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研究課題名(和文)整形外科手術前計画に役立つ紙ベースのラピッドプロトタイピングシステムの開発

研究課題名(英文)Development of a Paper-based Rapid Prototyping System for Orthopedic Presurgical Planning

### 研究代表者

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研究成果の概要(和文):3次元ラピッドプロトタイピングシステム(RPS)は、革命を起こす技術として脚光を浴びている。しかし、RPSは3次元の生成の際、長い時間を要し、コストも高いという欠点も有す。これらの欠点を除くため、紙ベースの実物コピーモデルを作るために二次元に展開した型紙のパターンを作るという新しいP-RPSの開発を実施している [科学研究費基盤 (C) No.26420211:リバースエンジニアリング技術を援用した型紙生成アルゴリズムの研究]。これに対し、本研究の目的は、現行のP-RPS で外科手術計画の適用可能領域を広げるための技術開発である。

研究成果の学術的意義や社会的意義本研究では、P-RPSを整形外科手術前の計画に拡張した。1) X線画像から3次元データを開発し、2) 折り紙ロボットを開発して、紙モデルを自動的かつ迅速に作成した。骨の3D再構成の精度を向上させるために、ポリゴンメッシュの代わりに陰関数を使用。ファジィ数量化理論を組み込んだホログラフィックニューラルネットワーク(FOHNN)により、人間の操作に基づいて折り紙ロボットに折り方を教える。当初の計画どおり、プロトタイプは作成され、病院環境とは異なる材料でシミュレーションは動作できるようになった。このプロトタイプが、実際に臨床環境に導入される事が本研究の主な目的である。

研究成果の概要(英文): 3D rapid prototyping systems (RPS) has emerged as a revolutionary technique that overcomes the limitations of 2D flat screens for visualizing 3D imaging data by producing graspable 3D objects which can be applied for medical applications. However, the major limitation of RPS is the time and cost spent in generation of 3D objects. So, we developed a new origami-pattern generation algorithm to produce low-cost paper-based copies of physical objects[KAKENHI C -No. 26420211]. The main objective of this research was to extend previous algorithm to the planning of orthopedic surgery. The research solved 1) the generation of 3D digital models from X-ray images and 2) the development of a paper-folding robot to speedup the creation of paper-models.

研究分野: 画像工学

キーワード: 折り紙工学 機械学習 医療ロボット ホログラフィックニューラルネットワーク ファジィ数量化理

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## 1. 研究開始当初の背景

3D printing or rapid prototyping (RP) has emerged as a revolutionary technique that overcomes the limitations produced by the use of flat screens and 2D drawings for the visualization of three-dimensional imaging data by producing graspable three-dimensional objects which can be applied for surgical planning, training, prosthetics and related applications [Rengier et al. "3D printing based on imaging data: review of medical applications", Int. J CARS (2010) 5:335-341. However, the major limitation of RP systems (RPS) lies within time and high cost spent in generation of 3D objects. At present, a widespread use of RPS for surgical planning or individual implant design does not seem to be justified because standard planning procedures or standard implants are sufficient. However, in complicated cases, additional costs of RP may be compensated by reduced operating times and higher success rate of the surgical procedure. The time needed for producing a 3D object also limits its use in surgery to elective cases and makes it unsuitable for emergency cases. In order to overcome above limitations we developed a new Paper-based RPS (P-RPS) that incorporates a new origami-pattern generation algorithm to produce paper-based copies of physical objects [Grant in Aids for Scientific Research (C) No. 26420211:リバースエンジニアリング技術を援用した型紙生成アルゴリズムの研究].

#### 2. 研究の目的

The main objective of this research was to extend the use of the previously developed P-RPS to the hospital/medical environment, fundamentally in the planning of orthopedic surgery. To develop the system, two fundamental problems had to be solved: The first was to obtain the 3D geometry of a patient-specific bone from two X-ray projections (in the following called X-ray images). Once the 3D model of the bones is obtained in the computer, it can be used as input to the P-RPS to obtain a 2D origami pattern and the 3D patient's bone can be reproduced by cutting, folding and/or gluing throughout the folding lines of the 2D origami pattern. The second problem is that the time used in manual operations (e.g., cutting, folding and gluing) is twice as long as the time used in traditional 3D printers. Hence, to solve this second problem, we focused on developing a machine or robot to speed up the process.

