

BRAIN TUMOR DETECTION WITH MRI IMAGE USING ANISOTROPIC FILTER AND SEGMENTATION

Anisha¹, Merlin Leo²

¹P.G Scholar, Dept. of Biomedical Engineering, Udaya School of Engineering, Vellamodi, Tamil Nadu

²Asst Professor, Dept. of Biomedical Engineering, Udaya School of Engineering, Vellamodi, TamilNadu

Abstract

The early detection of cancer can be helpful in complete curing the disease. According to the most research in developed countries shows results that just because of inaccurate detection the numbers of people who have brain tumor were died. As the use of digital images has rapidly increased over the past decade, Radiologists by using computed Tomography (CT scan) and Magnetic Resonance Imaging (MRI) examine the patient physically. In surgical & medical assessments, brain tumor segmentation using MRI images is very difficult and important task. For diagnosis of brain tumor MR image is visually examined by the physician. However, this method of manual detection resists accurate tumor detection and more time consuming. To overcome these problems, this paper uses computer aided techniques such as SVM for extraction of tumor is key component to automate specific radiological tasks for the characterization of anatomical structures and regions of interest and AD algorithm to locate tumor area on the MRI images. At the end of process, the tumor detected from the MR image and its exact position and the shape also determined. This technique allows the segmentation of brain tumor tissue with accuracy, improved performance and robustness; it also reduces the effect of noise.

Key Words: MRI, Anisotropic filtering ,SVM, Future Extraction,Segmentation,Processing

1.INTRODUCTION

The symptoms of brain tumor in humans mostly include abnormal changes in mental ability, vision, blindness, hearing problem and seizures etc. Various techniques like medical imaging techniques are utilized for investigating and analyzing the human body in both health and disease. MRI, NMRI, CT, MRT and PET are some of the medical imaging techniques help to investigate about the abnormalities. Generally, MRI provides 3D data of the human brain. It is used precisely in brain disease examination, detection, diagnosis and classification. Tumor therapy treatment includes radiation therapy based on MRI segmentation.

With this we consider the identified part in MRI is tumor or non- tumor [healthy tissue]. These techniques are mostly used in hospitals for diagnosing, detecting stages of disease and for follow-up without exposure to ionizing radiation. To show the tumor quickly and accurately in the PET, MRI, CT, FMRI, DTI, Brain Scans and MRS are used. Tumor varies in shape, size and position. It acquires the properties of the normal tissue and overlapping with the same. This leads to expansion of brain tissue that is in abnormal geometry. In every year, the numbers of people in the USA are identified with primary brain tumors. It is not necessary that all primary tumors are cancerous, only malignant tumors are hazardous. Malignant tumors are spread in size speedily, destructively by killing the neighboring tissue. A benign tumor is not treated as cancer, but they are less aggressive and it does not spread and not dangerous. But any types of tumor are basically not a compromising one and dangerous due to its hostile and infiltrative behaviour within a limited area of the intracranial cavity. Prior identification of malignant tumor will lead to priortreatment to prolong the human life for some more years.

Nowadays medical imaging techniques play a vital role in the brain tumor detection and diagnosing system. The CT scan is a common and reasonable technique which performs normally, safe and well-tolerated. It is done by interpreting the visual of the brain. Some of the demerits in CT area, it delivers high doses of radiation. The laziness promotes and the havoc it canwreak when misinterpreted. Therefore, CAD based systems are developed to assist the radiologists for identifying and diagnosing cancerous cells in the MRI image.

MRI can provide high accurate reconstruction of the original image compared to CT. MRI basically utilises three electromagnetic fields. They are (i) Static field, (ii) Gradient field and (iii) Weak radio frequency field. It uses powerful magnets to polarize and to promote hydrogen nuclei. Human tissue consists of water molecules, in term consist of protons which produces a detectable signal that is encoded spatially, resulting in images of the body using above three electromagnetic fields.

2. Methodology

The global incidence of the primary brain tumor is approximately 3.7 per 100,000 for males and it is about 2.6 per 100,000 for the females per annum. The rate of this tumor is high in the developed countries when compared to the developing countries. The US Central Brain Tumor Registry has compiled a statistical report on the primary malignant and non-malignant brain tumors. This report clearly shows that the males have higher rates of the malignant type whereas females have higher non-malignant type when 20,500 individuals were diagnosed approximately. It depends on the age group like children and the adults. In Sweden registry, the most common type brain tumors such as medulloblastoma and glioma found in pediatric cases is about 23.5% and 31.7% respectively. But for adults concerned, it is about 30.5% and 29.4%. According to the incidence the mortality rate is expected around 3 per 100,000 incidents. The estimated mortality rate is higher in developed countries than in developing countries. The survival differs by histology and age. It is very poor among the children and the elders. With conflicting reports, Caucasians have 33.5% of survival while Africans-Americans have 37%. The latter shows a death risk factor of about 13% and 40% for malignant and low-grade tumors respectively.

