



Carleton  
UNIVERSITY

# Imaging with Impedance: Can We Guide Lung Ventilation?

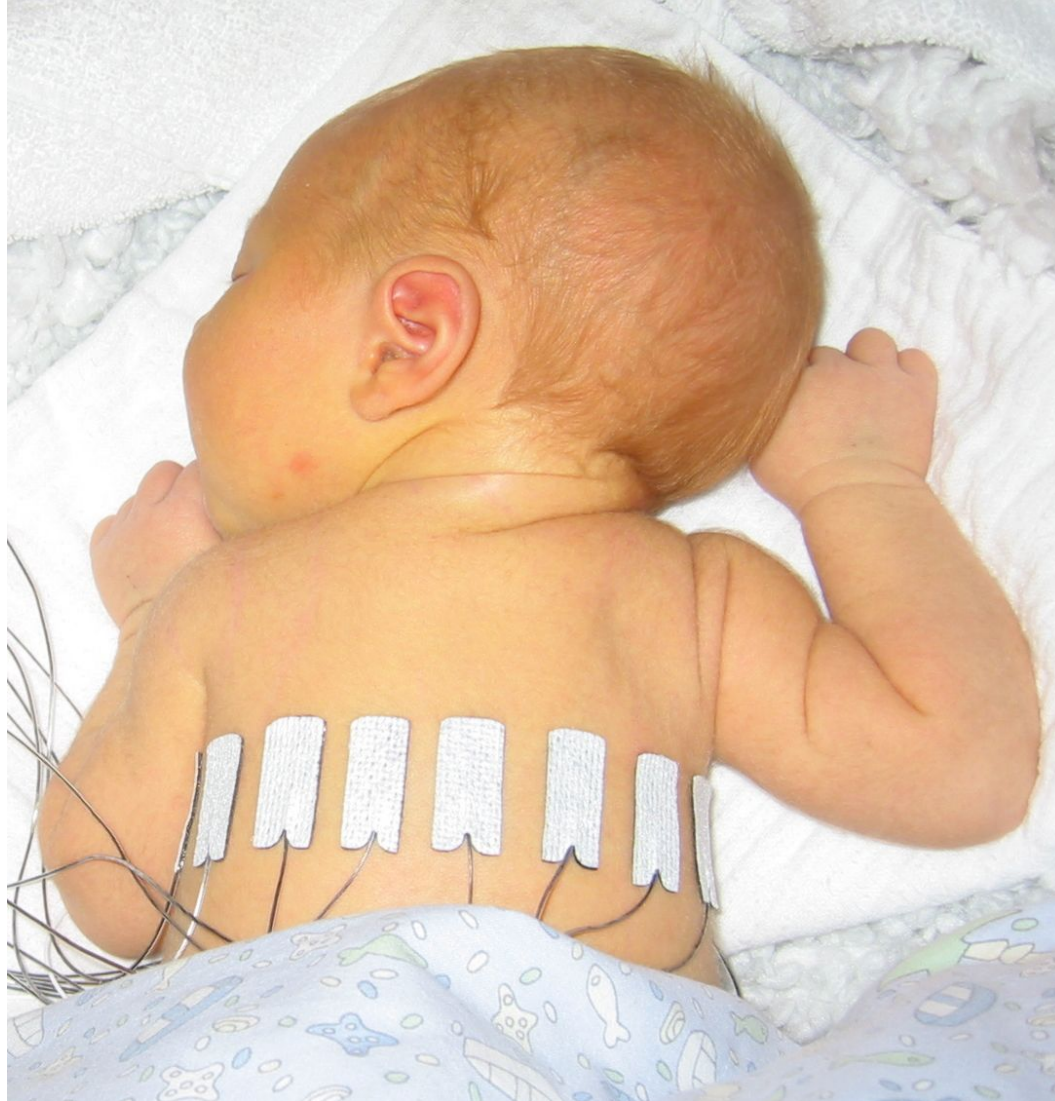
Andy Adler

Systems and Computer Engineering,  
Carleton University,  
Ottawa, Canada

# Outline

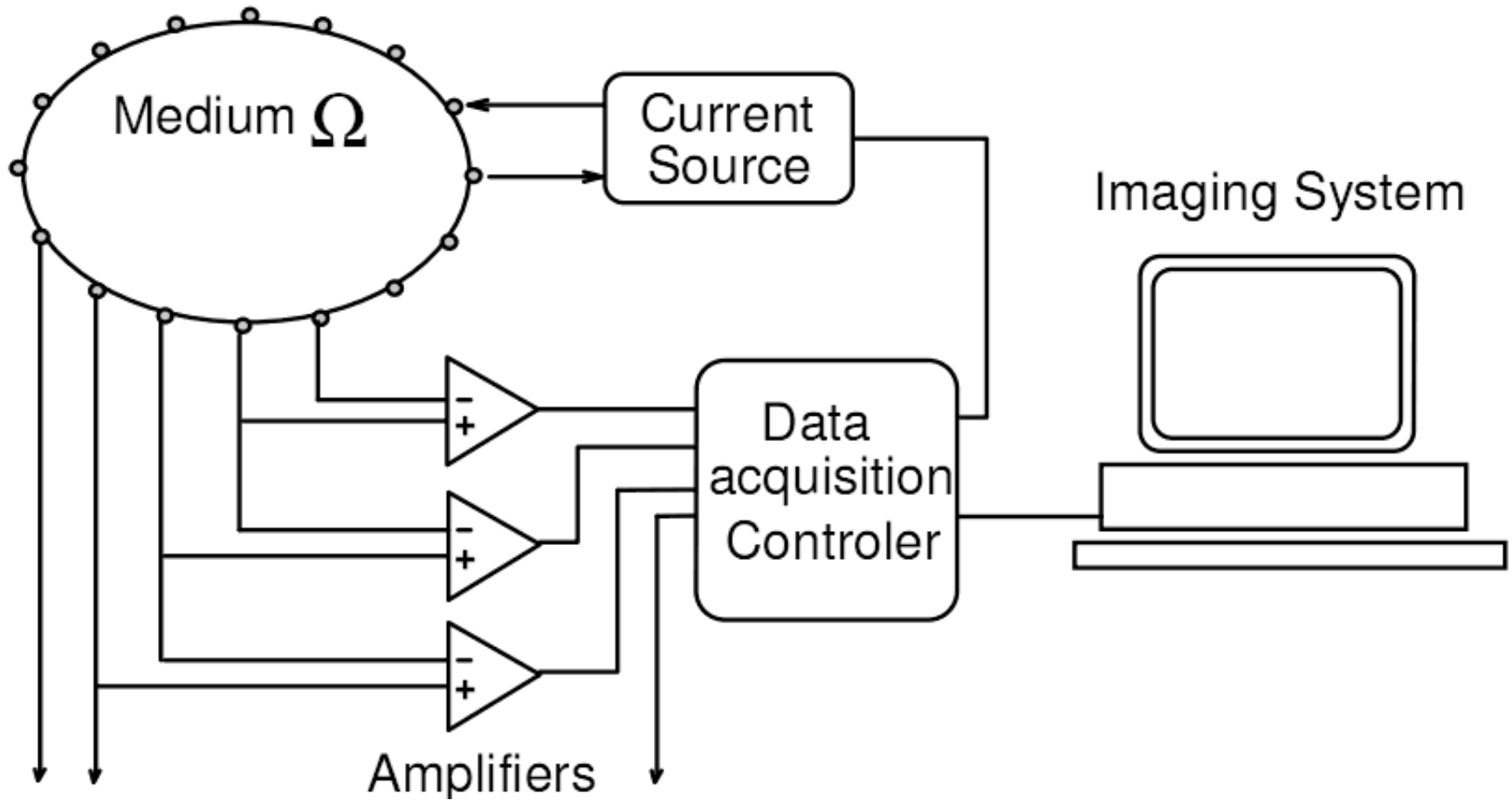
- Imaging with Impedance
  - Electrical Impedance Tomography
- Lung monitoring
- Reconstruction of images
  - Data artefacts
  - Movement compensation
  - Total Variation
- EIDORS + Open Source Software

# Electrode placement to monitor the lungs and heart

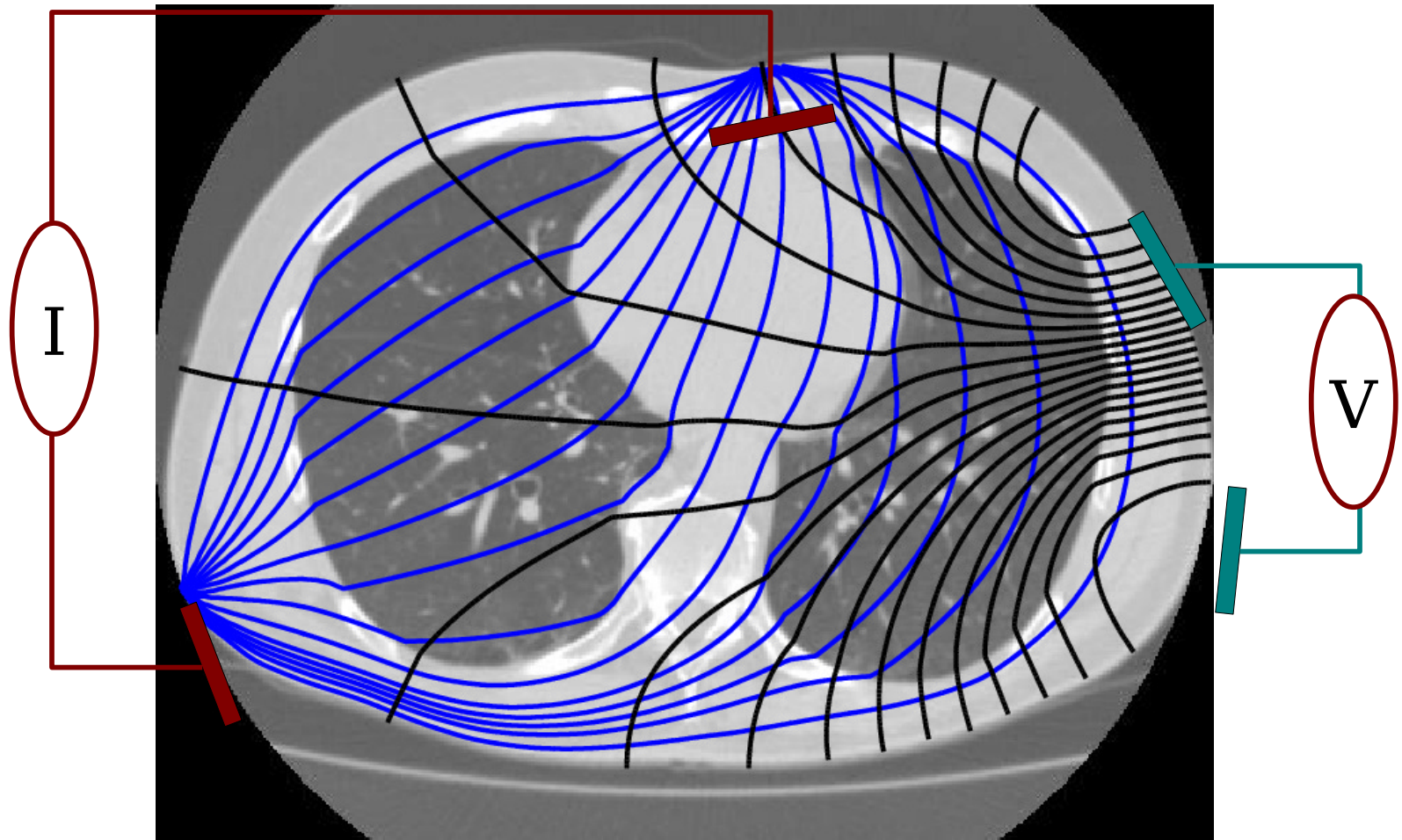


Source: [eidors3d.sf.net/data\\_contrib/if-neonate-spontaneous](http://eidors3d.sf.net/data_contrib/if-neonate-spontaneous)

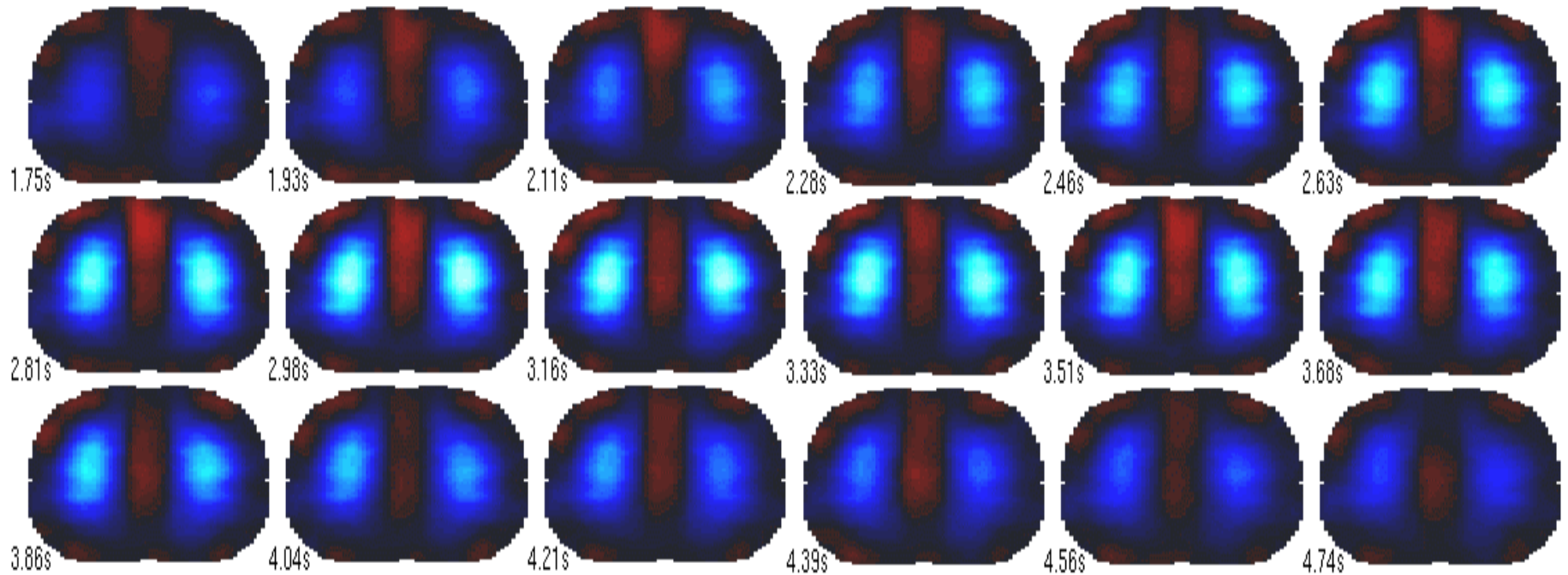
# EIT: Block Diagram



# Current streamlines and voltage equipotentials



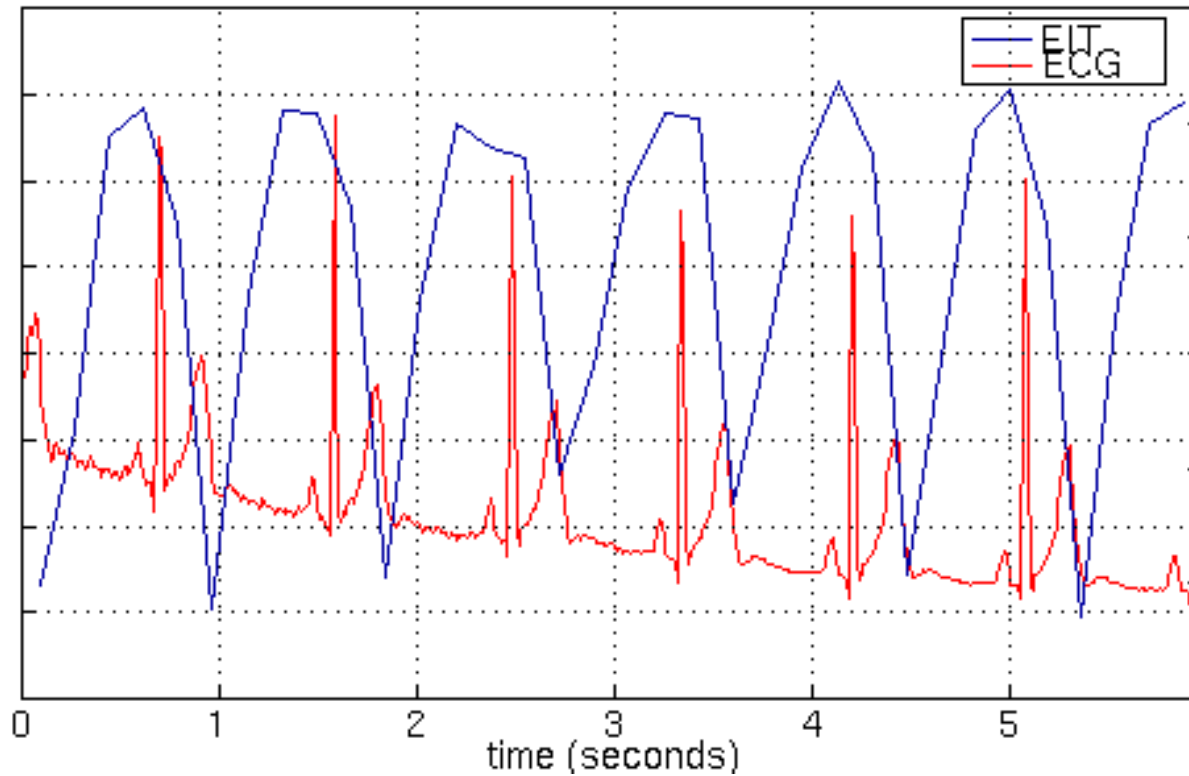
# Application: Breathing



Chest images of tidal breathing in healthy adult  
(7 frames / second)

*(me, when I was young, and healthy - 1994)*

# Application: Heart Beat



EIT signal in ROI around heart and ECG

# Why image lungs?

## Respiratory Failure

**Inadequate gas exchange by the respiratory system.**

Hypoxemia  $\text{PaO}_2 < 60 \text{ mmHg}$  or Hyercapnia  $\text{PaCO}_2 > 45 \text{ mmHg}$

### **Causes**

- Pulmonary dysfunction
  - Asthma ,Emphysema , Chronic obstructive airway disease, Pneumonia , Pneumothorax, Hemothorax, Acute Respiratory Distress Syndrome (ARDS), Cystic Fibrosis
- Cardiac dysfunction
  - Pulmonary edema, Arrhythmia, Congestive heart failure, Valve pathology

### **Treatment**

- Emergency treatment: cardiopulmonary resuscitation.
- Treatment of the underlying cause
- Mechanical ventilation



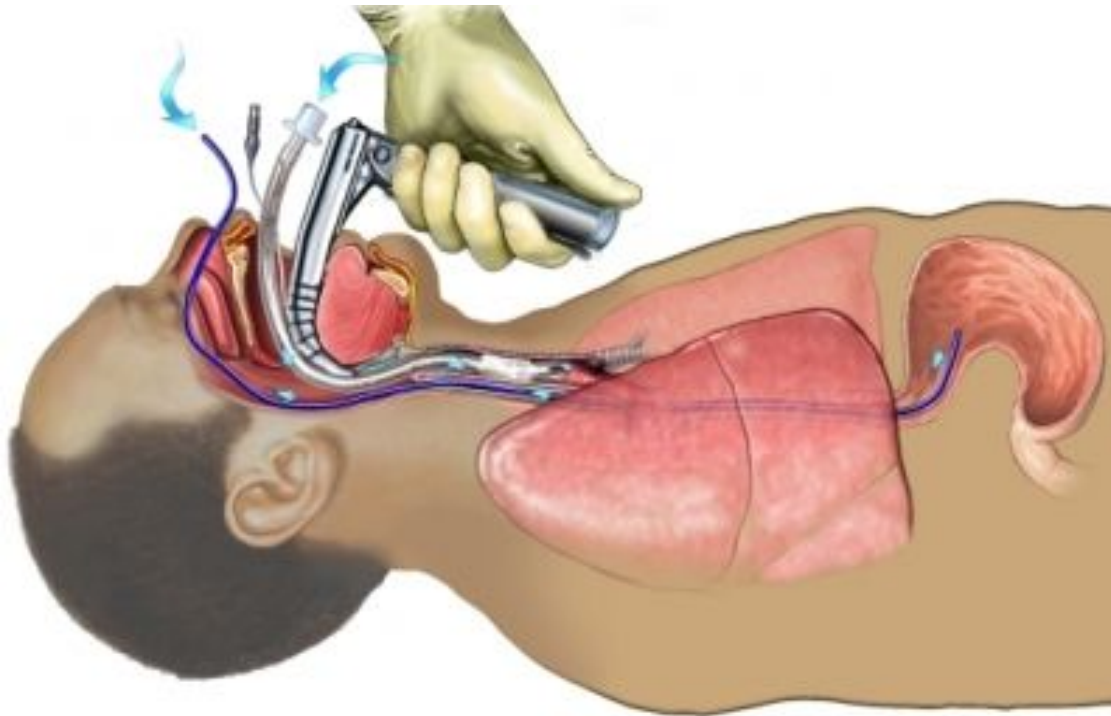
# Mechanical Ventilation

used in acute settings (ICU). Often a life-saving technique, but has many complications

- pneumothorax,
- airway injury,
- alveolar damage,

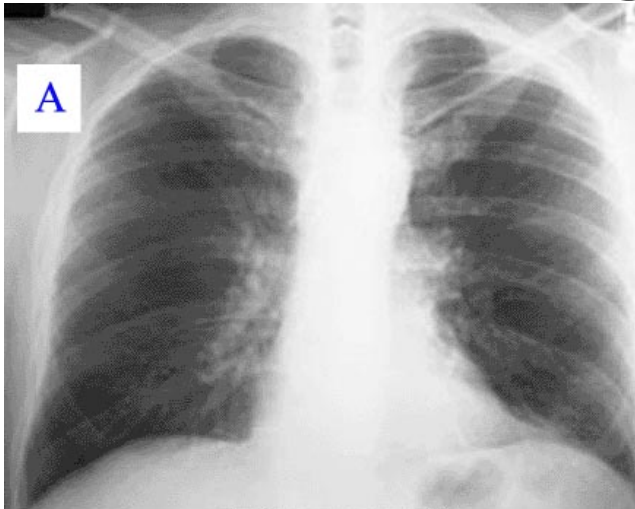
Accordingly it is generally weaned off or to minimal settings as soon as possible.

