



Article Citation Format

Ibrahim M. A. & Adigun A. A. (2019): Development of Local Feature Models for Accurate Detection and Classification of Medical Images. Journal of Advances in Mathematical & Computational Sciences Vol. 7, No. 4. Pp 9-22

Article Progression Time Stamps

Article Type: Research Article
Manuscript Received 11th November, 2019
Final Acceptance: 17th December, 2019
Article DOI: [dx.doi.org/10.22624/AIMS/MATHS/V7N4P2](https://doi.org/10.22624/AIMS/MATHS/V7N4P2)

Development of Local Feature Models for Accurate Detection and Classification of Medical Images

¹Ibrahim M. A. & ²Adigun A. A.

Department of Information and Communication Technology
Osun State University, Osogbo, Nigeria

E-mail: ¹ibrahima@uniosun.edu.ng, ²fempej2013@gmail.com

Phone: +2348134249446; +2348033749081

ABSTRACT

The effectiveness of local or global features has recently attracted growing attention in the field of texture image classification and retrieval. The features of the local binary pattern (LBP) for instance, usually lack global spatial information while global descriptors would provide very little local information. This paper proposes two different descriptors to circumvent these shortcomings by providing more information to describe different textural structures of the Emphysema computed tomography (CT) images. The proposed LBP+Multi- fractal Images (LMI) and the rotational invariant LBP+Multi- fractal Images (RLMI) can provide more accurate classification results by using a hybrid concatenation of the local and global features. The experimental approaches are validated for different scales of Emphysema images during the classification process in order to determine the appropriate image size that could yield the maximum classification accuracy. The experimental results show that the descriptors extracted from the combined features considerably improve the performance of the classifiers. The results also indicate that the LMI descriptor outperforms the earlier approaches and demonstrate the discriminating power and robustness of the combined features for accurate classification of Emphysema CT images.

Keywords: Texture, classification; multi-fractal images; emphysema images; feature selection; histogram

1. INTRODUCTION

Texture analysis has been widely applied in different areas of image processing and computer vision. These applications include image retrieval, object identification, medical image analysis and image segmentation. Local binary pattern (LBP) is a simple but effective way of characterizing the local intensity distribution of an image. Multi-resolution LBP or combinations of different LBPs descriptors and variants have demonstrated to be more effective in texture image analysis than ordinary LBP. However, since the LBP uses only the local characteristics of the image, this sometime limits the accuracy and the overall performances, especially when dealing with a high dimensional feature space [1].

The magnitude of the centre pixels (Threshold) within the normal image is 38, which is higher than the corresponding pixels in efficient LBP and RILBP since the 2D radial filter has removed some unwanted information that may be present within the image. These changes in the center pixels also demonstrate that the LBP is sensitive to noise and it also illustrates how important the center pixel is in texture characterization. The centre pixels also describe the gray level of the local patch and contain additional discriminant information that might be very useful during the classification process. The corresponding histograms for the regular LBP and the RILBP are shown with the images as presented in Fig. 2. There is an option to extract two different features from the RILBP, that is, the rotation invariance sparse histogram and the rotation invariance tight-histograms as presented in Fig. 2.

3. PATTERN AND FEATURE SELECTION

Feature selection is the process of identifying and eliminating the irrelevant and redundant features from the data set in order to reduce the dimensionality of the data and allow the learning algorithms to operate faster as the model complexity reduces. This can sometimes increase the classification accuracy and facilitate easy interpretation of the models. One of the approaches to dimensionality reductions is to transform a high dimensional feature space into a lower dimensional space [21][22] as this reduces the model complexities. In [16], the linear discriminant analysis (LDA) is combined with the principal component analysis (PCA) to obtain high discriminative patterns from a high dimensional feature space derived from the descriptors.

