

行政院國家科學委員會補助專題研究計畫成果報告

膝變形及膝損傷之立體影像重組與臨床運用(III)

3-D Image study in Clinical Application for the Lesion and Deformity of the Knee

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計畫主持人：謝銘勳
共同主持人：蔡明達

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主持人：謝銘勳 台北醫學大學醫學系

共同主持人：蔡明達 中原大學資訊工程學系

一、中英文摘要

臨床上，受傷之平面 X-ray 及電腦斷層檢查及磁共振檢查，只能看出平面或斷面影像之損傷；甚或關節鏡也只能看到膝關節腔內之部份結構，且具侵犯性，若能得到三度空間之半月軟骨或十字韌帶，則於治療上，或治療計劃模擬，具實際之臨床莫大助益。

質言之：一、術前診斷出損傷部位之立體三度空間。二、術前之人工韌帶甚或人工半月軟骨(Collegen Template Regeneration of Meniscus)之再生模型板之製作半月軟骨或韌帶或其代替品。三、模擬骨骼肌肉系統之骨骼矯正截骨手術，如脛骨高位切骨術(High tibia corrective osteotomy)或骨切骨術應用於髖部(Coxa Varus or Coxa Valgus)或肘部(Cubitus Varus,或Cubitus Valgus)...等。

本研究是以現有之電腦斷層或磁共振之二度空間影像，直接連線於電腦影像畫面，重組出立體三度空間之立體影像。以求得實際臨床之模擬立體影像及臨床運用，含臨床之手術模擬，術前、術中、術後之分析評估，及教育訓練應用。

關鍵詞：三度空間影像、膝之半月軟骨、膝之十字韌帶、手術模擬,教育訓練

Abstract

Three dimensional image and Clinical application for meniscus tear, ligament rupture and deformity of the knee.

For diagnosing soft tissue injury of the knee (meniscus and ligament), MRI and arthroscope are the two most often employed methods. Both of them have a relatively accurate diagnostic rate. Because MRI is a planar image, what we can get is either ruptured or intact structure. Obviously, the answer that an MRI can offer is only "yes" or "no". Except for open arthrotomy, we can hardly identify the extent and shape of the tear. Although arthroscopes have some advantages over MRI, but they are invasive techniques.

On account of the above reasons, we tried to use

three dimensional computerized clinical images (CT or MRI) to create a stereo architecture of the knee joint. So we can identify the extent and shape of the meniscus or ligament tear, and thus a higher successful rate of surgery can be expected.

With the same theory and procedure, we can assess the pre-operation, post-operation condition and operation simulation, such as "corrective osteotomy" for deformity of the knee (Genrus varus, Genrus valgus), the hip (Coxa varus, Coxa valgus) and the elbow (Cubitus varus, Cubitus valgus)...etc.

Similarly, we hope that this technique can also be applied to the knee prosthesis replacement, to facilitate modeling of the shape and size of the prosthesis, preoperatively.

Keywords: 3-D image, Meniscal tear, Ligament rupture, Osteotomy, Simulator.

二、緣由與目的

十字韌帶及半月軟骨之傷害，可由意外傷，運動傷害，以及老年人之膝關節退化性變化造成；於全民之醫療保健具莫大相關性，不僅基礎醫學研究上，更於臨床診斷上，須以高科技提昇全民健康，包括傷害事故之防制，運動傷害之減低及傷害後之評估，進而由評估結果，給予病人最安全，最少侵犯性之檢查、預估及術前之計劃治療。

國外已有髖關節之影像重組，以作為髖部手術之模擬，如老年人之醫療保健上，因極易退化性關節炎變化或骨質疏鬆後之股骨頸骨折，須作全人工關節置換，可以以平面 X-ray 及電腦斷層重組髖部全人工關節立體影像之預估大小、形狀。我們希望膝關節也能如此作影像重組。另一方面，也可於全民健保後，提升醫療品質，以免全民健保之醫療浪費，及提昇全民健保之醫療品質。

電腦斷層影像群的立體影像重建(3D imaging)已普遍應用到醫學臨床的各領域上。電腦斷層影像群的取得，乃是利用如電腦斷層造影(CT)或核磁共振影像(MRI)等。醫療器材連續地在病患的身體斷面上取得平面影像，而構成的每一個平面影像在電

腦內實際上為一兩維(如 256X256)的樣點資料，而每一組平面影像群則形成一三維的樣點。此三維樣點稱之為容積(Volume)。每一樣點稱之為容積素(Voxel)藉由容積可得到任一組織的單獨立體影像(Surface rendering)(文獻 1)成多組織的混合立體影像(Volume rendering)(文獻 2)