Ref: Wikipedia.org



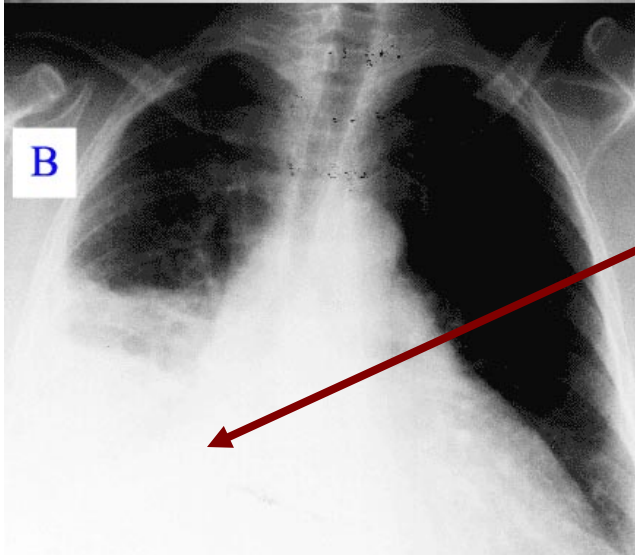
Ref: healthlibrary.epnet.com/  
© 2009 Nucleus Medical Art, Inc.

# Why image lungs? eg. Pneumonia



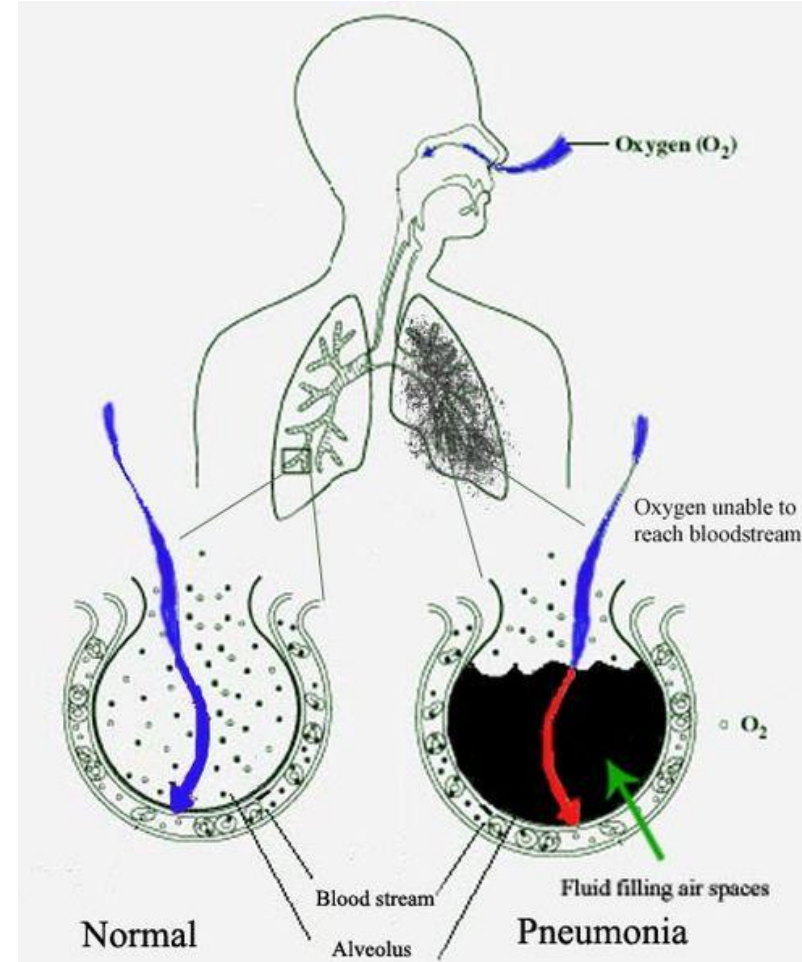
A

A: Normal chest x-ray  
B: Abnormal chest x-ray



B

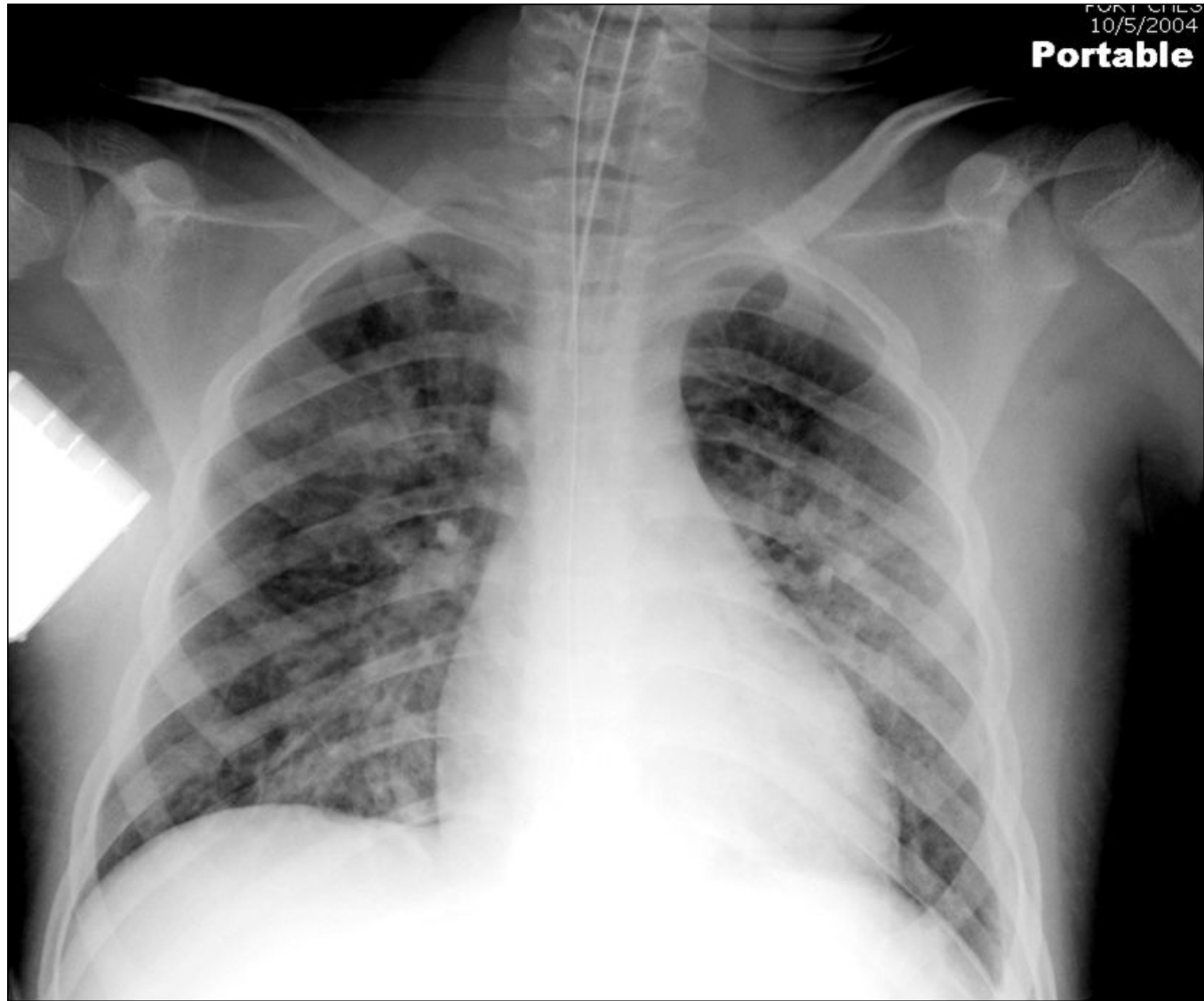
shadowing from pneumonia in the right lung



Ref: Wikipedia.org

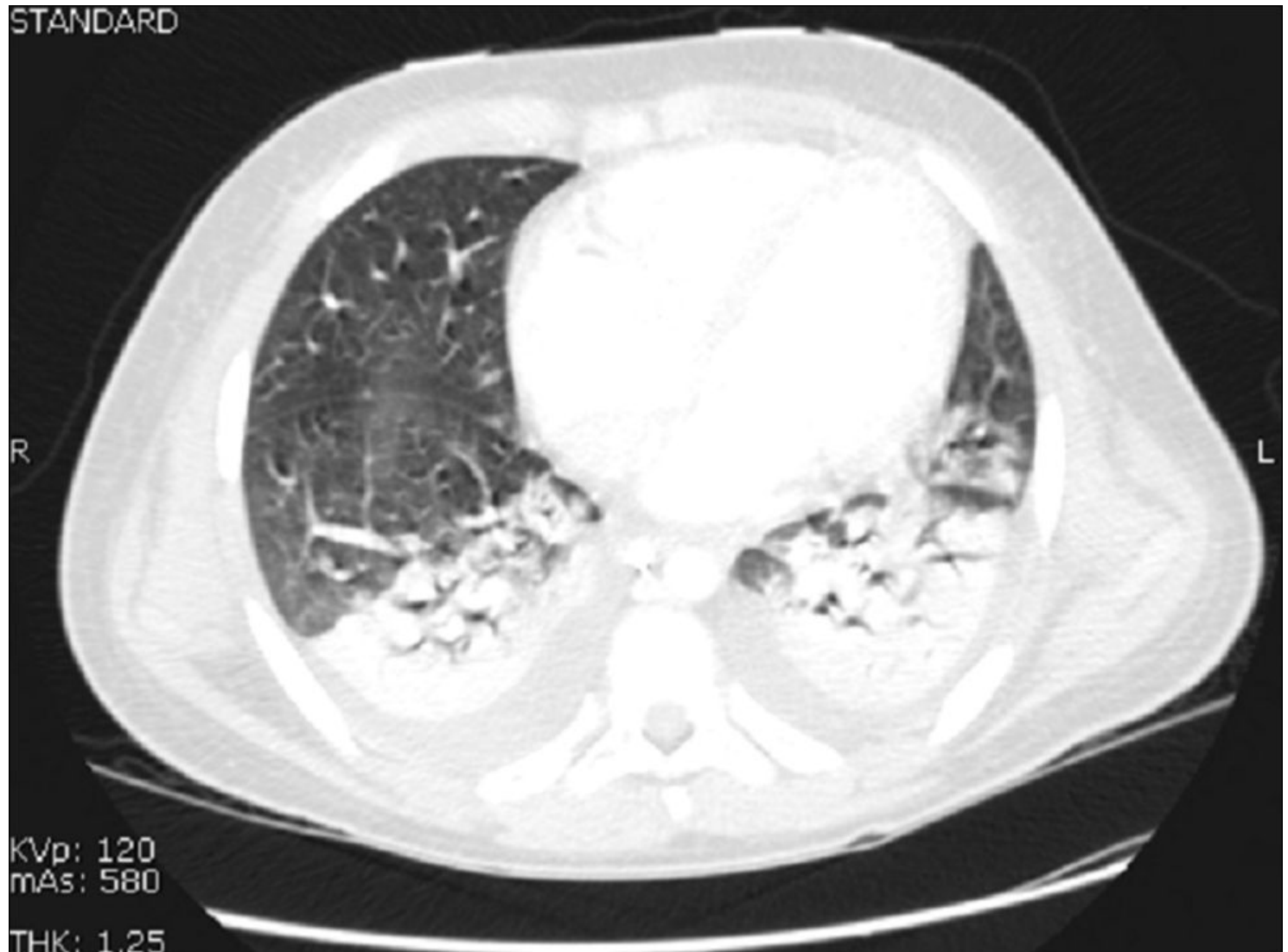
# Acute Respiratory Distress Syndrome (ARDS)

Chest X-ray  
of pediatric  
patient

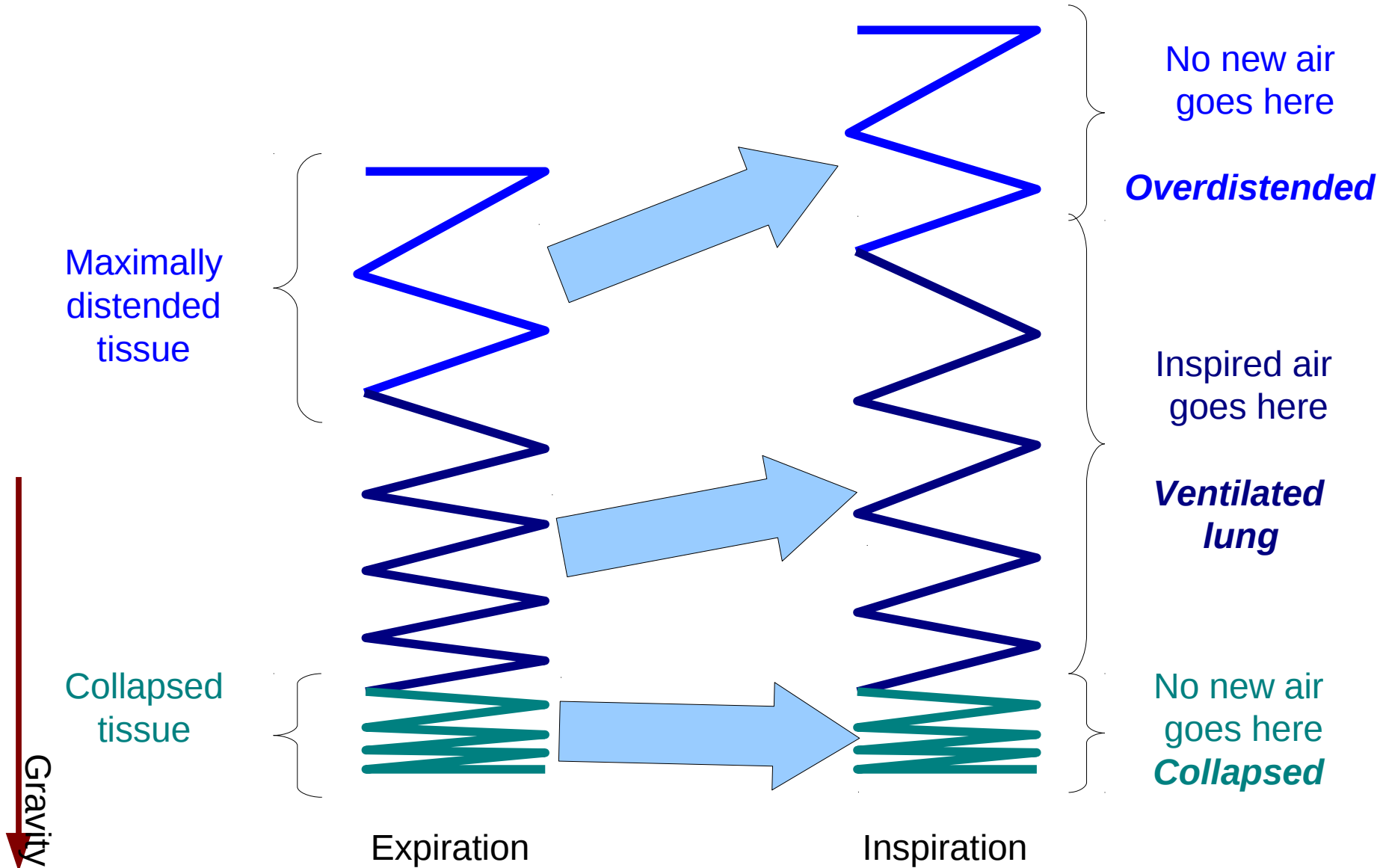


# Acute Respiratory Distress Syndrome (ARDS)

Chest CT  
of pediatric  
patient



# “Slinky Model of breathing”

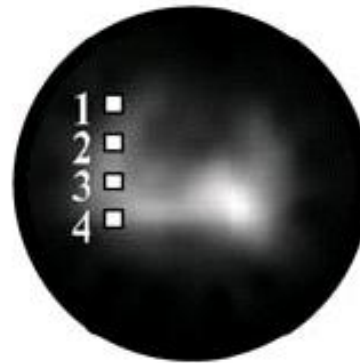


# Regional ventilation

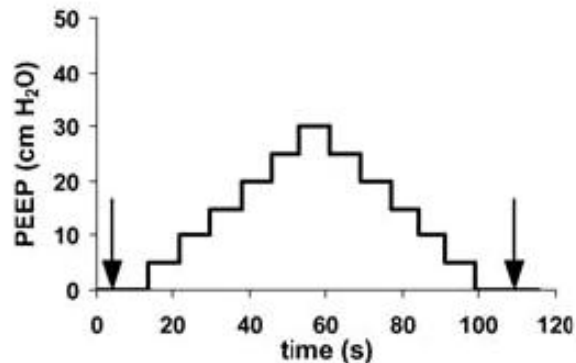
Images from  
Frerichs *et al* (2003)  
*Intensive Care Med.*

PEEP manoeuvre in four regions of interest in the right lung (*left top*) before and after surfactant treatment. An increase in local aeration is accompanied by an increase in electrical impedance; the small fluctuations in the impedance signal represent the individual breaths. For better comparison and identification of instantaneous changes of end-expirato-

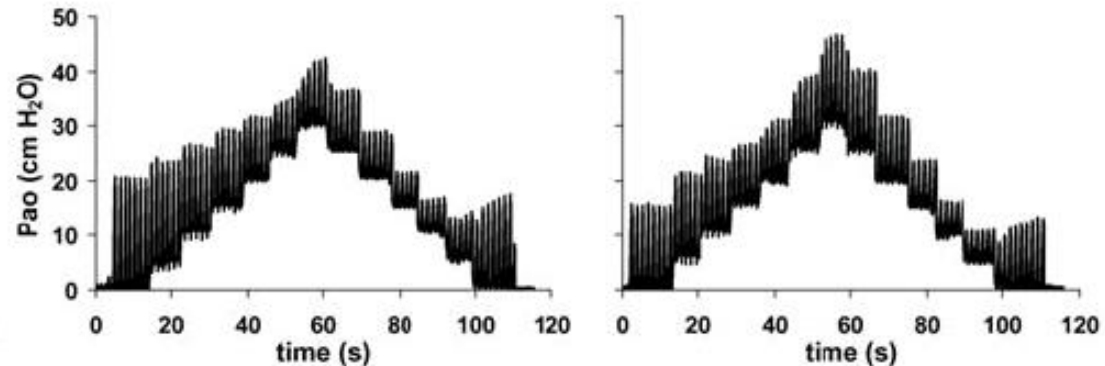
Regions of interest



Ventilatory manoeuvre



Airway pressure



# Electrical impedance tomography

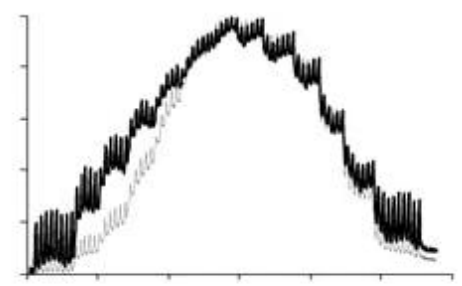
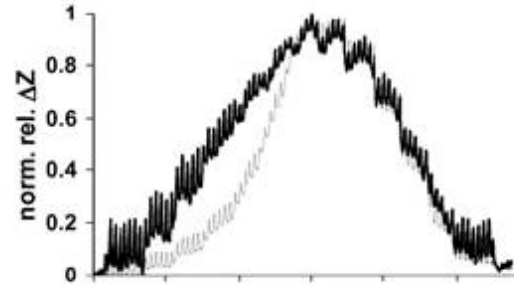
## Acute lung injury

