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INCOMPLETE HIPPOCAMPAL INVERSION AND HIPPOCAMPAL SUBFIELD VOLUMES: IMPLEMENTATION AND INTER-RELIABILITY OF AUTOMATIC SEGMENTATION

Fragueiro, Agustina1; Commiteri, Giorgia1; Cury, Claire1

1. Univ Rennes, CNRS, Inria, Inserm, IRISRA UMR 6074, Empenn - ERL U 1228, F-35000 Rennes, France.
2. Department of Neuroscience, Imaging and Clinical Sciences, University G. d’Annunzio of Chieti-Pescara, Italy.

ABSTRACT

The incomplete hippocampal inversion (IHI) is an atypical anatomical pattern of the hippocampus. However, the hippocampus is not a homogeneous structure, as it consists of segregated subfields with specific characteristics. While IHI is not related to whole hippocampal volume, higher IHI scores have been associated to smaller CA1 in aging. Although the segmentation of hippocampal subfields is challenging due to their small size, there are algorithms allowing their automatic segmentation. By using a Human Connectome Project dataset of healthy young adults, we first tested the inter-reliability of two methods for automatic segmentation of hippocampal subfields, and secondly, we explored the relationship between IHI and subfield volumes. Results evidenced strong correlations between volumes obtained thorough both segmentation methods. Furthermore, higher IHI scores were associated to bigger subiculum and smaller CA1 volumes. Here, we provide new insights regarding IHI subfields volumetry, and we offer support for automatic segmentation inter-method reliability.

Index Terms — Hippocampus, incomplete hippocampal inversion, subfields volumetry, automatic segmentation, CA1

1. INTRODUCTION

The incomplete hippocampal inversion (IHI) is an atypical anatomical pattern of the hippocampus. Specifically, it is a developmental anomaly characterized by the incomplete infolding of the hippocampal subfields, which gives the hippocampus a more round or pyramidal shape [1]. IHI is characterized by medial positioning of the hippocampus and a deep collateral sulcus, and occurs predominantly in the left hippocampus [2]. Although it is considered the end of the normal phenotypic spectrum, it is more prevalent in epilepsy and it is thought to be a factor of susceptibility for hippocampal sclerosis [3]. Furthermore, it has been associated with hippocampal loss of volume in aging. Specifically, using manually segmentation of hippocampal subfields on healthy elder adults, it has been reported a relationship between IHI scores and bilateral CA1 volumes [4], a subfield that demonstrates notable loss of volume in normal aging [5]. On the contrary, whole hippocampal volume was not related to IHI scores [4].

The hippocampus consists of distinct and functionally segregated subfields with specific cell properties [6]. Currently, there are algorithms allowing the automatic segmentation of hippocampal subfields and related medial temporal lobe subregions. However, this segmentation is challenging due to their small size and lack of contrast for delineation due to magnetic resonance imaging (MRI) signal loss in medial temporal regions [7]. Automatic Segmentation of Hippocampal Subfields (ASHS) method, proposed by the University of Pennsylvania[8], requires T1w and T2w images, and has been validated in a population of healthy elderly controls and in clinical patients with prodromal and dementia Alzheimer’s Disease [9]. Another widely used automatic segmentation method is proposed by FreeSurfer [10], which offers hippocampal subfields delineation with multiple input options. Reliability of volumetric estimations has been reported for FreeSurfer’s procedure using images acquired by two different MR scanners [7], as well as using different input images (T1w, T2w, T1w and T2w)[11].

By using a dataset collected in a healthy young adult population by the Human Connectome Project (HCP)[12], we tested the inter-method (i.e. ASHS and FreeSurfer) reliability for volumetric analysis using automatic segmentation of hippocampal subfields. In a second moment, we explored the relationship between IHI scores, rated according to the criteria reported in Cury et al. (2015), and hippocampal subfields’ volumes extracted with both ASHS and FreeSurfer methods.