臨床上容積的立體影像重建的電腦軟體技術已發展多年，不少商用 CT 或 MRI 機器，也都裝上此類軟體。而我們也用二次曲面表現式來局部近似容積素附近的組織重建，發展了一套可得較高品質影像的立體影像重建軟體系統(文獻 3)。目前這類軟體對於小或薄的組織的立體影像重建，仍有相當的困難。其原因為代表組織結構的容積內之三維樣點間的距離不夠小，使得容積無法正確表現小或薄的組織結構，如內耳、或骨頭跟骨頭銜接處等。

膝肘等關節的接縫處，在一個體積不大而混合著骨頭，骨小板，韌帶，空氣以及肌肉等不少小而且形狀複雜的組織；很難用現行的立體影像重建技巧來建立其立體影像。所以雖然照了關節的斷層影像群，仍無法在電腦組成正確的立體影像，只得靠臨床醫師藉著肉眼觀察每一張斷層片，以推斷出關節的各組織的立體形狀及其受傷情況。

面對此類問題，日本東京大學資訊科學研究所的國井教授，提出了所謂的 Morse Theory(文獻 4,5)。利用每一張斷層片中欲觀察的組織結構之輪廓線資訊，配合該組織的解剖形狀資訊，以判斷出該組織的立體形狀。目前已能成功地重建出內耳蝸的立體形狀。但是關節處，各組織解剖形狀複雜，厚薄不一，要將 Morse Theory 套用於關節上，以求出各組織正確的立體形狀，仍需加以探討。

- a. 擴充現有軟體的功能，使其能從電腦斷層或核磁共振等機器中得到病患的斷層影像群，轉換成三度空間的立體結構(24-25)。使其能在電腦中掌握各組織結構的空間相關位置及形狀。
- b. 預估各軟組織之立體形狀、大小、以作人工十字韌帶...等之手術預估方式或置入物之量測(包括人工或自體之植入物...)
- c. 手術方式之預估，如半月軟骨切除之全部或部份切除...等
- d. 半月軟骨之再生研究(Regeneration of Collagen Prothesis)之半月軟骨 Template 大小之決定(立體影像重建決定)。

本計畫為整合北醫骨科、放射線科及中原大學資訊系所及北醫牙科之整合計畫，由理論基礎到臨床實證，已累積經驗及深入之研究之繼續，本年度最重要是作手術模擬之規劃運用，含膝關節手術之人工關節置換、脊椎手術，及骨腫瘤手術之模擬。

三、結果與討論

本年度之成果，含發表於SCI等雜誌之論文：

1. Ming-Shium Hsieh, Ming-Dar Tsai, Wen-Chen Chang Virtual reality simulator for osteotomy and fusion involving the musculoskeletal system, Computerized Medical Imaging and Graphics, 2002; 26: 91-101. (33)

Abstract

In this study, the 3D VR simulation system described herein provides preoperative simulation to verify that the osteotomy and fusion procedures chosen to treat musculoskeletal defects are appropriate. The system also provides an excellent means of training surgeons in new operations without putting patients at risk, and may be especially useful for difficult surgical procedures often performed in orthopedics, craniofacial disease, or plastic and reconstructive surgery departments. The system can be used to teach intern and train resident doctors, and is a planning tool for visiting staff.

2. Ming-Dar Tsai, Shyan-Bin Jou, Ming-Shium Hsieh Three-Dimensional Geometric Constraint Evaluation and Analysis for Determining Knee Prosthesis, Journal of Medical and Biological Engineering, 2002; 22(3): 139-145. (34)

本年度之部份先期成果，含發表於去年研討會雜誌之論文：

3. Ming-Dar Tsai, Ming-Shium Hsieh, Shyan-Bin Jou Virtual Reality Orthopedic Surgery Simulator, Computers in Biology and Medicine, 31(8): 333-335, 2001 [A6]
4. Ming-Dar Tsai, Shyan-Bin Jou, Ming-Shium Hsieh Volume Based Cutting Force Simulation For Musculoskeletal Surgery, ICS, 12, 132-139, 2000 [A7]
5. Ming-Dar Tsai, Shyan-Bin Jou, Ming-Shium Hsieh An Orthopedic Virtual Reality Surgical Simulator, ICAT, 10, 82-89, 2000 [A8]

