

### Incomplete Hippocampal Inversion and hippocampal subfield volumes: Implementation and inter-reliability of automatic segmentation

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The incomplete hippocampal inversion (IHI) is an atypical anatomical pattern [1], that is more prevalent in epilepsy and it is a factor of susceptibility for hippocampal sclerosis [2]. However, the hippocampus consists of distinct and functionally segregated subfields. Although their segmentation is challenging due to the small size and lack of contrast, there are algorithms allowing their automatic segmentation.

Aims

→ Testing the inter-method (i.e. ASHS and FreeSurfer) reliability for volumetric analysis using automatic segmentation of hippocampal subfields.

**M I R I S A** 

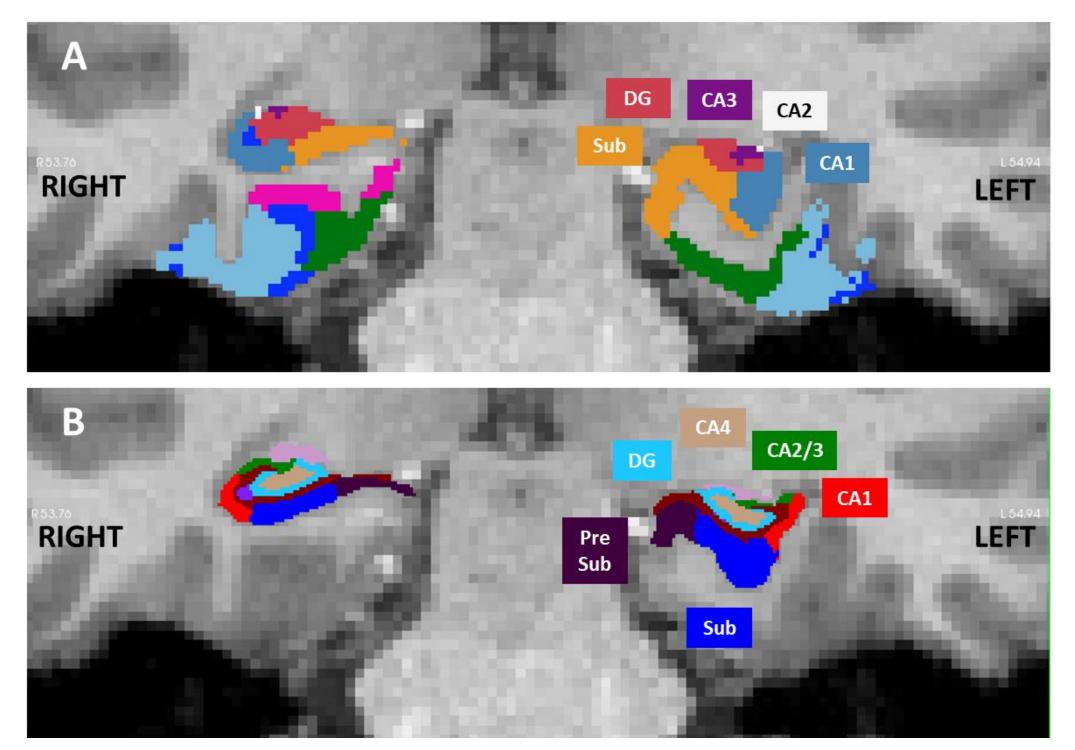
→ Exploring the relationship between IHI scores and hippocampal subfields' volumes extracted with both ASHS and FreeSurfer methods.

# METHOD AND MATERIALS

**Participants.** Preprocessed **3T T1w-MRI** scans belonging to a total of **390 healthy young adults** (age=26-30, 217 F) have been downloaded from the Human Connectome Dataset WU-Minn [3].

Hippocampal Subfields Segmentation		Incomplete Hippocampal Inversion Rating			
Automatic	<b>FreeSurfer</b> segmentation of hippocampal subfields [5]	According to the criteria reported by Cury et al. 2015 [6]			
Segmentation of Hippocampal		<b>C1</b> roundness and verticality of the hippocampal body	C2 verticality and depth of the collateral sulcus	<b>C3</b> medial positioning of the hippocampus	C5 depth of the collateral and occipito- temporal sulcus

As subfields definition differed among methods, we first combined the subfields by summing their volumes to obtain four common subfields: CA1, CA2/3, subiculum (including presubiculum and parasubiculum), tail.