## Surfactant treatment

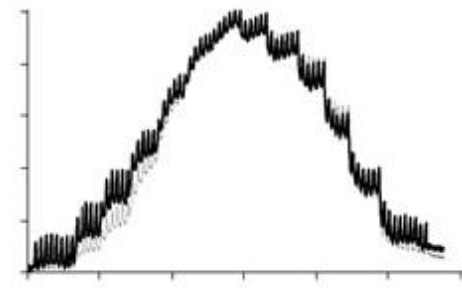
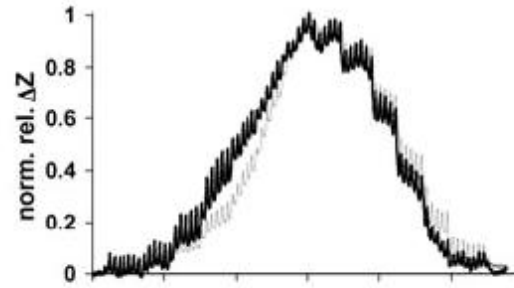
Regions of interest



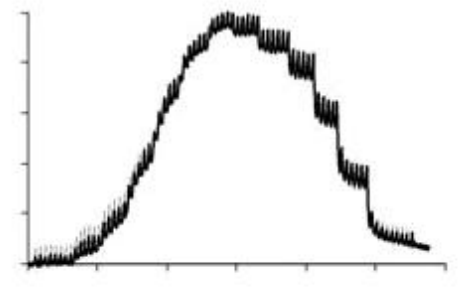
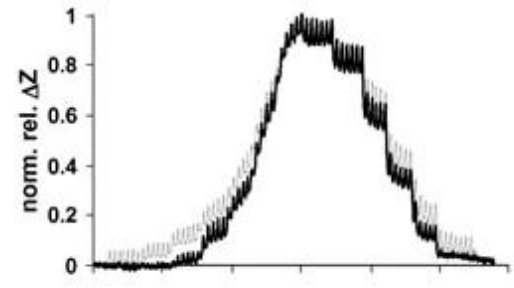
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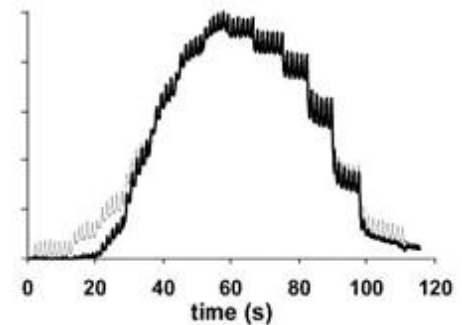
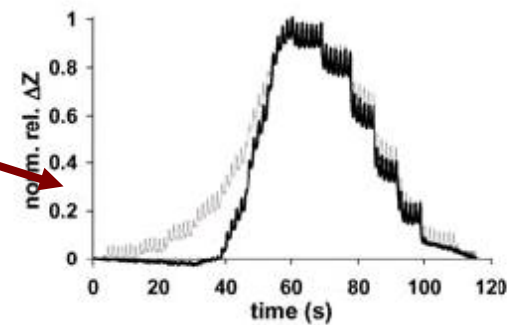
2



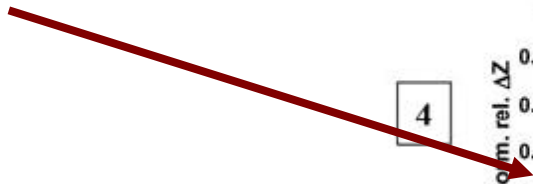
3



4



No change in lower lungs until pressure gets really big



# EIT vs CT in ARDS

Data from pig study of EIT and CT

Victorino JA et al (2004), *Am J Respir Crit Care Med*

*Show video*



# EIT in ARDS

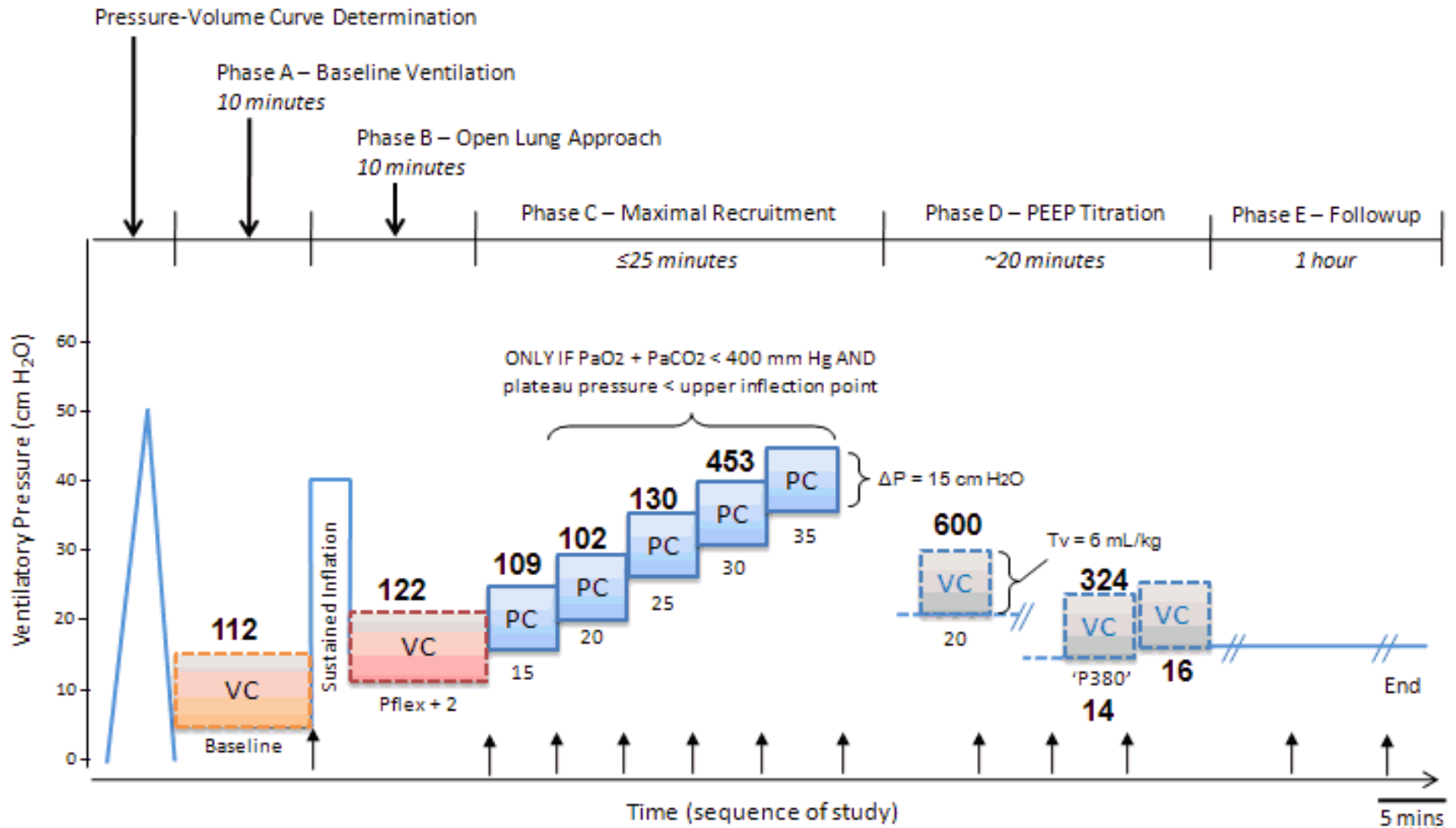
Data from Gender: F, Age: 5.9 years, Weight: 20kg,  
Condition: Primary ARDS triggered by parainfluenza  
pneumonia.

GK Wolf, C Gómez-Laberge, JN Kheir, D Zurakowski,  
BK Walsh, A Adler, JH Arnold. Reversal of  
Dependent Lung Collapse Predicts Response to  
Lung Recruitment in Children with Early Acute Lung  
Injury *Pediatr Crit Care Med*, In Press 2012

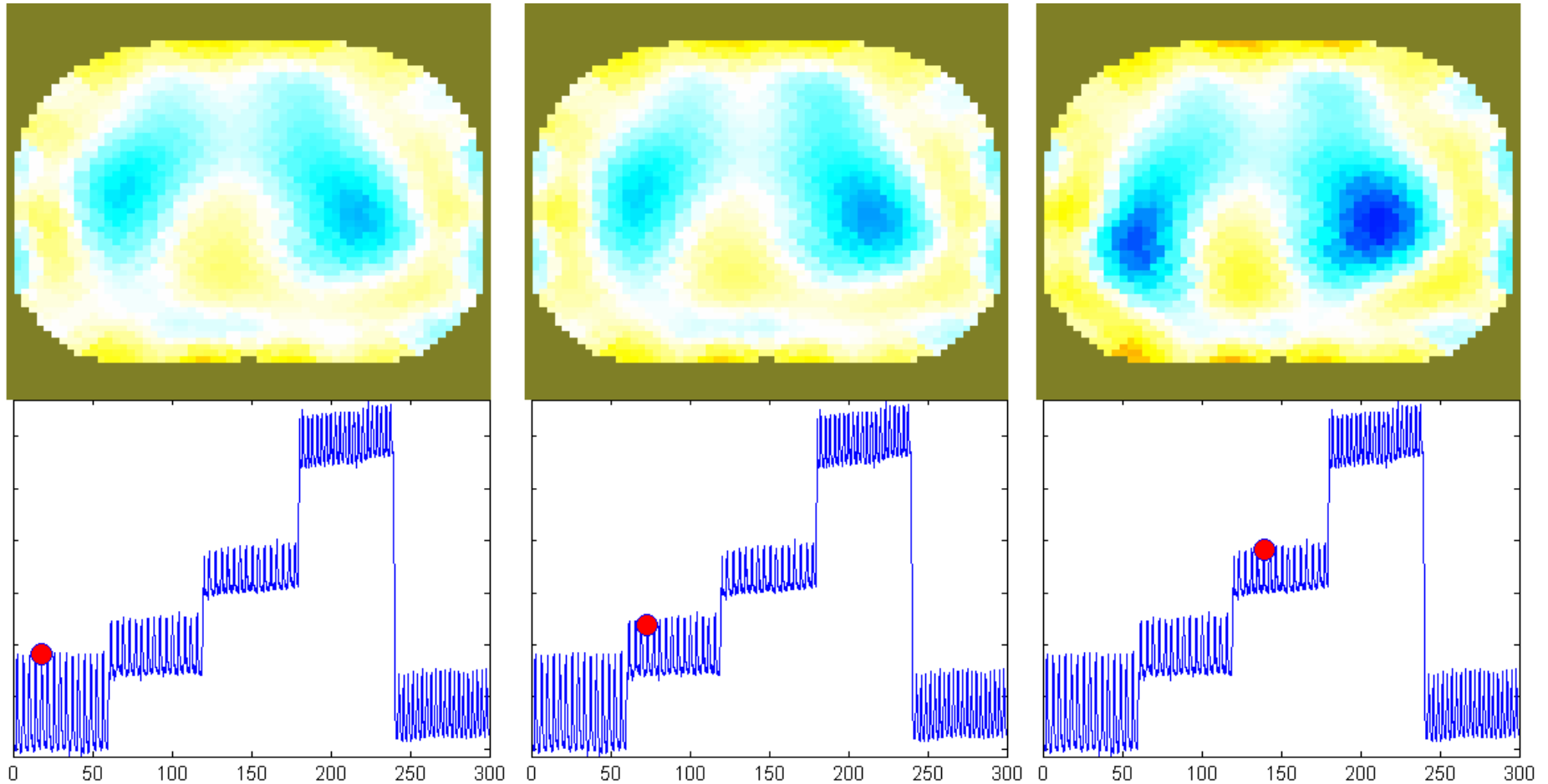
Source: [eidors3d.sf.net/data\\_contrib/cg-2012-ards-recruitment/](http://eidors3d.sf.net/data_contrib/cg-2012-ards-recruitment/)

# Ventilation Protocol

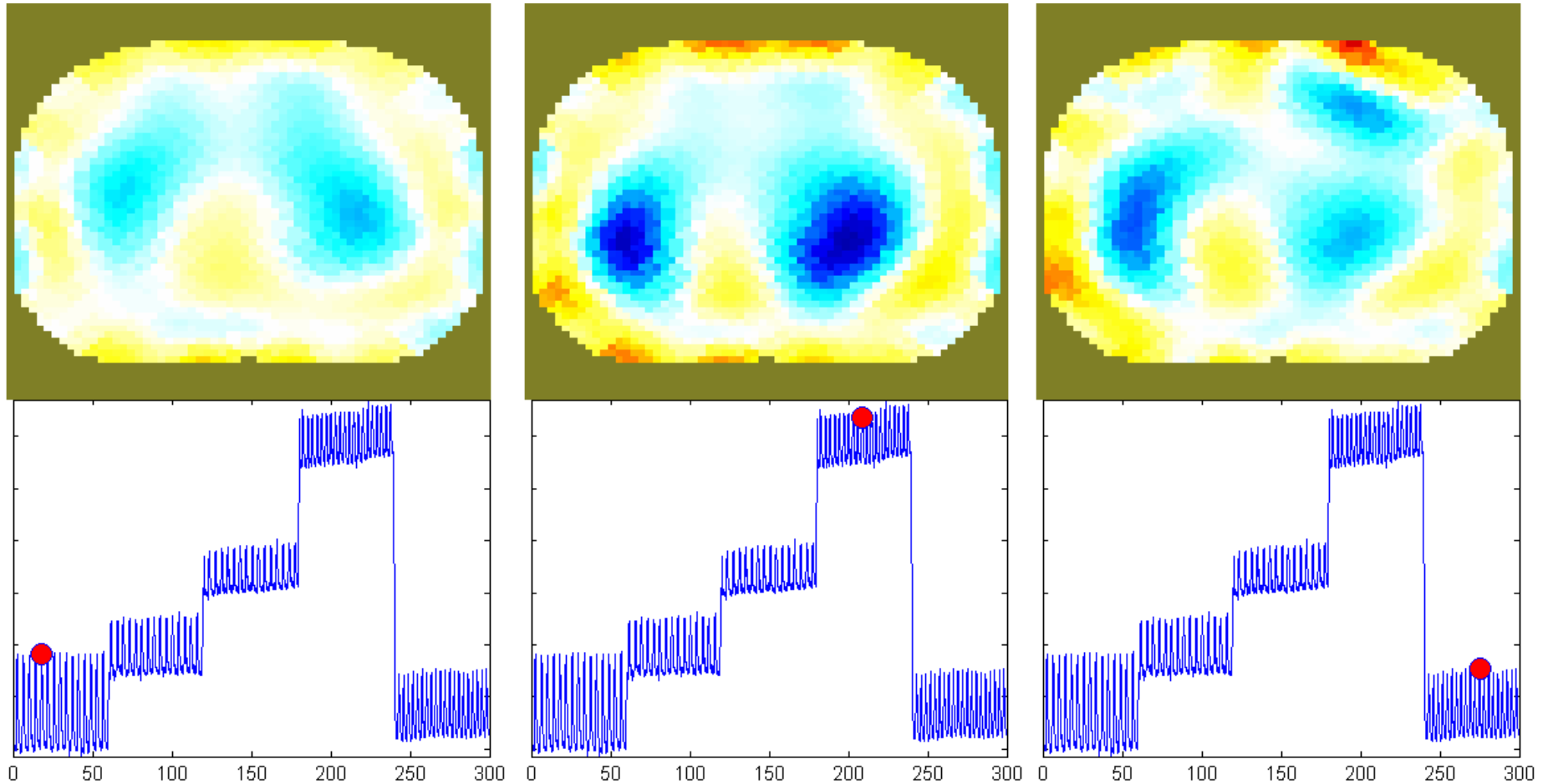
## Patient 1 – PaO<sub>2</sub> + PaCO<sub>2</sub>



# Patient #1: Lung opening and “optimal ventilation” images



# Patient #1: Lung opening and “optimal ventilation” images



# What can EIT tell us that is *clinically* useful?

EIT shows regional ventilation

- Can a patient can be recruited?
- Have we opened up the lungs?

EIT shows changes earlier than blood gas

- $\text{PaO}_2$  responds slowly (LPF of blood)
- $\text{PaO}_2$  responds only at high shunt fraction
- Can we control ventilation better with EIT?

