
Mastoid surface area and volume determined by semi-automatic imaging analysis of HR-CT-scanning.

Clinical implications for otosurgery

Michael Gaihede¹, Olivier Cros^{1,2,3}, Magnus Borga^{2,3}, Örjan Smedby^{3,4}

Department of Otolaryngology, Head and Neck Surgery, Aalborg Hospital, Aarhus University Hospital, Denmark

Department of Biomedical Engineering, Linköping University Hospital

Center for Medical Image Science and Visualization, Linköping University Hospital

Department of Radiology (IMH), Linköping University Hospital, Sweden



Linköping University

AALBORG HOSPITAL
Aarhus University Hospital



1. Introduction

- Normal mastoid – highly pneumatised
- Diseased mastoid – decreased pneumatisation related to chronic OM
- The high area-to-volume ratio facilitates gas-exchange and must be related to pressure regulation
- Thus, not only volume, but area and volume are important factors to evaluate



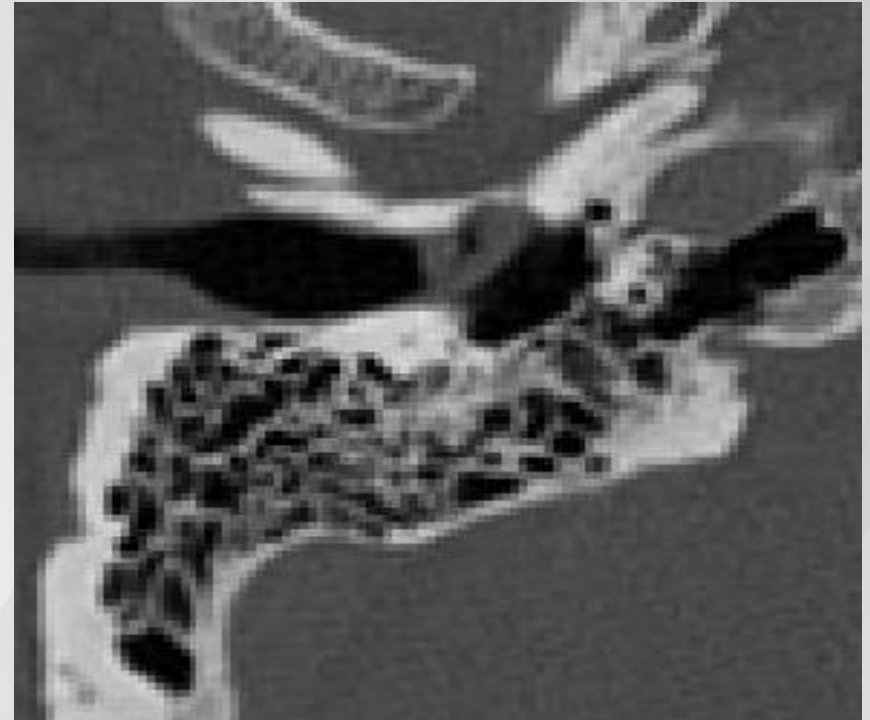
2. Purpose

- To develop semi-automatic methods for determining the mastoid surface area and volume in normal ears



3. Materials & Methods

- Clinical HR-CT of the temporal bone in DICOM format
- voxel size: $0.625 * 0.625 * 0.625$ mm
- Segmentation – binary thresholding
- Stereology – point-counting methods
- Cavalieri's principle