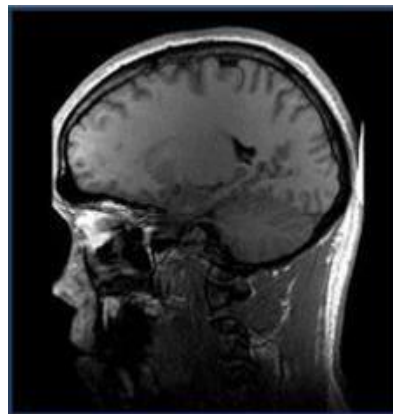
In the developing countries, there is a lack of registration among the newly diagnosed cases thus the tumor is underestimated. As per the hospital prevalence data, the disease load is estimated. While the diagnostic features are increasing in the developing countries, the incidents of brain tumors are also increasing at a peak rate. The World Health Organization has reported that the mortality of tumors is more in the developing countries which are even unnoticed. The paediatric tumors accounts up to 14.8% of the total value which is about 10-21%. As per the report, 231 cases of primary malignant brain tumor were identified in a single registry. The analytical report shows that this type occurs in the age group of 20-60 range with the male to female ratio of 2:3. In this 70.5% cases have their incident in the cerebral lobes and the type astrocytic tumor was the common one among them. In the overall manner primary malignant brain tumor prevails over 1% of all the cancer types. The young and middle age persons are affected more. Some epidemiological studies are required in establishing the risk issues prevailing in our population. In northern sides the tumor is seen in the age group of 20-39 years. It is detected in males and females at 33.5% and 38.6% respectively. In the paediatric age group, there reported an increase rate in females than males. The anatomic sub sites of the primary malignant type were frontal, temporal and the parietal lobes in the brain reporting about 70.5%. According to W.H.O the histological subtypes were seen as the most common diffuse astrocytoma (37.2%), glioblastoma multiforme (21.2%), astrocytic glioma

(10.3%) and medulloblastoma (6.4%) among different age groups.

MRI and MRI Based Brain Tumor Detection

Detecting and segmenting brain tumors in magnetic resonance images by medical experts are time-consuming task. Automating this process is a challenging task due to the often-high degree of intensity and textural similarity between normal areas and tumor areas. Several recent projects have explored ways to use an aligned spatial 'template' image to incorporate spatial anatomic information about the brain, but it is not obvious what types of aligned information should be used. This work quantitatively evaluates the performance of 4 different types of alignment-based (AB) features including spatial anatomic information for use in supervised pixel classification. This is the first work to (1) compare several types of AB features, (2) explore ways to combine different types of AB features, and (3) explore combining AB features with textural features in a learning framework. In this thesis situations where existing methods perform poorly, and found that combining textural and AB features allows a substantial performance increase, achieving segmentations that very closely resemble expert annotations is considered.

MRI-based temperature imaging that exploits the temperature-sensitive water proton resonant frequency shift is currently the only available method for reliable quantification of temperature changes in vivo. Extensive pre-clinical work has been performed to validate this method for guiding thermal therapies. That work has shown the method to be useful for all stages of the thermal therapy, from resolving heating below the threshold for damage to ensuring that the thermal exposure is sufficient within the target volume and protecting surrounding critical structures and to accurately predict the extent of the ablated volume. In this work, these validation studies will be reviewed. In addition, clinical studies that have shown this method feasible in human treatments will be overviewed.



Magnetic Resonance Imaging (MRI) is one of the best technologies currently being used for diagnosing brain tumor at advanced stages. Segmentation is an important process to extract a suspicious region from

complex medical images. Automatic detection of brain tumor through MRI can provide the valuable outlook and accuracy of earlier brain tumor detection. In this work an intelligent system is designed to diagnose brain tumor through MRI using image processing clustering algorithms such as Fuzzy C Means along with intelligent optimization tools, such as Genetic Algorithm (GA) and Particle Swarm Optimization (PSO).

The detection of tumor is performed in two phases:

Pre-processing and Enhancement in the first phase and segmentation and classification in the second phase.