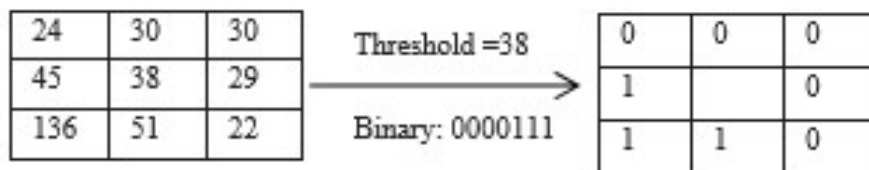


Figure 1: Illustrating the example of LBP code of an Emphysema image

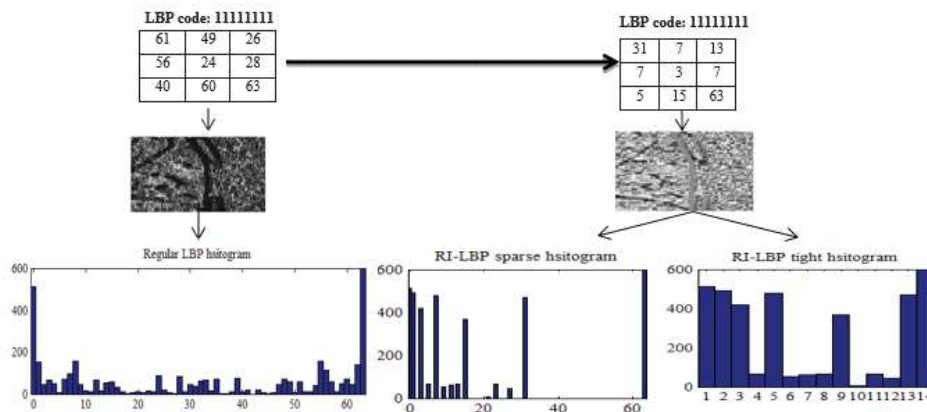


Figure 2: Illustrating different structural patterns of LBP and their corresponding codes

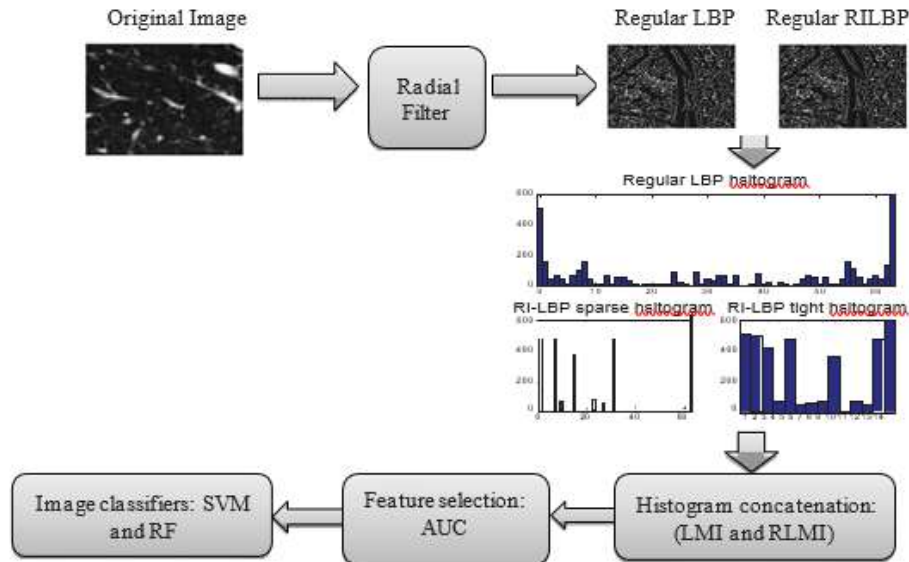


Figure 3. System overview of the Emphysema classification using the LMI and RLMI descriptors

The classification system is tested with the patches of different sizes: 64*64, 128*128, 256*256, 320*320, 384*384 and 512*512 pixels. The features extracted from the efficient LBP are the corresponding pixel values obtained from the LBP histogram calculated after filtering with the radial filter and adjusted the bin size of the histogram into an appropriate size. The multi-fractal features are derived from the computation of fractal dimension of the corresponding pixels in the Emphysema image patches. In this research, we considered three different types of Emphysema patches, the Normal tissue (NT) Emphysema, centrilobular Emphysema (CLE) and Paraseptal Emphysema (PSE) using different window sizes of the corresponding patches. 50 images were selected from each Emphysema class and the intensity values of the calculated LBP histogram and the $f(\alpha)$ image features for each patch are arranged in rows towards the corresponding class labels to generate the data set, this is repeated for the 50 images in each group making up a total of 150 images.

