

Tumor Detection in Brain Using MRI Images

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Abstract - This work provides a robust segmentation approach that combines Template-based K-means with the modified Fuzzy C-means (TKFCM) clustering algorithm. Operator and equipment error is reduced. The template is chosen in this method based on the convolution of grey level intensity in a tiny area of a brain image and a brain tumor image. The K-means method emphasizes initial segmentation through template selection. Distances from the cluster centroid to the cluster data points are used to update membership until it is optimal. This Euclidian distance is determined by the coarse image's intensity, entropy, contrast, dissimilarity, and homogeneity which were solely based on resemblance in conventional FCM. Then, using updated membership and automatic cluster selection, a sharp segmented image with red indicated tumor is created using the improved FCM technique. TKFCM detects minor differences in grey level intensity between normal and diseased tissue. The TKFCM method's performance is analyzed using a neural network to produce better regression and less error. The performance parameters yield meaningful results that are helpful at finding cancers in several different intensity-based brain scans brain.

Keywords - Magnetic Resonance Imaging (MRI), Revised Fuzzy C-Means Algorithms and Template based K-Mean Clustering (TKFCM), gray level intensity, coarse image, features selection, Artificial Neural Network (ANN).

1. INTRODUCTION

This paper provides a reliable delineation technique that utilizes the modified Fuzzy C-means (TKFCM) clustering algorithm with Example centered K-Mean to minimize worker and hardware uncertainty. In the above method, the template is chosen primarily on the mixture of a photo of the tumor and a tiny region of the skull with high grey tone concentration. In recent decades, medical research has faced a tremendous problem in detecting brain tumors. It is especially concerning for pictures from magnetic resonance imaging (MRI) because MRI images are rarely color images.

2. LITERATURE SURVEY

MRI imaging offers a higher contrast value the alternative methods. To diagnose skull problems, accurate segmentation of brain MRI images is necessary. While brain cells can understand complicated shapes, precise NMR tagging images is required [1].

In a brain scan, segmentation defines conspicuous image sections to get region(s) of interest (ROI's) such as legions,

tumors, edoema, and necrotic tissues Many image processing approaches have been proposed for brain image segmentation, such as region growth, thresholding, classifiers, Artificial Neural Networking (ANN), clustering, and so on. The reshoulding is used to segment scalar images by establishing a binary division of the photograph intensities [2].

A good threshold value is extremely difficult to attain due to the architectural complexity of brain tissue. The fundamental disadvantage of thresholding is that it cannot be applied to pictures with many channels. Furthermore, because it lacks spatial properties, it is susceptible to noise as well as inhomogeneity intensity [3].

On the other hand, the restricted threshold foundation is also employed collectively with other approaches such as classifier, ANN, clustering, and so on. Based on some established parameters, such as intensity data the in region growth, the related region of a picture is extracted. Furthermore, detailed anatomical information is required to finding a single or several seed pixels for each region and their related homogeneity is referred known as region growth the region's principal drawback is that its seed point is discovered by user involvement. For training data, the Classifier technique requires a flawless pixel classifier. Inefficient training data and classifiers are designed to waste time and produce humorous results [4].

Fuzzy Of the most popular sorting methods are C-Means (FCM) and Expectation-Maximization (EM) methods. The two most popular ways to cluster are Fuzzy C-Means (FCM) Clustering and Expectation-Maximization (EM) procedures. Wells et al. describe the applicability of the EM algorithm to brain MR image segmentation as well as a common shortcoming of EM methods. Li et al. employed an FCM algorithm that communicates with a knowledge-based categorization and tissue labeling. These FCM techniques begins by segmenting MR brain pictures and then use an expert system to detect landmark tissue by matching them with a prior model. Hall employed an ANN to segment brain MR images and compared its performance to that of FCM. Conventional FCM Pham et al. has noise sensitivity limitations and imperfections.

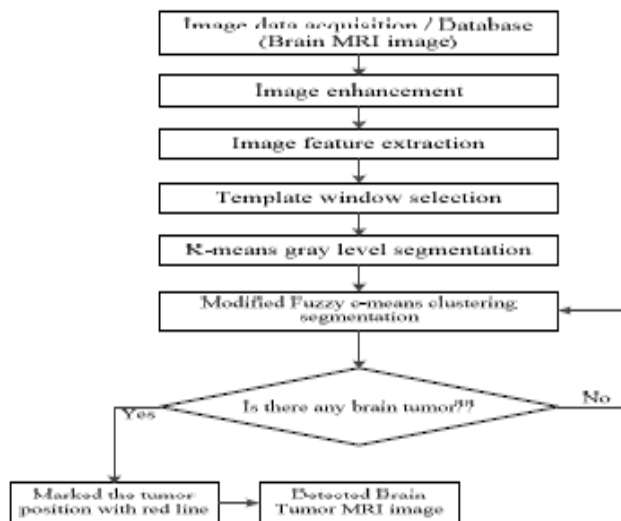


Fig 1: System Architecture

3. EXISTING SYSTEM

Several of the most widely used popular practices for clustering are fuzzy c-means (FCM) clustering and expectation-maximization (EM) processes. Wells et al. report on the applications of the EM Algorithm to brain MR image segmentation and a common shortcoming of EM algorithms. Li et al. used an FCM algorithm when combined with other items knowledge-based categorization and tissue labeling. This FCM method begins by segmenting MR brain pictures and then using an expert system to pinpoint a landmark tissue by comparing them to a prior model. Hall et al. employed an ANN to segment brain MR images and compared its performance to that of FCM.