# Image Reconstruction

Linear difference imaging with pictures

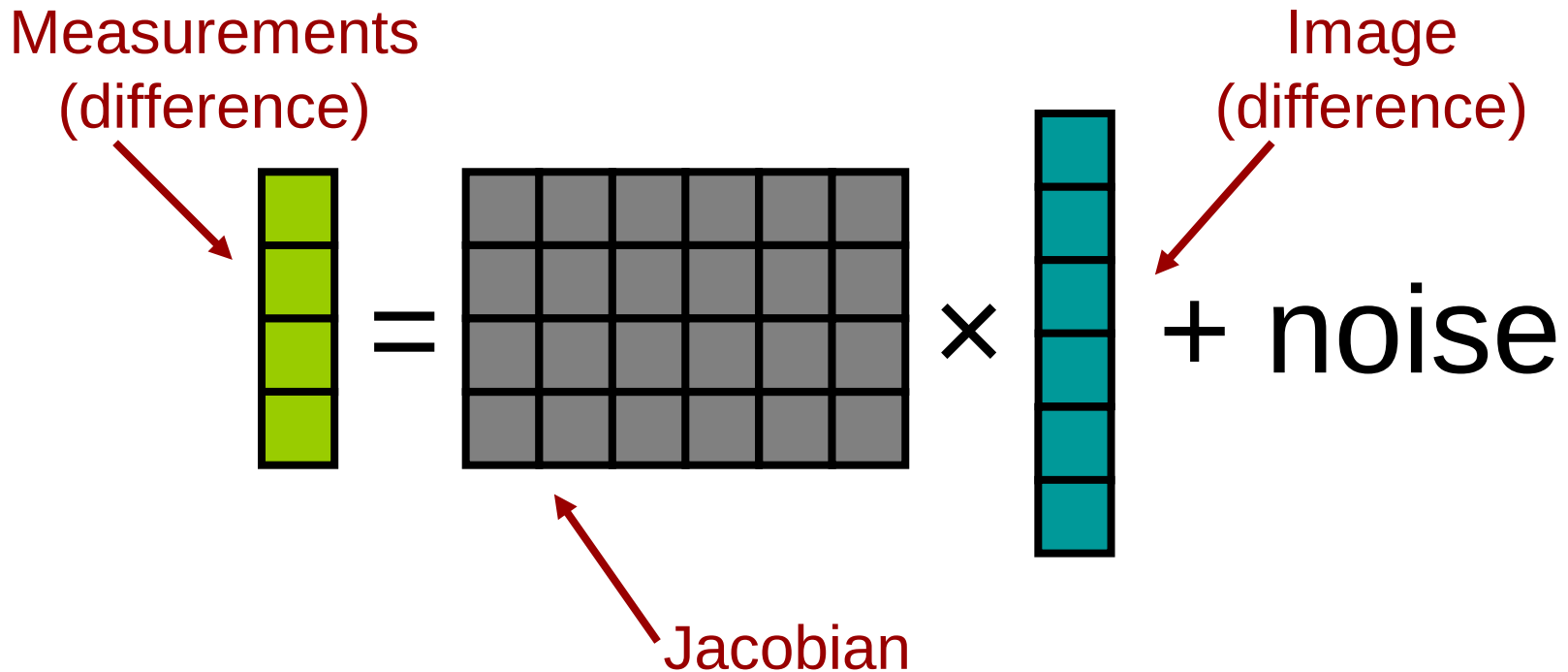
- Total Variation
- Electrode Errors
- Electrode Movement
- Temporal Filtering
- GREIT

# Other applications of EIT

- Geophysics
  - First application (by Conrad Schlumberger was in 1912)
  - Mineral prospecting (ore is conductive)
  - Rock damage monitoring
  - Waste site monitoring
- Medical
  - Breast cancer
  - Brain (epilepsy, stroke)
- Process tomography
  - Pipe flow
  - Mixing tanks

# Image Reconstruction

- Forward Model (linearized)

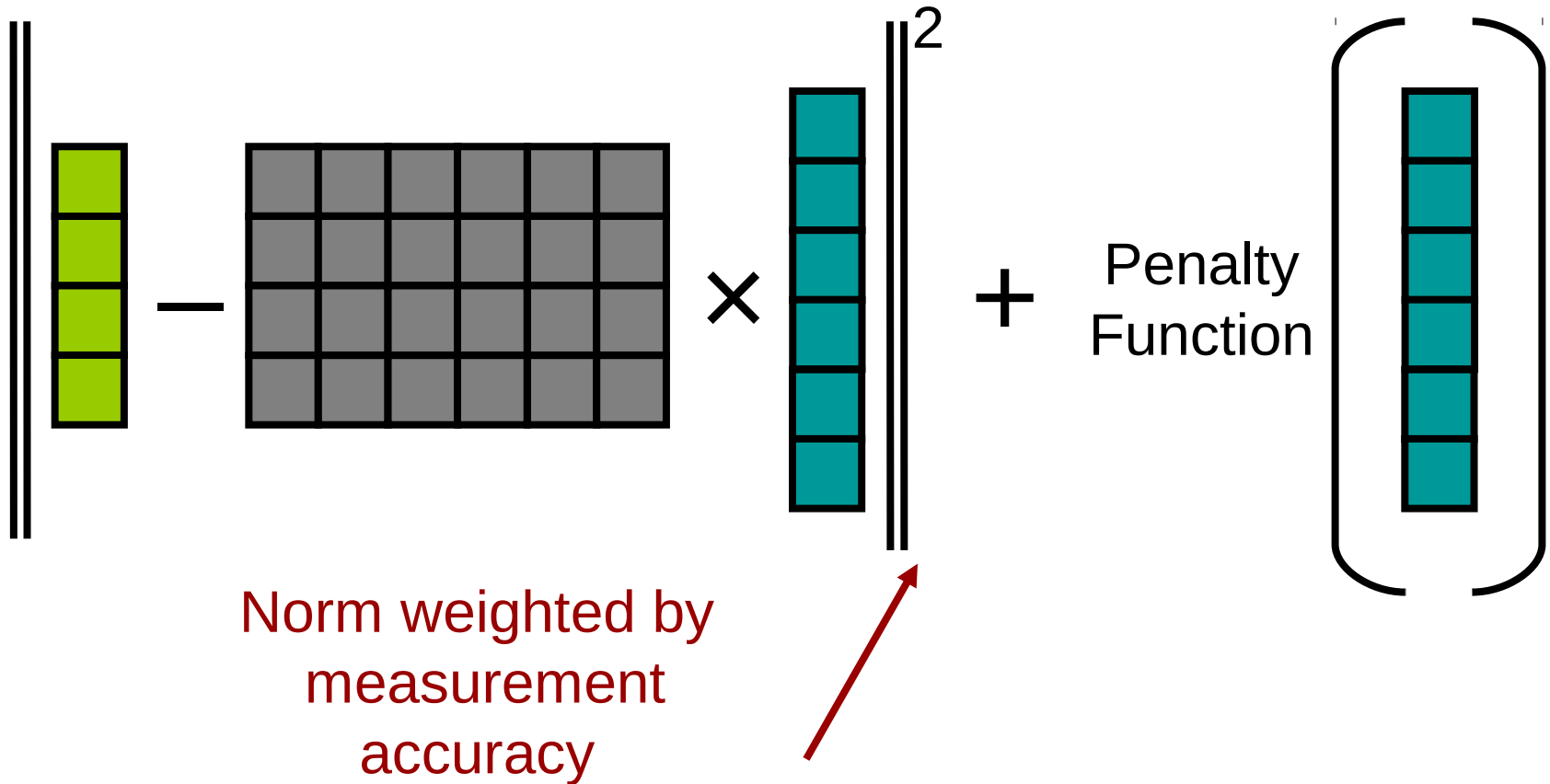


System is underdetermined



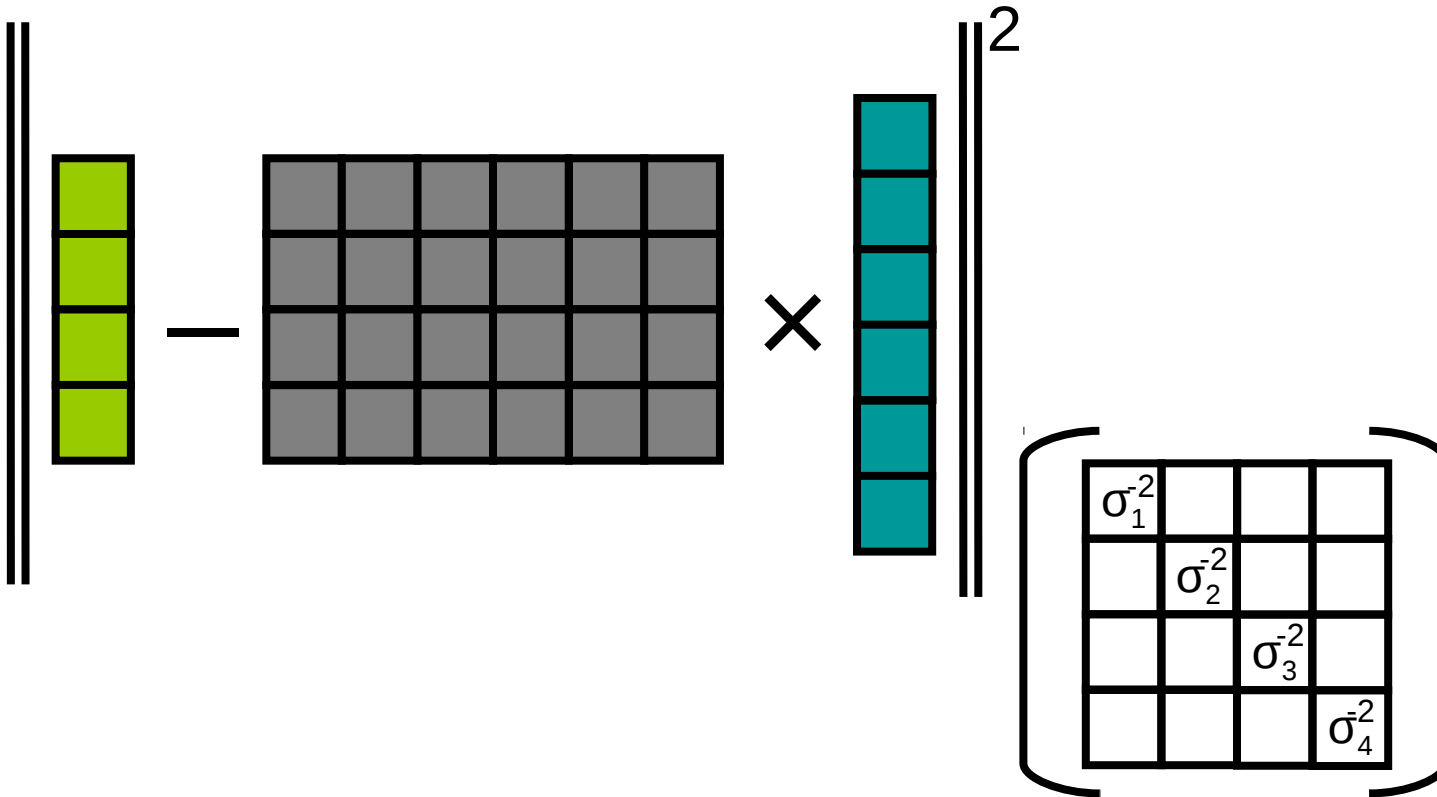
# Image Reconstruction

## Regularized linear Inverse Model



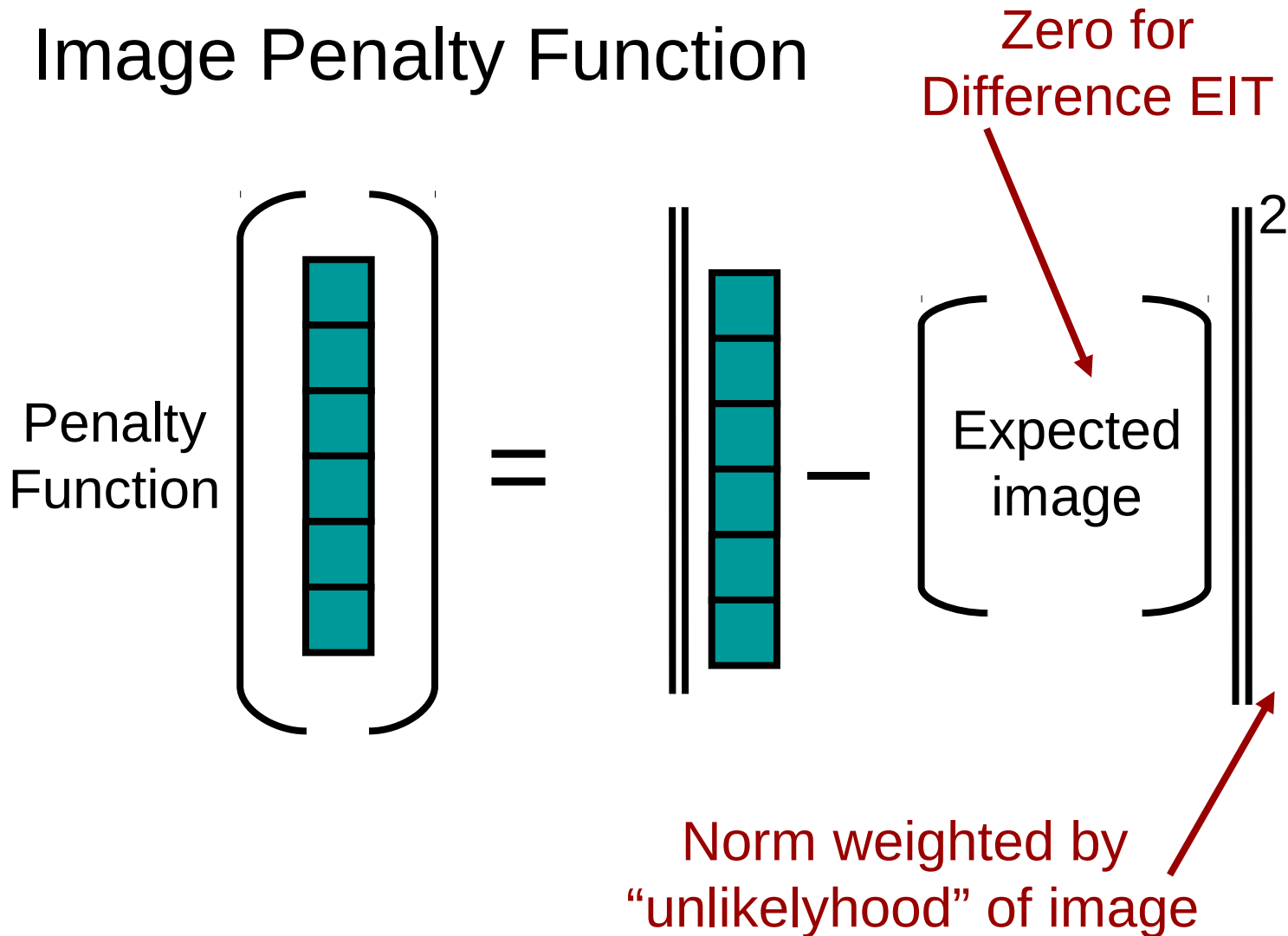
# Measurement Norm

Penalize measurements by the SNR of each channel (ie  $1/\text{noise variance}$ )



