Comparison of the Tada Formula With Software Slicer: Precise and Low-Cost Method for Volume Assessment of Intracerebral Hematoma

Xinghua Xu, MD; Xiaolei Chen, MD; Jun Zhang, MD; Yi Zheng, MD; Guochen Sun, MD; Xinguang Yu, MD; Bainan Xu, MD

Background and Purpose—The Tada (ABC/2) formula has been used widely for volume assessment of intracerebral hematoma. However, the formula is crude for irregularly shaped hematoma. We aimed to compare the accuracy of the ABC/2 formula with open source software Slicer.

Methods—Computed tomographic images of 294 patients with spontaneous intracerebral hematoma were collected. Hematoma volumes were assessed with the ABC/2 formula and calculated with software 3D Slicer. Results of these 2 methods were compared with regard to hematoma size and shape.

Results—The estimated hematoma volume was 58.41±37.83 cm³ using the ABC/2 formula, compared with 50.38±31.93 cm³ with 3D Slicer (mean percentage deviation, 16.38±9.15%). When allocate patients into groups according to hematoma size, the mean estimation error were 3.24 cm³ (17.72%), 5.85 cm³ (13.72%), and 15.14 cm³ (17.48%) for groups 1, 2, and 3, respectively. When divided by shape, estimation error was 3.33 cm³ (9.76%), 7.19 cm³ (18.37%), and 29.39 cm³ (39.12%) for regular, irregular, and multilobular hematomas.

Conclusions—There is significant estimation error using the ABC/2 formula to calculate hematoma volume. Compared with hematoma size, estimation error is more significantly associated with hematoma shape. (Stroke. 2014;45:3433-3435.)

Key Words: hematoma volume ☼ intracerebral hemorrhage ☼ software ☼ Tada formula
group 3 contained 94 patients with volume >60 cm$^3$. Shape of the hematoma was divided (on the basis of the maximal slice) into regular (round to ellipsoid) with smooth margins (169 cases); irregular with frayed margins (97 cases); and multilobular (28 cases).

**Statistical Analysis**

All statistical analyses were performed with SPSS statistics 21 (IBM Corporation, America). After confirmation of distribution, data are expressed as mean±SD and unpaired $t$-test or 1-way ANOVA was used for comparison between different techniques and groups as appropriate. A value of $P<0.05$ was considered statistically significant.

**Results**

The mean hematoma volume was 58.41±37.83 cm$^3$ with the ABC/2 formula and 50.38±31.93 cm$^3$ with 3D Slicer method ($t=10.010; P<0.01$). The mean percent deviation between both techniques was 16.38±9.15%. The Table shows the measured volumes for both techniques with respect to hematoma size and shape. The average time it took using 3D Slicer was 96 seconds.

When dividing patients into groups based on hematoma size, the ABC/2 formula produced a significant estimation error of 3.24, 5.85, and 15.14 cm$^3$ for groups 1, 2, and 3, respectively ($P<0.05$ in each group). The mean percentage deviations of the ABC/2 formula from 3D Slicer were 17.72±8.55%, 13.72±7.86%, and 17.48±9.28%, respectively (Figure 2). There were no significant difference for the percent deviation among these three groups ($H=4.537; P>0.05$).

When divided by hematoma shape, the ABC/2 formula produced a significant estimation error of 3.33, 7.19, and 29.39 cm$^3$ in regular, irregular, and multilobular hematomas ($P<0.05$ in each group). The mean percentage deviations of the ABC/2 formula from 3D Slicer were 17.72±8.55%, 13.72±7.86%, and 17.48±9.28%, respectively (Figure 2). The percent deviation was significantly larger in irregular and multilobular hematomas compared with regular hematomas ($H=63.052; P<0.001$).

**Discussion**

Accurate measurement of hematoma volume is clinically important because hematoma volume has been used widely to correlate with treatment strategy, functional outcome, and
mortality. An inaccurately assessed hematoma volume would inevitably influence initial treatment decisions, resulting in an undesirable outcome.7 Precise hematoma volume assessment is also critical for clinical trials, in which hematoma volume change may be a surrogate end point.8

In this study, the ABC/2 formula demonstrated an overall 8.03 cm³ (16.38%) estimation error compared with 3D Slicer method. When grouping by hematoma size, percent deviation had no significant difference. Possibly, estimation error increased with hematoma volume at a similar speed. But when grouping by hematoma shape, percent deviation was significantly different. Estimation error was more common and of greater magnitude when hematoma shape was irregular or multilobular. Compared with hematoma size, estimation error of the ABC/2 formula correlated more with hematoma shape.

Our results were also supported by previously published literatures. Huttner et al9 demonstrated that the ABC/2 formula accurately and quickly calculates volumes of small, ellipsoid intraparenchymal hematomas, but underestimates larger, complex-shaped, and warfarin-associated intraparenchymal hematomas. Divani et al10 also demonstrated increased error when measuring irregularly shaped hematomas. Wang et al11 concluded that inaccuracies increase with hematoma size.

In this study, we measured hematoma volume with the free, open source software 3D Slicer, which could count all pixels comprising the hematoma semiautomatically without any assumption beyond the shape of hematoma. The average time it took for segmentation was only 96 seconds, which was relatively faster compared with traditional planimetric method. The accuracy of this software has been demonstrated in calculation of tumors. 3D Slicer has been shown to be faster and less user-intensive compared with manual delineation.12,13

In conclusion, there is significant estimation error using the ABC/2 formula to calculate hematoma volume, especially for irregular and multilobular hematomas. Hematoma assessment with software 3D Slicer is a low-cost, accurate, and helpful technique for measurement of ICH volume.

Sources of Funding
This study was funded partly by National Natural Science Foundation of China (81271515).

Disclosures
None.

References
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*Stroke.* 2014;45:3433-3435; originally published online October 14, 2014;
doi: 10.1161/STROKEAHA.114.007095

*Stroke* is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0039-2499. Online ISSN: 1524-4628

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