Modified image segmentation techniques were applied to MRI scan images in order to detect brain tumors. Also in this work, a modified Probabilistic Neural Network (PNN) model that is based on learning vector quantization (LVQ) with image and data analysis and manipulation techniques is proposed to carry out an automated brain tumor classification using MRI-scans. The assessment of the modified PNN classifier performance is measured in terms of the training, performance, classification accuracies and computational time. The simulation results showed that the modified PNN gives a rapid and accurate classification compared with the image processing and published conventional PNN techniques. Simulation results by (Liang et al 2006), also showed that the proposed system outperforms the corresponding PNN system presented and successfully handle the process of brain tumor classification in MRI image with 100% accuracy when the spread value is equal to 1. These results also claim that the proposed LVQ-based PNN system decreases the processing time to approximately 79% compared with the conventional PNN, which makes it very promising in the field of in-vivo brain tumor detection and identification. Brain tumor segmentation consists of separating the different tumor tissues (solid or active tumor, edema, and necrosis) from normal brain tissues: gray matter (GM), white matter (WM), and cerebro-spinal fluid (CSF). In brain tumor studies, the existence of abnormal tissues may be easily detectable most of the time. However, accurate and reproducible segmentation and characterization of abnormalities are not straightforward. In the past, many researchers in the field of medical imaging and soft computing have made a significant survey in the field of brain tumor segmentation. Both semi-automatic and fully automatic methods have been proposed. Clinical acceptance of segmentation techniques has depended on the simplicity of the segmentation and the degree of user supervision. Interactive or semi-automatic methods are likely to remain dominant in practice for some time, especially in the applications where erroneous interpretations are unacceptable. This work presents an overview of the most relevant brain tumor segmentation methods conducted after the acquisition of the image. The advantages of magnetic resonance imaging over other diagnostic imaging, is focused. On

MRI brain tumor segmentation Semi- automatic and fully automatic techniques are emphasized.

Gliomas are brain tumors that differ from most other cancers by their diffuse invasion of the surrounding normal tissue and their notorious recurrence following all forms of therapy. A mathematical model is developed to quantify the spatial-temporal growth and invasion of gliomas in three dimensions throughout a virtual human brain. The model quantifies the extent of tumorous invasion of individual gliomas in three-dimensions to a degree beyond the limits of present medical imaging including microscopy. It is clear that why current therapies based on existing imaging techniques are inadequate and cannot be used otherwise without other methods for detecting tumor cells in the brain. The models estimate of the extent of tumorous invasion beyond that defined by standard medical imaging can be useful in more accurate planning therapy regimes as well as predicting sites of potential recurrence without waiting for re- emergence on follow-up imaging. Contrast-enhanced magnetic resonance imaging (MRI) is an important tool for the anatomical assessment of brain tumors. As a consequence, automatic brain tumor segmentation based on MRI is a widely studied topic (Jiang et al 2004, Greenspan et al 2006, Yang and Huang 2006, Zhou and Bai 2006, Zhang et al 2008, Jaya et al 2009, Prastawa et al 2008, Ratan et al 2009). Nowadays, techniques based on thresholds, region growing, clustering, Markov random fields, classification algorithms, and artificial neural networks have been used and accurate segmentation results have been reported after comparison with manual tumor segmentation by an expert. However several diagnostic questions such as the type and grade of the tumor are difficult to address using conventional MRI. The histopathological characterization of a tissue specimen remains the gold standard, despite the associated risks of surgery to obtain a biopsy. In recent years, the use of magnetic resonance spectroscopy (MRS) which provides metabolic information is increasingly being used for more detailed and specific non-invasive evaluation of brain tumors. In particular magnetic resonance spectroscopic imaging (MRSI) which provides quantitative metabolite maps of the brain is attractive as this may also enable to visualize the heterogeneous spatial extent of tumors both inside and outside the MRI detectable lesion. However, the individual inspection and analysis of the many spectral patterns, obtained by MRSI, remains an extremely time - consuming and requires specific spectroscopic expertise. Therefore, it is not practical in a clinical setting where automated processing and evaluation of the MRSI data as well as easy and rapid display of the results as images or maps is needed for routine clinical interpretation of an exam. As such, the term monosologic image was introduced for an image which indicates a specific tissue type in a certain color.

Computer-assisted surgical planning and advanced image-guided technology has become increasingly used in neurosurgery. The availability of accurate anatomic three-dimensional (3D) models substantially improves spatial information concerning the relationships of critical structures (e.g., functionally significant cortical areas, vascular structures) and disease. In daily clinical practice, commercially available interpretive navigational systems provide the surgeon with only two-dimensional (2D) cross sections of the intensity-value images and a 3D model of the skin. The main limiting factor in the routine use of 3D models to identify important structures is the amount of time and effort that a trained operator must spend on the preparation of the data. The development of automated segmentation methods has the potential to substantially reduce the time for this process and to make such methods practical.

Although 2D images accurately depict the size and location of anatomic objects, the process of generating 3D views to visualize structural information and spatial anatomic relationships is a difficult task, which is usually carried out in the clinician's mind. Image-processing tools provide the surgeon with interactively displayed 3D visual information that is somewhat similar to the view of the surgeon during surgery; the use of these tools facilitates comprehension of the entire anatomy. For example, the (mental) 3D visualization of structures that do not readily align with the planes of the images (e.g., The vascular tree) is difficult if it is based on 2D images alone.