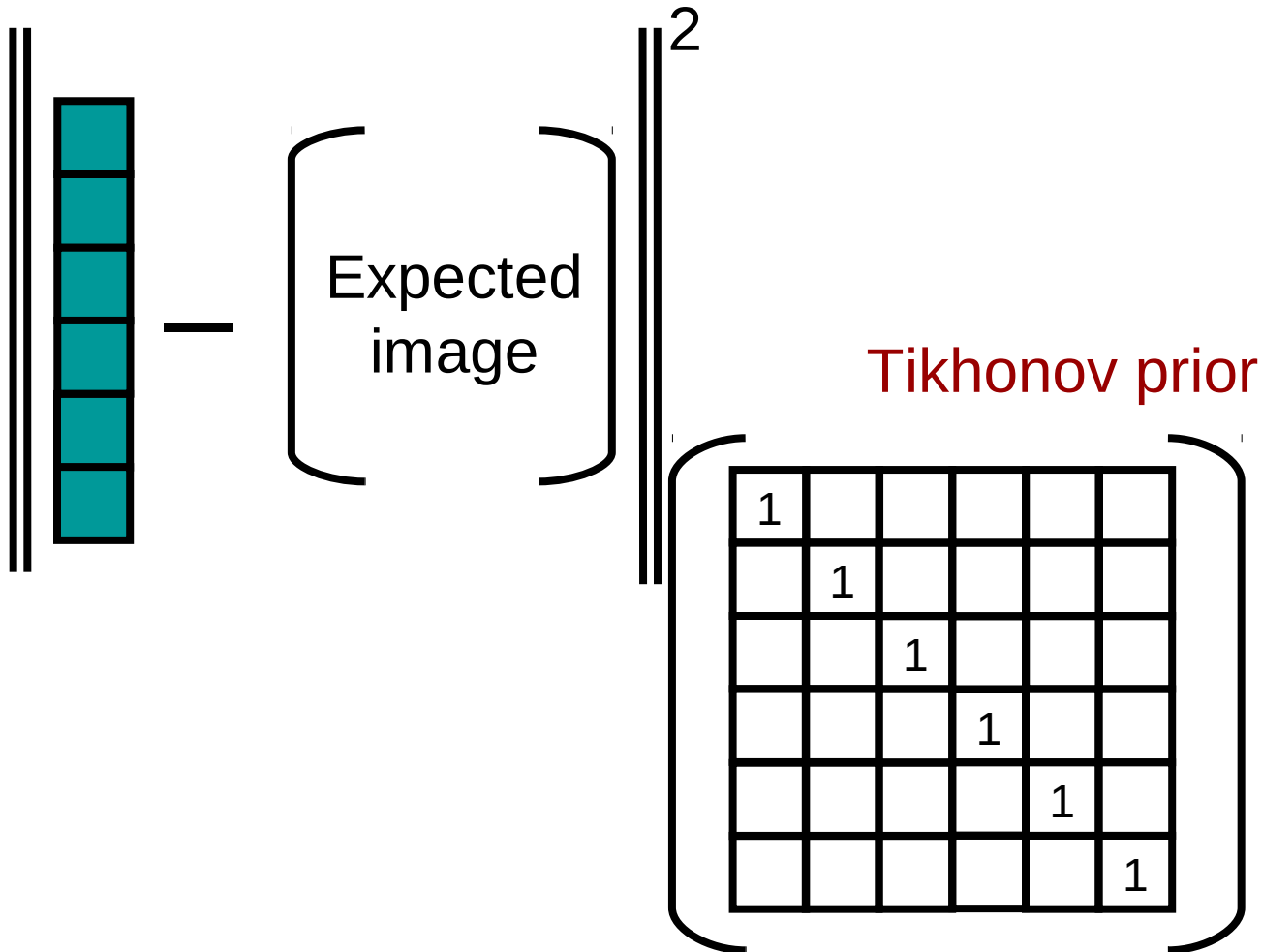
# Image Reconstruction

## Image Penalty Function



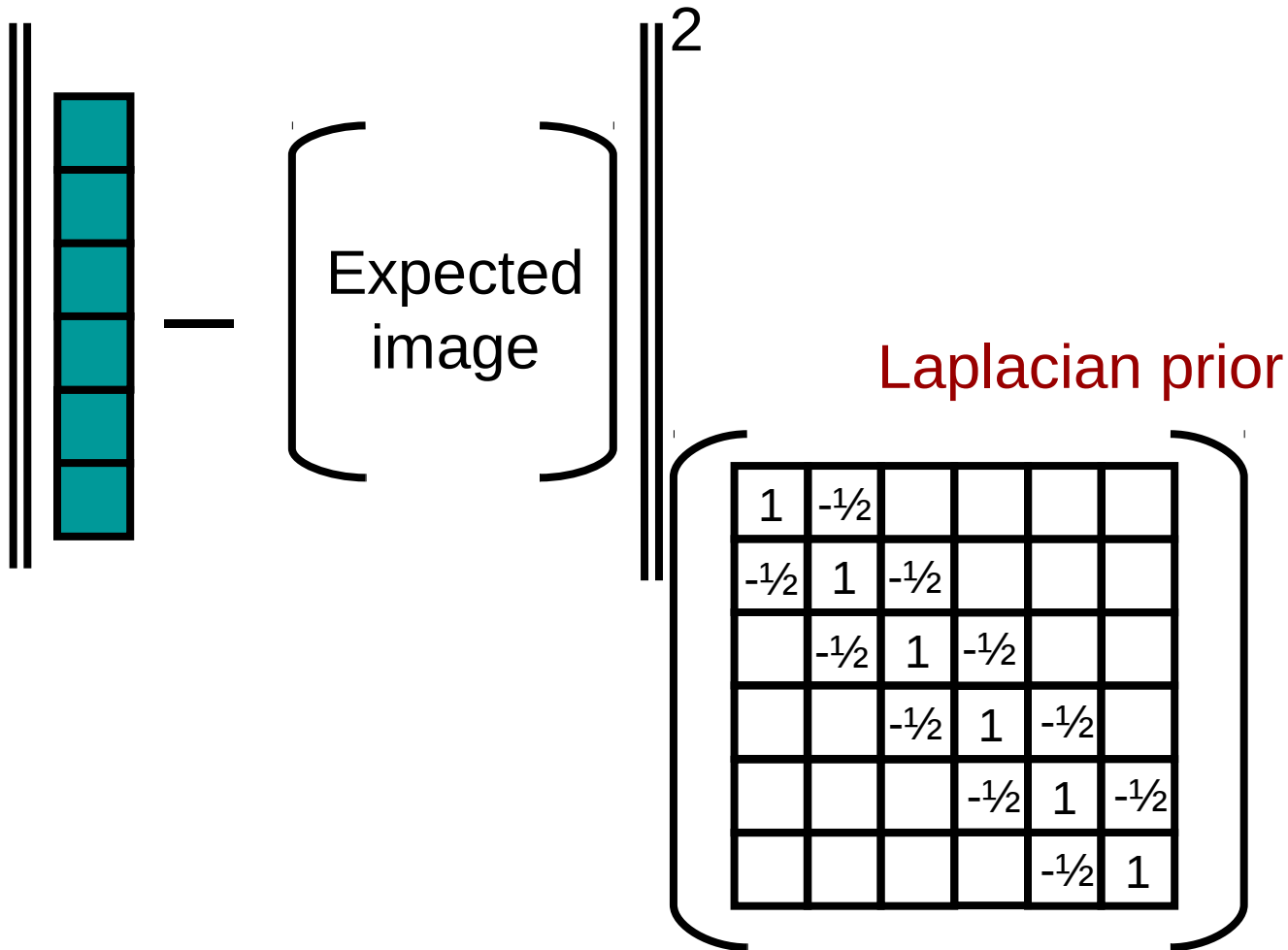
# Image Reconstruction

- Penalty functions: Image Amplitude



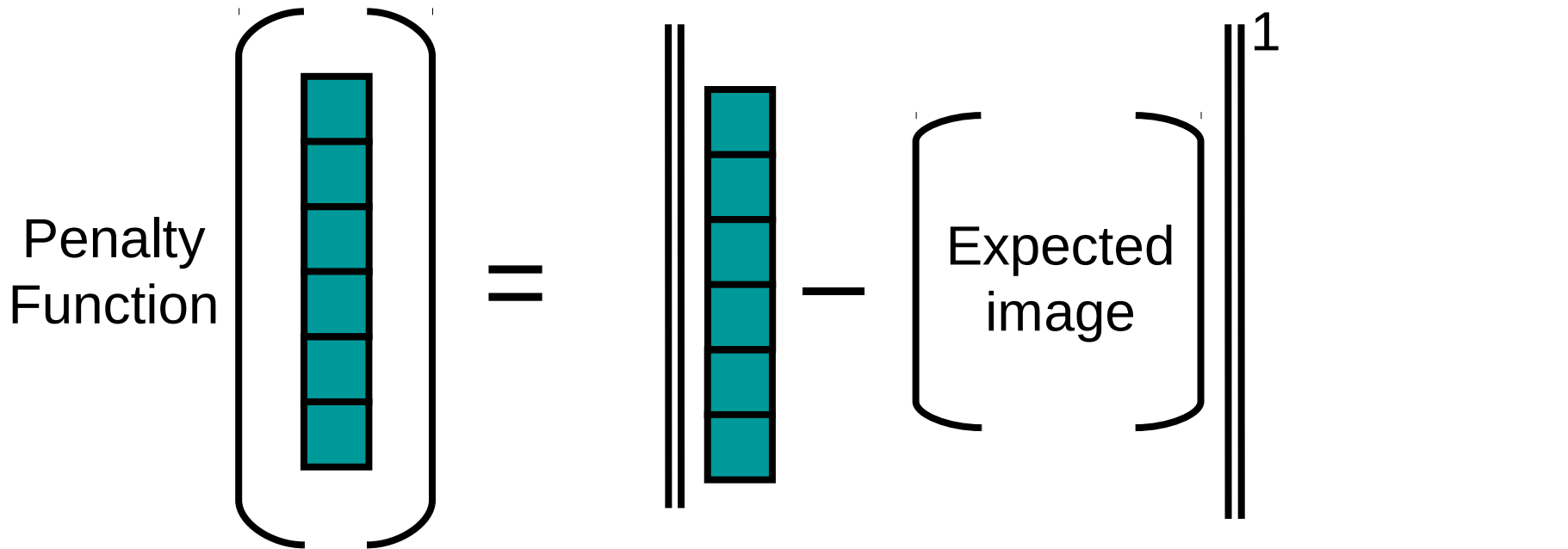
# Image Reconstruction

- Penalty functions: Image Smoothness



# Total Variation

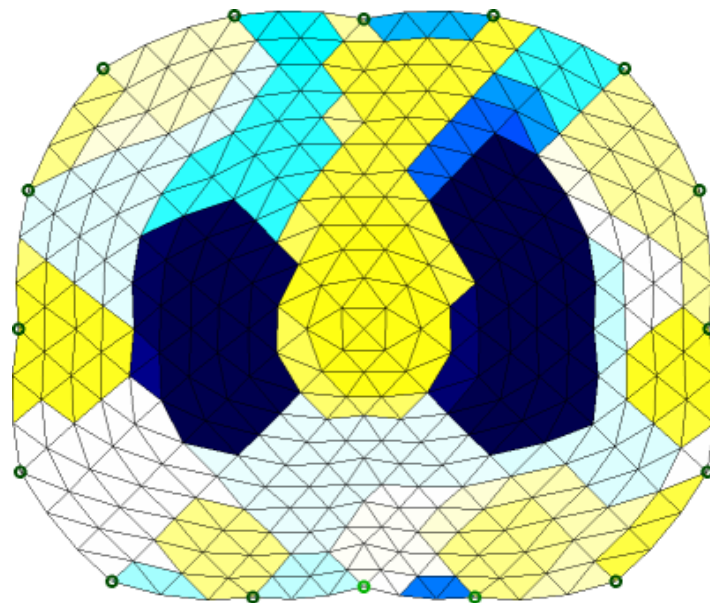
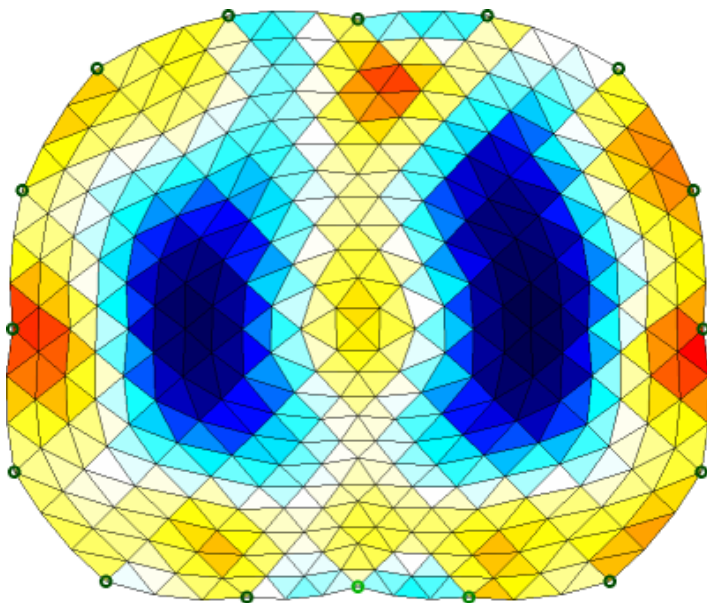
## Image Penalty Function



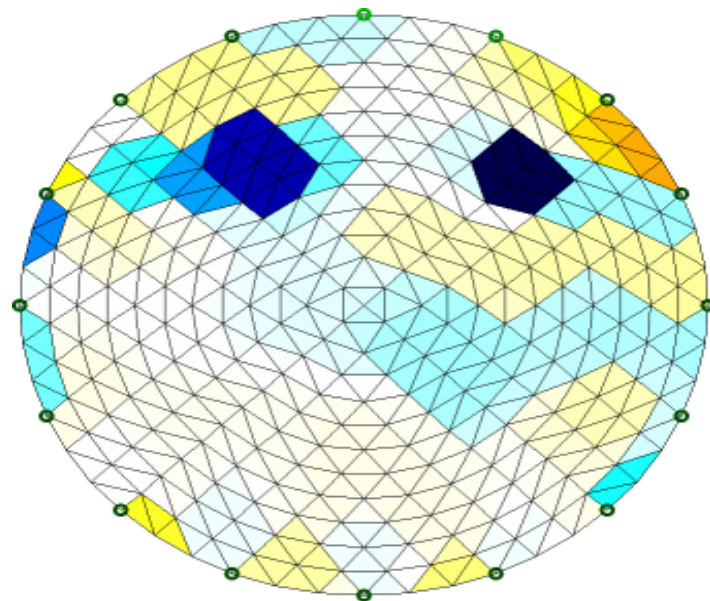
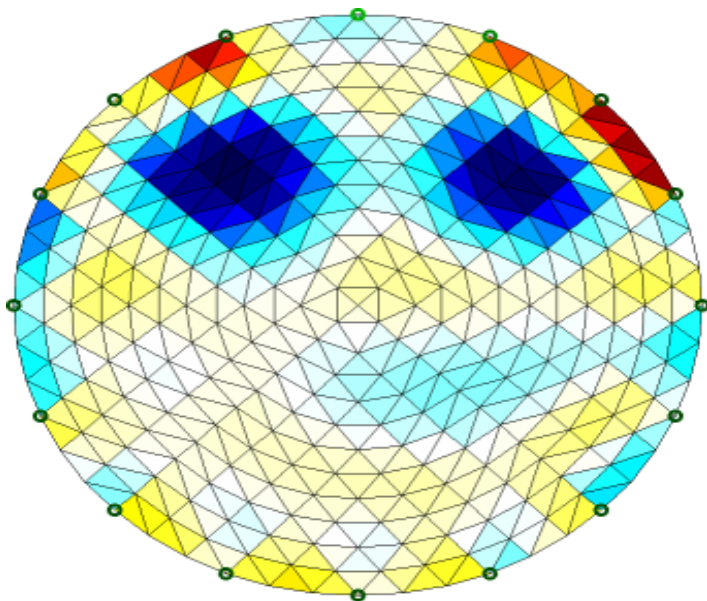
TV penalty function does not prefer smooth to “blocky” images

# Lung images with TV

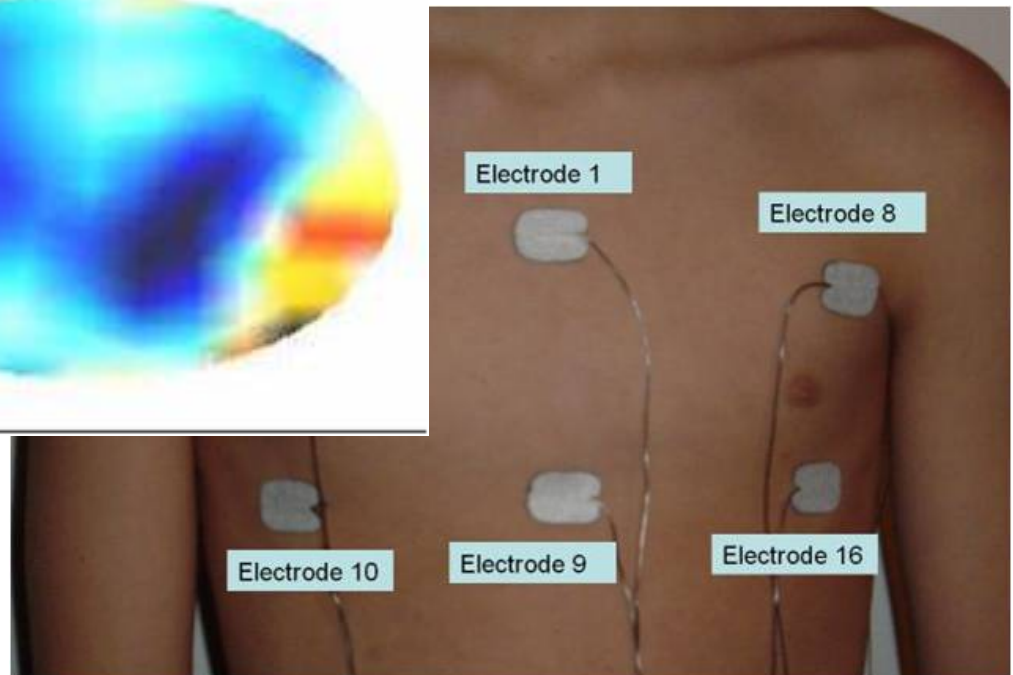
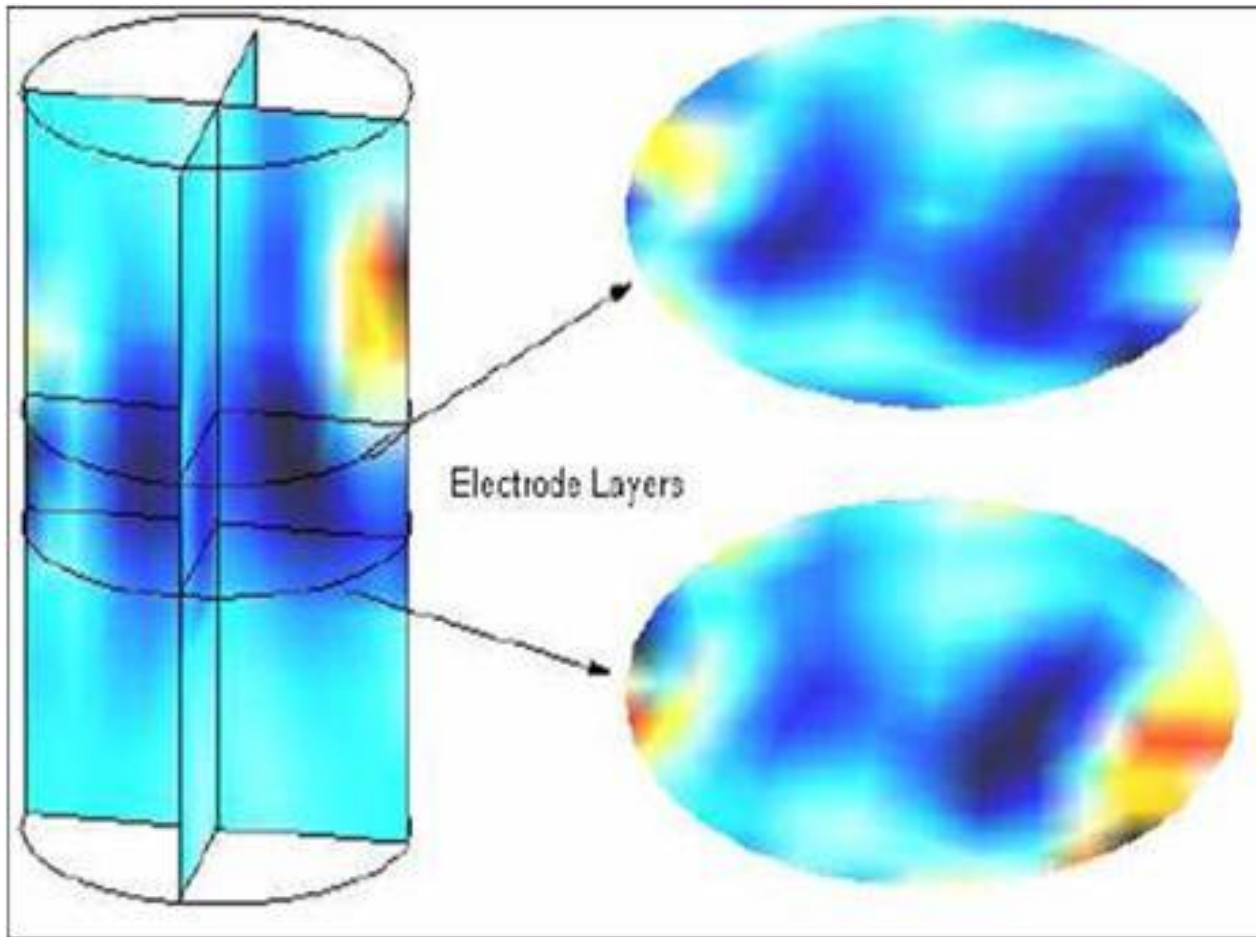
Human  
(healthy)



Pig  
(ARDS)



# 3D EIT





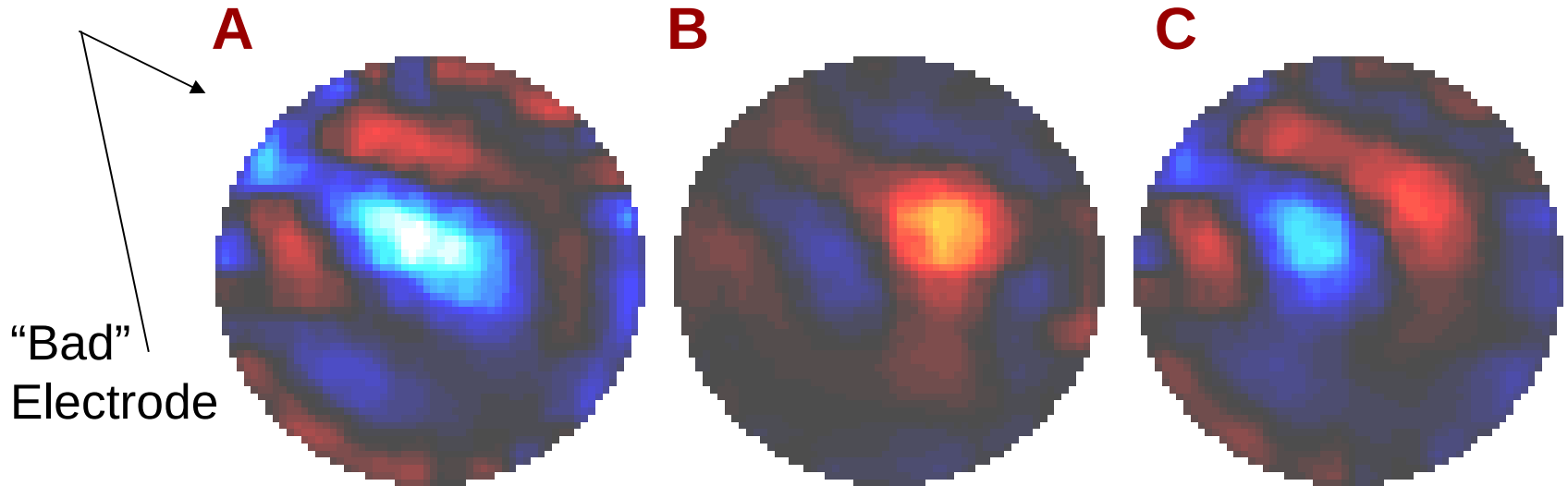
# Electrode Measurement Errors

Experimental measurements with EIT quite often show large errors from one electrode

Causes aren't always clear

- Electrode Detaching
- Skin movement
- Sweat changes contact impedance
- Electronics Drift?

# Example of electrode errors

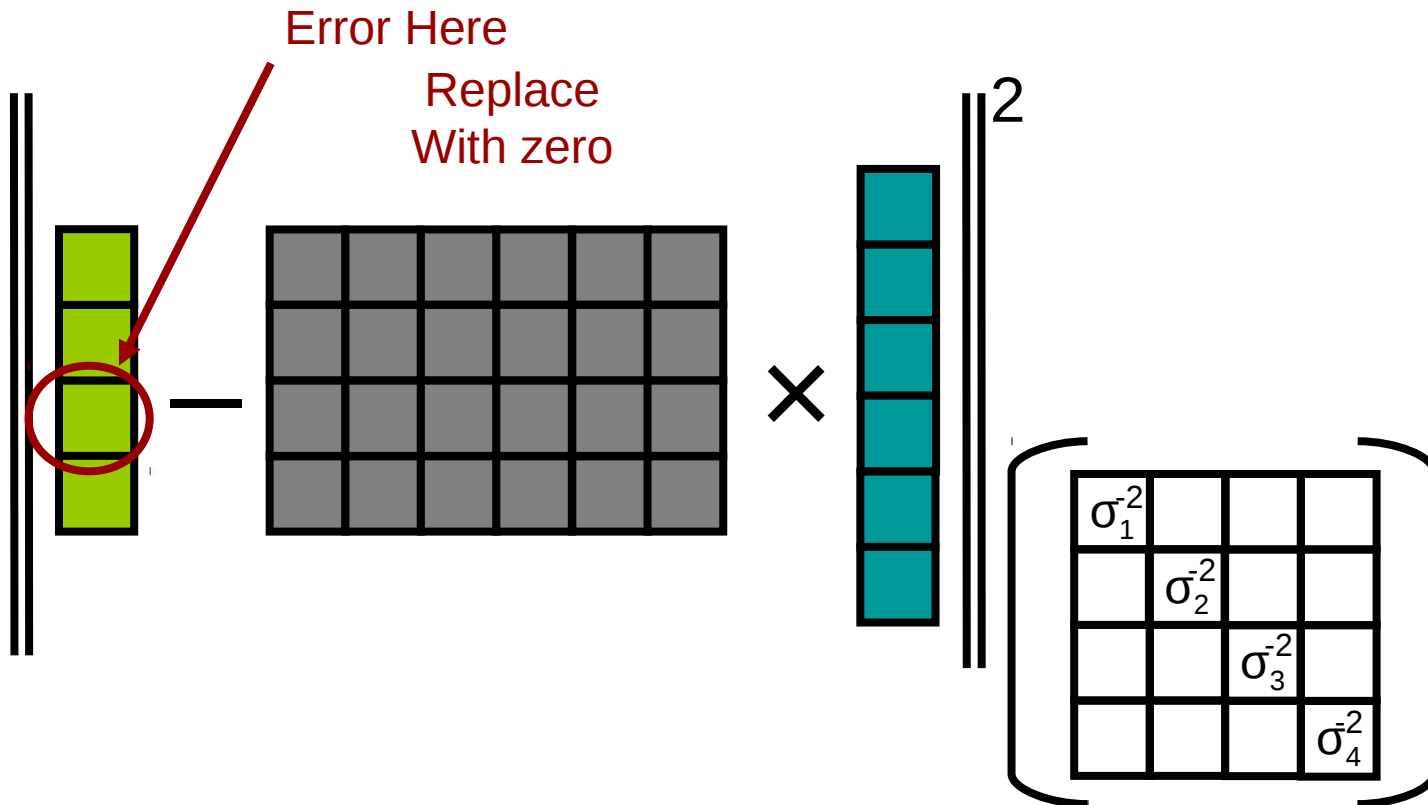


Images measured in anaesthetised, ventilated dog

- A. Image of 700 ml ventilation
- B. Image of 100 ml saline instillation in right lung
- C. Image of 700 ml ventilation and 100 ml saline