2. MATERIALS AND METHODS

2.1. Participants

Preprocessed 3T MRI scans belonging to a total of 390 healthy young adults (age=26-30, 217 females) have been downloaded from the Human Connectome Dataset WU-Minn [12].

2.2. MRI data

All HCP subjects were scanned on a customized Siemens 3T housed at Washington University in St. Louis using the gradients of the WU-Minn and MGH-UCLA Connectome scanners. T1w 3D MPRAGE were acquired with TR=2400 ms, TE=2.14 ms, TI=1000 ms, flip angle=8 deg, FOV=224x224, 0.7 mm isotropic voxel, bandwidth=210 Hz/px, iPAT=2, and acquisition time=7:40 (min:sec). T2w 3D T2-SPACE were acquired with TR=3200 ms, TE=565 ms, variable flip angle, FOV=224x224, 0.7 mm isotropic
voxel, bandwidth=744 Hz/px, iPAT=2, and acquisition
time=8:24(min:sec).

Preprocessing of data was done using Version 3.1-3.21
of the minimal preprocessing pipelines including spatial
artifact/distortion removal, surface generation, cross-modal
registration, and alignment to standard space, detailed in
Glasser et al. (2013) [13]. T1w and T2w in their native space
and original dimensions after rigid-body rotation to AC-PC
alignment were used for segmentation.

2.3. Hippocampal Subfields Segmentation

2.3.1. Automatic Segmentation of Hippocampal Subfields

The open-source ASHS software, developed by the Penn
Image Computing and Science Laboratory (PICSL) at the
University of Pennsylvania [8], invoke image analysis
algorithms from FSL [14] and ANTS [15]. ASHS implements
the joint label fusion (JLF) [16] and corrective learning (CL)
[17] algorithms. The steps of the ASHS segmentation
pipeline are described in Yushkevich et al. (2015).
Preprocessed T1w and T2w in AC-PC line were provided as
input for the segmentation. ASHS was run using the IKND
Magdeburg Young Adult 7T Atlas, provided by Ottovon-
Guericke-University Magdeburg. The atlas has been
developed by manual segmentation of hippocampal and
the adjacent medial temporal lobe regions [18]. The subregions
segmented with this atlas are: entorhinal cortex (ErC), area
35 and 36 of the perirhinal cortex (PrC), parahippocampal
cortex (PhC), subiculum (Sub), cornu ammonis (CA) 1, 2 and
3, dentate gyrus (DG), cysts, and tail. Volumes in mm³
for each subfield were directly provided by ASHS, and JLF-CL
corr_nogray output was used for the following analysis as
data appearance with the training set was not assumed.

2.3.2. FreeSurfer segmentation of hippocampal subfields

The tool for segmentation of hippocampal subfields and
core of the amygdala offered by FreeSurfer 7, was run using
the T1w scan from recon-all method (segmentHA_T1.sh).
Preprocessed T1w in AC-PC line were provided as input.
This tool segments the different subfields by using a Bayesian
inference approach based on image intensities and prior
knowledge of a probabilistic atlas which was generated from
in vivo manual segmentations and ultra-high-resolution ex
vivo MRI data [19]. The subfields segmented with this
method followed the head-body-tail subdivision [10] and are:
CA1 body, CA1 head, CA2/3 head, CA2/3 body, CA4 head,
CA4 body, fimbria, granule cell layer of dentate gyrus (GC-
ML-DG) head, GC-ML-DG body, hippocampus-amygda-
transition-area (HATA), tail, hippocampal fissure, molecular
layer head, molecular layer body, parasubiculum, presubiculum
head, presubiculum body, subiculum head, subiculum body.
Volumes in mm³ for each hippocampal subfield were obtained through FreeSurfer
(quantifyHAsubregions.sh).