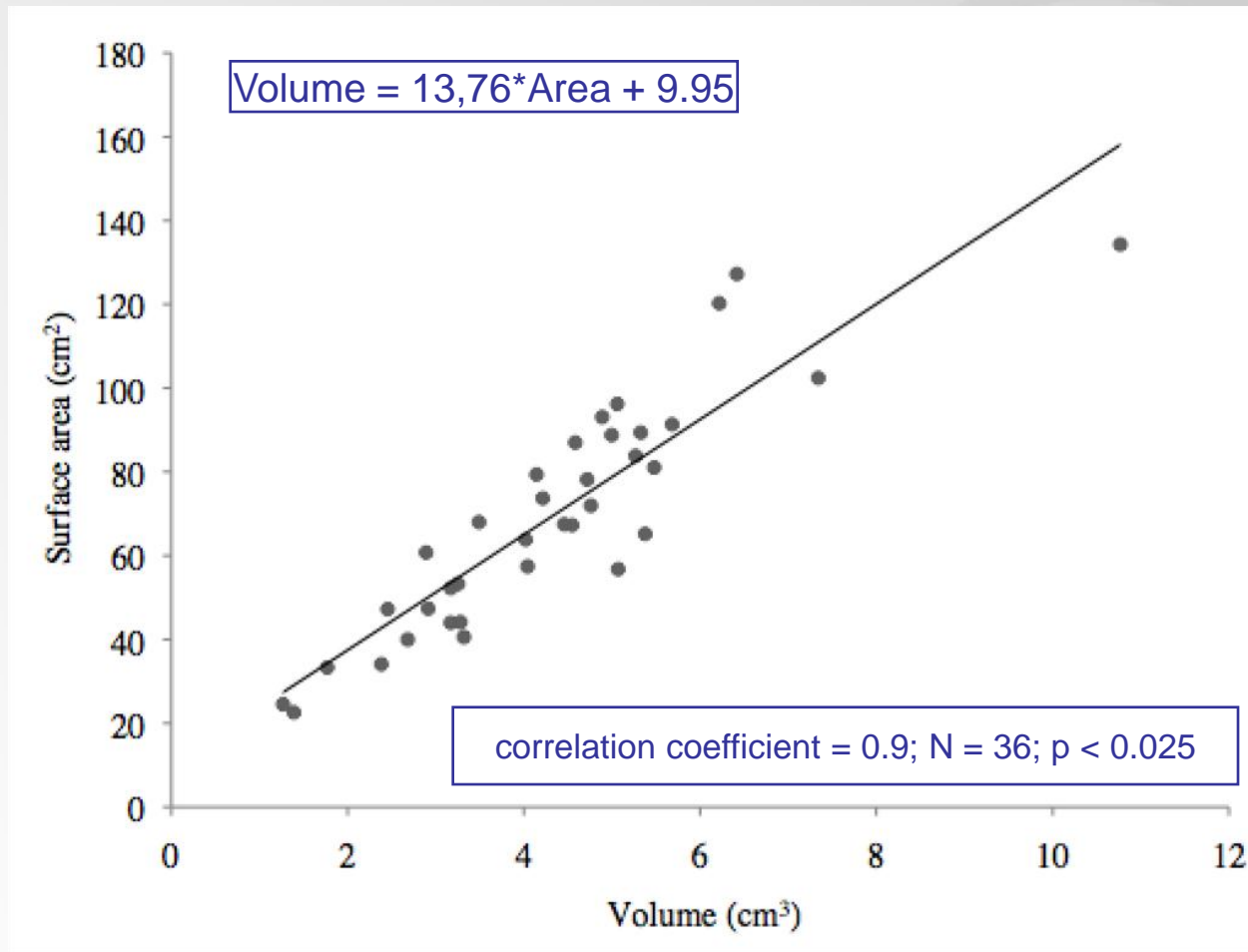
4.1 Results - Basic

- **Volume = 4.3 cm³**
Range = 1.3 to 10.8 cm³
- **Area = 69 cm²**
Range 23 to 142 cm²
- **A/V-ratio = 16.3 cm⁻¹**