由理論研究基礎，而至臨床骨骼肌肉系統之實證研究(包括可行性、實際操作...統計分析等)，故作此專案研究計畫之討論與描述：

- a.. 資訊處理技術方面:斷層造影中同容積多組影像群之顯像技術開發，多片X光射影的立體顯像技術開發，從X光片及斷層造影資料結構中形狀資訊的粹取技術的開發。
- b.. 骨科及醫學臨床方面:應用資訊處理技術的醫療方法的規劃。
- c.. 影像醫學訓練方面：訓練課程之設計、修正、規劃、方法之研究...等。
- d.. 除本計劃進行之子計劃內之膝、脊椎、下肢...等之骨骼肌肉外，除改善已開發之軟硬體，提昇品質外，並作其他部位之評估。
- e.. 斷層造影立體顯像及X光片立體顯像之手術模擬技術之開發。依粹取的形狀資訊，在電腦中輔助評估運動力學、手術步驟等技術的開發。並將形狀評估技術納入立體顯像軟體中。
- f.. 以臨床問題測試並改進所開發之軟體。
- g.. 詳言之，於臨床上、於骨科或運動醫學之檢查診斷、治療、預後之評估皆能達到預估、參考、評估、及實際及時(Real Time)的應用(如手術當場

之決斷方式，如置入何種大小之人工關節等)。並於術後作預後評估之參考等。

四、計畫成果自評,達成目標及重要性

此研究之特點及重要性：

- 1)以MRI之影像達到骨骼肌肉系統之3D影像重建為主，最主要能解決目前CT形成之立體影像之瓶頸，CT無法解決軟組織之3D影像或更小而細之軟組織立體影像。並進行虛擬手術方法等。
- 2)本計畫重建方法與可能的困難：以MRI多組容積之立體影像重組(傳統之CT立體影像重組，只以一組形成)；即至少可Axial、Sagittal、coronal section之多組容積形成MRI之3D影像；MRI之磁場不均問題，可以Disarticulation方法解決(CT是用Threshold方法)，經MRI而形成之立體3D影像，與原始結構須盡量可能減少誤差。
- 3)3D MRI 在於把病灶以立體呈現，本研究目的在於比較 3D MRI 與關節鏡對病灶的呈現的診斷性。在國內運動傷害以膝關節較多，同樣地 MRI 受檢者也以膝關節為多，而 2D MRI 的難點在於不易辨別不同種類的 vertical and horizontal tears 的 patterns。3D MRI 有助於增進此 subclassification。此點對於決定 primary meniscal repair versus partial meniscectomy 具影響。
- 4)我們可以直接從CT或MRI的電腦中取得影像資料。但大多數醫院並無此能力。為了推廣本計畫成果於一般醫院中。在此必須檢查經由Scanner轉換所導致的誤差(可和從CT及MRI的電腦中直接取得影像的結果相比較)，在計劃中也探討如何降低此誤差。
- 5)臨床應用可提升醫療及教學訓練之品質，包括：正確診斷，最佳治療(如手術模擬，為本計畫之深入研究計劃之一)，更好之預後，而避免日後的醫療浪費。
- 6)醫學與電腦學互為表裡，電腦、影像理論，醫學臨床應用共同研究。相關於上述研究之成果文獻已發表如下：

- [A1] Ming- Dar Tsai, Wen-Chien Chang, Ming-Shium Hsieh, Shaou-Kai Wang; Volume Manipulation Algorithms for Simulating Musculoskeletal Surgery, Pacific Graphics'96.
- [A2] Ming-Dar Tsai, Zhur-Zhung Lin, Wen-Chien Chang; 3D rendering Algorithms for computing Precise Surface Normal; The Third International Conference on automation Technology, July 1994; Vol.6, pp.61-67.
- [A3] Ming-Dar Tsai, Ming-Shium Hsieh, Lii-Churng Yang, Gordon Koh; Volume Visualization Algorithms For Multiple Sets of Volume Data Coexisting in The Same Space; Proceedings of National Computer Symposium 1995; pp.761-768.
- [A4] Ming-Dar Tsai, Lii-Churng Yang, Ming-Shium Hsieh, Wen-Chien Chang; 3D Rendering Algorithms Based on Quadratic Approximated

Surface and The Clinical Applications; 1994 Computer Graphics Workshop; pp.51-54.

- [A5] Ming -Dar Tsai, Wen-Chien Chang, Bor-Jyh Lin, Ming-Shium Hsieh; 3D Image Based Computer Assisted Maxillofacial Diagnosis, Treatment Planning and Surgical Simulation System; 1995 Computer Graphics Workshop; pp.88-90.
- [A6] Ming-Dar Tsai, Ming-Shium Hsieh, Syan-Bin Jou; Virtual Reality Orthopedi Surgery Simulator, Computers in Biology and Medicine, 2001,31(8); 333-335.
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- 3.Tsai, Ming-Dar 1994, 3D rendering algorithmus for computing precise Surface Normals, 3rd International Conference Automation '94 Taipei.
- 4.Shinagawa, Y., Kunii, T., 1991, Surface Coding Based on Morse Theory, IEEE, CG&A, Vol.11, No.5, pp66-78.
- 5.Yoshihisa Shinagawa et al., 1991, Constructing a Reeb Graph Automatically from Cross Sections", CG&A, No.6, pp44-51.

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