# Sematic segmentation of bone implants – MDLMA project



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In cooperation with

 Helmholtz-Zentrum

 Geesthacht

 Zentrum für Material- und Küstenforschung







# Multi-task Deep Learning for Large-scale Multimodal Biomedical Image Analysis MDLMA Project

## Motivation:

- characterization of degradable bone implants

## Problem:

 many time-consuming steps to get final results: image acquisition, -reconstruction, -enhancement registration, segmentation and measurements

# Goal:

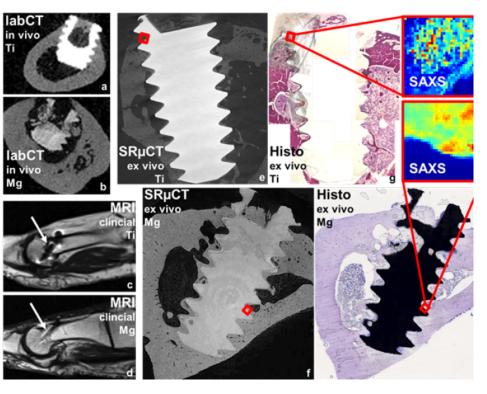
- leverage multi-task to improve results of each individual task
- combine information of multimodal images

# **Project and industrial partners:**





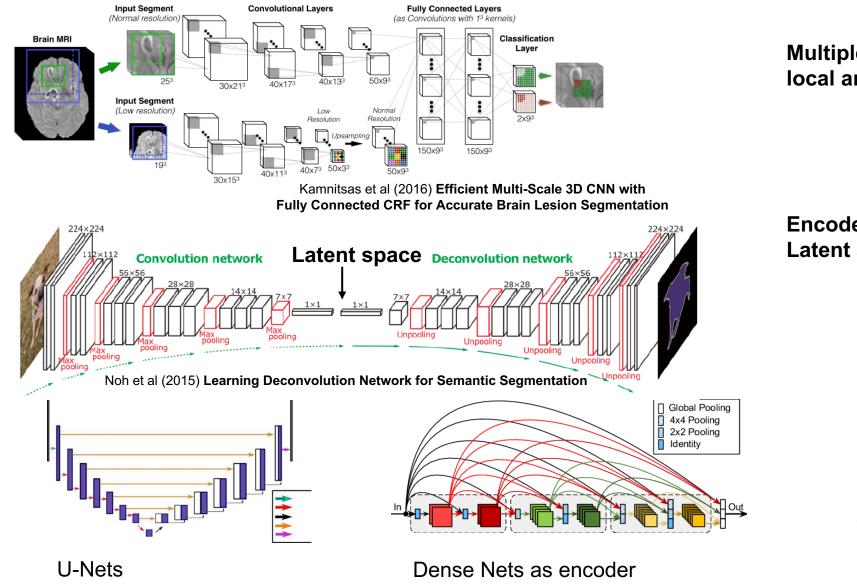






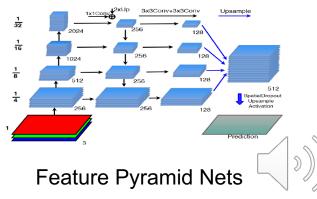
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# **Semantic segmentation architectures**



Multiple paths architecture: local and global

#### Encoder / Decoder architecture: Latent space



# Rethinking receptive fields for high-dimensional SRµCT data

## (baseline and work in progress)

- Classic U-Net architecture has a receptive field of **140 x 140 pixels** at the bottleneck layer
- Receptive field is the size of the region in the input that produces the feature
- In contrast the SRµCT data has  $\approx 1500^3$  pixels -> one tenth of the input image contributes to each feature

## Hypothesis:

- Simply increasing the input size is similar to increasing the batch size for small receptive fields
- To truly leverage the large input size (i.e. high resolution), the receptive field needs to be increased.
  - Stacking conv-layers, increase kernel size or employing dilated convolutions
  - Different combinations can increase the receptive field to 1080 x 1080 pixels



# **Very preliminary results**



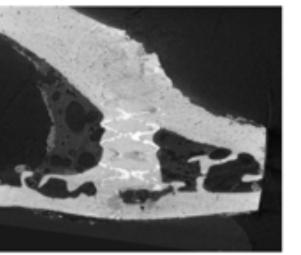
Avg = 0.933

Bone = 0.976

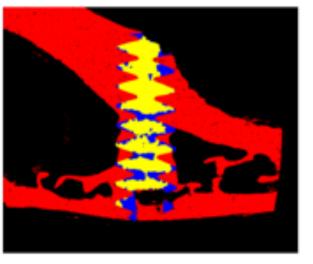
C. screw = 0.861

Screw = 0.961

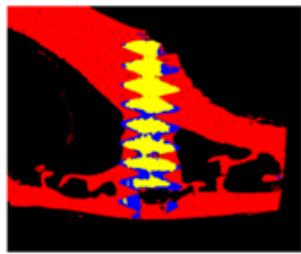
Input image slice

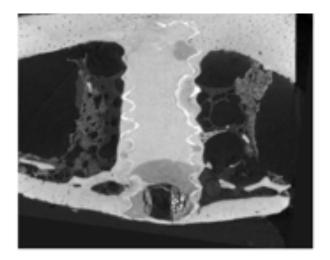


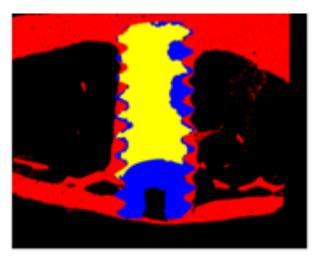
Workflow GT

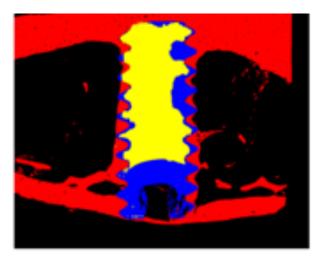


#### Model prediction









## Contact

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