sup>[5]</sup> using segmented X-ray images and external surface scan
- Compare the created 3D registered model against ground truth, the CT scan data

- Registration of 2D surface to 3D external scan in two planes:
  - Front (PA) and
  - Side (lateral)

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## **Results – lung fields**









#### **Results – heart**











#### **Results – liver**











#### **Results – lung, heart and liver**



#### Discussion

- Proof of concept work shows promising initial results of organ localisation from two low dose planar X-ray images<sup>[6]</sup> and a 3D external surface scan
  - chest / abdo X-rays ≈ 0.7 mSv
  - chest / abdo CT scans  $\approx 15 \text{ mSv}$
- Potential to classify soldiers into body shape groups based on organ location and external body shape
- Limitations
  - Anthropomorphic phantom only closely represent human X-ray attenuation characteristics
  - No breathing and postural changes

#### **Future Work**

- Test method on humans and correlate to images acquired in a vertical MRI scanner
  - Show influences of gravity and breathing
- Build data sets of soldiers' body shapes / sizes and organ locations, both male and female

#### References

- 1. Laing S & Jaffrey M (2019) Thoraco-abdominal organ locations: Variations due to breathing and posture and implications for body armour coverage assessments. Melbourne, Australia: Defence Science and Technology Group; TR-3636. (unpublished report)
- 2. Breeze J, Allanson-Bailey LS, Hepper AE & Midwinter MJ (2015) Demonstrating the effectiveness of body armour: a pilot prospective computerised surface wound mapping trial performed at the Role 3 hospital in Afghanistan, *Journal of Royal Army Medical Corps*, 161(1), p36-41
- 3. Scarvell JM, Pickering MR & Smith PN. (2010) New registration algorithm for determining 3D knee kinematics using CT and single-plane fluoroscopy with improved out-of-plane translation accuracy, *Journal of Orthopaedic Research*, 28(3), p334-340
- 4. Lynch JT, Schneider, M, Perriman DM, Scarvell JM, Pickering MR, Asikuzzaman Md., Galvin CR, Besier TF & Smith PN, (2019) Statistical shape modelling reveals large and distinct subchondral bony differences in osteoarthritic knees, *Journal of Biomechanics*, 93, p177-184
- 5. Akter M, Lambert AJ, Pickering MR, Scarvell JM & Smith PN (2015) Robust initialisation for single-plane 3D CT to 2D fluoroscopy image registration. *Comput Methods Biomech Biomed Eng Imaging Vis,* 3, p147–171.
- Australian Radiation Protection and Nuclear Safety Agency (2019). Having a scan? A guide for Medical Imaging, ARPANSA Fact Sheet – Medical Imaging: Information for Patients, retrieved on 28 August 2019 from <u>https://www.arpansa.gov.au/sites/default/files/legacy/pubs/rpop/patienthandout.pdf</u>





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