



Early Detection of Diabetic Retinopathy

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ABSTRACT: This paper deals with some morphological operations to extract microaneurysms with the help of a few features for the analysis of diabetic retinopathy. The performance of the proposed method stands out prominent in terms of specificity and accuracy. It gives an average specificity of 90% and average accuracy of 95%. The algorithm is tested using images taken from Omega Eye Clinic & Research Centre, Guwahati database.

KEYWORDS: blood vessels, microaneurysm, fundus image, feature extraction, retinopathy

I. INTRODUCTION

The first signs of diabetic retinopathy are called microaneurysms. They are small circular shaped bulges developed from the weak blood vessels and are the earliest clinical sign of diabetic retinopathy. The number of microaneurysms increases with the stage of the retinopathy and therefore, it is extremely important to detect them during the early stages of development. They appear in clusters as tiny dark red spots (hemorrhages) in the retina. Their sizes range from 10-100 microns. Microaneurysm detection in the early stage can reduce the degree of blindness. The other significant symptoms of diabetic retinopathy are appearance of exudates and abnormal growth of blood vessels. Diabetic retinopathy has four different stages [1] namely mild non-proliferative, moderate non-proliferative, severe non-proliferative and proliferative diabetic retinopathy.

In this paper, we have proposed a feature extraction method with the help of a few innovative texture-based features for an automatic diabetes recognition system. We have extracted the microaneurysms which can later be fed to an artificial neural network environment for classification purpose.

Chapter II contains the material being used. Chapter III gives the tabulated list of literature survey. Chapter IV describes the design and implementation of the proposed algorithm. Chapter V gives the result and comparison of our algorithm. Chapter VI contains the conclusion and future work.

II. MATERIAL

Retinal images are taken with the help of a fundus camera. In the initial algorithm development stage, we have used images captured by a fundus camera with a 45-degree field of view taken at Omega Eye Clinic & Research Centre, Guwahati, India. The images were stored in TIFF (.tif) file format. For the validation purpose, we have used images from DRIVE database.

III. LITERATURE SURVEY

Some of the related works are listed in Table I.

Table I. Some related works

SL. No	AUTHORS/YEAR	TECHNIQUES	DATABASE	COLOUR SPACE	SENSITIVITY (%)	SPECIFICITY (%)	ACCURACY (%)
1	KRISHNA ET AL. [2] (2013)	ENSEMBLE-BASED MICROANEURYSMS DETECTOR, WALTER KLEIN, AND CLACHE	MESSIDOR	GRAY SCALE	-	-	-
2	ROY ET AL. [3] (2013)	CANNY EDGE DETECTION, MORPHOLOGICAL RECONSTRUCTION	DIARETDB1	GREEN CHANNEL	89.5	82.1	-
3	ADAL ET AL. [4] (2013)	CONTRAST ENHANCEMENT TECHNIQUE, HESSIAN-BASED	ROC	GREEN CHANNEL	-	44.64	-

		CANDIDATE SELECTION ALGORITHM, AND SVM CLASSIFIER					
4	DING AND MA [5] (2014)	DYNAMIC MULTIPARAMETER TEMPLATE (DMPT) MATCHING SCHEME	ROC	-	96	-	-

IV. DESIGN AND IMPLEMENTATION OF THE PROPOSED TECHNIQUES

Here, we have proposed a feature extraction method for the extraction of microaneurysms. The overall block diagram of feature extraction is shown in figure 1.

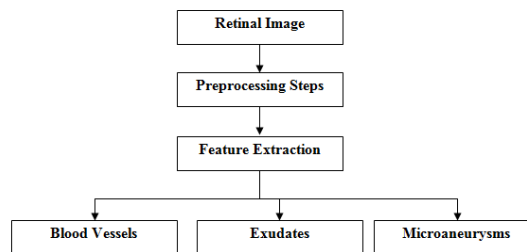


Figure1. Block diagram of feature extraction

A. Morphological Image Processing

If $f(u, v)$ is a finite size grayscale image defined in Z^2 and B is a binary structuring element then

Dilation: $(f \oplus B)(u, v) = \max\{f(u - s, v - t) \mid (s, t) \in B\}$

Erosion: $(f \ominus B)(u, v) = \min\{f(u + s, v + t) \mid (s, t) \in B\}$

Opening: $f \circ B = (f \ominus B) \oplus B$

Closing: $f \bullet B = (f \oplus B) \ominus B$

B. Texture Properties:

Texture analysis gives the description of an image in terms of variations in the pixel intensities or gray level.

