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Investigating human lung tissue by propagation-based phase-contrast X-ray tomography

Jakob Reichmann¹, Stijn E Verleden², Mark Kühnel^{3,4}, Jan C. Kamp^{4,5}, Christopher Werlein^{3,4}, Lavinia Neubert^{3,4}, Thanh Quynh Bui¹, Max Ackermann⁶, Danny Jonigk⁷, Tim Salditt¹

¹Institute for X-ray Physics, University of Göttingen, Germany

- ² Antwerp Surgical Training, Anatomy and Research Centre (ASTARC), University of Antwerp, Belgium
- ³ Institute of Pathology, Hannover Medical School, Germany
- ⁴ Biomedical Research in Endstage and Obstructive Lung Disease Hannover, German Center for Lung Research, Germany
- ⁵ Department of Respiratory Medicine, Hannover Medical School, Germany
- ⁶ Institute of Pathology and Department of Molecular Pathology, Helios University Clinic Wuppertal, Germany
- ⁷ Institute of Pathology, RWTH Aachen Medical Faculty, Germany



Conventional Histology vs. 3D Virtual Histology



https://en.wikipedia.org/wiki/Marcello_Malpighi



Human lung on multiple scales

- lung perfect example of how function of organ is enabled by 3D structure, here formed by intricate and intertwined networks of ventilation and vasculature
- **3D structure** of lung cytoarchitecture key to **physiology and pathophysiology**, i.e. on cellular and histological level
- multiscale approach: from whole organ to subcellular features





Imaging the Human Lung



Eckermann M, Frohn J, Reichardt M, et al. 3D virtual pathohistology of lung tissue from Covid-19 patients based on phase contrast X-ray tomography. Elife. 2020;9:e60408. Published 2020 Aug 20. doi:10.7554/eLife.60408



Aims & Objectives

- exploiting difference in electron density detected by phase shift in soft tissue
- develop optimized sample preparation protocols
- shedding new light on three-dimensional structure of the lungs
- established techniques do lack in resolution, non-destructivity or three-dimensionality

Resolution	Non-Destructivity	3D - Imaging
high	X	X *
low	\checkmark	\checkmark
high	X	X *
high	\checkmark	\checkmark
	Resolutionhighlowhighhigh	ResolutionNon-DestructivityhighXlow✓highXhigh✓

*slow, with distortions



PROPAGATION-BASED X-RAY PHASE-CONTRAST CT



- Fresnel fringes connected to phase of wave front by Laplacian
- oscillatory contrast in phase and amplitude along propagation axis
- allows high-contrast imaging of soft tissue due to high sensitivity to density alterations
- biological samples especially suitable
 for being examined with phase
 contrast due to the significant
 difference in refractive index in organs
 and tissue
- spatial coherence prerequisite to observe Fresnel fringes



PETRA III Max-von-Laue

Göttingen Instrument for Nano-Imaging with X-Rays (GINIX) at DESY



https://photon-science.desy.de/facilities/petra_iii/beamlines/p10_coherence_applications/index_eng.html





Experimental setup: Synchrotron-based imaging

Parallel beam geometry

FOV	1.6 mm x 1.4 mm	
Pixel Size	650 nm	
Regime	Direct Contrast	
Exposure	0.035 s	
Total Exposure	75 s (continuous)	
Volumetric Flow Rate	3.75 x 10 ⁷ μm ³ s ⁻¹	

- 3 × 3 tomographic scans of each sample at same height
- overlap to merge volumes after reconstruction





Experimental setup: Synchrotron-based imaging

Cone beam geometry



Phase Retrieval

- phase-retrieval performed from dark & empty corrected holograms
- linearized single-step CTF-approach (Cloetens et al., 1999) and nonlinear Tikhonov regularization (Huhn et al., 2022)



No phase retrieval



CTF-based phase retrieval







Sample Preparation







Multiscale Synchrotron Imaging of Pulmonary Disease



- i. slice of human lung sample with bronchovascular bundle from patients with alveolar capillary dysplasia (ACD). Nine volumes (each ≈ 1.6 mm³) merged to 3x3 tomogram (FOV: ≈2.5 x 2.5 mm, scale bar: 1 mm)
- ii. segmented bronchi (yellow) and vasculature (artery: orange; vein: red)
- iii. correlation of reconstructed images with H&E stained histological slices at region of interest



Multiscale Synchrotron Imaging of Pulmonary Disease







Multiscale Synchrotron Imaging of Pulmonary Disease







Cryo Lung Imaging - Setup









Cryo Lung Imaging

- constant temperature
 below -20°C during scan
- nevertheless, some shrinkage of tissue resulting in few moving artifacts
- general proof of concept, further investigations planned









Rendering of alveolar structures



Alveolar sacs of human lung from a young patient

Alveolar sacs of human lung from an **old** patient



High-Throughput Lung Screening





Chord Length Extraction

- tissue (Phase 0)
- alveolar lumen (Phase 1
- chord in Phase 0
- ---- chord in Phase 1



- a) cropping volume to cube in all directions
- b) binarization by thresholding (Otsu' method, summation with empirical value)
- c) morphological operations:

Opening (dilation -> erosion): removes small objects from the foreground
 Closing (erosion -> dilation): removes small holes in the foreground
 d) introduce chords at multiple angles through entire volume









Shape Measure

 structure tensor encodes predominant orientation and degree of anisotropy

 $S = \sum_w egin{pmatrix} I_x^2 & I_x I_y & I_x I_z \ I_y I_x & I_y^2 & I_y I_z \ I_z I_x & I_z I_y & I_z^2 \end{pmatrix}, I_a = rac{\partial I}{\partial a}$

- used to find **dominant direction** by Eigendecomposition
- **shape measures** as discriminative local feature [1]





[1] Patrick M. Jensen, Camilla Himmelstrup Trinderup, Anders B. Dahl, Vedrana Andersen Dahl: Zonohedral Approximation of Spherical Structuring Element for Volumetric Morphology. SCIA 2019: 128-139

[2] M. Reichardt et al. (2021) 3D virtual histopathology of cardiac tissue from Covid-19 patients based on phase-contrast X-ray tomography eLife 10:e71359 https://doi.org/10.7554/eLife.71359



Significance & Take-Home-Message

- poorly understood 3D structures can be identified in larger volume overview and subsequently studied in more detail at higher resolution
- respective physiological functions of airways or vascular networks, and different pathophysiologic mechanisms can be elucidated
- quantification of 3D datasets by morphometric tools such as shape measure analysis and chord length distribution allows for objective assessment of tissue and can help to identify structures not easily detectable
- synchrotron data can be used to validate laboratory protocols and provide ground truth for standardizing the method



Outlook

- advancement in terms of **sample environment & preparation** such as cryogenic fixation and PCLS
- further development of **multiscale approach** to achieve highest resolution while maintaining a large field of view, whole organ imaging at BM18 in Grenoble
- upgrade to **PETRA IV** in next years, higher brilliance and coherence of X-ray beam (≈ ×100 # of photons)
- multimodal acquisition by combination of XPCT with e.g., FIB-SEM, SBEM and conventional histology
- extension and automatization of quantitative analysis of features of pathological indicators
- **standardization** of techniques and processes to improve repeatability, allowing higher throughput and translate the developed techniques to medical facilities



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Prof. Danny Jonigk, Dr. Mark Kühnel, Dr. Lavinia Neubert, Dr. Jan-Christoph Kamp, Christopher Werlein | MHH, Hannover, Germany Stijn Verledden (PhD) | Antwerp University, Antwerp, Belgium