



Reaching intra-observer variability in 2-D echocardiographic image segmentation with a simple U-Net architecture



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Introduction

Problem

- Delineation of cardiac structures in 2-D echocardiography
 - Endocardial contour of the left ventricle (LV-Endo)
 - Epicardial contour of the left ventricle (LV-Epi)



| | -End | |
|--|------|--|

| Results | | | | | | | | | | |
|--------------------|---|--------------------|-------------------------|---------------|------------------------|---------------|--------------------------|---------------|--|--|
| Methods | LV-Endo & LV-Epi | | End-diastolic volume | | End-systolic volume | | Ejection fraction | | | |
| | HD±σ (mm) | ASSD±σ (mm) | Corr | MAE±σ (mL) | Corr | MAE±σ (mL) | Corr | MAE±σ (%) | | |
| Intra- observer | 4.7 ± 2.0 | 1.5 ± 0.7 | 0.978 | 6.5 ± 4.4 | 0.981 | 4.5 ± 3.9 | 0.895 | 4.7 ± 4.1 | | |
| CLAS | 4.8 | 1.5 | 0.958 | - | 0.979 | - | 0.926 | - | | |
| Model #1 | 5.4 ± 3.2 | 1.6 ± 0.9 | 0.960 | 8.0 ± 7.3 | 0.960 | 6.6 ± 6.0 | 0.839 | 5.1 ± 4.3 | | |
| Model #2 | 5.3 ± 3.1 | 1.6 ± 0.9 | 0.965 | 8.0 ± 7.4 | 0.965 | 6.3 ± 5.6 | 0.831 | 5.0 ± 4.7 | | |
| Model #3 | 4.8 ± 2.5 | 1.4 ± 0.7 (**) | 0.972 | 7.2 ± 5.9 | 0.972 | 5.7 ± 4.9 | 0.847 | 4.9 ± 4.2 | | |
| Model #3 + DAiI | 4.5 ± 2.1 (**) | 1.4 ± 0.7 (***) | 0.974 | 6.8 ± 6.1 | 0.974 | 5.6 ± 4.8 | 0.863 | 4.6 ± 4.0 | | |
| Model #4 | 4.5 ± 1.9 (*) | 1.4 ± 0.7 (**) | 0.972 | 6.7 ± 5.9 | 0.972 | 5.5 ± 5.1 | 0.84 | 4.9 ± 4.3 | | |
| Model #4 + DAiI | 4.4 ± 1.9 (***) | 1.4 ± 0.7 (***) | 0.972 | 6.6 ± 5.7 | 0.972 | 5.5 ± 4.8 | 0.843 | 4.7 ± 4.4 | | |
| nnUNet | $ \begin{array}{r} 4.3 \pm 1.9 \\ (***) \end{array} $ | 1.3 ± 0.6 (***) | 0.976 | 6.5 ± 5.6 | 0.976 | 5.3 ± 4.6 | 0.876 | 4.4 ± 3.6 | | |



Figure 1: Segmentation of the LV-Endo and LV-Epi on a 2-D echocardiographic image.

GOAL

- Automate the segmentation task using a simple network architecture.
- Reach intra-observer variability on both geometric and clinical ** metrics.

Methods

CAMUS Dataset

One of the largest echocardiographic open



Table 1: Comparison of geometric and clinical scores between different models. CLAS: Best reported algorithm on CAMUS dataset.

(HD: Hausdorff distance; ASSD: Average symmetric surface distance; Corr: *Correlation; MAE: Mean absolute error)*

Statistical test: Left-tailed two sample t-test conducted between each model and intra-observer variability for all metrics, (*): p-value < 0.05; (**): p-value < 0.01; (***): p-value < 0.001.



- dataset
- ✤ 500 patients
 - ✓ 2000 End-diastole/End-systole Apical 2/4chamber view images
- 10-fold cross validation

Model #1

- ✤ 5-layer U-Net
- ✤ 7M parameters

Model #2

- 5-layer U-Net + Deep supervision
- ✤ 7M parameters

Model #3

- 5-layer U-Net + Deep supervision + Data augmentation in training
- ✤ 7M parameters

Model #4

8-layer U-Net + Deep supervision + Data augmentation in training

- From Model #3 onwards, intra-observer variability was reached in terms of geometric metrics.
- High correlation between the estimated and the ground-truth volumes, (*Corr* > 0.97).
- Less accurate volumes and intra-observer variabilities than with CLAS due to temporally inconsistent segmentations.

Conclusions

Keys to reach intra-observer variability

- Data augmentation both in training ** and inference
- Reduced batch size and number of iterations per ••• epoch to improve the generalization ability



+ Patch-wise approach

✤ 30M parameters

Training Scheme

Batch size of 2
To boost the generalization ability

- Input image resized to 256 × 256 pixels for Model #1 to #3
- Model #4 uses a patch size of 1024 × 640 pixels

Model #3 and #4 were evaluated twice, with and without Data augmentation in inference (DAil).

References

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