Pham et al.'s conventional FCM has limitations in noise sensitivity and imperfection to brain abnormalities such as tumor, edoema, and cyst. Although K-Means Segmentation is noise immune, proper thresholdings is necessary for such a strategy, which happens to be difficult for complex brain structures.

Disadvantages of Existing System: A proper segmentation of brain MRI picture is visible for diagnosing brain abnormalities. Because the brain comprehends complex structures, segmentation of MRI images necessitates caution and precision. Because given the amount of detail, the structure of brain tissue, achieving a correct threshold value is extremely difficult. The fundamental disadvantage of thresholding is that it cannot be used with photos with many channels. Furthermore, it lacks spatial features, making it susceptible to noise and inhomogeneity intensity.

4. PROPOSED SYSTEM

The suggested technique combines the k-means and with some modifications, fuzzy c-means. The layout is included in addition to the standard k-means, which is characterized by the temper or grey amount of mental activity image. The visual attributes also influence fuzzy c-means membership and Euclidian distance. The following equation represents the template-based customized uncertain c- and k-meant clustering algorithms for segmentation.

$$J = \sum_{i=1}^M \sum_{j=1}^N B(x_i, y_j) \times \sum_{i=1}^K \sum_{j=1}^C P_{ij} \|x_i - c_j\|^2 \times \sum_{j=1}^R \sum_{i=1}^C (U_{ij})^m d^2(x_j, v_i)$$

where M and N represent the row and column of the binary image matrix P_{ij} . R, K, and C determine the centroid of the cluster, the value of data points in clusters, and the amount of clusters. The final half of eqn. (6) is defined as modified fuzzy c-means, whose Euclidian distance depends on one another. Image features. The typical k-means algorithm is employed in the middle section, which is defined by the distance from each point to the cluster center. $B(x_i, y_j)$ is the coarse picture in this case.

5. METHODOLOGY

The research begins by preprocessing the MRI images to normalize the gray level intensities and obtain a coarse image for initial segmentation. Then, RFCM is applied to the coarse image to refine the segmentation and generate clusters. To further enhance the accuracy and efficiency, TKFCM is employed, which uses a template-based approach to fine-tune the clustering results.

Next, features selection techniques are utilized to identify the most relevant features for tumor detection. This process optimizes the input data for the ANN, which acts as a classifier to differentiate between tumor and non-tumor regions. The ANN is trained using a large dataset of annotated MRI images to achieve high accuracy in classifying tumor regions.

Modules:

- **Image Acquisition:** Images are obtained from the Gallery.
- **Image Enhancement:** The before-processing phase's objective is to use image enhancing techniques to improve the visual quality a picture is the cerebral malignancy. Imadjust is a tool we employ to enhance the brain's representation tumor.
- **Segmentation:** Following the pre-processing stage, we suggest a segmentation process. That study used model modified K-means clustering method. The portion of a cerebral malignancy was divided using C-means analysis. The strategy being offered is a tweaked hybrid of fuzzy c-means and K-Means. The template is combined with the traditional K-Means, which is identified by the intensity of the temper or grey level in the brain image. The image properties (Energy, Contrast, Correlation, and Homogeneity) also influence fuzzy c-means membership and Euclidian distance. The following equation represents the template-based K-Means algorithm + Fuzzy enhanced C-Means clustering algorithms for segmentation.

6. FINDINGS AND EXPERIMENTAL RESULTS

The proposed hybrid approach demonstrates superior performance compared to traditional tumor detection methods. The combined utilization of RFCM and TKFCM improves segmentation accuracy, resulting in precise tumor localization. Additionally, the feature selection process enhances the ANN's performance, effectively reducing false positives and false negatives.

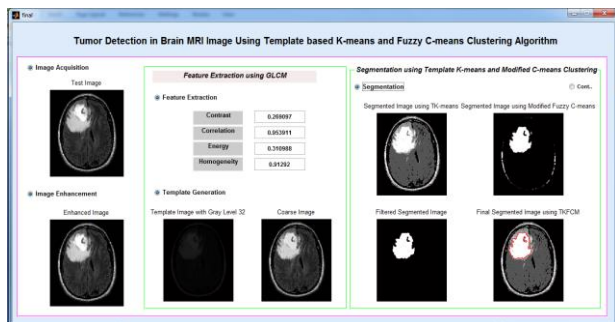


Fig 2: Tumor Detection in Brain MRI Image Using Template based K-Means and Fuzzy C-Means Clustering Algorithm