Image-based modelling requires the use of computerized image-processing methods, which include segmentation, registration, and display. Segmentation with statistical classification techniques has been successfully applied to gross tissue type identification. The acquisition of tissue parameters is insufficient for successful segmentation due to the lack of contrast between normal and pathologic tissue, statistical classification may not allow differentiation between non enhancing tumor and normal tissue. Explicit anatomic information derived from a digital atlas has been used to identify normal anatomic structures.

An automated segmentation tool that can be used to identify the skin surface, ventricles, brain, and tumors in patients with brain neoplasms is developed. The comparison of the accuracy and reproducibility of this automated method with those of manual segmentation is carried out by trained personnel.

The proposed work is built principally in light of division and extraction of the tumor area for further dissection. Division is the methodology where a picture is separated into distinctive districts on the some closeness basis. The picture of the cerebrum is acquired from the MRI, examining. Essential capacity of division is to get data and distinctive peculiarities

effectively from the images. The investigation has been implemented in MATLAB.

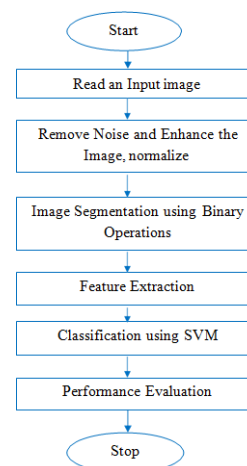


Figure 2.2 Proposed models

NOISE REMOVAL USING ANISOTROPIC FILTER

The Magnetic Resonance Imaging (MRI) images are prone to noises such as Gaussian Noise, salt and pepper noise and speckle noise. So, obtaining a clear and accurate image is extremely necessary for further diagnosis on image. The image may be corrupted by random variations in intensity, variations in illumination, or poor contrast that must be dealt with in the early stages of image processing. Image filtering is a process of removing noises from the image. There are various image filtering methods like average filter, mean filter, Weiner filter, high pass filter and anisotropic filter. Anisotropic denoising concentrates on the preservation of important surface features like sharp edges and corners by applying direction dependent smoothing. Anisotropic diffusion is a non-linear and space-variant transformation of the original image.

Noise is an omnipresent artifact in 2d and 3d meshes due to resolution problems in mesh acquisition processes. For example, meshes extracted from image data or supplied by laser scanning devices often carry high-frequency noise in the position of the vertices. Many filtering techniques have been suggested in recent years, among them Laplace smoothing is the most prominent example. In practice, denoising is still a delicate task and left to the hands of a user who carefully chooses different filtering algorithms. Anisotropic denoising concentrates on the preservation of important surface features like sharp edges and corners by applying direction dependent smoothing. For example, a sharp edge remains sharp when smoothing is avoided to happen across the edge. In geometry, different notions of curvature have been established to detect and measure the bending and the geometric disturbance of a shape. One approach to denoise a shape therefore concentrates

on the removal of unwanted curvature peaks while a feature preservation simultaneously tries to keep certain curvature distributions, for example, the high curvature along sharp corners. Anisotropic mean curvature flow addresses this problem by constraining the isotropic mean curvature flow to preserve features encountered in a shape. A good knowledge of curvature is an eminent prerequisite for constrained mesh smoothing. Especially for feature constrained denoising the computation of principal curvatures on simplicial surfaces is important since it measures the individual bending of a surface in different directions. The results of this paper are based on the novel definition and explicit calculation of a shape operator and principal curvature information on a simplicial surface. These definitions rely on a smallest possible stencil for curvature calculations and are still fully consistent with the known vertex-based discrete mean curvature formulas. We incorporate these operators in new kinds of diffusion algorithms for the feature preserving denoising of meshes.

The general anisotropic diffusion equation is as follows

$$\frac{\partial I}{\partial t} = \text{div}(c(x, y, t) \nabla y) = \nabla c \cdot \nabla I + c(x, y, t) \nabla^2 I$$

where Δ denotes the Laplacian, ∇ denotes the gradient, $\text{div}(\dots)$ is the divergence operator and $c(x, y, t)$ is the diffusion coefficient.

For $t > 0$, the output image is available as $I(\cdot, t)$ with larger t producing blurrier images. $c(x, y, t)$ controls rate of diffusion and is usually chosen as a function of the image gradient so as to preserve edges in the image. Pietro Perona and Jitendra Malik pioneered the idea of anisotropic diffusion in 1990 and proposed two functions for the diffusion coefficient:

$$c(|\nabla I|) = e^{-(|\nabla I|/K)^2}$$

$$c(|\nabla I|) = \frac{1}{1 + \left(\frac{|\nabla I|}{K}\right)^2}$$

IMAGE ENHANCEMENT USING LOW PASS FILTER

Processing of image is to carry out specific features in an image. It highlights certain characteristics of image. This is problem oriented; to process the image results is more suitable than the original image for specific application. It categorizes into spatial domain method called point processing, mask processing and direct manipulations of pixel in image. Frequency domain method called modifying Fourier transform of an image and may be combination of the two methods. Point processing is simple and powerful processing technique. Image sharpening of 2D array or larger neighbourhood is considered as mask approach.

