Alzheimer Disease Detection And Classification On Magnetic Resonance Imaging (Mri) Brain Images Using Improved Expectation Maximization (Iem) And Convolutional Neural Network (Cnn)

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Article History: Received: 11 January 2021; Revised: 12 February 2021; Accepted: 27 March 2021; Published online: 10 May 2021

ABSTRACT: In the recent past, the Computer Aided Tomography (CAD) has become significant automation tool for efficient and accurate medical diagnosis based on images captured by the medical scanning devices. In Magnetic Resonance (MR) brain image processing, clustering and segmentation are mainly applied for identifying, computing and investigating the significant functional arrangements of the human brain and ultimately detecting physical pathological area. NRI brain image clustering and segmentation are important since that supports physicians and research academician to focus on precise areas of the human brain in direction to investigate it. The Alzheimer Disease (AD) is the one of the human brain disease that is suspect to adapt its connected and inherent decline, initial analysis is essential, that provides human a alteration to reorganize their survives. Brain image clustering and segmentation are significant feature of medical analytical tools, resilient outstanding outcomes associated to existing clustering and segmentation methods. In this research, novel methodology is proposed for efficient and accurate segmentation of AD disease region. The MRI brain image may contain various noises such as salt and pepper noise, Gaussian noise, speckle noise and random noise due to scanning devices while capturing brain texture. The 2D-Adaptive Consensual Filter (2D-ACF) is proposed for eliminating all types of noises occurred in the MRI images. The Edge-Preservation Coherence Improvement (EP-CI) algorithm is proposed to improve contrast and brightness in order to improve the quality of the image. The Efficient Fuzzy C Means Adaptive Thresholding (EFCMAT) algorithm is used to segment the AD region from MRI image. The experimental results show that the proposed methodology provides better results than existing methodologies.

Keywords: CAD, MRI image, AD, Image Filtering, Image Enhancement, Image Segmentation

Introduction

In clinical research, biomedical magnetic resonance imaging (MRI) is widely used for human brain analysis. The identification of brain anomalies relies heavily on differentiation of the MRI human brain image. Due to the cooperation of amplitude non-linearity and distortion, however, specifically splitting the MRI brain image into separate groups has been a difficult job. To enhance the clustering efficiency for MRI human brain images, an advanced probability fuzzy c-means clustering (FCM) approach similarity measures is suggested. The recommended approach is more efficient for design objectives with non-spherical propagation by adding the new correlation matrix [1].

Gliomas are the most severe and destructive brain cancer, with a very low life span at their most advanced stages. As a result, care readiness is an important step towards improving obstetric physicians' life quality. The use of human brain magnetic resonance imaging (MRI) to diagnose these tumors is common, but the vast volume of data provided by MRI prohibits feature extraction in a reasonable period of time, restricting the use of precise predictive measures in clinical practice. As a result, automated and accurate extracted features are allowed; however, image classification is a difficult problem due to the significant temporal and spatial heterogeneity of cancers [2].

For enhanced identification, overall growth estimation, and clinical preparation, brain cancer analytics from human brain magnetic resonance imaging (MRI) statistical models is critical. However, due to the extreme partial volume effect and significant heterogeneity in tissue architectures, as well as clinical studies, implementing this procedure is difficult, particularly for gliomas. For the features extraction of gliomas from multidisciplinary volumetric MR objects, a new approach that incorporates random forests and edge detection model is presented. Especially, employing conceptual model related decision tree as image classification clusters, a feature distributions training is used to effort to be successful both local and conceptual knowledge from multidisciplinary objects for tissue segmentation. For glioma architecture inference, different layers of system composed are combined and combined into convolution and associated decision trees. Finally, using sparse analysis methods, a novel multiresolution patch guided texture features is used to optimize the inferred design [3].

The inconsistency in objects acquired from various detectors or imaging procedures poses a significant obstacle in automated physiological feature extraction. This inconsistency obstructs the use of otherwise effective ensemble classification, which also involve a significant volume of training data set that is completely representative of the objective information in order to improve well. It is recommended to use learning algorithm for image texture analysis. Types of objects can comply with disparities in instruction and objective includes advanced, and hence can outperform classification algorithm for optimization across detectors and scan procedures. Four transition optimization algorithms is implemented that can train an assessment model with just a limited amount of indicative training examples and a larger percentage of other training samples with significantly different features [4].

