

First Deployment of Diminished Reality for Anatomy Education

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ABSTRACT

Understanding the anatomy of the human body is vital for everyone working in the medical domain. Augmented reality (AR) systems for anatomy teaching, which display virtual information directly on top of a users' body, have proven to facilitate mental mapping compared to traditional teaching paradigms. In this paper, we explore the potential of diminished reality (DR) in the context of anatomy education. As a first necessary step to achieving a DR anatomy education system, parts of the human body have to be extracted and diminished from the video stream. Our system diminishes either the arm or head of the user by projecting a background image recovered using RGB-D cameras. Such a system, if combined with an accurate overlay of virtual counterparts, could potentially improve the learning effect by attracting the users' attention to the virtual information and improve visual perception by avoiding the well-known floating effect of AR.

Index Terms: Mixed Reality, Diminished Reality, Anatomy Education

1 INTRODUCTION

Classes on human anatomy have always been the basis for a sound medical education. Paradigms for teaching anatomy to students have evolved significantly over the centuries. The most widespread techniques include textbooks, three-dimensional (3D) models, cadaver studies, and more recently, web-based learning platforms, mobile apps for smartphones or tablet devices, and virtual reality environments. One key disadvantage of such techniques is that the user cannot see the information in relation to his or her own body.

Recently, augmented reality (AR) systems have been developed to overcome this limitation and improve mental mapping of anatomical information. Blum *et al.* proposed *miracle*, an AR system specifically developed for medical education, enabled by Microsoft Kinect skeleton tracking, which overlays virtual organs of the abdomen and thorax on top of a color image, alongside medical slices from different modalities registered to the users' body [2, 8]. Based on this work, Ma *et al.* proposed a personalized augmented reality system which further increases the accuracy of the AR overlay in anatomy teaching scenarios [7, 5]. Another system was developed by Juan *et al.*, who employed a head-mounted display (HMD) to overlay human anatomy onto a phantom [4]. Davis *et al.* used a similar setup for simulation purposes to overlay virtual airways [3].

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Compared to AR, diminished reality (DR) aims at modifying real-world scenes by detecting certain objects in a video stream and subsequently removing them. DR has been applied in various areas, such as layout visualization in industry [10], robot manipulation safety [9], and automobile safety [1]. To the best of our knowledge, there are no published works exploring the potential of DR for anatomy education. Our proposed system can diminish the head or the arm of the user by capturing the background and reconstructing it in real time. The purpose is to improve mental mapping and visual perception compared to a simple AR overlay.

2 MATERIALS & METHODS

The proposed system consists of two Microsoft Kinect RGB-D cameras and a large TV screen. In terms of DR, the system has to handle 3D dynamic scenes assuming a moving user and audience behind the user. To deal with this situation, we use two RGB-D cameras, one for the user perspective and tracking, C_u , and the other to capture 3D dynamic background structures, C_b .

2.1 Calibration

We first calibrate two RGB-D cameras C_u and C_b using a fiducial checkerboard. The checkerboard is captured by the two cameras simultaneously. Given known 3D points on the board and corresponding 2D points on images, transformation matrices from the board to each camera are calculated by solving Perspective-n-Point problems. Let T_u denote a 4×4 transformation matrix from the board to C_u and T_b denote the transformation matrix for C_b .

2.2 Background Reconstruction

The structure of the background scene is reconstructed in real time as a textured 3D mesh using Meerits and Saito's method [6]. This procedure takes RGB-D camera C_b depth and color image frames as input. The mesh is generated by connecting neighboring depth pixels of the depth map to form triangles.

To achieve viewpoint change, vertices $p_b \in \mathbb{R}^3$ of the generated 3D mesh are transformed to $u_u \in \mathbb{R}^2$ in the user reference frame using the transformations T_u and T_b introduced in the previous subsection and perspective projection $\pi(\cdot)$,

$$u_u = \pi(T_u T_b^{-1} \tilde{p}_b) \quad (1)$$

Finally, the textured triangle mesh is rendered with conventional computer graphics methods.