Compression with dynamic range includes image with large dynamic range that exceeds the capability of display device specifies only the brightest parts of image. Transformation functions are based on the gray level distributions in the neighbourhood of every pixel in the image. Spatial filtering uses spatial masks for image processing also it uses linear and non-linear spatial filters for image enhancement. The objective of median filtering is to reduce noise rather than blurring. Image enhancement includes point operation which has contrast stretching, noise clipping, window slicing and histogram modelling. Spatial operation which has noise smoothing, median filtering, low pass, high pass and band pass filtering and zooming. Transform has linear filtering, root filtering and homomorphic filtering. The biggest difficulty in image enhancement is quantifying the criterion for enhancement and it requires interactive procedures to obtain satisfactory results.

Magnetic Resonance Images are considered for enhancement. Generally images give 3D view of brain in which cerebrum images are considered. General difference between healthy and affected tissue will vary in color intensity and saturation. MR images provide dark and white picture. By identifying the individual parts of pixels from the image scale points can be derived in bounded areas. The area which obtains high values in dark, white is considered for noise removal. Mixed values in the bounded box will be again considered for majority rendering of spots. Comparison values will be considered for selecting the image. Here is zero is considered for dark and highest factor value 255 is considered for white and for gray scaling 127 is considered. The images are stored in *. bmp format in database.

The MRI image could be acquired from the patient's information based on the PC when the individual undergoes the MRI checking. Typically MRI images resemble dark and white images. The figment of ash shading in a dark and white picture is acquired by rendering the picture as a framework of dark specks on a white foundation. With the sizes of the individual spots is deciding the obvious daintiness of the light black in their region. An ash scale picture could be detailed by giving a vast grid whose entrances are numbers between 0 and 255, with 0 relating to dark and 255 comparing to white. For the study reason the patients inside the age of 25-55 were incorporated. The images acquired were put away in the database in BMP form.

Simple Intensity Transformation

Digital image negatives are useful in various applications such as displaying medical images, photographing a screen with monochrome positive film with the idea of using the resulting negatives as normal slides. Contrast stretching is to increase the dynamic

range of the gray cells in the image being processed. Dynamic range of the processed image far exceeds the capability of the display device in which case only the brightest parts of the image are visible on the display screen. In automated image analysis colour is powerful descriptor that often simplifies object identification and extraction from picture.

Monochrome imager can be enhanced by using colours to represent different gray levels or frequencies.

Proposed Approach: Binary Operations

Numerical morphology is an apparatus for concentrating picture parts valuable in the representation and portrayal of locale shape, for example, limits, skeletons and curved bodies. The dialect of numerical morphology is situated hypothesis, and thusly it can apply specifically to paired images: a point is either in the situated or it isn't, and the common set administrators might be connected to them. Essential operations in scientific morphology work on two sets: the first is the picture, and the second one is the organizing component. The organizing component utilized within practice is by and large much more modest than the picture, regularly a 3x3 framework. Binary operations are considered as binary image which collected from pre-processing of input MR images. The same can be given form morphological filtering which gives useful information about an input image. Some of the filtering operations like dilation and erosion (Chidhambaram 2013) are used in alternate approaches. Dilation operation generally increases or thickening the image. The set of composed elements were considered to expose the area suspected in an image (Senthilkumaran & Thimmiraja 2013). Erosion will make loose or thin the image object. The imperfections are identified by the specified operations.

Operations

The following operations were considered for analysing binary operations from image. They are

- Union
- Concatenation
- Closure

BINARY OPERATIONS ON BINARIZED IMAGES

Disintegration and widening are two fundamental administrators in numerical morphology. The fundamental impact of disintegration administrator on a paired picture is to dissolve away the limits of forefront pixels (normally the white pixels). Subsequently regions of frontal area pixels recoil in size and "openings" inside those zones get bigger. Numerically, disintegration of set A by set B is a

situated of all focuses x such that B deciphered by x is still held in A. Let frontal area pixels be spoken to by coherent 1's, and foundation pixels by consistent 0's. As a useful sample, a 3x3 framework of consistent 1's, with the centre point picked as the cause of the set is utilized as the organizing component B. To register the disintegration of a double enter picture by this organizing component, by considering each of the frontal area pixels in the info picture thusly. For each one data pixel is superimposed the organizing component on top of the information picture so that the birthplace of the organizing component agrees with the info pixel coordinates. If the info pixel is situated to frontal area and all its 8 neighbors are likewise situated to forefront, then the pixel stays set to closer view.