Many computer-aided medical image processing systems include brain region-of-interest (ROI) categorization based on functional magnetic resonance imaging (MRI) images. It has remained a difficult challenge to accurately segment brain ROIs through functional MR objects due to the low strength contrast across ROI boundaries and seeking to enhance variation. Despite the development of many deep learning techniques for brain MR edge detection, the majority of them do not even have outline priors to take account of the consistency of brain regions, resulting in suboptimal results. To solve that problem, a two-subnetwork organizational focus oriented deep learning system for brain ROI differentiation of hierarchical MR objects is implemented. The first is a differentiation subnet, which is then used to derive exclusionary feature representations and ROIs with each input MR object at the same time. The other is a structural focus subnet, which is structured to collect knowledge about the brain's internal configuration from a series of labelled point clouds. An architectural gate structure is created to fuse feature vectors derived from a series of atlas mark maps those from the to-be-segmented image for brain ROI clustering, making use of the architectural focus information gained from point clouds [5].

RELATED WORKS

<u>Nilanjan Dey</u> et. al [6] has proposed frequently in order to diagnose and monitor clinical symptoms more precisely. Low frequency noise from the atmosphere, processing interference from the machines, the appearance of surrounding tissue, respiratory activity, fat percentage, and other issues plague MRI. As a result, noise removal is important, as various forms of induced noise reduce the diagnostic quality of medical images. One of the most powerful de-noising filtering is the local quadratic estimation dependent intersection maximum likelihood filter. For effective linear kernel collection, the ICI specifications must be adjusted for this application. Seeking the right set of scales variables from the broad spectrum of ICI transfer functions is an algorithm challenge in and of itself. For the de-noising of human brain MR objects, the current research presented a novel methodology for image enhancement of the filtering system using a neural network.

<u>Zhe Zhang</u> et. al [7] has proposed This research used a new and advanced technologies grouping with associated quality data system to reliably fragment human brain MRI that had been contaminated by interference and strength non-uniformity. A composition includes incorporating local contextual information was used to produce the appropriate anisotropic value to challenge the entire input image and thereby subtract noisy pixels for pixels in the neighborhood of the data point. Then, using a cumulative system comprised of the product of a real image and a bias field, brain MRI could be easily segmented and the bias field estimated. In addition, to ensure the bias field characteristics, a weighted average of simple functions was implemented.

<u>Nallig Leal</u> et. al [8] has presented a procedure for non-locally de-noising MR objects based on edge descriptions and singular value decomposition (SVD). Blurring, artefacts, and residual noise are all avoided using the proposed form. There are three stages to our process. Then using Kernal SVD technique, the first phase splits the object into sub-volumes to achieve minimize the cost function. The regional effect of the dictionary molecules is then calculated in order to update the definition and improve sub-volume restoration. The distortion sub-volume is measured and use a non-local method and SVD in the key process, based on the local features. The vibration voxel is replicated by consolidating the interlaced vertices into sub-volumes based on the heterogeneity of the sub-volumes to which it corresponds, which is calculated by the particles' global strength.

D. Poornima et. al [9] has proposed the Wavelet de-noising technique is used to eliminate distortion and scattered intensity pixels are modified by applying hexagonal sampled thread. The advanced clustering segmentation provides K means and Fuzzy C Means (FCM) clustering for segmentation. The proper selection of seed point is chosen by K means segmentation and high intensity pixels gradient is calculated by incorporating FCM system. After clustering and segmenting the Region of Interest (ROI), the features are estimated using feature mapping algorithm named Gray Level Co-Occurrence Matrix (GLCM) and bandlet transform.

<u>K.S.Biju</u> et. al has [10] has developed algorithms to monitor cognitive deficits in order to detect Alzheimer's. The suggested method takes MRI slicing to create a 3D model of the cortex. This approach is much more precise and trustworthy. De-noising, edge detection, slice-o-matic (3D design), and measurement of functional residual capacity of brain regions are all procedures that MRI fragments go through. The gray to brain structure ratio is used to determine whether or not an individual has Alzheimer's.

Objective

In the field of medical engineering, segmentation process is a major research area. Amount is illustrated and structural and cortical constructs are quantified using segmented image data. Because of advancements in MRI, based segmentation brain cells offer an anatomical basis for simulation, which may be useful in neuroscience study and neurosurgical preparation (MRI). The marking of pixels into various areas is referred to as segmentation. These areas may be classified as morphological traits at a higher level, and then clustered through various slices to provide three-dimensional representations of these configurations. The approach suggested here is effective at separating the brain without use of humans and reliably identifying variations in the overall volume or scale of the brain. The aim of this research is to identify any small differences in brain capacity.

