

Purpose

To establish a registration based framework for the determination of local changes of the optic radiation due to glaucoma using Diffusion Tensor Imaging (DTI).

Diffusion Tensor Imaging

- The only imaging modality that allows fiber identification non-invasively and in-vivo [2]
- Diffusion tensor derived parameters: when λ_1, λ_2 and λ_3 are the diffusion tensor eigenvalues in a descending order then
Axial Diffusivity (AD) = λ_1
Radial Diffusivity (RD) = $(\lambda_2 + \lambda_3) / 2$
Mean Diffusivity (MD) = $\lambda = (\lambda_1 + \lambda_2 + \lambda_3) / 3$

$$\text{Fractional Anisotropy (FA)} = \frac{\sqrt{3}}{2} \frac{\sqrt{(\lambda_1 - \lambda)^2 + (\lambda_2 - \lambda)^2 + (\lambda_3 - \lambda)^2}}{\sqrt{\lambda_1^2 + \lambda_2^2 + \lambda_3^2}}$$

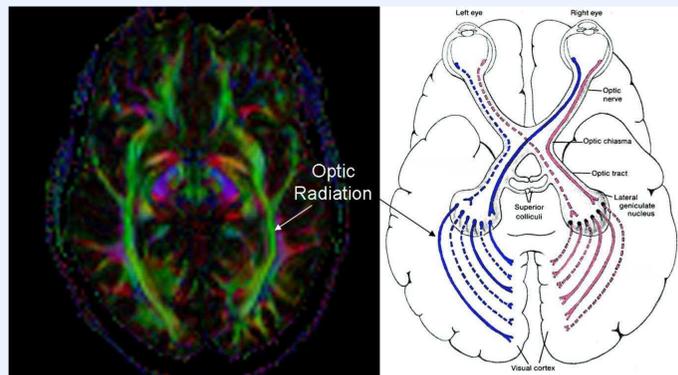


Figure 1: Illustration of the human visual system (right) and the corresponding optic radiation shown on a DTI axial slice (left). (visual system image with permission to reuse: Matlin, M. W. and Foley, H. J.: Sensation and Perception. Allyn and Bacon)

Data

Glaucoma group: 13 subjects with primary open angle glaucoma (4 males and 9 females) with an average age of 63 ± 12.5 years.

Control group: 10 subjects (4 males and 6 females) with an average age of 56.9 ± 11.9 years.

Acquisition:

- Scanner:** 3T-MRI scanner
- Protocol:** single-shot, spin echo, echo planar imaging (EPI) as an imaging sequence with repetition time (TR) 3400 ms, echo time (TE) = 93 ms, field of view (FoV) $230 \times 230 \text{ mm}^2$. Diffusion weighting with a maximal b-factor of 1000 s/mm^2 along 15 icosahedral directions complemented by one scan with $b = 0$ with seven signal averages.
- Acquisition matrix:** size of 128×128 reconstructed to 256×256 . Twenty five axial slices with an intra-slice resolution of $1.8 \times 1.8 \text{ mm}^2$ and 5 mm thickness.

Method

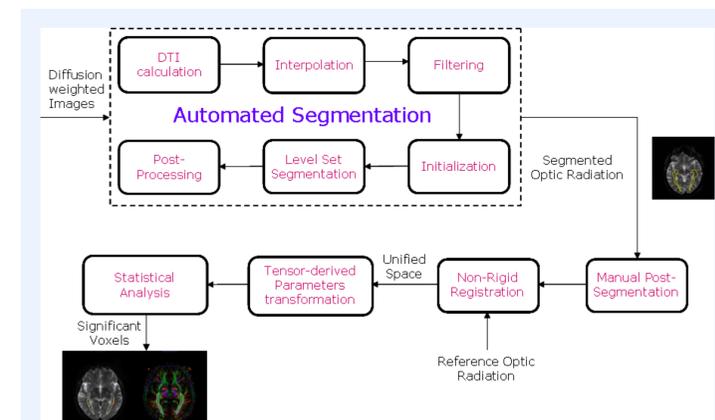


Figure 2: Overview of the proposed analysis framework for voxel based morphometric analysis using DTI

The proposed framework consists of the following steps:

- Automated segmentation of the optic radiation [1]**
- Manual adjustment of segmentation** to remove structures like lateral geniculate nucleus (LGN) and correct segmentation errors.
- Shape-based registration**
 - Shape similarity of the optic radiation in the LGN-slice allows registration and voxelwise comparison.
 - Reference is the normal subject with maximum optic radiation size.