If the info pixel is situated to frontal area, however no less than one of its 8 neighbors is not, the pixel is situated to foundation. Input pixels set to foundation stay such. With the organizing component picked as over, the impact of this operation is to uproot any forefront pixel that is not totally encompassed by other frontal area pixels, accepting 8-connectedness. It can likewise be seen that this operation might be performed on binary images basically by applying a coherent AND capacity.

Mathematical Model of Binary Operations

In double operations, a picture is seen as a subset of a Euclidean space R^d or the whole number framework Z^d , for some measurement.

Organizing component: The essential thought in double morphology is to test a picture with a basic, predefined shape, making inferences on how this shape fits or misses the shapes in the picture. This basic "test" is called organizing component, and is itself a binary picture (i.e., a subset of the space or network).

Fundamental Administrators

The fundamental operations are movement invariant (interpretation invariant) administrators determinedly identified with Minkowski expansion. Let E be a Euclidean space or a number network, and A a twofold picture in E.

Disintegration: The disintegration of the paired picture A by the organizing component B is characterized by:

$$A \ominus B = \{z \in E | B_z \subseteq A\}$$

where B_z is the interpretation of B by the vector z, i.e., $B_z = \{b + z | b \in B\}$, $\forall z \in E$. At the point when the organizing component B has an inside (e.g., B is a plate or a square), and this core is spotted on the cause of E, then the disintegration of A by B could be seen as the locus of focuses arrived at by the middle of B when B moves inside A. Case in point, the disintegration of a square of side 10, focused at the root, by a plate of

radius 2, likewise focused at the beginning, is a square of side 6 focused at the source.

Illustration-2: Dilation is the double operation of the disintegration. Assumes that are softly drawn get thick when "widened". Simplest approach to depict it is to envision the same fax/content is composed with a thicker pen.

Opening: The opening of A by B is gotten by the disintegration of

A by B, emulated by widening of the ensuing picture by B:

$$A \circ B = (A \ominus B) \cup B$$

The opening is additionally given by $A \circ B = \bigcup_{B \subseteq X \subseteq A} B$, which implies that it is the locus of interpretations of the organizing component B inside the picture A. On account of the square of side 10, and a circle of range 2 as the organizing component, the opening is a square of side 10 with adjusted corners, where the corner sweep is 2.

Illustration-3: Let's expect somebody has composed a note on a non- splashing paper and that the written work looks as though it is developing little bristly roots everywhere. Opening basically evacuates the external small "hairline" spills and restores the content. The symptom is that it adjusts off things. The sharp edges begin to vanish.

Shutting: The end of A by B is gotten by the expansion of A by B, took after by disintegration of the ensuing structure by B:

$$A \cdot B = (A \cup B) \ominus B$$

The opening is additionally given by

$$A \cdot B = \bigcap_{B \subseteq X \subseteq A} B$$

which implies that it is the locus of interpretations of the organizing component B inside the picture A. On account of the square of side 10, and a circle of range 2 as the organizing component, the opening is a square of side 10 with adjusted corners, where the corner sweep is

Illustration-3: Let's expect somebody has composed a note on a non- splashing paper and that the written work looks as though it is developing little bristly roots everywhere. Opening basically evacuates the external small "hairline" spills and restores the content. The symptom is that it adjusts off things. The sharp edges begin to vanish.

Shutting: The end of A by B is gotten by the expansion of A by B, took after by disintegration of the ensuing structure by B:

$$A \cdot B = (A \cup B) \ominus B$$

The end can additionally be gotten by

$$A \cdot B = (A \circ B^s)^c$$

where X^c indicates the supplement of X with respect to E (that is, $X^c = \{x \in E | x \notin X\}$). The above implies that the end is the supplement of the locus of interpretation of the symmetric of the organizing component outside the picture A.

The operations on binary images like opening, shutting etc. are applied on the enhanced binary image and the tumor is segmented as a component from the image. Initially, these MRI images are binarized to gray level values from 0 to 1 and the features are extracted from the normalized images. Since normalization reduces the dynamic range of the intensity values, feature extraction is made much simpler.

SUPPORT VECTOR MACHINE BASED TUMOR CLASSIFICATION

Goal of feature extraction is measuring some of the properties of original data set and provide the similar distinguishes with respect to one and other pattern. Huge set of training images were considered. With the help of good textures it is clever to identify the tumor pixels. For this texture based GLCM (Grey Level Co-occurrence Matrix) feature selection is utilised.