- 36 scans in 24 subjects
- 17 right/19 left
- 9 female/15 male



4.2 Results - Correlation



4.3 Results - Comparison

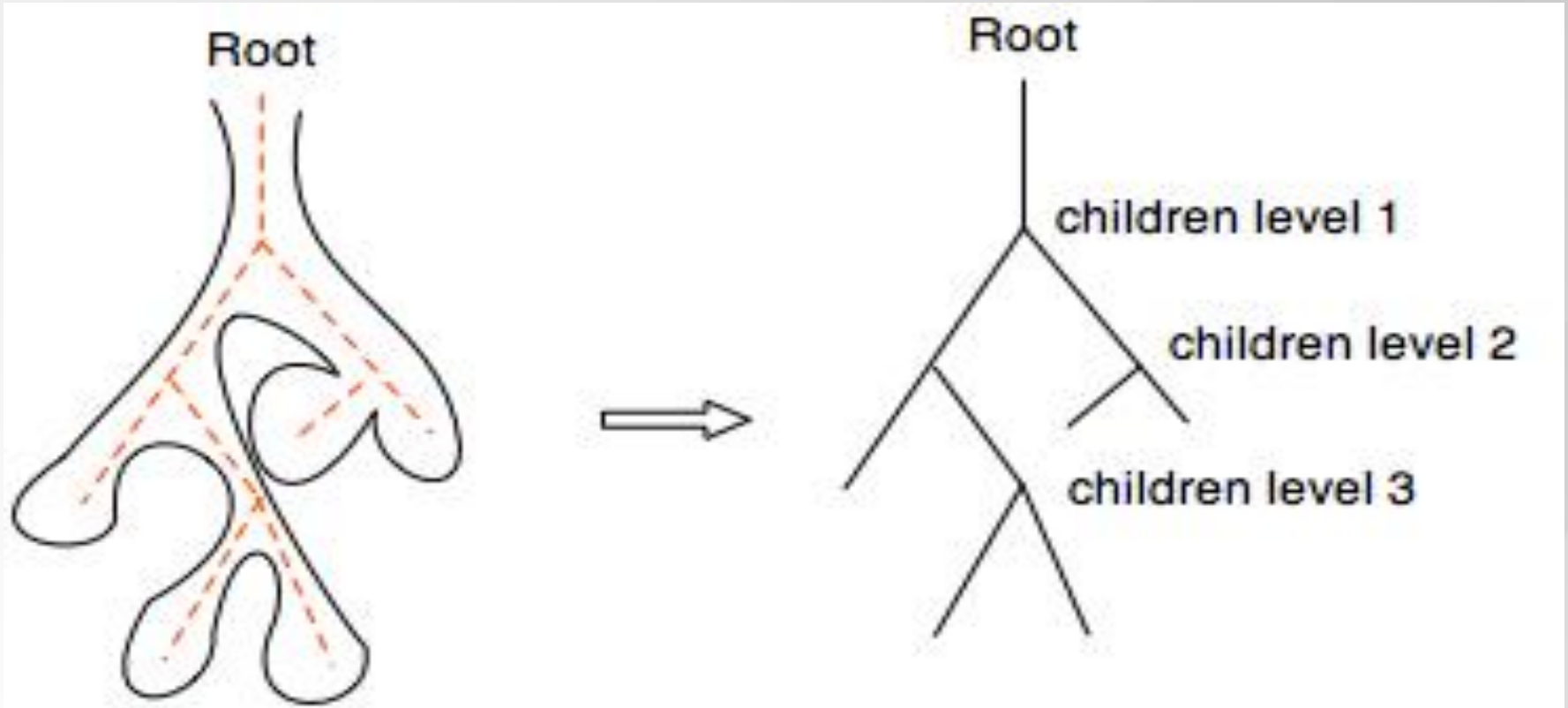
	Surface Area (cm ²)	Range (cm ²)	Volume (cm ³)	Range (cm ³)	Area/Volume (cm ⁻¹)
Isono (2000)	N/A	N/A	6	2 - 18	N/A
Park (2000)	167	74,8 - 330	10,43	6,25 - 10,52	16
Luntz (2001)	N/A	N/A	6,61	1,3 - 12,7	N/A
Current study	69	23 - 142	4,43	1,3 - 10,8	16,3

5. Discussion

- The current results agree with previous studies
- The current method is much faster – 10 min's – compared with previous studies
- The investigation needs to include cases with chronic OM for further research

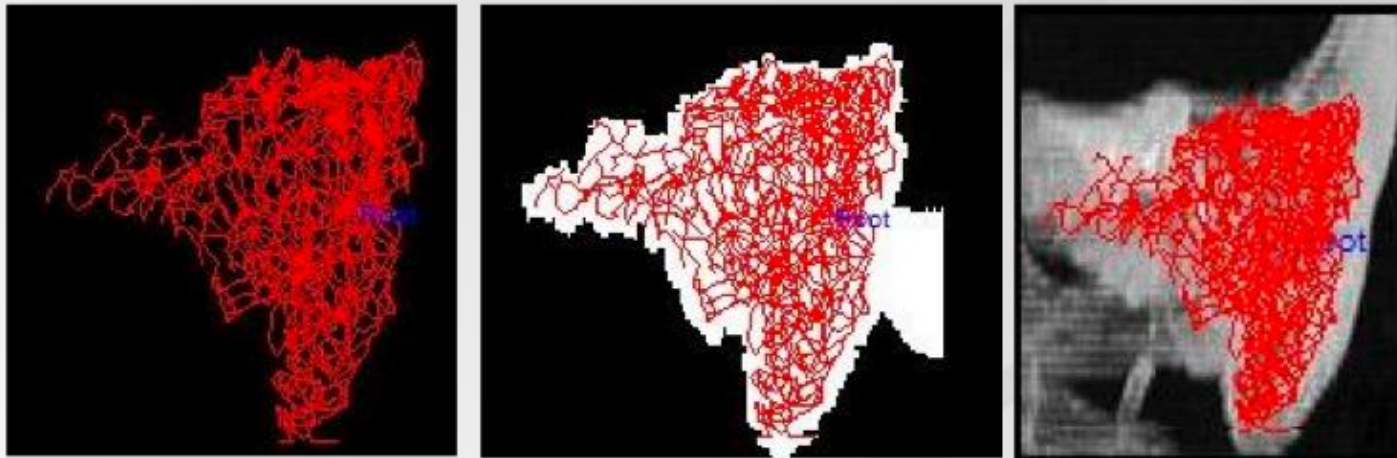


6.1 Future – complex structure



Hypothesis – Mastoid formed by dichotomous divisions

6.2 Future – complex structure



Functional versus anatomical properties of the mastoid:

- Fibrosis, mucosal adhesions may occlude parts to the mastoid cells
- Defining a tree structure of **connected cells** will enable to determine the "active" or "functional" part of the mastoid and its properties
- This should improve correlations to clinical measures

Mastoid tree structure