2.4. Incomplete Hippocampal Inversion Rating

T1w images in AC-PC were linearly transformed to MNI
using flirt in FSL. Using medInria for visualization, IHI was
manually rated according to the criteria reported in Cury et
al. (2015). Specifically, criteria C1, C2, C3, and C5 were
evaluated independently. C1 assesses the roundness and
verticality of the hippocampal body. C2 assesses the
verticality and depth of the collateral sulcus relatively to the
size of the hippocampus. C3 assesses the medial positioning
of the hippocampus, and C5 considers the depth of the
collateral and the occipitotemporal sulcus with respect of the
subiculum. C4 was not rated. A total IHI score (from 0 to 8)
was calculated for each hemisphere by summing all criteria.
If the total score exceeded 3.75, the hemisphere was
classified as IHI [2].

Before starting the rating of the database, we evaluated
intra- and inter-rater agreement. For intra-rater coherence,
A.F. rated the same database of 30 subjects with a distance of
15 days. For inter-rater agreement, C.C. rated the same 30
subjects. Kappa scores were calculated for C5, and kappa
weight scores were calculated for criteria C1, C2, and C3. All
intra- and inter-rater scores were assessed independently for
each hemisphere and all of them were above 0.65.

2.5. Statistical Analysis

2.5.1. ASHS and FreeSurfer: inter-method reliability

The following analysis were conducted on 381 subjects as
segmentation failed in 7 subjects, and 2 more subjects were
excluded after visual assessment of segmentation quality. As
subfield definition differed among methods, we first
combined the subfields by summing their volumes to obtain
four common subfields (Table 1).

Table 1. Re-definition of segmented subfields to get comparable
subfield volumes for both ASHS and Freesurfer methods.

<table>
<thead>
<tr>
<th>Common subfields</th>
<th>ASHS</th>
<th>Freesurfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA1</td>
<td>CA1</td>
<td>CA1 head + body</td>
</tr>
<tr>
<td>CA2/3</td>
<td>CA2+CA3</td>
<td>CA2/3 head + body</td>
</tr>
<tr>
<td>Subiculum</td>
<td>Subiculum</td>
<td>Subiculum head +body</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Presubiculum head +body</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parasubiculum</td>
</tr>
<tr>
<td>Tail</td>
<td>Tail</td>
<td>Tail</td>
</tr>
</tbody>
</table>

Normal distribution of data was evaluated with the
Kolmogorov-Smirnov Test. As not all subfield volumes were
normally distributed, we conducted non-parametric statistics.
Spearman’s correlations between segmentation methods
(ASHS vs. Freesurfer) were conducted for all four common
subfields (CA1, CA2/3, subiculum, tail) and for whole
hippocampal volumes (CA 1, 2, 3 and 4, DG, complete
subiculum, tail). In addition, Mann-Whitney tests were
conducted for each shared subfield and for the whole

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hippocampus comparing volumes obtained through both methods.

2.5.2. IHI and hippocampal subfields’ volumes
First, we conducted Mann-Whitney tests for independent samples between IHI and no-IHI hippocampus, independently for each hemisphere, comparing volumes of the four shared subfields (CA1, CA2/3, subiculum, tail) and the whole hippocampus. Tests were conducted separately for volumes extracted with each segmentation method (i.e. ASHS, FreeSurfer).

Finally, four linear regression models were tested: 1) IHI scores for the left hemisphere were included as dependent continuous variable and subfields of the same hemisphere segmented with ASHS as independent variables (ErC, A35, A36, PhC, subiculum, CA1, CA2, CA3, DG, cysts, tail); 2) IHI scores of the right hemisphere as dependent variable and volumes corresponding to the same hemisphere extracted with ASHS as independent variables; 3) IHI scores of the left hemisphere as dependent variable and volumes corresponding to the same hemisphere obtained through FreeSurfer as independent variables (CA1_body, CA1 head, CA2/3 head, CA2/3 body, CA4 head, CA4 body, fimbria, GC-ML-DG head, GC-ML-DG body, HATA, tail, hippocampal fissure, molecular layer head, molecular layer body, parasubiculum, presubiculum head, presubiculum body, subiculum head, subiculum body); 4) IHI scores of the right hemisphere as dependent variable and volumes extracted with FreeSurfer as independent variables. Volumes were previously corrected by whole brain volume (BV) calculated on FSL using fslstats function. Gender was also included as independent variable in all models, but age was not included due to the very narrow range. The forward stepwise method was used to identify the best grouping of independent variables that account for the most variance in the outcome (R-squared). This approach enters independent variables one at a time after considering the marginal contribution of a variable controlling for other variables already in the model. The absence of multicollinearity between variables included in each model was tested though the variance inflation factor (all VIF<5.00). Finally, using the automatic linear modeling of IBM SPSS Statistics 25, the predictor importance of each independent variable was determined by computing the reduction in variance of the target attributable to each independent variable, via a sensitivity analysis [20]. The score indicates the relative importance of each variable in estimating the model, with values for all predictors on the display summing 1.