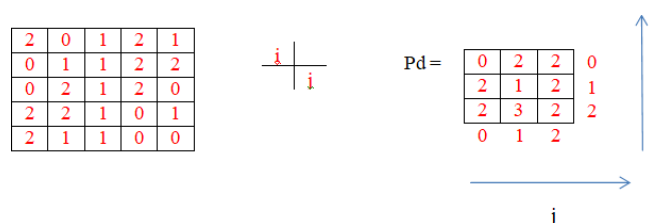


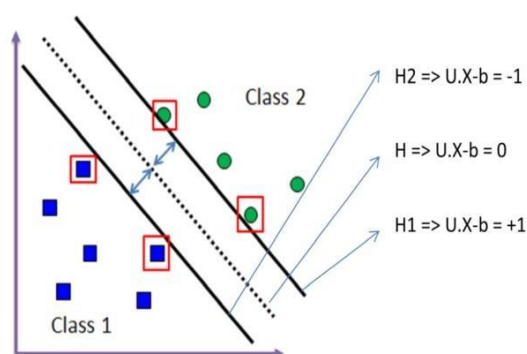
Figure 2.2 Grey level co-occurrence matrix

Based on the data set classes each will be identified as normal-benign, ubnormal-benign and malignant. It is binary classifier which is under supervised learning. A hyper plane is constructed in high dimensional feature space.

Linear SVM

Three hyper planes are considered which touches high, medium and low boundaries of the planes. Here linear state vector is obtained by continues distribution function.

Figure 2.3 Linear SVM



$$f(x) = \text{Sgn}(\sum_{i=1}^n a_i y_i (x_i \cdot x) - b)$$

$$i=1$$

is used to provide the polarity of plane boundary.

Algorithm for SVM Classifier:

*This algorithm solves the classifier problem by calling

* Set of points in the SV array.

*Input: Input data matrix from binary image

*Output: Set of support Vectors segmented

*Initialization: Error threshold = huge value

**/ begin

Randomly sample 2 pixels belong to different classes.

Add them to current set of SV

Set the corresponding variables (' α ') values

Loop SVM

Loop to randomly consider other samples

Choose the set of points with which current SV gives

sample point Less than theCurrent error threshold

End loop random sample some other pixel

Update error threshold as average of sampled test

errors. Loop over misclassified points

Add the point to current SVs

Train the data set over the remaining pixels. End loop

over misclassified points

Save variable (' α ') for next iteration End Loop SVM

End

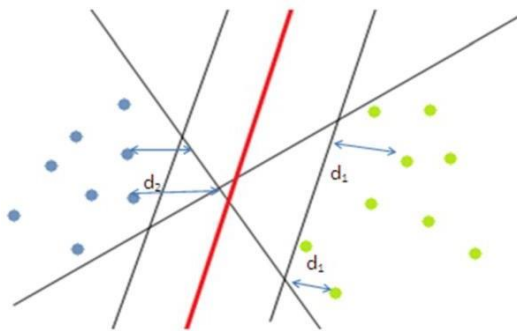


Figure 2.4 SVM classifier

SVM generally concentrates on class boundaries. The objective of this is to find the thickest hyper plane which separates the classes.

$$U \cdot X + b = 0$$

$$\frac{-b}{U}$$

Where X gives the set of training vectors, u gives the vectors perpendicular to separating the hyper plane and b gives the offset which allows increasing the margin. Where margin = $d_1 + d_2$ given in Figure 2.4.

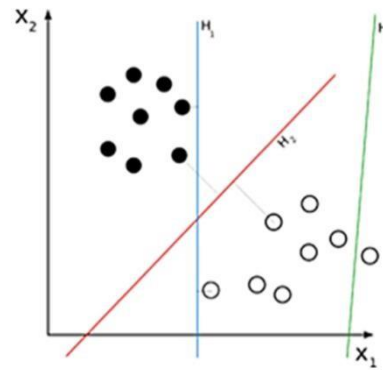


Figure 2.5 Linearity group

The data point which specifies the class boundaries called support vectors is used. Advantage of SVM is it always finds the global optimum because it is not possible to give local optima. System is generally robust in nature to over fitting. Data is continuous numerical here this is the major restriction like neural networks. Outliers shall be a problem but this can be over rules by using soft margins.

SVM supports the following properties,

Non-Linear boundaries

Accuracy deals with small data sets

Efficient reasoning

Efficient learning

Support vector machines are a state of the symbolization design distinguishment strategy adult from measurable taking in principle. The fundamental thought of applying SVMs for taking care of grouping issues couldbe expressed quickly as takes after: a) Transform the information space to higher measurement gimmick space through a non-direct mapping capacity and b) Construct the differentiating hyper-plane with greatest separation from the closest purposes of the training set. On account of direct distinct information, the SVM tries to discover among all hyper planes that minimize the preparation lapse, the particular case that differentiates the preparation information with most extreme separation from their closest points

$$w \cdot x + b = 0$$

With w and b are weight and inclination parameters individually. Keeping in mind the end goal to characterize the maximal edge hyper-plane (MMH) the accompanying obliges must be satisfied:

$$\text{Minimize } \frac{1}{2} \|w\|^2 \text{ with } y_i(w \cdot x_i + b) \geq 1$$

This is an excellent nonlinear improvement issue with bias requirements. It could be tackled by the karush-kuhn-Tucker (KKT) hypothesisby presenting Lagrange multipliers.