### 3. 研究の方法

The research focused on 2 fundamental topics, according to above problems:

Topic 1 - Generation of 3D geometry of a patient-specific bone from two X-ray images: Despite the increasing availability of 3D image acquisition methods like computed tomography (CT) or magnetic resonance imaging (MRI), traditional 2D X-ray images are widely used in the clinic for diagnosis or treatment planning in orthopedics. The 3D geometry of a patient-specific bone can be reconstructed starting with a 3D template bone shape included in a database [http://lifesciencedb.jp/bp3d/] and traditional 2D X-ray images of the patient by using the following steps: 1) Generating 2D simulated bone projections (in the following called simulated images) from the 3D template, 2) Extracting the silhouette boundaries of the bones in the simulated and X-Ray images and 3) Deforming the 3D template until the silhouette boundaries of the bone in the simulated images matches the silhouette boundaries shown in the X-ray images. In the first step XVIS toolbox [available https://github.com/domingomery/Xvis] gVirtualXray and lavailable https://sf.net/projects/gvirtualxray/] ware used to generate the 2D simulated projections from the 3D templates, gVirtualXray offered better results. Implicit functions are also proposed to represent the 3D templates. We tested the proposed method with the bones of the database (lifesciencedb.jp/bp3d/) and evaluate the results from the comparison with the existing methods based on polygonal meshes [http://orthocad.iitb.ac.in/xrayto3d/] using images from a patient in the CIMEQ hospital in Cuba...

Topic 2 - Development of a paper-folding robot/machine: For paper-folding robots, it is still extremely difficult to execute the required manipulations mainly because of the difficulties in modeling and control of the paper. So, current researchers try to transfer the skills from human to robot by direct teaching and task sharing. We developed algorithms for extracting information from videos [KEER2016, JSST2016-1] for use in machine learning and simulation [JSST2016-2]. As it was not clear in the videos, which are the most important parameters to teach the robot how to fold the paper, we tried to discover it by using convolutional neural networks (CNN). CNNs were compared with our proposed

HNNs and the preliminary results were presented at several national conferences [JSME-CMD2016-1, JSME-CMD2016-2. Since the number of steps and manipulations that must be learned to teach the robot is very high we proposed a new method to generate digital 3D models and crease patterns to create 3D paper models automatically by the robot without learning. The new method creates a pattern from a 3D object that can be represented by a surface in revolution (SR). We developed two machines based on LEGO NXT Technology that allow folding and gluing the paper automatically [ASME2016]. The machines include a new control algorithm based on HNN that reduces the error of the machines and speed-up the creation of the paper models [DD2016, JSST2016, JSIAM2016]. The method was improved and presented at national [DD2017, JSST2017] and international conferences [ASME2017, ICMMA2017], mass media [NHK教育テレビ「オリガミの魔女と博士の四角 テレビ東京-Newsモーニングサテライト-い時間-http://www4.nhk.or.jp/origami/, proceedings http://www.tv-tokyo.co.jp/nms/] published and in [https://doi.org/10.1115/DETC2017-67821]. However, as SR cannot represent the bones accurately the method was extended to create patterns of 3D objects that fulfill the condition that their axial projections in 2d are star-based polygons [MIMS2018, JSIAM2018, JSME-CMD2018, 7OSME]. A modification of the pattern design methodology based on the opening of the tree structure of traditional origami patterns was developed to obtain a more accurate representation of the surface of the bones (for example, the epiphysis of the proximal and distal femur).

In order to generalize the proposed system within the hospital environment, the development of the prototype was initially planned to work with paper models. However, the research period was extended to use other materials from the hospital environment such as resins and plastics. The developed machines allow the paper and other materials to be accordion folded, however sometimes it gets stuck and it is necessary to supervise its operation. A robotic arm was used to supervise the operation of the machines and reproduce the steps developed by a human to rectify the folds. Models identical to the original robot and origami patterns were created in the simulation environment. The origami patterns were modeled as robots (rigid bodies) whose links are the faces of the pattern and the joints are its valleys and mountains. Proposed pattern design methodology was also used to model and introduce the pattern into the simulation environment from a tree structure (without closed cycles) that simplifies and facilitates the simulation [ASME2019]. The characteristics of the material were selected within the simulation environment by changing the values of mass, inertia and friction coefficients according to the used simulation engine (i.e. Newton, Vortex, ODE, Bullet). Marks were introduced in the patterns used by humans to teach the robot, allowing the tracking and generation of the trajectories of each of the faces of the pattern during human manipulations [JSME2019, JSST2019]. The positions of the marks were used to control the pattern model in the simulation environment and create a database with user demonstrations for robot learning. Open source codes were used (OpenPose and Artoolkit) to track hands and paper; and V-rep was selected as the robotic platform for the modeling, simulation and folding of paper by the robots.