After the pixel arrangements, in both LBP and $f(\alpha)$ image, we obtained a total of 9600*64, 19200*128, 38400*256, 48000*320, 57600*384 and 76800*512 pixels for 150 images in each NT, CLE and PSE Emphysema images respectively. The corresponding pixels obtained from the two descriptors are concatenated as proposed to generate a new descriptor LMI, which is utilized in the classification procedures. The total data sets obtained after the concatenation are 9600*128, 19200*256, 38400*512, 48000*640, 57600*768 and 76800*1024 for the 64*64, 128*128, 256*256, 320*320, 384*384 and 512*512 patches respectively. The same procedure is repeated for the construction of the second descriptor where the alpha image features obtained from the multi-fractal based technique is also concatenated with the RILBP features as proposed. The dimensions of the images for both features remain the same as described and the newly constructed feature descriptor (RLMI) is also used in the classification process. During this process, the feature vector of each data set is clustered using 3 clusters in order to view how the data set are grouping.

Fig. 4 presents how the intensity distributions of a 64*64 window size image after clustering are grouped. Another exploratory test that could be useful would be to determine the correlation within the feature vectors in order to determine how correlated or uncorrelated the feature variables within the data sets are? As can be seen in Fig. 4, the k-means clustering was able to group together those features with similar attributes into the same category. The second class CLE, has the highest number and it is indicated by the red colour, followed by the NT in black colour at the middle and lastly the PSE group with the green colour. This approach would help us to understand the general arrangement or an overview of the data sets before the classification process. As previously stated, these features are the combined features originally extracted from the efficient LBP histograms and the $f(\alpha)$ image feature vectors (joint histogram concatenation).

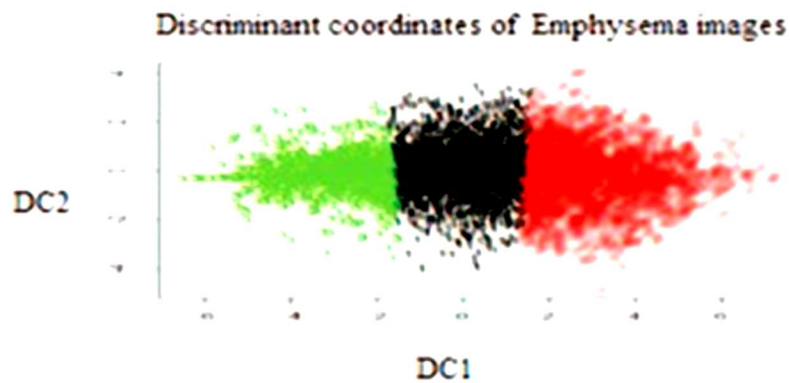


Figure 4. Illustrating the grouping of the Emphysema classes after clustering

The matrix dimension after this concatenation process for a 64*64 pixel size is 19200*128, which is of course a high dimensional data set. After determining the correlation between the feature vectors, it was discovered that there are many irrelevant and redundant features that are not useful, which could be eliminated. The column AUC is calculated to extract the feature variables with the important information that could be used to improve the classification accuracy. This is done for each data set and the four columns with the highest average AUC values are chosen for further classification process, while the observations or the matrix rows remain unchanged. We could as well use the PCA for the feature selection or sequential feature selection techniques. For further understanding and the analysis of the data sets, Fig. 5 presents the receiver operating characteristic (ROC) curves of the feature vector with the maximum AUC values (best features) for the patches with the window sizes of 64*64, 128*128 and 256*256.