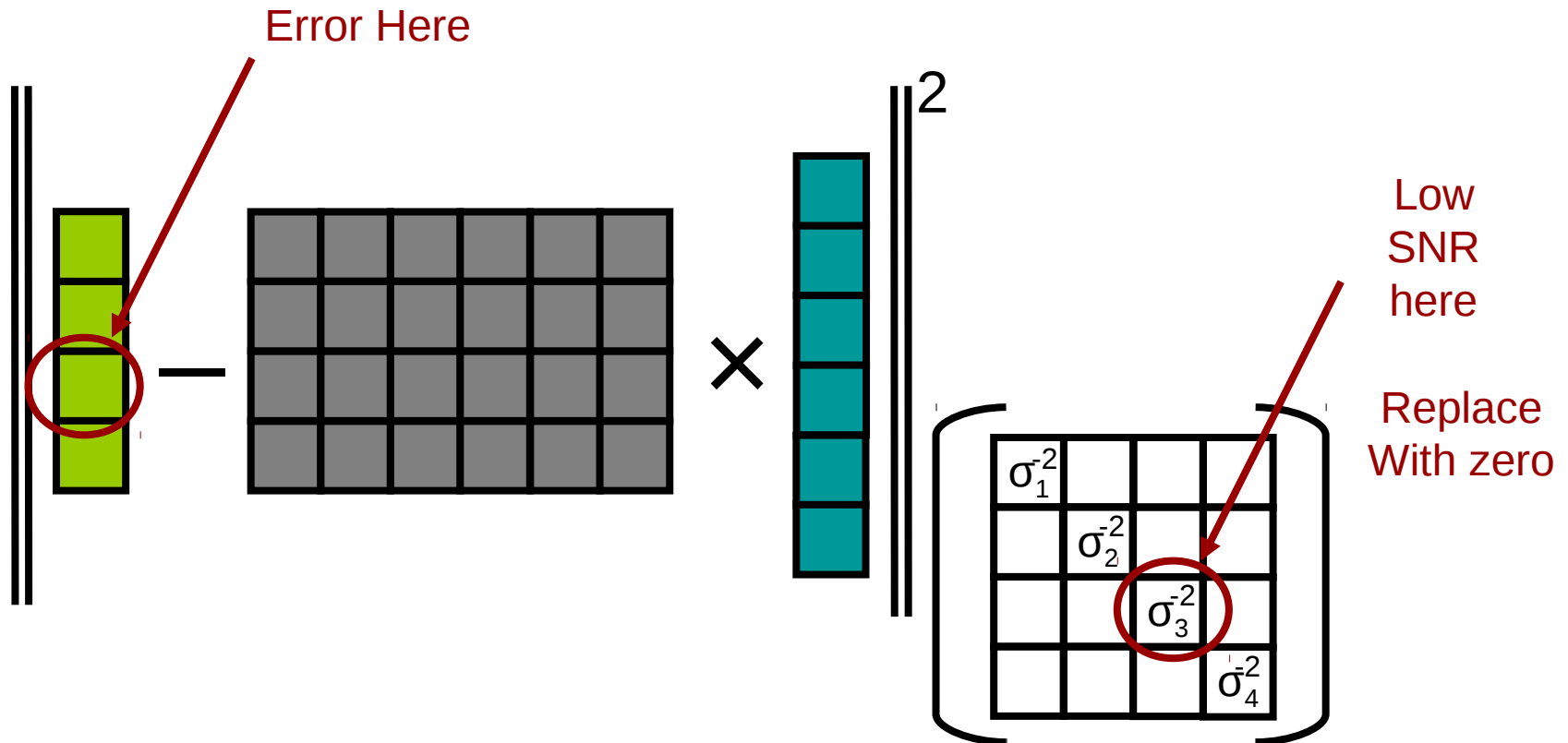
# “Zero bad data” solution

“Traditional solution” (in the sense that I’ve done this)

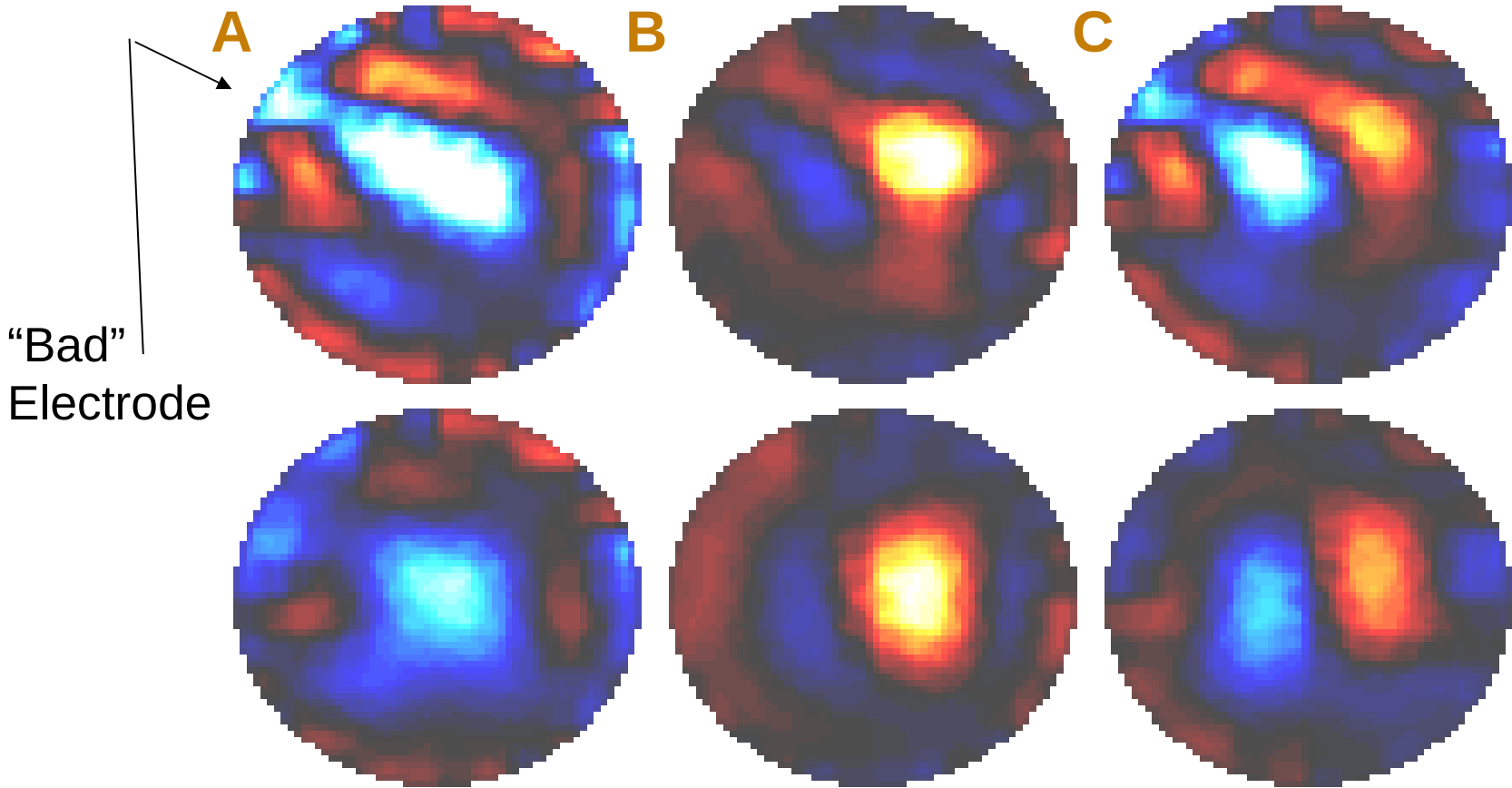


# Regularized imaging solution

Electrode errors are **large measurement noise** on affected electrode

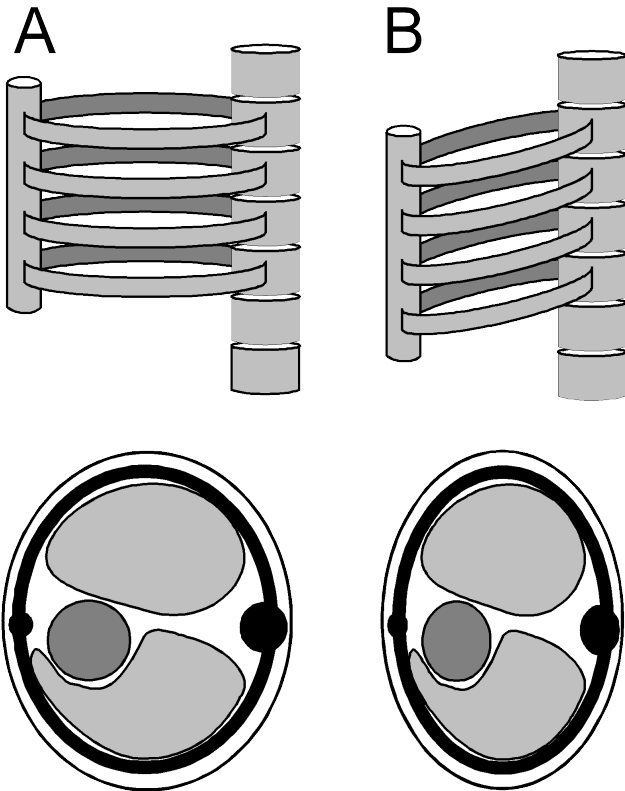


# Correcting for errors. Results



- A. Image of 700 ml ventilation
- B. Image of 100 ml saline instillation in right lung
- C. Image of 700 ml ventilation and 100 ml saline

# Electrode Movement



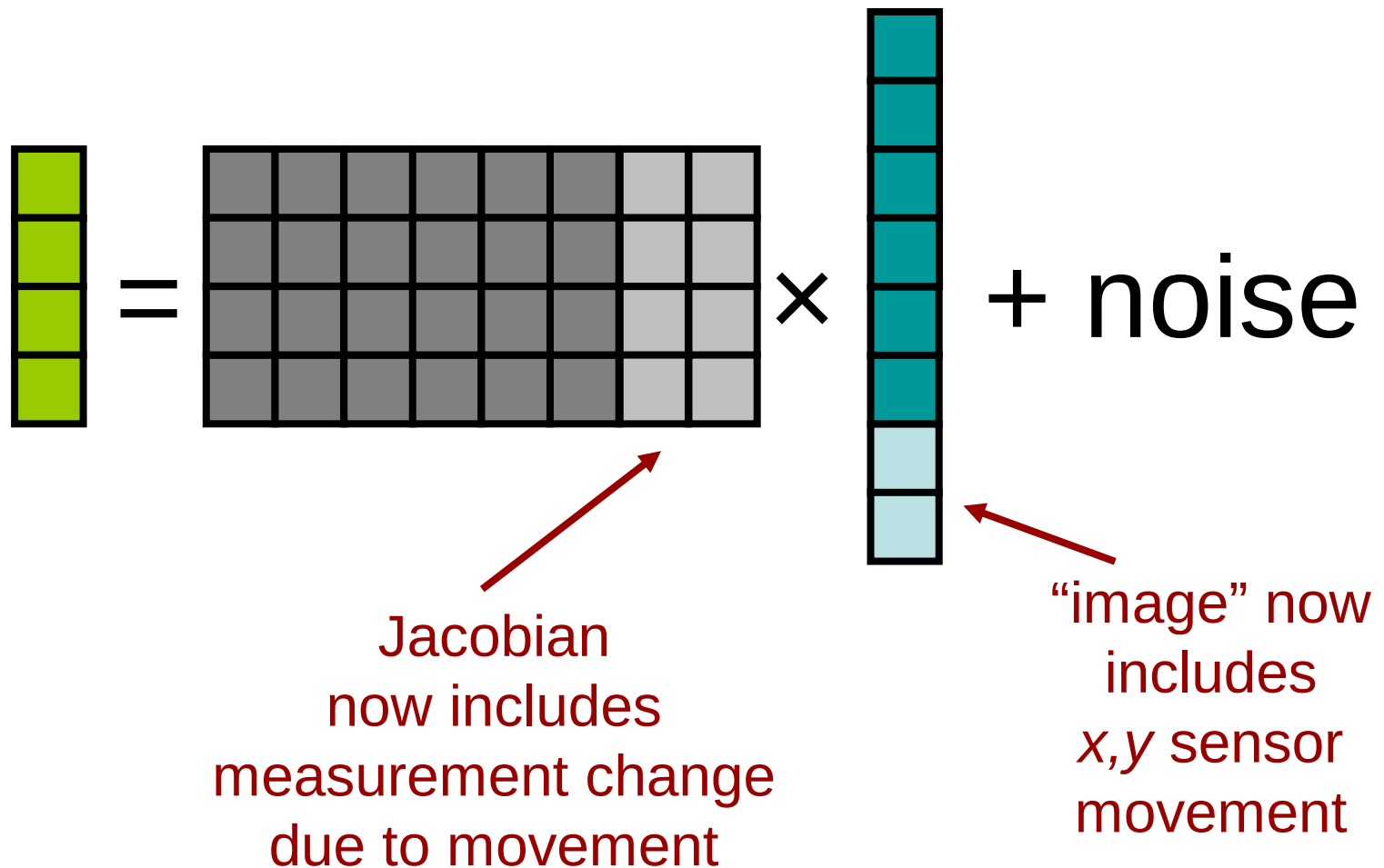
Electrodes move

- with breathing
- with posture change

Simulations show broad  
central artefact in  
images

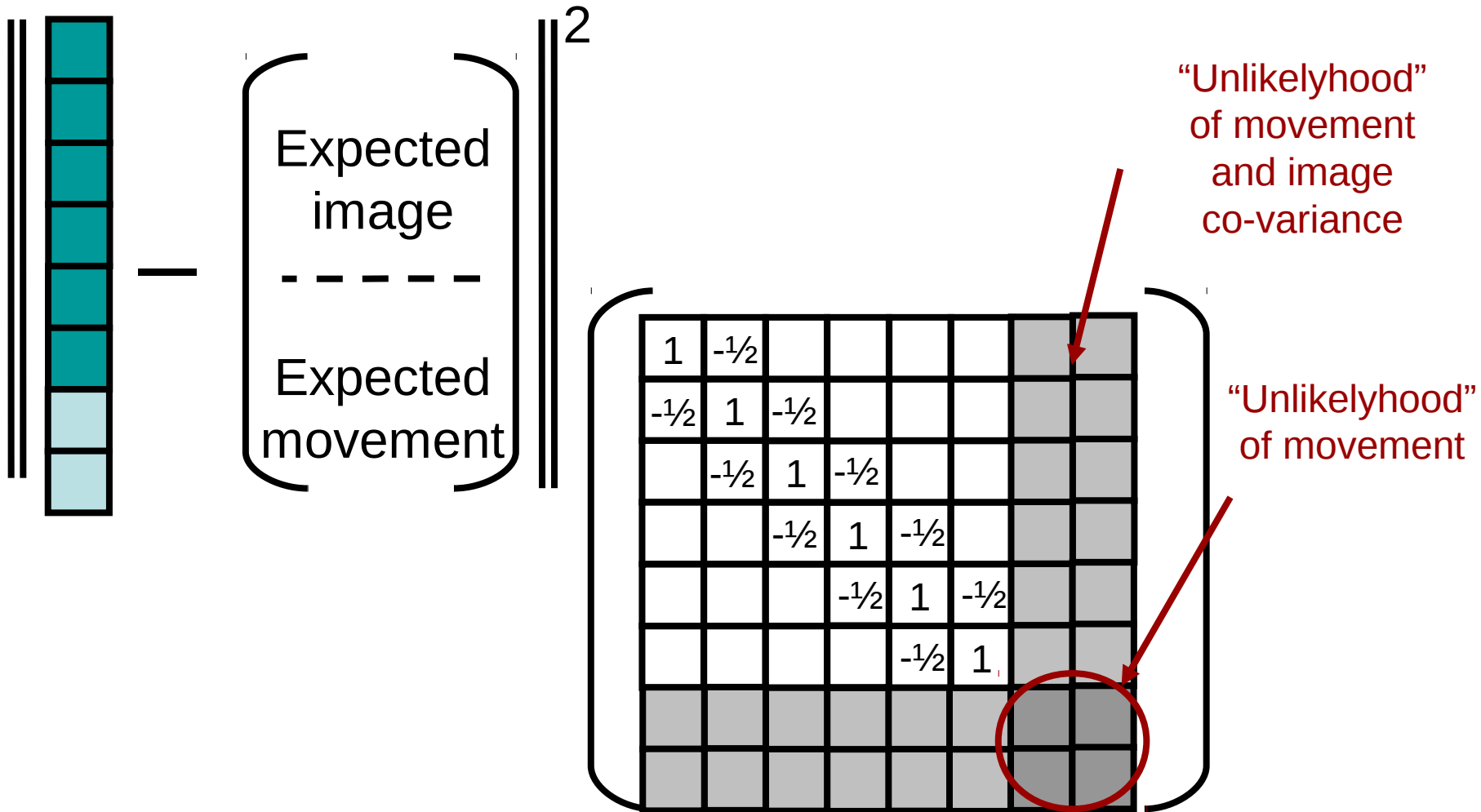
# Imaging Electrode Movement

- Forward model *image* includes movement



# Image and movement

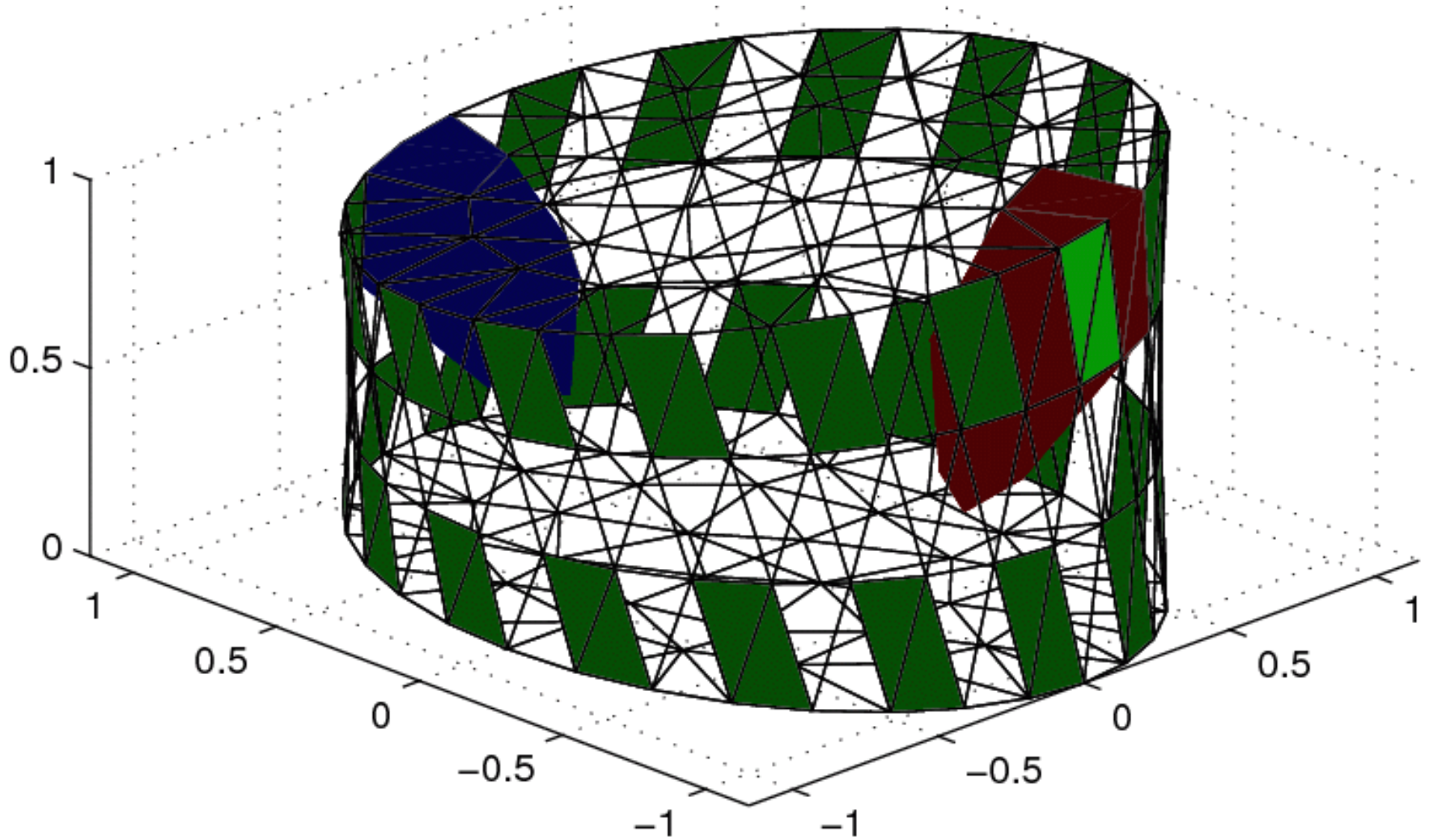
Penalty: Image and movement Smoothness



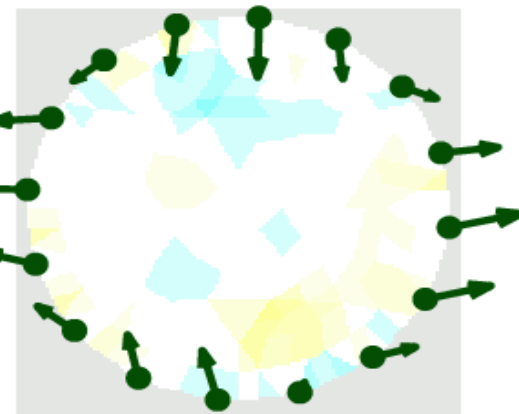
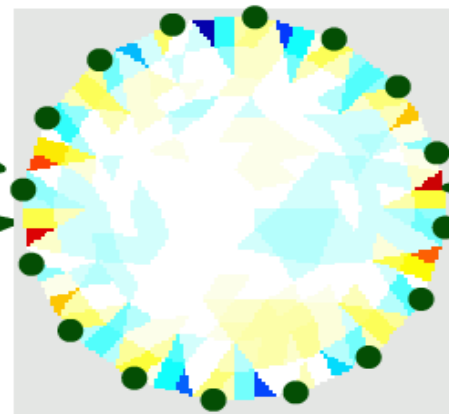
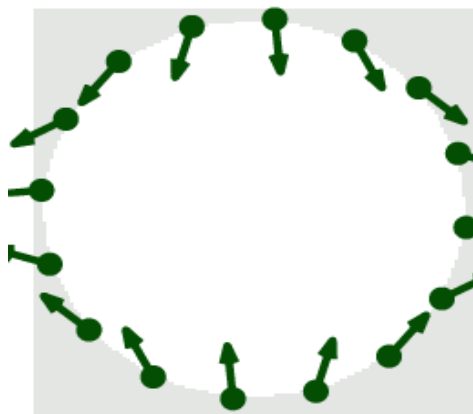