### 4. 研究成果

Figure 1 shows one example of the 3D geometry of a patient-specific bone generated from an X-ray image. According to CIMEQ specialists, the following two problems had to be solved: Firstly we had to quit the step in Figure 1a) to draw the contour, because it depends on the wrist pressure and that generates errors. Secondly, the initial version of the developed program was not faithful because it obviates some details that are important for guidance at the time of surgery for example the epiphysis in the tibia rod (Figure 1b). In Figure 1c, the printed 3D models were compared with paper models obtained by our previous algorithm in [https://doi.org/10.15748/jasse.3.58]. The preliminary results were presented in two conferences [7, 15]. For the introduction of the system in the clinic it was necessary to develop a prototype of software that allows to create 3D models from X-ray images in an optimal way, by means of the selection of an ROI in each image avoiding drawing the outline of the bones that depends on the pressure of the wrist and generates errors. Figure 2 shows the flowchart of the proposed system for paper folding. Starting from a profile of the bone in Figure 2a, the pattern in Figure 2b is generated by the newly proposed SR-approach [2]. The two machines in Figure 2c are able to fold and glue the pattern in Figure 2b to obtain the 3D paper model in Figure 2d. Figure 3 shows a demonstration of a simple fold performed by a user and the reproduction performed by a robotic arm in VREP simulation environment. The trajectories of the demonstrations are stored in a database that includes operations of valley folding (Va), translation-rotation (Tr), Unfolding (Un), Turning (Tu) the paper among others.

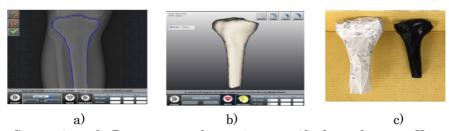


Figure 1. Generation of 3D geometry of a patient-specific bone from an X-ray image: a) Manual extraction of the silhouette of a bone b) 3D bone model generated by Xray23d (http://orthocad.iitb.ac.in/xrayto3d) c) Result of proposed P-RPS [1](left) and 3D printer from Cubify.com (right).

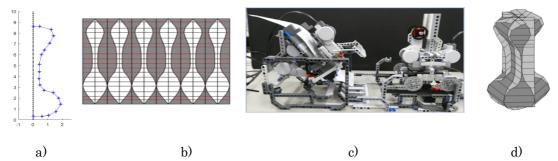


Figure 2. Proposed system for paper folding: a) Profile shape, b) examples of origami patterns generated by newly proposed SR-approach [2] c) "Norigami" machines [2]. d) 3D paper model

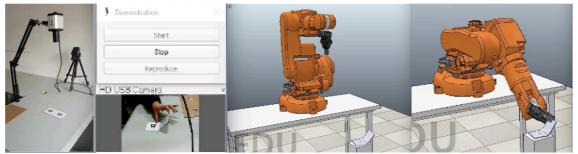


Figure 3. Human demonstration and robot execution of the demonstrated folding in VREP.

There are 3 main research results from the simulations: 1) the development of a system that allows teaching any robot to fold paper in a virtual environment based on the demonstrations made by an expert in a real world. Human demonstrations of origami performing (any pattern with 8 marks) are reproduced by a virtual robotic platform. 2) A dataset of "basic folding" demonstrated by human experts was created and it can be automatically improved by simple origami performing in front of a video camera. 3) Previously developed Fuzzy Quantized Holographic Neural Network - FQHNN was extended to classify folding sequences in real time and to extract robot-learning policies. FQHNN achieved better results than Long-Short-Time-Memory (LSTM)-type deep neural networks for real time sequence classification. The results were presented at 4 conferences: 2 national (JSST2019, JSME2019) and 2 international (IoTAI2019, and ASME2019).

Although the real robot prototype has been built as initially planned, it was only simulated to work with different materials from the hospital environment. The tests in the real environment were planned for the months of January-March 2020 but for different reasons these have not yet been completed. Introducing the prototype in the clinical environment continues to be the main objective of the research. For this, the accuracy of 3D models must continue to be improved by using Meta-heuristics such as those used to obtain 3D models from photographs of 4 orthogonal planes around the object [https://doi.org/10.1007/978-3-030-34409-2\_3] and finish testing the robot with other materials in the hospital environment.

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〔図書〕 計0件

〔産業財産権〕

〔その他〕

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