Motivation

The clustering method is commonly used in clinical field, particularly in the identification of brain disease in irregular MRI objects. In spite of segmentation performance, fuzzy logic using the fuzzy C-means (FCM) methodology outperformed its other clustering methods. However, the FCM method's main flaw is the lengthy calculation time taken for convergence. Changing the cluster core and association value upgrading criteria improves the efficiency of the FCM algorithm in form of statistical rate. The implementation of the EFCMAT algorithms for MR brain AD identification is examined in this work. The segmentation methodology employs a robust function vector space. A comparison of the traditional FCM and the suggested EFCMAT is made in terms of clustering efficiency and prediction accuracy.

Existing Methodology

In computer assisted neurosurgery and treatment, segmentation of brain data to extract ED, specifically into three major different tissues, plays a major role. Noise, strength non - linearity, and poor distinctions are common in brain pictures. As a result, precise brain tumor segmentation images remains a research challenge. For the clustering and segmentation of brain MR images, current technique has proposed fuzzy -means (FCM) gaining importance. The FCM has transformed a thorough analysis of FCM-based architectures with noise reliability and amplitude non - uniformity adjustment. Various methods for modifying a regular fuzzy optimal solution with affiliation and cluster vector updates.

Disadvantages of Existing Methodology

1. The FCM's key drawbacks are that it takes a long time to run and is very vulnerable to interference and nonlinearity, resulting in incorrect segmentation performance.

- 2. A high level of mathematics problems
- 3. The portion quantity, which has an effect on the technique's results.

4. Contrast enhancement challenges and ensure, which influences the evolutionarily conserved hemisphere's identity.

- 5. It was unable to detect high-grade brain lesions.
- 6. It was unable to detect small brain lesions (few millimeters).
- 7. The computing time required to create super-pixel fragments of compact size is extremely long.

Proposed Methodology

This approach integrates a new predictive method for categorizing the entire brain into image sequences and calculating its volume to identify AD e using MRI. The related MR images were gathered from the Alzheimer's Neural circuits Proposal's database). The proposed detection clustering technique is based on a statistical architecture of the picture, and our proposed method is labeled the "head design" to contain a large number of the brain. To separate the AD area from an MRI image, the Efficient Fuzzy C Means Adaptive Thresholding (EFCMAT) methodology is used.

Advantages of Proposed Methodology

- 1. The greatest benefit of supervised classification techniques is that they can be used for a variety of tasks by simply modifying the training collection.
- 2. Correlations that are not biased
- 3. The AD disease cell characteristics (gradients), global AD properties (intensity), contour distance, and area length are not taken into account in this process.
- 4. This method does not depend on previous clinical information or atlas identification.
- 5. It is unnecessary to set up conclusions regarding the number of groups in an MRI scan.
- 6. It is a semi-automatic clustering process in which the radiologist selects the original seed stage.
- 7. It takes into account both the severity and the texture of the defective environment.
- 8. This method separates AD cell borders from poor and false margins, independent of diversity.



Figure 1: Architecture diagram for proposed methodology

Image Filtering using 2D-ACF

The spatial frequency filter is considered by 2D-ACF. The proposed technique adjusts its practices in order to the intensity values of the MR image within the filter area, which is determined by the total frequency domain. The efficiency of proposed approach is often superior to that of non-adaptive equivalents. Evolutionary filters can be constructed using two critical mathematics initiatives: mean and variability. It's also used as a statistical order filter. The variation filter is the most general and widely used. It eliminates noise from MR objects by trying to smooth them. This filter also reduces the image contrast between one pixel and the next in an MR object.

The intensity pixel value of the MR object was supplemented with the mean parameter by the filter method. The mean values is computed in two steps: first, arrange all of the intensity data points in decreasing order; secondly, substitute the value of each pixel that is being measured with the center pixel intensity value. If the adjacent pixel in the MR object to be used has an even number of intensity pixels, the pixel with the sum of two middle intensity values is used instead. The time frequency filter is considered by 2D-ACF. The function points of the MR image within the filter area, which is determined by the total frequency domain, cause the filter to change its operation. The

efficiency of adaptive filters is often superior to that of non-adaptive equivalents. Adaptive algorithms can be constructed using two critical mathematics metrics: mean and heterogeneity.