# Images of electrode movement

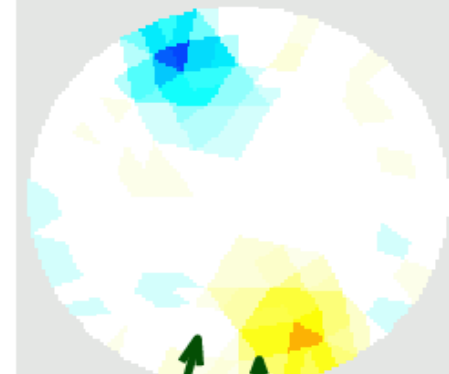
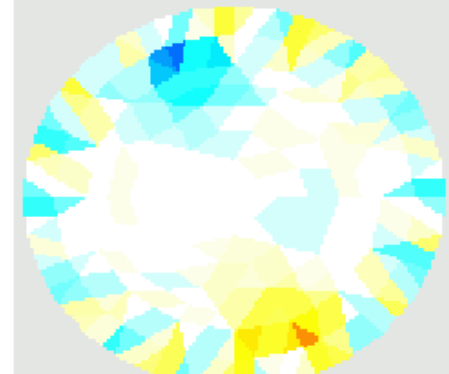
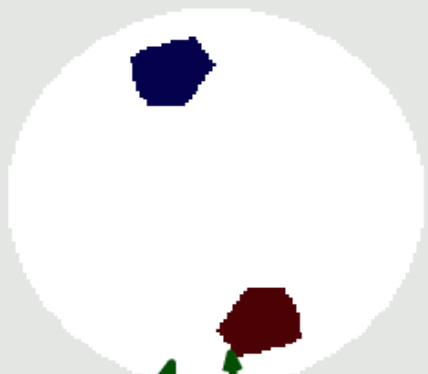
Simulation: tank with 3D deformation



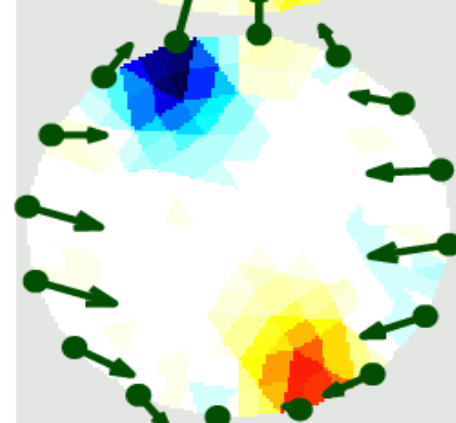
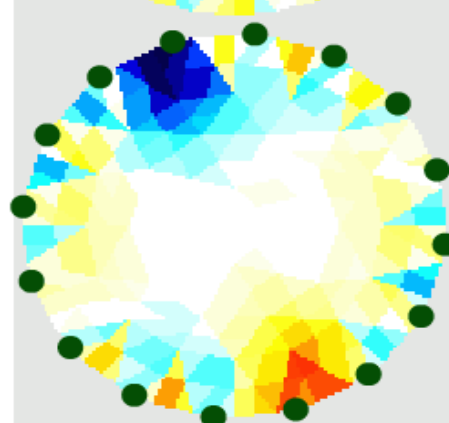
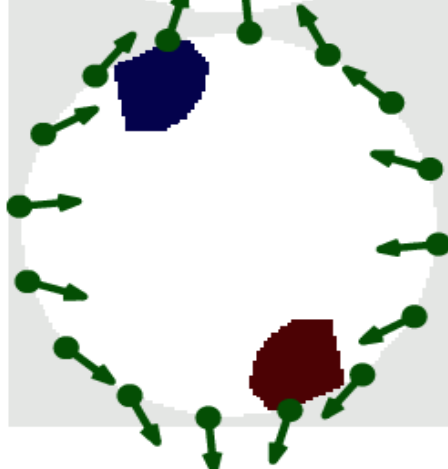
Bottom  
slice



Middle  
slice



Top  
slice



Simulation

Standard  
Algorithm

Alg. with  
electrode  
movement

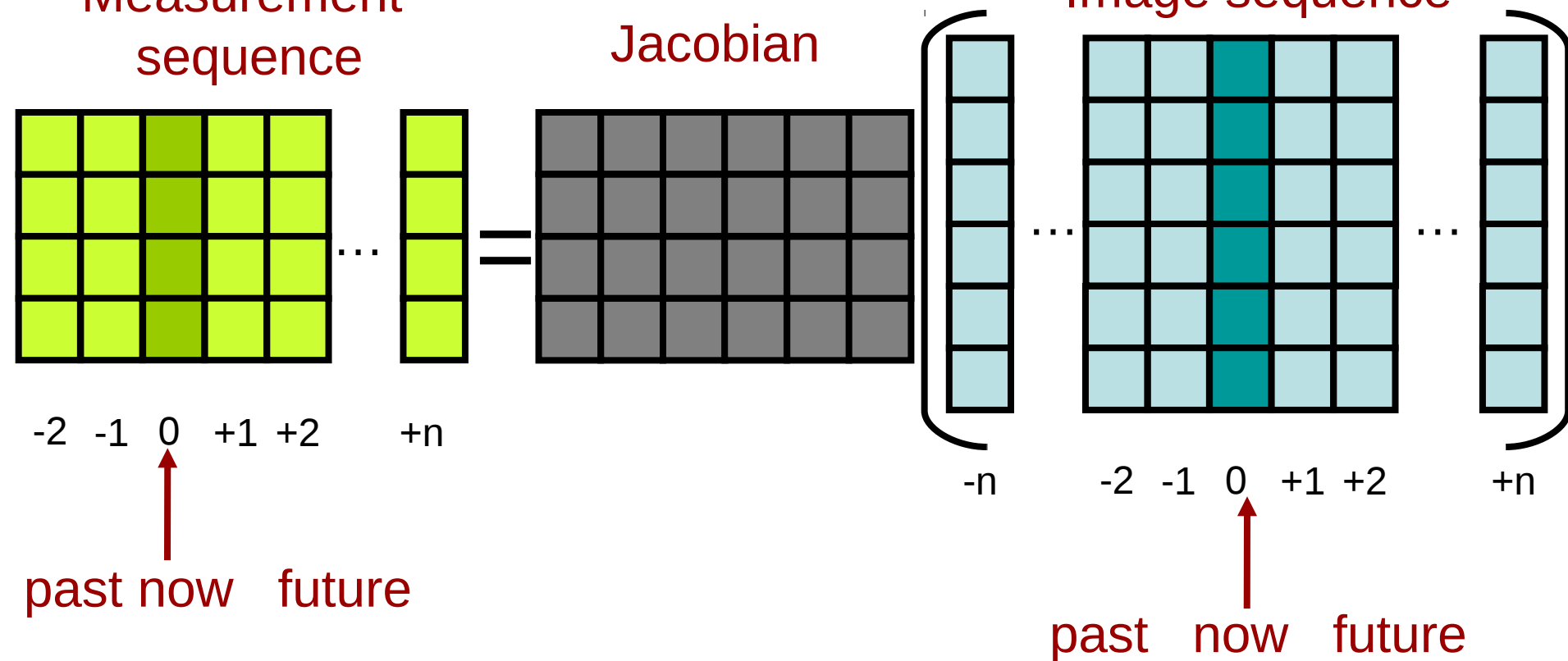
# EIT makes fast measurements.

## Can we use this fact?

Measurement sequence

Jacobian

Image sequence



# Temporal Reconstruction

## Temporal Penalty Functions

1	1	1	1	1
1	1	1	1	1
1	1	1	1	1

likely

			1	1
		1	1	1
	1	1	1	1
1	1	1		
1	1			
1				

quite likely

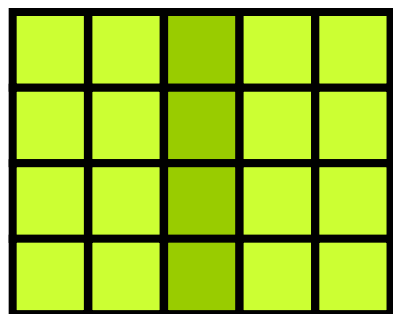
1				1
1		1		1
1		1		1
	1	1	1	
	1		1	
	1		1	

unlikely

Standard EIT approaches to not take this into account

# Direct temporal solver

Measurement  
sequence



-2 -1 0 +1 +2



+n

=

Jacobian

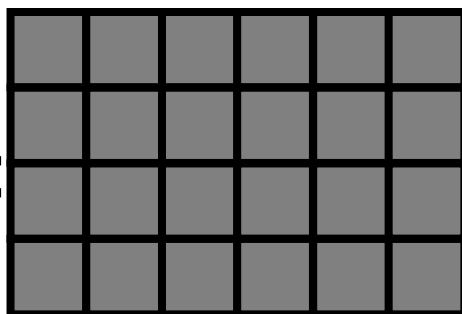
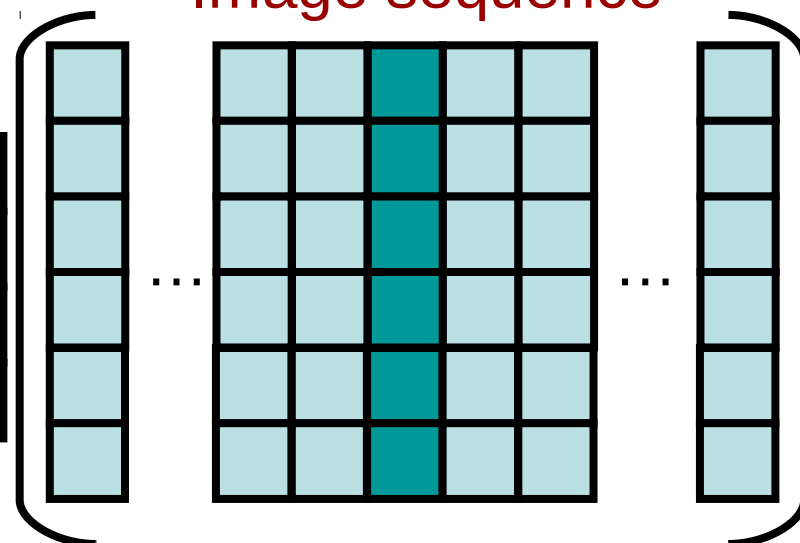


Image sequence



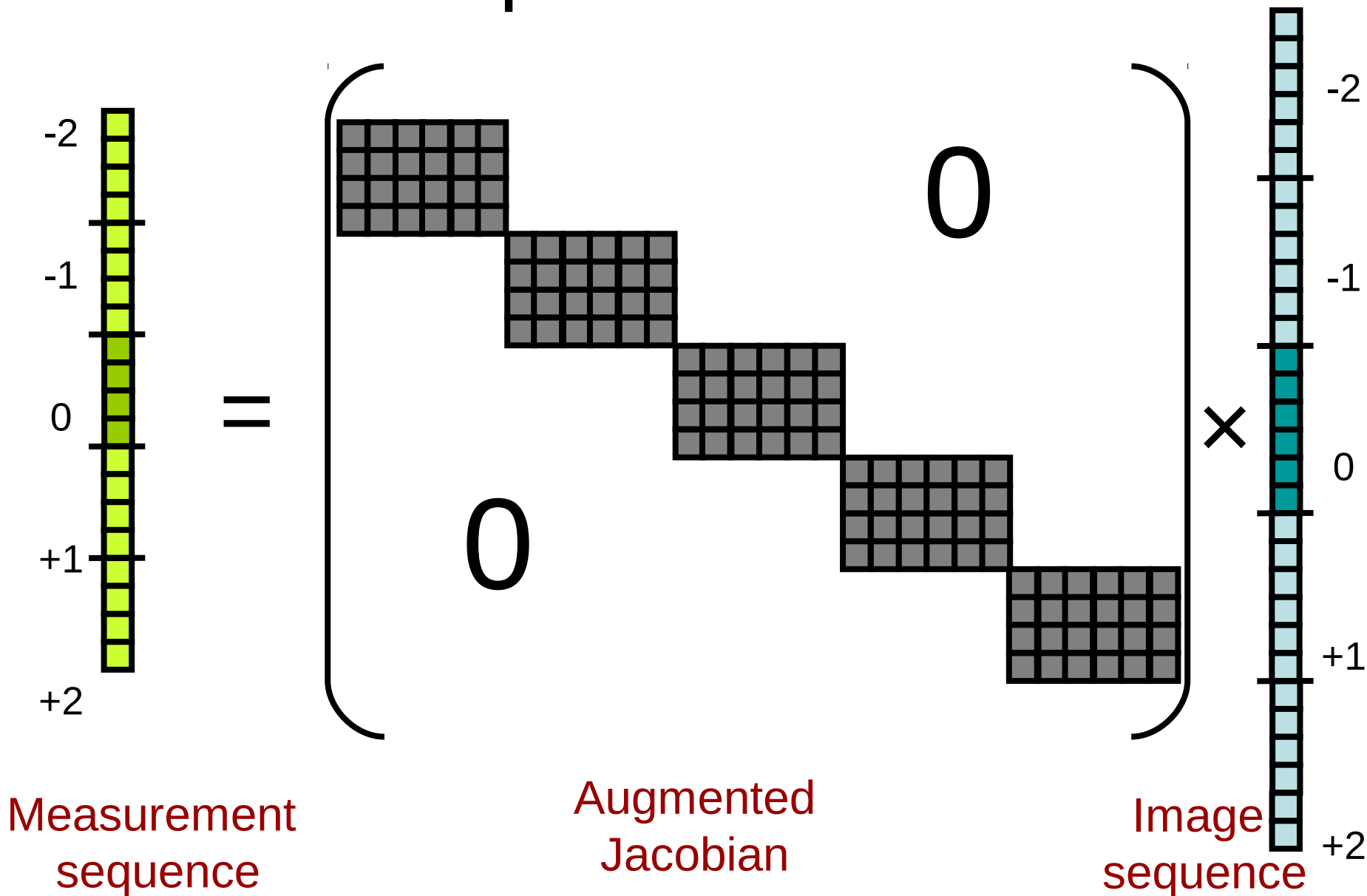
-n

-2 -1 0 +1 +2

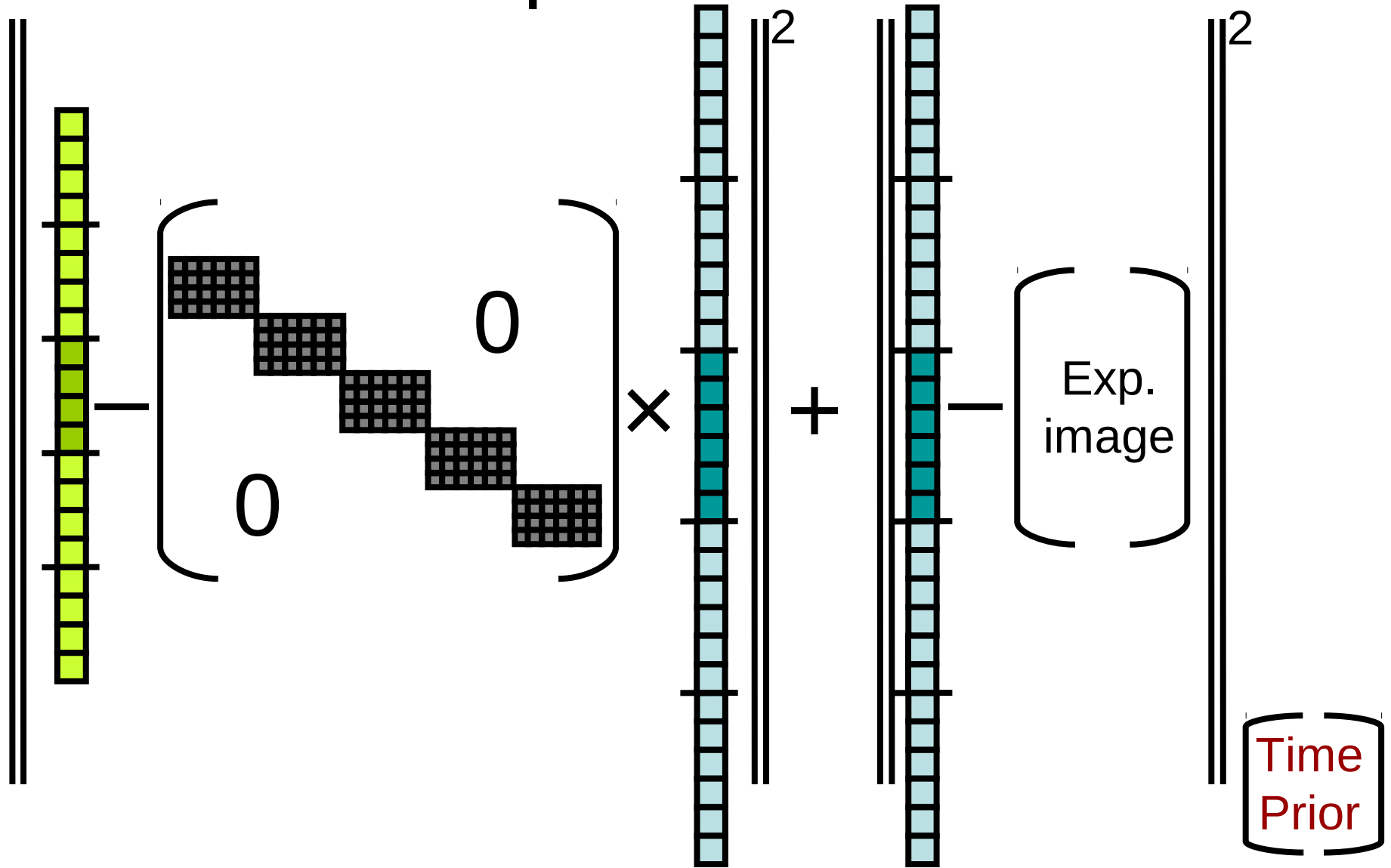
+n

*Rewrite as ...*

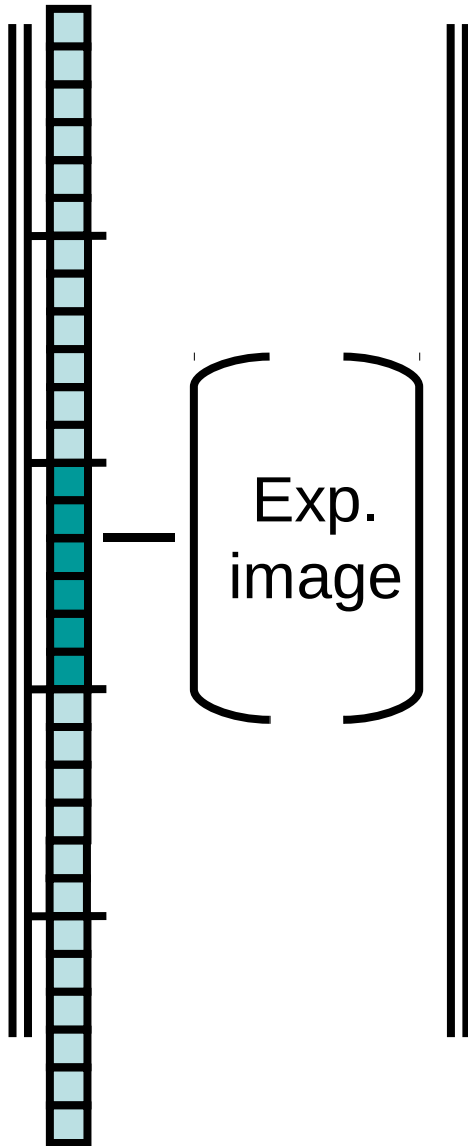
# Direct temporal forward model



# Direct temporal inverse model



# Temporal Priors



Spatial Prior	Time Prior $\Delta t = 1$	Time Prior $\Delta t = 2$	Time Prior $\Delta t = 3$	Time Prior $\Delta t = 4$
Time Prior $\Delta t = 1$	Spatial Prior	Time Prior $\Delta t = 1$	Time Prior $\Delta t = 2$	Time Prior $\Delta t = 3$
Time Prior $\Delta t = 2$	Time Prior $\Delta t = 1$	Spatial Prior	Time Prior $\Delta t = 1$	Time Prior $\Delta t = 2$
Time Prior $\Delta t = 3$	Time Prior $\Delta t = 2$	Time Prior $\Delta t = 1$	Spatial Prior	Time Prior $\Delta t = 1$
Time Prior $\Delta t = 4$	Time Prior $\Delta t = 3$	Time Prior $\Delta t = 2$	Time Prior $\Delta t = 1$	Spatial Prior