The main nonzero results characterize that preparation information (normally a little rate of the starting information set) that are important to structure the MMH and are called help vectors. The ideal hyper plane hypothesis is summed up for non-direct covering information by the conversion of the data vectors into a

higher dimensional feature space through a mapping function.

3.RESULTS & DISCUSSION

Experiments are led on 100 MRI images taken from (Jafari-Khouzani et al 2014) gathered from different patients. It is a Benchmark Dataset experimented by numerous scholars and evaluated their proposed approaches.

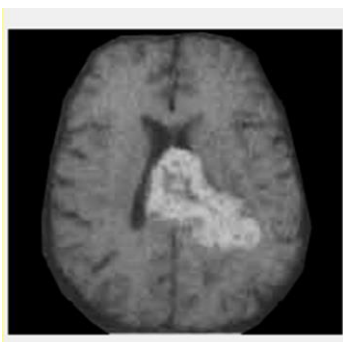


Figure 3.1 Input image read from folder where the size of the image is

220 X 220

Figure 3.2 Clustered Image (process-1)

The clustered input image mean, median and standard deviation is computed for each color channels or RED, GREEN and SOM clustering is applied and it utilizes KNN based neighbour analysis and gather the same intensity based pixels and cluster it.

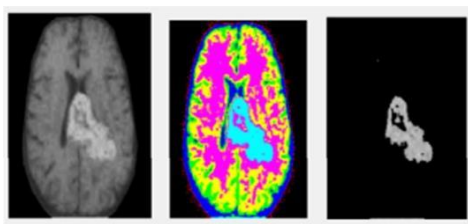
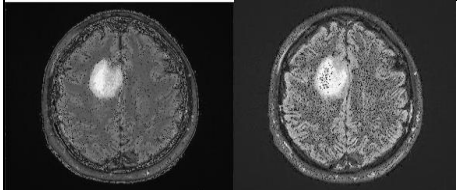
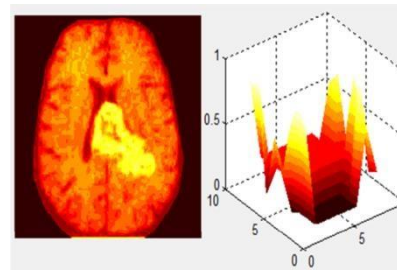



Figure 3.3 Segmented and output image showing tumor (process-2)

Finally the tumor portion is computed with winner neurons and segmented separately using distance among the mean, median and standard deviation of the pixels.

Experiment Results Proposed Approach based Tumor Detection	Description
	Input image read from source folder and noise removed

Input Image	Enhanced Image	using anisotropic filter and brightness of the image is enhanced.
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	The image converted in to binary image and binary operation is applied.
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Binary Image Disintegrated Image

According to the binary operation the disintegration and opening operation finds all the connected components in the image and dilate the same type of pixels in the image components.

	According to the intensity which has more brightness the portion is erode from the opened image and segmented.
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Once the tumor portion detected successfully, according to the various features the SVM classifier classify the MRI images as normal or abnormal and it given in the following Table-3.1 and Figure 3.3.

Table 3.2 Detection accuracy comparison of proposed vs. SOM

Approaches	Data Base Image	SOM	Binary Operation
Abnormal Image	25	21	24
Normal Image	75	71	73
Total Number of Images	100	92	97

Figure 4.5 SVM classification

Accuracy Comparing with SOM Effectiveness or exactness of the classifiers for every surface dissection strategy is examined focused around the failure rate. This blunder rate might be portrayed by the terms True and false positive (Hiremath & Shivashankar 2006a) and genuine and false negative as takes after.

4. CONCLUSION

BRAIN Tumor MRI picture Classification with peculiarity choice and extraction have been done in the past with constrained achievement. The strategy recommended the above work incorporates the steps, Image accumulation, clamor evacuation, Brightness Enhancement, Intensity, shape and Texture characteristic extraction, characteristic determination and grouping. In this technique the shape, Intensity and Texture peculiarities are concentrated and utilized for grouping. Crucial gimmicks are chosen and arranged utilizing SVM is 98.0%. Thus the proposed system performs superior to the current meets expectations. It is normal that the data of new imaging system MRI and theImage MOMENTS when included into the plan will give more faultless results.

Figure 4.4 Detection accuracy comparison of proposed vs. SOM
Table 3.3 SVM classification accuracy comparing with SOM

Table 4.3 SVM classification accuracy comparing with SOM

Features	No of Images	SOM	Proposed
Intensity	14	13	14
Shape	35	25	34
Texture	51	42	50

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