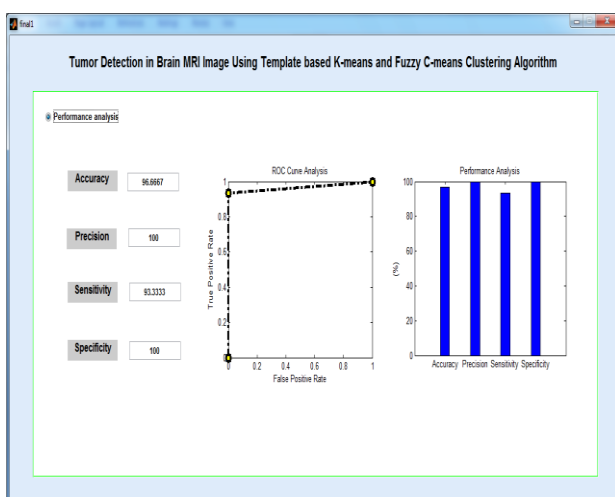


Fig 3: Tumor Detection in Brain MRI Image Using Template based K-Means and Fuzzy C-Means Clustering Algorithm

Table 1: Prediction Metrics

Metrics	Percentage
Accuracy	96.67 %
Precision	100 %
Sensitivity	93.33 %
Specificity	100 %

7. CONCLUSION

We offered a new technique in this research, namely Clustering algorithms based on templates, K-means, and a modified fuzzy C-means. It utilized to overcome the limitations of traditional K-means and FCM algorithms for brain tumor MRI images. The template is chosen according to this convolution of grey level intensity in a tiny area of the brain image and the image of the brain tumor. The K-means method emphasizes initial segmentation through template selection. The membership is updated by measuring the distance from the centroid to the clusters until it achieves its best. A sharp segmented image with tumor is created using the modified FCM technique based on updated membership and automatically selected cluster. The segmented tumor is shown in red with their correct detected position. The detected position of a segmented tumor is indicated in red. The performance is evaluated using neural networks, that is more accurate, and lower inaccuracy. It outperforms earlier traditional approaches at relation to accuracy, sensitivity, and specificity. Though it is less noise sensitive, it could be

difficult to find an appropriate template for some photographs when the grey level intensity difference is quite small.

REFERENCES

- [1] S. Shen, W. Sandham, M. Granat, and A. Sterr, "MRI fuzzy segmentation of brain tissue using neighbourhood attraction with neuralnetwork optimisation," Ver. 9, number three of IEEE Transactions on Information Technology in Biomedicine September 2005, pp. 459-467.
- [2] N. Noreen, K. Hayat, and S. A. Madani, "MRI Segmentation Using Wavelets and Fuzzy C_Means," World Applied Sciences Journal 13 (Special Issue of Applied Math): 34-39, 2011.
- [3] D. L. Pham, C. Xu, and J. L. Prince "Current Methods in Medical Image Segmentation," The Biomedical Engineering Association yearly overview, vol.2, pp.315-337, 2000.
- [4] Lemieux, G. Hagemann, K. Krakow, and F. G. Woermann, "Fast, accurate, and reproducible automatic brain segmentation in T1-weighted volume MRI data," Magnetic Resonance Medical, vol. 42, pp. 127-135, 1999.
- [5] H. Suzuki and J. Toriwaki, "Automatic segmentation of head MRI images using knowledge guided thresholding," Computed Medical Image Graphics, vol. 15, no. 4, 1991, pp. 233-240.
- [6] R.M. Haralick and L.G. Shapiro, "Image Segmentation Techniques" 1985, Computer Vision and Graphics Image Processing, vol.29, pp.100-132.
- [7] A. R. Robb "Biomedical Imaging Visualisation, and Analysis" Wiley, New York, 2000.
- [8] R. Pohle and K. D. Toennies, "Segmentation of medical images using adaptive region growing," S" PIE— Medical Imaging Proceedings, vol. 4322, pp. 1337-1346, 2001.
- [9] T. Y. Law and P. A. Heng, "Automated bronchus extraction from 3D CT images of the lung using a genetic algorithm and 3D region growing," SPIE — Medical Imaging Proceedings, vol. 3979, pp. 906-916, 2000.
- [10] K. V. Leemput, F. Maes, D. Vandermeulen, and P. Suetens, "Automated model-based tissue classification of brain MR images," IEEE Transaction Medical Imaging, vol. 18, no. 10, Oct. 1999, pp. 897-908.
- [11] W. M. Wells III, W. E. L. Grimson, R. Kikinis, and F. A. Jolesz, "Adaptive segmentation of MRI data," IEEE Transaction Medical Imaging, Aug. 1996, vol. 15, no. 4, pp. 429-442.
- [12] C. L. Li, D. B. Goldgof, and L. O. Hall, "Knowledge-based classification and tissue labelling of MR images of the human brain," IEEE Transaction Medical Imaging, vol. 12, no. 4, April 1993, pp. 740-750.