Image Enhancement using EP-CI

EP-CI is a method of image processing that uses a computer to enhance or enhance image strength. EP-CI is an excellent choice for both regular and medicinal images. Rather than applying a map or transformation to the whole image, it is done separately on sub-images in this method. EP-CI introduces a process for correctly running and merging the sub-image. Intensity Local histogram equilibrium was added to the contrast enhancement technique to address the problem of interference over amplification. This differs from standard histogram adjustment, which works by naming individual areas of the MRI object as tiles and measuring several feature vectors, each comparable to a particular region of the scene, before using them to recalculate the object's brightness or intensity. EP-CI, rather than traditional contrast enhancement, increases image quality, which improves visibility but also tends to intensify interference.

Alzheimer Disease (AD) Segmentation using Efficient Fuzzy C Means Adaptive Thresholding (EFCMAT)

With some modifications, the proposed EFCMAT algorithm is a combination of K-means and fuzzy C-means. The framework is chosen, together with the traditional K-means, based on the anger or grey level strength in the brain illustration. The Euclidian distance and the participation role in FCM, on the other hand, are changed by the object attributes. For edge detection, an equilibrium of pattern K-means and enhanced fuzzy C-means classification method can be represented.

 $CJ = \sum Im = Im + 1M \sum Ite = Ite + 1NB(A,B) \times \sum i = 1K \sum j = 1Centroid(x,y) ||A-C|| 2 \times \sum j = 1R \sum i = 1Centroid(B(x,y)md2(X,Y))$ (1)

Where, Im a binary image matrix and M and N are the row and column of Im and also A,B, C are mentioned as the mean pixel of the image cluster, quantity of pixel description in grouping pixels and quantity of cluster respectively. The final portion of Equation (1) is written as significant fuzzy C-means while Euclidian distance trusts on the object features. The mean part is applied as the traditional K-means method that is denoted as the distance through every point pixels to center of clustering. Here, Co(X,Y) is the coarse image and Equation (2) describes the desired template.

 $Co(X,Y) = \sum Im = Im + 1M \sum Pix = Centre + GradientImage(X,Y) \times Thresholding (2)$

The pattern based segmenting window is choosen by Thresholding which is written as:

Threshold= $\sum Im=1M\sum Pix=Gradient(X,Y)*\sum k=1G\sum l=Thr(X,Y); O \in N, l \in Number of pixels (3)$

The intensity of the image P is determined using Equation (9), which uses the impulsiveness kernel size Thresholding with the number of grey level strength, G, and the amount of bins, S. (xi,yj). The object and fully connected layers of a temper-based kernel size Thresholding function is used to provide a basis for the clustering proposed technique. The fuzzy logic function Uij is defined in equation 3 and its value is modified with Euclidian distance d(x, v) that influences on feature representation such as equilibrium, correlation, capacity, etc., level of effective way to learn m, and function central V=v1,v2,...,vi,...,vc (3). In previous study, Euclidian distance was calculated using just one function, such as comparison, but in our suggested EFCMAT system, this is dependent on many features such as equilibrium, difference, comparison, heterogeneity, randomness, similarity, and so on.

Algorithm of EFCMAT

1: Start: Describe amount of pixel level and control quadrangular vector, $A = \sum Pixel(X,Y)$ and object vector, $P = \sum Pixel(X,Y)$

2: Then, define Pattern Thresholding Tmn

3: Determine coarse image, B(xi,yj)

from template, Thresholding

4: Reshape pattern based seed point k means segmented object, P1

 $= \sum ki = 1 \sum Cj = 1 \operatorname{Pij} ||xi - cj|| 2 \times \sum Mi = i + 1 \sum Nj = j + 1 B(xi, yj)$

5: Repeat step 2 to 4 until, Thresholding $\leq Sl=1$ [Thresholding (k)– Thresholding (l)]

6: Post execution the P1

7: Estimate pixel cluster centroid position, C and level of fuzziness, m

8: Formulate membership function Uij(0)

of clustering technique

9: Estimation pixel cluster center point,Vi(l)⇔Uij(l)

, (i=1,2,3,...,C) and (l=1,2,3,...)