All p-values reported were Bonferroni corrected for multiple comparisons (10 correlations + 24 Mann-Whitney tests + 2 hemispheres x 11 subfields segmented with ASHS + 2 hemispheres x 19 subfields segmented with FreeSurfer = total of 94). All statistical analyses were conducted on IBM SPSS Statistics 25.

3. RESULTS

3.1. ASHS vs. FreeSurfer
Spearman’s correlations were significant for all common subfields and for the whole hippocampus (Table 2).

Mann-Whitney tests evidenced significant differences between volumes extracted through both segmentation methods (i.e. ASHS vs. FreeSurfer) for all subfields (all p<0.001) (Figure 1). Depending on the subfield, one method segmented bigger or smaller area with respect to the other (Figure 2). Furthermore, whole hippocampal volumes obtained through FreeSurfer segmentation were significantly bigger for both hemispheres (Left: U=22332, p<0.001. Right: U=17708, p<0.001).

Table 2. Spearman’s correlations between volumes obtained through ASHS and FreeSurfer segmentation methods.

<table>
<thead>
<tr>
<th>Hemisphere</th>
<th>Subfields</th>
<th>Spearman’s rho</th>
<th>p-values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left</td>
<td>CA1</td>
<td>.82</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>CA2/3</td>
<td>.63</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Subiculum</td>
<td>.79</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Tail</td>
<td>.78</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Whole hippoc</td>
<td>.91</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Right</td>
<td>CA1</td>
<td>.87</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>CA2/3</td>
<td>.67</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Subiculum</td>
<td>.80</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Tail</td>
<td>.76</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>Whole hippoc</td>
<td>.92</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Figure 1. Coronal view of the segmentations obtained with: A) ASHS, and B) FreeSurfer at the hippocampal body level. The left hippocampus was classified as IHI while the right as no IHI.
3.2. IHI and hippocampal subfields

The 23% of left hippocampi and 9% of the right hippocampi were rated as IHI. A 6% of brains were identified as bilateral IHI. The rates of IHI prevalence in the current sample are similar to those previously reported in the healthy population[2], [4].

Mann-Whitney tests evidenced that subiculum volumes extracted with a FreeSurfer were significantly higher for IHI comparing to not IHI hippocampi bilaterally (Left: U=8442, p<0.001; Right: FreeSurfer, U=3112, p<0.001) (Figure 3). CA2/3 volumes extracted with ASHS were smaller in IHI hippocampi for in the right hemisphere (U=3898.5, p=0.048). No significant differences were found for the other subfields (i.e. CA1, tail), neither for whole hippocampus volume.

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between these hippocampal features and related cognitive functions, specifically memory and spatial navigation abilities.

\[ \text{CA1} \text{ body} \quad \text{Subiculum body} \]

\[ \text{FIGURE 4. Scatterplot of CA1 and subiculum volumes at the level of the hippocampal body, extracted with FreeSurfer, in relationship to IHI scores for A) left and B) right hemispheres.} \]

5. COMPLIANCE WITH ETHICAL STANDARDS

This study was conducted retrospectively using human subject data made available in open access by the Human Connectome Dataset WU-Minn [12]. Ethical approval was not required as confirmed by the license attached with the open access data.

6. ACKNOWLEDGMENTS

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7. REFERENCES


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