The method was chosen mainly for its speed and simplicity. A more complex reconstruction method that can fill in missing geometry is unlikely to benefit us as we only have a single color image source for the background. In other words, even if there was a more complete background geometry model we would not have the texture map to completely color it.

2.3 Background Overlay

The projected background image is masked and overlaid on the user image to diminish an arm or head of the user. Depending on selected computer-generated (CG) skeleton models, pre-defined joint

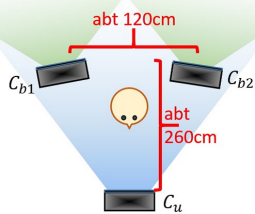


Figure 1: Setup illustration. We used two RGB-D cameras C_{b1} and C_{b2} .



Figure 2: (Top) Input, (bottom) resulting DR of arm.

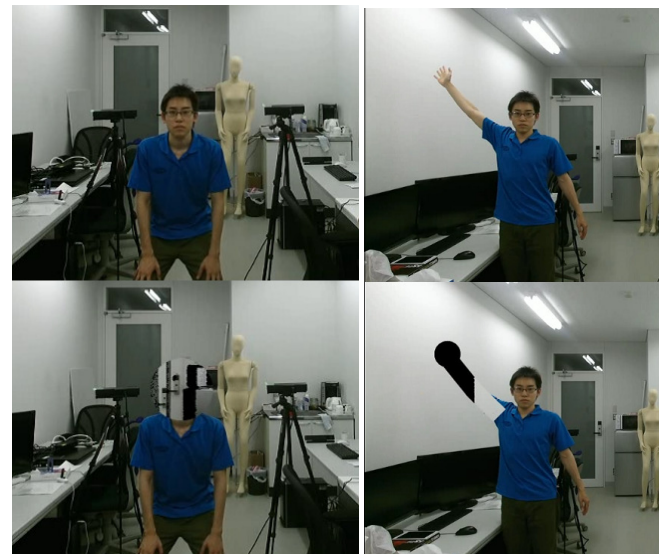


Figure 4: DR of head.

Figure 5: Example of failed DR.



Figure 3: (Top left) Full size version of the upper image in Figure 2; (top right) background reconstructed by C_{b2} , (bottom left) background reconstructed by C_{b1} , (bottom right) full size version of the lower image in Figure 2.

pairs of the user and thresholds are used to determine diminishing regions. Thresholds are radius of a circle and width of a rectangle. We mask the user's arm area by combining rectangles and circles and the head area by using a circle.

3 RESULTS & DISCUSSION

Figure 1 shows the setup of this experiment. We used two RGB-D cameras (Microsoft Kinect v2) to expand an area within which capturing background is possible. C_u and C_b should not be separated enough to overlap their fields of view. The fields of view of the two C_b s should be set to capture as wide an area as possible without overlap. Reconstructed background, input image and the DR result of an arm are shown in Figure 3. We determine which background should be overlaid only by the value of the horizontal direction. Figure 2 shows an expanded view of the input image and result in Figure 3, and Figure 4 shows the input image and the DR result for the head.

One of the limitations is the angle of view of C_b . We of course can reconstruct only backgrounds within the angle of view of C_b . We cannot mask when the user's head or arm areas deviate from the angle of view of C_b . An example of such a failure is shown in Figure 5.

In future work, virtual models of the head and arm will be overlaid on top of the diminished video stream. An evaluation has to be performed in order to test whether such a DR visualization can yield improvements in terms of anatomy learning. Both accuracy and perception are important topics in this sense: on the one hand, virtual models have to be placed accurately with regard to their real-world counterparts. On the other hand, simply overlaying such virtual models will lead to perceptual challenges. In the literature, various ways to deal with such perceptual issues of AR overlays have been described. A sound evaluation has to be performed on this end as well.

4 CONCLUSION

In this paper, we have brought diminished reality technology to the field of anatomy teaching. Our dual RGB-D camera system captures dynamic backgrounds and overlays such regions in the regular video camera stream displayed to the user of the system. Both the head and the arm of a user can be diminished, paving the way for mixed reality applications in the future, incorporating overlays of virtual information on top of the diminished video stream.

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