Gray-Level Co-occurrence Matrix (GLCM) is the computation of the frequency of each pixel pair occurring for different combinations of pixel brightness values in an image. The function “graycomatrix” is used to create the GLCM of the grayscale image. It calculates how often the pixel with value i of the gray level occurs horizontally adjacent to another pixel with value j . Each element (i,j) in the GLCM represents frequent of occurrence. The function “graycoprops” normalizes the GLCM so that the sum of its elements is equal to 1. It calculates the statistics as specified in the property.

Homogeneity is the measurement of the closeness of the distribution of elements in the GLCM to the GLCM diagonal and returns a value between 0 and 1. The homogeneity formula is as follows:

$$\sum_{i,j} \frac{p(i, j)}{1 + |i - j|}$$

Entropy is the statistical measure of the randomness of the grayscale image’s texture. The green component of the image is applied with adaptive histogram equalization twice to enhance its contrast and texture. The function “entropy” is then used on the image which returns a scalar value. This represents the entropy of intensity for the image.

C. Extraction of Microaneurysms:

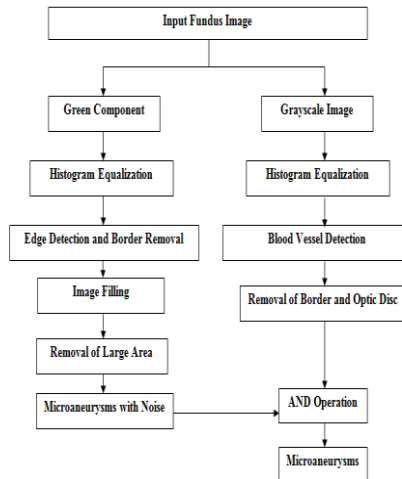


Figure2. Block diagram of microaneurysm extraction

Figure 2 shows the block diagram of the proposed microaneurysm extraction technique. The grayscale image is used to detect the circular border and optical disc mask. The green channel of the image first finds the edges using canny method before removing the circular border to fill the enclosed small area. The larger areas are then removed and applied with AND logic to remove the exudates. The blood vessels and optical disc are then removed to obtain the microaneurysms.

D. Artificial Neural Network:

The ANN used for this paper is a feed-forward back propagation network and uses supervised learning to train the neural network. Supervised learning is by providing the ANN with input data and matches them with output results. Its weights would adjust according to its learning rules as it undergoes training before being tested for accuracy. Figures 3 (a & b) shows the block diagram and hidden layers of ANN.

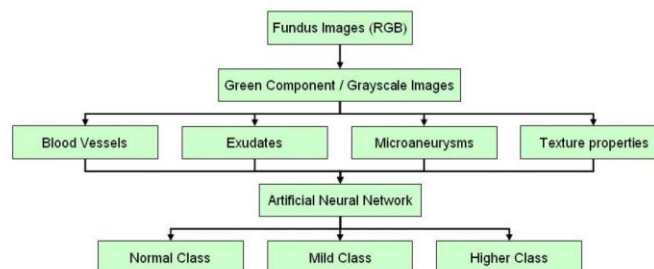


Figure3. a) Block diagram of ANN

The input layer is made up of nodes to accept the 5 data values while the subsequent layers process the values using activation function. There are 10 neurons for each “hidden layer” and the trained network would output binary numbers which represent the 3 different stages.

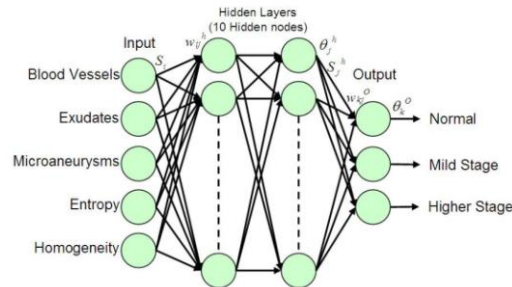


Figure3. b) Hidden Layers

V. EXPERIMENTAL RESULTS AND COMPARISONS

The performance of the proposed algorithm is tested using MATLAB version 7.11.0 (R 2010b). The performance of the proposed microaneurysm extraction results are analyzed with respect to the ground truth images. We have also extracted microaneurysms of the images taken from Omega Eye Clinic and Research Centre, Guwahati, India but could not evaluate the performance of those images due to the absence of ground truth images. Table II summarize the results of this proposed work using DRIVE database. The proposed algorithm detects and segments the microaneurysms at an average specificity of 90% and accuracy of 95% respectively. The results obtained are compared with the other state of art and tabulated in Table III.