The corresponding class pairwise AUC for each curve in the three data sets with different window sizes, is calculated and the results are shown in Fig. 5. The results in Fig. 5 indicate that the data sets with the highest window size (256*256) give the best total AUC value (0.6668), followed by the data sets with 128*128 pixel size, which also give a total AUC value of 0.6544. Lastly, the features with the smallest patch size has the lowest AUC value as it can be seen from the corresponding ROC curves presented in Fig. 5. This process has really helped to simplify the models in each data by reducing the matrix dimension from 128columns for a 64*64 pixel image, 256columns for a 128*128 pixel image and lastly 512columns for a 256*256 pixel image into just four columns.

The RF randomly selects inputs or a combination of inputs to grow each tree. This can significantly improve the classification accuracy by combining trees grown using random features, and the generalization error of the forests reduces as the number of trees becomes large[25]. SVMs have demonstrated highly competitive performance in many real-world applications, such as bioinformatics, face recognition and image processing [26]– [28]. In [26], SVM outperformed most of the previously proposed methods in the diagnosis of cancer microarray data. Lining and Lipo [29] designed a biased maximum margin analysis and semi-supervised biased maximum margin analysis combined with the SVM to improve the performance of the traditional SVM as a relevance feedback for content based image retrieval (CBIR). In [30], a novel algorithm for subspace learning technique was developed using SVM to exploit the user historical feedback log data for a CBIR. Approximately 70% of the entire data set is used to train different SVM classifiers and 30% of the data sets generated are used for the testing. The results indicate that the LMI presents good classification performance, particularly with the RF classifier, though; the results obtained from the SVM are also good for the LMI. It is noted from the results that the effects of the window size on the data sets are very obvious.

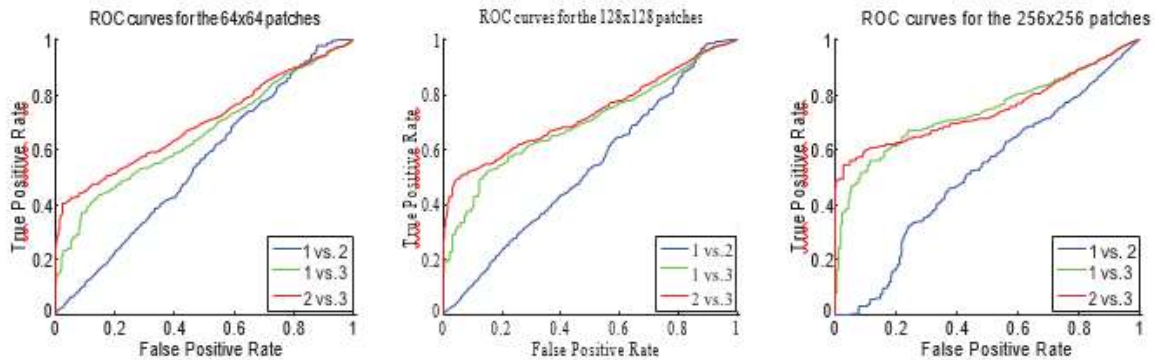


Figure 5. ROC curves for the best features selected from each data set of the three possible pairwise class combinations

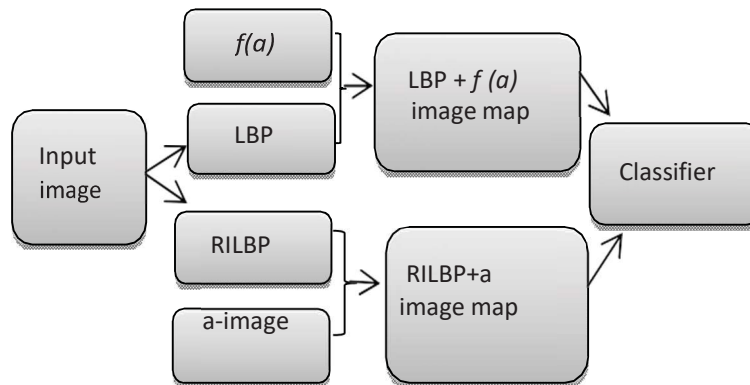


Figure 6. Overview of the joint concatenation methods for the development of the descriptors

