

UVEDBA AVTOMATSKE ANALIZE CT SLIK PRI IZVEDBI PROTOKOLA ZA MOŽGANSKO KAP: VIDIK RADIOLOŠKEGA INŽENIRJA

INTRODUCTION OF AUTOMATIC CT IMAGE ANALYSIS IN THE IMPLEMENTATION OF THE STROKE PROTOCOL: ASPECT OF THE RADIOLOGICAL ENGINEER

Tomaž Zakrajšek, Matej Podsedenshek, Andrej Breznik

Splošna Bolnišnica Celje, Radiološki oddelek, Oblakova ulica 5, 3000 Celje, 1000 Slovenija /
General Hospital Celje, Department of Radiology, Oblakova ulica 5, 3000 Celje, 1000 Slovenia

Korespondenca / Corresponding author: tomaz.zakrajsek@sb-celje.si

Prejeto/Received: 14. 2. 2022

Sprejeto/Accepted: 23. 3. 2022

IZVLEČEK

Uvod: V Splošni bolnišnici Celje smo se v mesecu novembru pridružili izvajanju pilotnega projekta, kjer se vsem pacientom ob sumu na ishemično možgansko kap izvede računalniška obdelava CT slik s pomočjo programa E-Stroke®. V projekt sta poleg Splošne bolnišnice Celje vključeni še Splošna bolnišnica Izola in Nevrološka klinika Univerzitetnega kliničnega centra Ljubljana. E-Stroke® Suite (Brainomix, Oxford, Združeno Kraljestvo) je računalniško orodje za avtomatiziran proces zgodnjega odkrivanja in ocenjevanja obsega možganske kapi.

Namen: Namen je predstavitev procesa uporabe programa E-Stroke® z vidika radiološkega inženirja.

Metode: Samodejna programska analiza podatkov pridobljenih pri slikanju protokola za možgansko kap; CT glave brez kontrasta, CTA aorto cervikalna in CT perfuzija možganov.

Rezultati in razprava: Med rezultati, ki so pregledani v časovnem obdobju od 10. 11. 2021 do 5. 2. 2022 smo izbrali najzanimivejši primer. Program nam omogoča oceno točkovne lestvice za oceno ishemičnih volumnov možganov ASPECTS (angl. Alberta stroke programme early CT score), avtomatično iskanje večjih zapor glavnih in obsega obvodnih žil ter izračun jedra (e-CTA), penumbre in razmerja neuskkljenosti s pomočjo prikaza perfuzijskih map (e-CTP).

Zaključek: Programska oprema E-Stroke® temeljito ne spremeni postopka delovnega procesa preiskave z vidika radiološkega inženirja kot izvajalca preiskave, saj moramo dodatno narediti MIP in VRT rekonstrukcije žil. Poglavitna prednost uporabe programa je hitrejša obdelava in konzultacija s strani napotnega zdravnika in odgovornega zdravnika v referenčnem centru.

Ključne besede: možganska kap, Brainomix, računalniška tomografija, perfuzija, angiografija

ABSTRACT

Introduction: In November, we participated in the implementation of a pilot project at the Celje General Hospital, where all patients with suspected ischemic stroke underwent the computer processing of CT images with the help of the E-Stroke® program. In addition to the Celje General Hospital, the project also includes the Izola General Hospital and the Neurological Clinic at the University Medical Centre Ljubljana. The E-Stroke® Suite (Brainomix, Oxford, UK) is a computer tool for the automated early detection and evaluation of stroke area.

Purpose: The purpose is to present the use of the E-Stroke® program from the point of view of a radiological engineer.

Methods: Automatic software analysis of data obtained from stroke protocol imaging; CT head non-contrast, CTA aorta cervical and CT brain perfusion.

Results and discussion: Among the results reviewed in the period from 10 November 2021 to 5 February 2022, we chose the most interesting case. The program enables the evaluation of ASPECTS (Alberta stroke program early CT score) scoring scales for evaluating ischemic brain volumes, automatic search of acute arterial occlusion, collateral blood vessels and calculation of the nucleus (e-CTA), penumbra and mismatch by displaying perfusion maps (e-CTP).

Conclusion: E-Stroke® software does not fundamentally change the procedure of the investigation workflow from the point of view of the radiological engineer as the investigator. After all, we need to perform the additional MIP and VRT reconstruction of blood vessels. The main advantage of using the program is faster processing and consultation by the referring physician and the responsible physician in the reference centre.

Keywords: Stroke, Brainomix, computed tomography, perfusion, angiography

LITERATURA / REFERENCES

- Bivard A, Levi C, Krishnamurthy V, et al. Perfusion computed tomography to assist decision making for stroke thrombolysis. *Brain* 2015;138:1919-1931.
- Goebel J, Stenzel E, Guberina N, Wanke I, Martin Koehrmann M, Kleinschnitz C, Umutlu L, Forsting M, Moeninghoff C, Radbruch A. Automated ASPECT rating: comparison between the Frontier ASPECT Score software and the Brainomix software. *Neuroradiology*. 2018 Dec;60(12):1267-1272.
- Herweh C, Ringleb PA, Rauch G, Gerry S, Behrens LMöblenbruch M, Gottorf R et al. Performance of e-ASPECTS software in comparison to that of stroke physicians on assessing CT scans of acute ischemic stroke patients. *Int J Stroke*. 2016 Jun;11(4):438-45.
- Jovin TG, Nogueira RG. Diffusion Weighted Imaging (DWI) or Computerized Tomography Perfusion (CTP) Assessment With Clinical Mismatch in the Triage of Wake Up and Late Presenting Strokes Undergoing Neurointervention (DAWN). Presented at the 3rd European Stroke Organisation Conference; May 16, 2017; Prague.
- Kral J, Cabal M, Kasickova L, Havelka J, Jonszta T, Volny O, Bar Michal. Machine learning volumetry of ischemic brain lesions on CT after thrombectomy-prospective diagnostic accuracy study in ischemic stroke patients. *Neuroradiology*. 2020 Oct;62(10):1239-1245.
- Nagel S, Sinha D, Day D, Reith W, Chapot R, Papanagiotou P, Warburton EA, Guylor P et al. e-ASPECTS software is non-inferior to neuroradiologists in applying the ASPECT score to computed tomography scans of acute ischemic stroke patients. *Int J Stroke*. 2017 Aug;12(6):615-622.
- Nagaratnam K, Harston G, Flossmann E, Canavan C, Rui Carmelo Geraldés RC, Edwards C. Innovative use of artificial intelligence and digital communication in acute stroke pathway in response to COVID-19. *Future Healthcare Journal* 2020 Vol 7, No 2: 169–73.