

Why Segmentation?

Measurement of anatomic structure
Visualization

How?

Thresholding

$I_1 < I < I_2$ structure x

Why should this work: unlike photographic imaging in CT and MR, the value of a pixel/voxel is a property of the tissue (there is not projection)

expect some coherence in the tissue properties

While tissue values in CT/MR are coherent we expect some variation, because

noise in measurement from the device

noise due to movement

non-uniformity in the tissue

variation near the boundary (Partial Volume Effect)

makes the boundaries blurred

introduces a range of values between inside and outside

These variations lead to a distribution, often resembling a Gaussian with some mean and std

thresholding with a minimum and maximum sounds like an effective method to segment

When does this not work in CT/MR images?

significantly overlapping distributions prevent thresholding

Spatial information is important in delineating various tissue types

- limit spatial location of pixels matching intensity distribution

- spatial continuity

- non-uniformities in the imaging process

We need more than just thresholding

Segmentation techniques.

A formal definition of segmentation is a partitioning of the image into segments

R_1, R_2, \dots, R_n

segmentation to be complete $I = \text{Union of } R_i$

segments not to share or intersect $R_i \cap R_j = \text{empty}$

Space of all partitioning is HUGE

Region Growing, seeded region growing

The notion of growing effectively restricts the spatial context for segmentation

what is the growth criterion?

Algorithm 1

select seeds A, B, C, etc

for each seed identify immediate neighboring pixels

apply inclusion criterion to each, $I_1 < I < I_2$ where I_1 and I_2 are the distributions thresholds for object A

statistical model for the interior of A: mean and std