TABLE II. TABLE SHOWING AVERAGE SPECIFICITY AND ACCURACY USING DRIVE DATABASE

Database	Average Specificity	Average Accuracy
DRIVE	90%	95%

TABLE III. MICROANEURYSM EXTRACTION RESULTS (DRIVE DATABASE)

Method	Year	Specificity (%)	Accuracy (%)
ROY ET AL. [3]	2013	82.1	-
ADAL ET AL. [4]	2013	44.64	-
DATTA ET AL. [6]	2013	82.64	99.98
PROPOSED METHOD	2020	90	95

Figure 4 shows a set of images taken from Omega Eye Clinic and Research Centre, Guwahati, India where a) the first image is the original input fundus image, b) the second one is the green component image, c) the third is the grayscale image, d) the fourth image is the image and histogram after first adaptive histogram equalization, e) the fifth image is the image and histogram after second adaptive histogram equalization, f) the sixth image is the edges of image for circular border detection, g) the seventh image is the result of image fill, dilation and erosion h) the eighth image is the new circular border image, i) the ninth image is the image with blood vessels and noise, j) the tenth image is the area of microaneurysm after removing blood vessels and noise k) the eleventh image is the final microaneurysm image.



Figure4 (a) Input Fundus Image

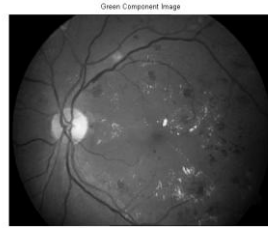


Figure4 (b) Green Component Image



Figure4 (c) Grayscale Image

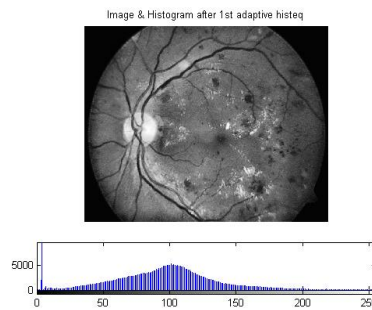


Figure4 (d) Image and Histogram (1st adaptive histeq)

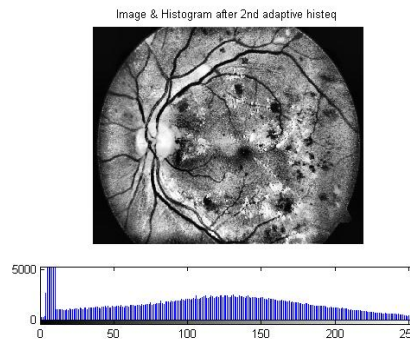


Figure4 (e)) Image and Histogram (2nd adaptive histeq)

Fig. 6 Edges of image for Cborder Detection

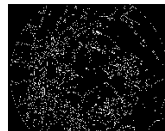


Figure4 (f) Edges of Image for Circular Border Detection

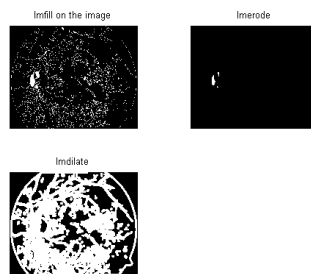


Figure4 (g) Image Fill, Dilation, Erosion

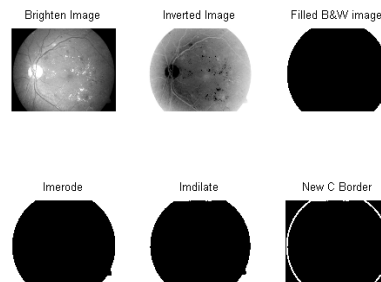


Figure4 (h) New Circular Border



Figure4 (i) Blood Vessels and Noise



Figure4 (j) Area of Microaneurysm after Removing Blood Vessels and Noise



Figure4 (k) Microaneurysms

VI. CONCLUSION

From the experimental results shown in tables II, III, it can be concluded that the proposed method leads to a satisfactory result in terms of specificity and accuracy. It gives an average specificity of 90% and average accuracy of 95%. This work can be further extended to extract exudates and abnormal growth of blood vessels from the retinal images. The extracted features can be fed to an artificial neural network environment for further processing.

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