10:Estimate object feature vectors, Feat(xj,vi(l))↔vil

11: Update B(X,Y)

With divergence (xj,vi(l)) untill $||Uij(l)-Uij(l+1)|| \le \epsilon$, $\epsilon = 0$ to 1

Dataset

The human Brain AD Segmentation Problem presented us with imaging evidence, which is used in our analyses (BraTS2018). The patient data were all given in 3D capacities using four different MR sequence data: native T1weighted (T1), providing evidence, T2-weighted (T2), and flow attenuated inversion restoration (FAIR) (FLAIR). Multidisciplinary examinations were obtained from 19 independent hospitals using a variety of clinical procedures and machines.

Results and Discussion

In this section, the results are obtained using MATLAB software tool and discussed based on the experimental results. To validate the accuracy of the proposed algorithm, experimentations were done on few MRI images. Figure 2 shows the clustering and segmentation outputs of the proposed methodology. As shown in figure 2, preprocessing such as image filtering and image enhancement, the objective regions that are near to the Region of Interest (ROI) are clustered and segmented, the gray scale significance reliability of the super pixels are better, and the clustering and segmentation outcomes are more effective.



Figure 2 (a) Input MRI noisy Image, (b) Filtered image using 2D-Adaptive Consensual Filter (2D-ACF) The figure 2 (a) shows the input MRI noisy image. The image contains various noises such as salt and pepper noise, speckle noise, thermal noise and Gaussian noise. The figure 2 (b) shows the filtered image using 2D-Adaptive Consensual Filter (2D-ACF). The approaches for measuring the noise filtering algorithm's efficacy can be split into two categories: comparative assessment and quantitative evaluation specifications. The peak signal to noise ratio (PSNR), mean square error (MSE), and structural similarity are all factors that the contrast evaluation parameter considers when SSIM known as structural similarity.



Figure (2) c Enhanced Image using EP-CI, (d) Clustered image using Efficient Fuzzy C Means Figure 2 (c) show enhanced image after de-noising. The contrast and brightness of the image is improved in order to improve the quality using Edge Preservation-Coherence Improvement (EP-CI). The figure 2 (d) is used to cluster the Alzheimer Disease region in the image. The ROI is the clustered pixels of AD. The Non-ROI is clustered as different intensity levels.



Figure 2 (e) Segmented image using Fuzzy C Means Adaptive Thresholding (EFCMAT), (f) Region of Interest of Alzheimer Disease

The figure 2 (e) segmented image using Fuzzy C Means Adaptive Thresholding (EFCMAT). The only the ROI pixels are extracted and Non-ROI are suppressed using Adaptive Thresholding technique.



Figure (2) (f) Superimposed image of Alzheimer Disease on MRI brain input image, (g) ROC graph of segmentation

The figure 2 (f) shows the superimposed image of AD disease on MRI input image. The exact region of AD is detected and marked on input image itself. The Figure 2 (g) shows the ROC graph comparison between existing system and proposed system. The proposed method have accuracy 98% and existing method have only 82% as shown in the graph.

 Table 1: Comparison between digital filters

	1 9				
S. No	Types of Filters	PSNR in dB	MSE	SSIM	
1	2D Adaptive Median Filter	29.3989	10.3989	0.6766	
2	2D Adaptive Bilateral Filter	34.3989	7.3898	0.7837	
3	2D-Adaptive Consensu	al 46.3896	0.0039	0.9989	
	Filter				

As shown in the table 1, the proposed 2D-Adaptive Consensual Filter is compared with other digital filters. The proposed filter 2D-Adaptive Consensual Filter provides comparatively better results than existing filters.

Conclusion

In this research, the Alzheimer Disease (AD) is identified on MRI brain images. The proper preprocessing methodologies such as image filtering and image enhancement are applied to filter and improve the quality of the image. The image filter is achieved by applying 2D-Adaptive Consensual Filter. The image enhancement is achieved by applying Edge Preservation-Coherence Improvement (EP-CI). The Alzheimer Disease (AD) is the Region of Interest (ROI) to be segmented using clustering and thresholding techniques. The Fuzzy C Means Adaptive Thresholding (EFCMAT) is clustering and segmentation technique that is applied to extract the ROI. The exact region of interest is segmented using the proposed methodology. The experimental results show that the proposed methodology is better than other existing methodologies.

Future Work

In the future, this research can be extended to classification of Alzheimer Disease (AD) with different stages of disease. The Machine Learning (ML) techniques can be applied for the efficient and accurate classification.

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