# EIDORS: community-based extensible software for EIT

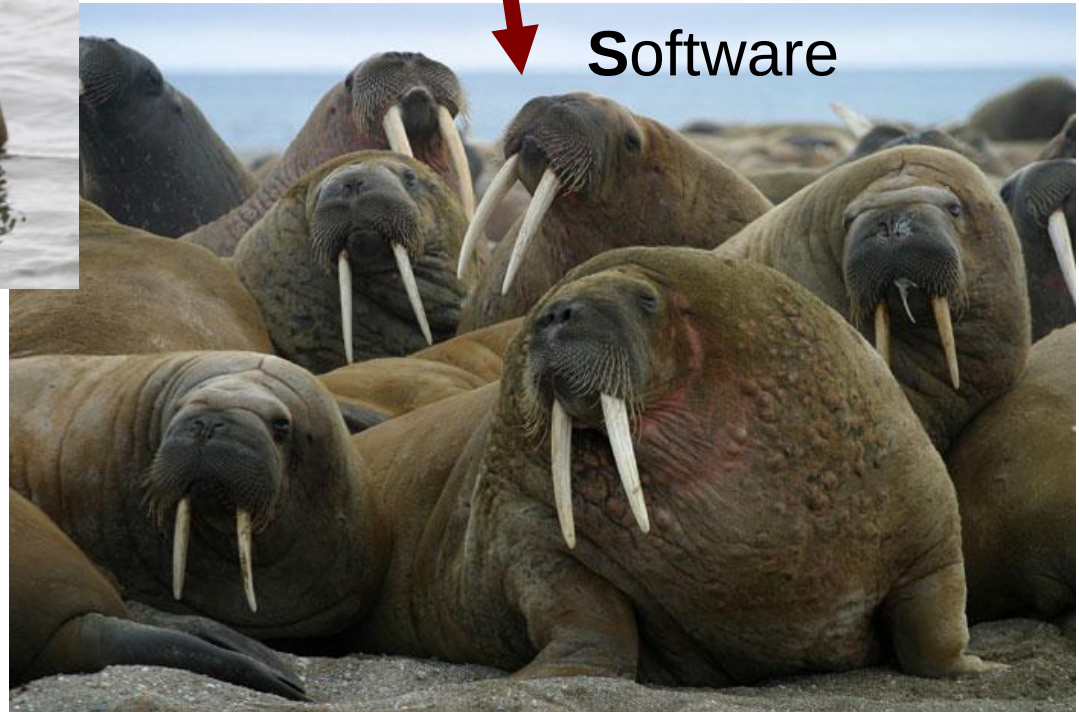
Andy Adler<sup>1</sup>, William R.B. Lionheart<sup>2</sup>

<sup>1</sup>Systems and Computer Engineering,  
Carleton University, Ottawa, Canada

<sup>2</sup>School of Mathematics, University of  
Manchester, U.K.

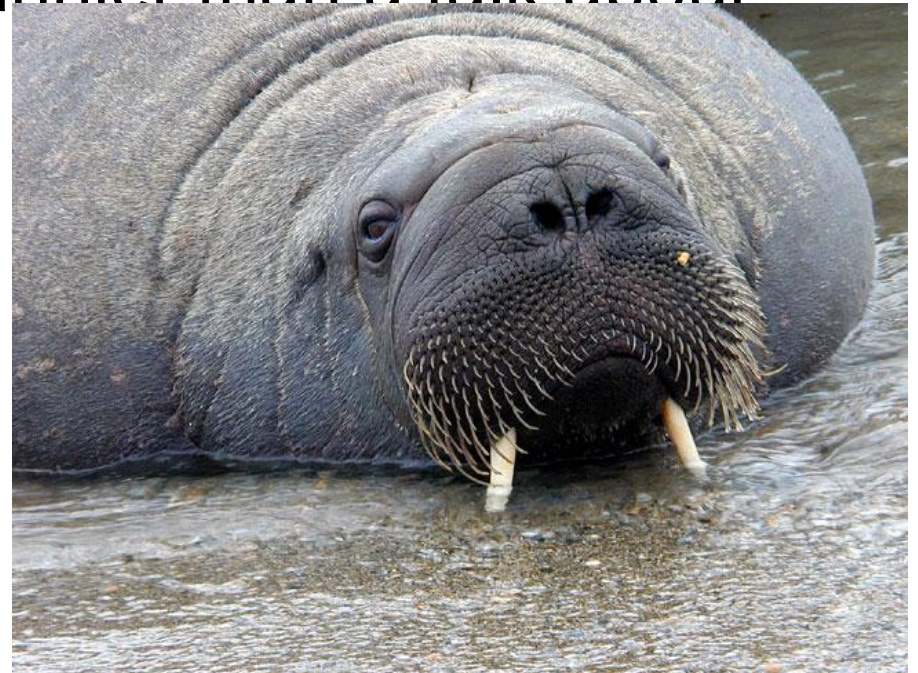
# Goal: software community

**Project:** Electrical  
Impedance and  
Diffuse  
Optical  
Tomography  
Reconstruction  
Software



# Blobby the Walrus?

1. EIT images blobby objects in aqueous media; Blobby the Walrus is a fat animal that lives in water.
2. Walrus is EIDORS logo
3. Walruses are much funnier than a talk about software architecture.



Images: [www.biobcc.net](http://www.biobcc.net)  
© Genny Anderson

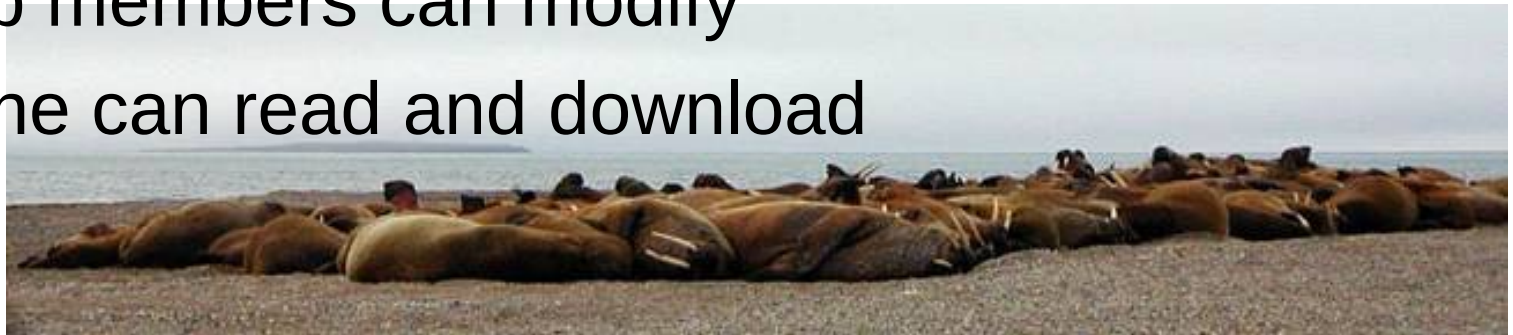
# EIDORS Features

## **Open-source:**

- License: GNU General Public License.
- Free to use, modify, and distribute modifications.
- May be used in a commercial product

## **Hosted on Sourceforge.net**

- Software is available for download (version 2.0)
- CVS access to latest developer versions
- Group members can modify
- Anyone can read and download



# Web Site

**EIDORS** *Electrical Impedance Tomography and Diffuse Optical Tomography Reconstruction Software*

[EIDORS \(mirror\)](#)  
[Main](#)  
[Documentation](#)  
[Tutorials](#)  
[Download](#)  
[Contrib Data](#)  
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[News](#)  
[Mailing list \(archive\)](#)  
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[Developer](#)

### Project Goal

Provide free software algorithms for forward and inverse modelling for Electrical Impedance Tomography (EIT) and Diffusion based Optical Tomography, in medical and industrial settings, and to share data and promote collaboration between groups working these fields.

### Requirements

- [Matlab](#) ( $\geq 7.0$ ) or [Octave](#) ( $\geq 3.4$ )
- [Netgen Mesher](#) (optional)

### Getting Started

To try the EIDORS software, follow these steps:

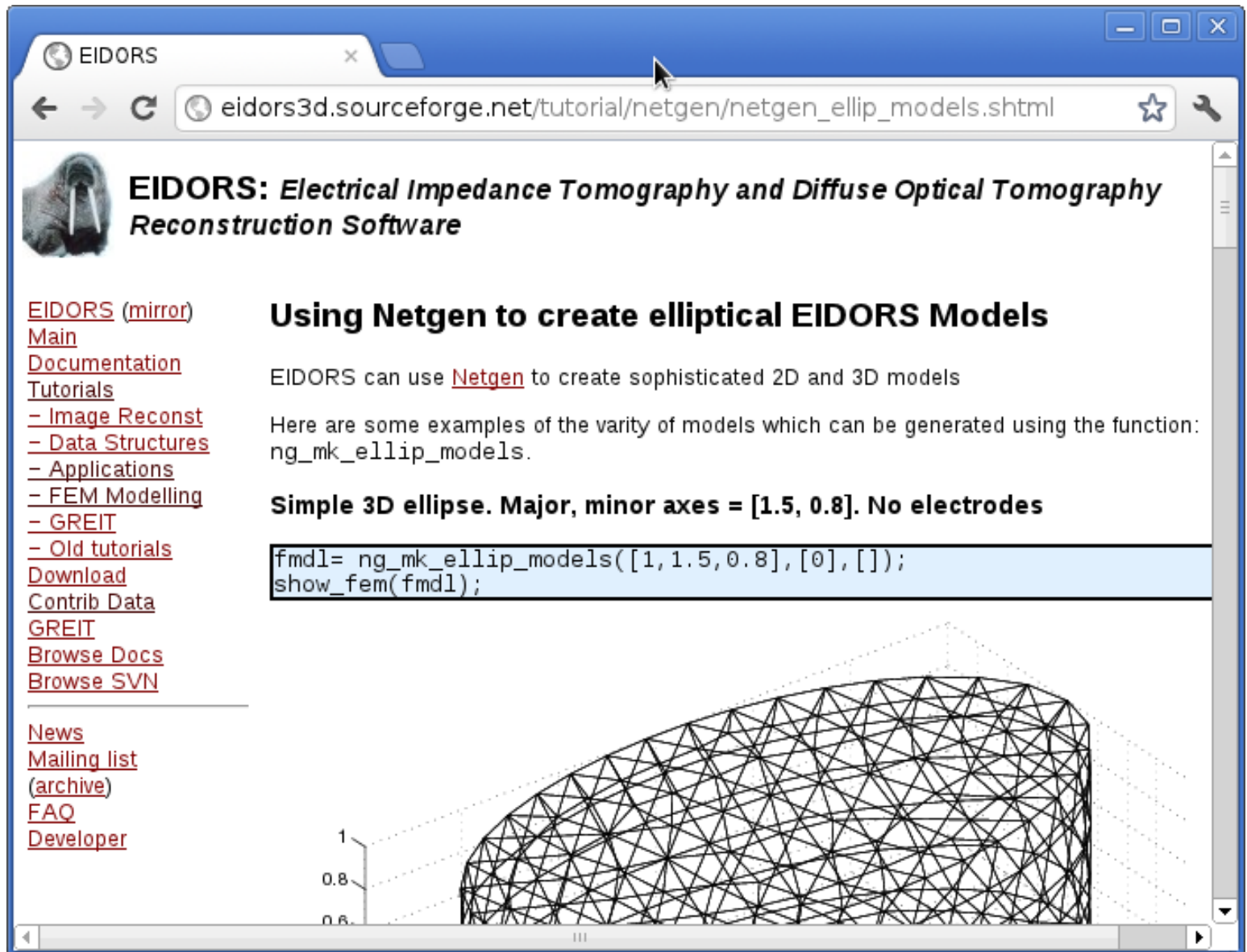
1. Download the software (release or developer version):
  - *Release Version:* [EIDORS 3.5](#) (14 Jul 2011)
  - *Developer Version:* [Developer Version](#)

Walrus


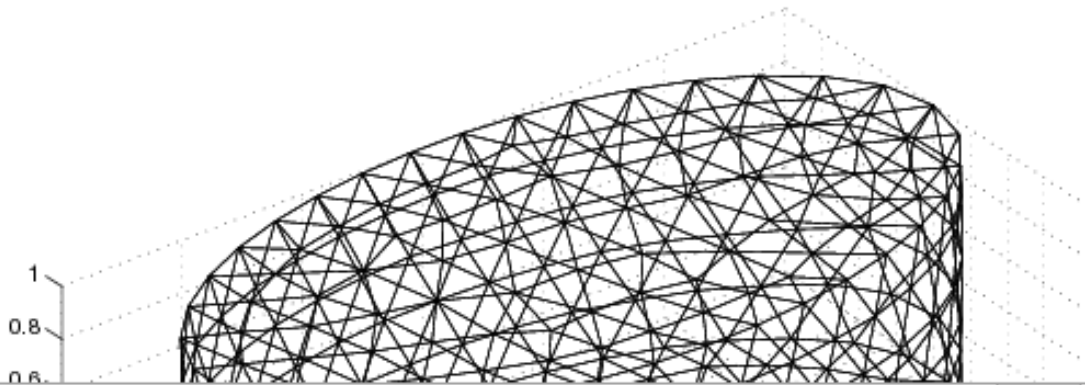
Release Version

Developer Version

# Tutorials



The screenshot shows a web browser window with the following content:

- Browser Tab:** EIDORS
- Address Bar:** eidors3d.sourceforge.net/tutorial/netgen/netgen\_ellip\_models.shtml
- Page Header:**  **EIDORS: *Electrical Impedance Tomography and Diffuse Optical Tomography Reconstruction Software***
- Left Sidebar (Navigation Links):**
  - [EIDORS \(mirror\)](#)
  - [Main](#)
  - [Documentation](#)
  - [Tutorials](#)
  - [- Image Reconst](#)
  - [- Data Structures](#)
  - [- Applications](#)
  - [- FEM Modelling](#)
  - [- GREIT](#)
  - [- Old tutorials](#)
  - [Download](#)
  - [Contrib Data](#)
  - [GREIT](#)
  - [Browse Docs](#)
  - [Browse SVN](#)
- Main Content:**
  - ## Using Netgen to create elliptical EIDORS Models
  - EIDORS can use [Netgen](#) to create sophisticated 2D and 3D models
  - Here are some examples of the variety of models which can be generated using the function: `ng_mk_ellip_models`.
  - ### Simple 3D ellipse. Major, minor axes = [1.5, 0.8]. No electrodes
  - ```
fmdl= ng_mk_ellip_models([1, 1.5, 0.8], [0], []);  
show_fem(fmdl);
```
  - 

# Contributed Data

EIDORS

eidors3d.sourceforge.net/data\_contrib/if-neonate-spontaneous/index.:☆

## Contributed EIT Data:

**Authors:** S. Heinrich, H. Schiffmann, A. Frerichs, A. Klockgether-Radke, I. Frerichs

**Date:** 2006

**Brief Description:** 10-day old spontaneously breathing neonate lying in the prone position with the head turned to left. Data were published in S. Heinrich, H. Schiffmann, A. Frerichs, A. Klockgether-Radke, I. Frerichs, [Body and head position effects on regional lung ventilation in infants: an electrical impedance tomography study](#). Intensive Care Med., 32:1392-1398, 2006.

**License:** Creative Commons Artistic License (with Attribution)


**Attribution Requirement:** Use or presentation of these data must acknowledge Inéz Frerichs, and reference this publication: S. Heinrich, H. Schiffmann, A. Frerichs, A. Klockgether-Radke, I. Frerichs, [Body and head position effects on regional lung ventilation in infants: an electrical impedance tomography study](#). Intensive Care Med., 32:1392-1398, 2006.

**Format:** EIT data were acquired with the Göttingen Goe-MF II device, 220 frames, 13 frames/s. Data are in .GET file format.

**Methods:** Neonate in prone position, with electrode #1 at the front of the chest, electrode #5 on the left side of the chest, electrode #9 on the back and electrode #13 on the right side of the chest

**Data:** [Data \(zip format\)](#)

**Image of Experimental Configuration:**



# Thank you



Source: <http://scm-l3.technorati.com/11/12/28/59203/Ottawa-Rideau-Canal-courtesy-city-of-ottawa.jpg>



# Imaging with Impedance: Can We Guide Lung Ventilation? Lecture

Abstract: Electrical Impedance Tomography (EIT) uses a set of electrodes placed around the patient's body to apply current simulation and measure the resulting potentials, from which an image of the internal conductivity distribution is calculated. EIT was invented 100 years ago by the brother's Schlumberger to prospect for conductive minerals. Since EIT is sensitive to physiological phenomena which affect the conductivity, it has been used to image the brain (to view perfusion changes due to epilepsy and stroke), the breast (to screen for cancerous regions), the abdomen (for gastric emptying) and thorax (to image the movement of blood and gas in the heart and lungs).

Patients in respiratory failure require positive pressure ventilation to ensure adequate gas exchange. While ventilation is life-saving, it imposes significant risks. To address these risks, lung EIT has the potential to be a monitoring tool to help guide and optimize lung protective ventilation individually for each patient.

EIT image reconstruction is difficult because of the way current propagates through all paths in the body; EIT image reconstruction is non-linear, spatially variant, and mathematically ill-conditioned. To solve these problems, regularized image reconstruction techniques are used, which use prior models to penalise low probability solutions. Recently, the increase in computer power has facilitated much more powerful algorithms.

This talk will review recent work in EIT image reconstruction, and its application for lung imaging.