- Non-rigid registration of all subjects to the unified space of the reference
- 4. Transformation of diffusion parameters maps to the unified space**
Using the transformation fields from the registration, the diffusion related parameters and the fractional anisotropy maps are transformed to the unified space.
- 5. Statistical analysis**
The transformed maps are analyzed voxelwise using Mann-Whitney U test.

Results

- Statistical significance is considered when the p-value is less than 0.05 and 0.1.
- The analysis is applied to FA, AD, RD and MD.

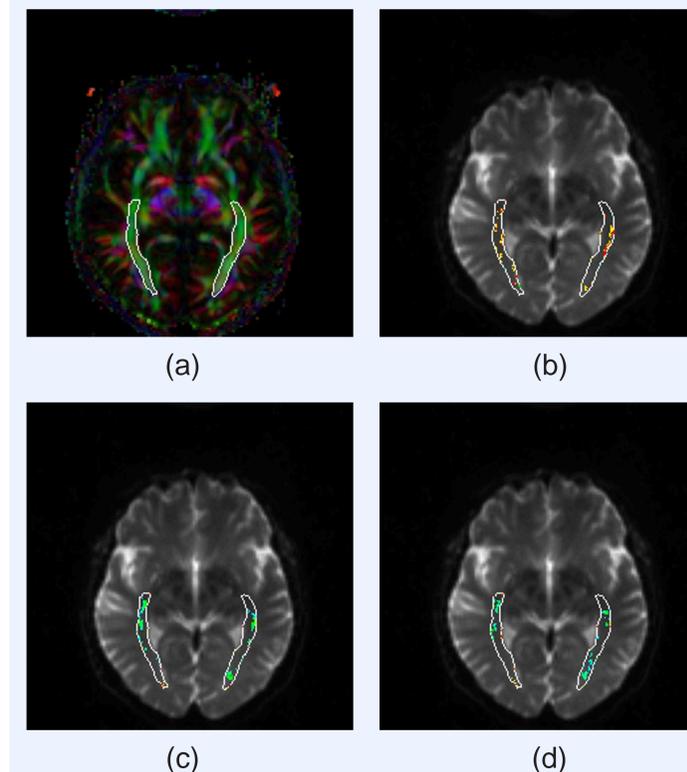


Figure 3: Optic radiation on the reference subject (a) and the significant optic radiation voxels based on the analysis of: (b) Fractional anisotropy (FA), (c) Radial Diffusivity (RD), and (d) Mean Diffusivity (MD). Color code is as follows: Red and Yellow: significant voxels with normal mean value > glaucoma mean value with p-value ≤ 0.05 and p-value ≤ 0.1 respectively, Green and Cyan: significant voxels with normal mean value < glaucoma mean value with p-value ≤ 0.05 and p-value ≤ 0.1 respectively.

FA analysis : Concentration of decreased FA voxels in glaucoma subjects is found near the medial edges of the optic radiation.

RD and MD analysis : Radial and mean diffusivities are increased for glaucoma patients in the proximity of the Meyer loop and visual cortex.

AD analysis : Effect on axial diffusivity is scattered and does not lead to significant information (not shown).

Conclusion

- The proposed framework is robust and efficient for voxel-based analysis of the optic radiation in the presence of glaucoma.
 - Shape based registration avoids the dependence on tensor derived parameters which are affected by the presence of glaucoma.
 - Results are in agreement with the previous glaucoma studies.
- Results of FA analysis suggest that the optic radiation suffers from decreased fiber integrity (axonal degeneration) near the edges.
- The optic radiation suffers from demyelination in the proximity of the Meyer loop as suggested by the RD analysis results.
- DTI shows a great potential in localizing the effect of glaucoma on the optic radiation.

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Commercial Relationship

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References

- [1] A. El-Rafei, J. Hornegger, T. Engelhorn, A. Dörfler, S. Wärtges, G. Michelson. Automatic Segmentation of the Optic Radiation using DTI in Glaucoma Patients. In: Computational Vision and Medical Image Processing - VipIMAGE 2009 (International Conference VipIMAGE 2009 - II ECCOMAS Thematic Conference on Computational Vision and Medical Image Processing, Portugal 14-16.10.2009) Portugal : Taylor and Francis 2009, pp. 293-298.
- [2] D. Le Bihan, J. Mangin, C. Poupon, C. Clark, S. Pappata, N. Molko, H. Chabriat. Diffusion tensor imaging: concepts and applications. Journal of Magnetic Resonance Imaging 13(4), 534-546, 2001.