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Pathology-guided ai system for accurate segmentation and diagnosis of degenerative cervical myelopathy

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Background: Accurate diagnosis of DCM is essential but challenging, as manual interpretation of cervical spine MRI is labor-intensive, time-consuming, and prone to error. While effective in specific tasks like anatomical segmentation or limited diagnostic evaluations, current deep learning models lack the comprehensive functionality necessary for clinical applications.

Methods: Using a dataset of 960 T2-weighted cervical MRI images from patients diagnosed with cervical disc herniation, our system employs a novel deep learning model, PG-nnUNet, to enhance the accuracy and interpretability of both segmentation and diagnosis. For diagnostic evaluation, our system extracts clinically relevant indicators from the segmentation results, including the C2-C7 Cobb angle, Maximum Spinal Cord Compression (MSCC) coefficient, K-line assessment ($\pm$), herniation localization, and T2 hyperintensity detection. For T2 hyperintensity detection, commonly indicative of spinal cord pathology, we introduced a novel indicator, the Relative Signal Change Index (RSCI).

Results: PG-nnUNet achieved state-of-the-art segmentation performance across all targeted anatomical structures, with Dice coefficients exceeding 0.94 for vertebral bodies and spinal cord, and 0.83 for cerebrospinal fluid, underscoring its high accuracy and suitability for clinical use. The model outperformed other leading deep learning architectures, including CNN-based and Transformer-based models, particularly in challenging tasks like segmenting small, complex pathological areas. Diagnostic precision was also notably high and showed excellent concordance with expert measurements.

Discussion: We present an AI-assisted, expert-guided system that advances both the automation and accuracy of cervical spondylosis diagnosis.

Figure 1: Graphic Abstract

Fig. 1