ISBI 2023

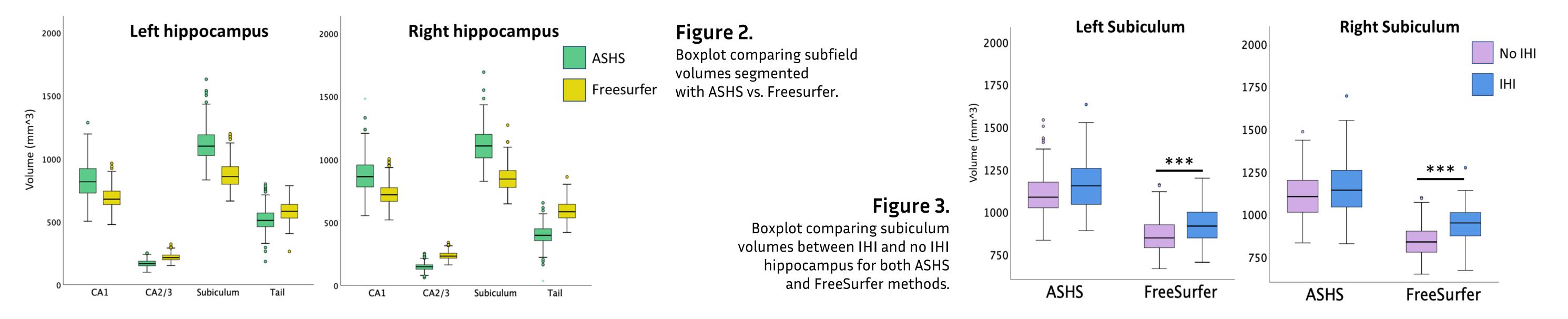
**Figure 1.** Coronal view of segmentations obtained with: A) ASHS, and B) FreeSurfer at the hippocampal body level. The left hippocampus was classified as IHI while the right as no IHI.

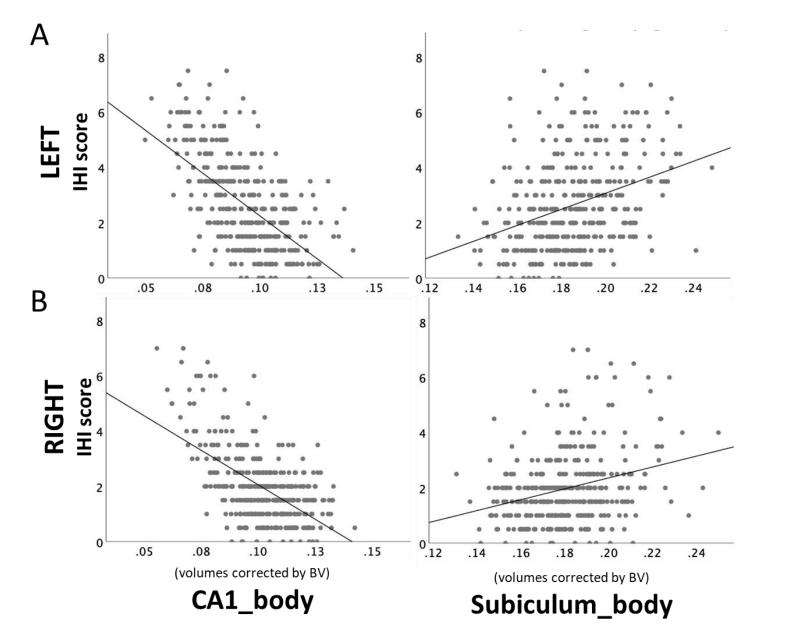


Correlations between volumes obtained through both segmentation methods were significant for

 Subiculum volumes were higher for IHI comparing to not IHI hippocampi bilaterally (Left: U=8442, p<0.001; Right: U=3112, p<0.001).</li>

- all common subfields and whole hippocampus (all p<0.001).
- Significant differences between volumes extracted with ASHS vs FreeSurfer (all p<0.001).





Two regression models including IHI scores as dependent variable and subfield volumes as independent variables:				
Volumes extracted with ASHS:	Volumes extracted with FreeSurfer:			
<ul> <li>Model significant bilaterally (Left: R<sup>2</sup>=0.23, p=0.005; Right: R<sup>2</sup>=0.168, p=0.025).</li> </ul>	<ul> <li>Model significant bilaterally (Left: R<sup>2</sup>=0.537, p=0.014; Right: R<sup>2</sup>=0.508, p=0.027).</li> </ul>			
	• Smaller CA1 (Left: β= -0.477, p<0.001; Right: β= -0.435, p<0.001) and			

**Figure 4.** Scatterplot of CA1 and subiculum volumes at the level of the hippocampal body, extracted with FreeSurfer, in relationship to IHI scores for left (A) and right (B) hemispheres.

Smaller CA2 (Left: β= -0.398, p<0.001; Right: β= -0.26, p<0.001) and CA1 (Left: β= -0.174, p=0.094; Right: β= -0.254, p<0.001) volumes were associated to IHI severity.

bigger subiculum (Left: β=0.441, p<0.001; Right: β=0.398, p<0.001) volumes, both of them exclusively at the level of the hippocampal body, were associated to higher IHI scores.

Although volumes extracted from common subfields differed among methods due to the different atlas used, they highly correlated between methods. Higher IHI scores were associated to bigger subiculum and smaller CA volumes.

## References

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