

Detection of Tuberculosis by image processing using GAN's

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ABSTRACT:

The tuberculosis has become a silent killer in the society and detection of disease is as important as curing it. So, it becomes more than important to take steps for the detection of the disease in earliest stages and eradicate the disease permanently. Since the disease is an epidemic in developing countries, and has been a barrier to the economic growth. With the use of generative adversarial networks with genetic algorithms on the tuberculosis database we have tried to detect the disease. In the proposed model, first the data generator was trained on the real images so to generate new fake images which could be transferred to discriminators testing and the process of training and testing took place simultaneously. The discriminator was trained based on the patterns of lung images of normal patient and the infected patient carrying mycobacterium bacteria. Then with use of genetic algorithm in information maximization-GAN generator and discriminator were trained again for the detection of TB in the chest X-ray. We compared the results with the convolutional network model for data accuracy and our model performed pretty well with 80% shown up performance.

Date of Submission: 11-10-2021

Date of acceptance: 25-10-2021

I. INTRODUCTION:

Tuberculosis is a deadly bacterial disease which has been taking lives since years, it has become a critical health issue affecting lakhs of people, in a short period of time if an infected person comes in contact with a normal person, he gets infected as the disease is communicable through the means of air. In the society taking human lives every day and being in the society for a long time the disease hasn't only survived but also increased the resistance towards the drugs that are provided to the affected patients, making it difficult to stop from spreading. The Chest X-ray and Chest CT are the cheapest and the oldest ways used for the effective diagnosis of lung disease or problems. A reliable solution of detecting and finding the affected parts in humans with how much accuracy is a challenge for scientist, doctors and engineers. The diagnosis and proper treatment are key to controlling the disease, but the traditional testing utilized for confirmation of TB produces results that are not sufficient as data to say accurately about the infection. A true diagnostic method would properly say about when the disease has initially affected the person, how long the person has been affected and whether the person requires high drug concentration or low concentration and also can compare between the disease spreading according to the time. Generally, most of the times the disease is being diagnosed from chest X-ray images by an authorized radiologist, not by a physician or practitioner. The identification can be personalized for some objectives such as the appearance of disease might be unclear in chest X-ray data images or can be confused with other diseases [1].

The diagnostic test that is in current routine, with not a probable detection for TB are Chest x-ray, Tuberculin Skin Test (TST) and Tissue culture and Acid-Fast Staining and these testing technologies are having few impediments [3]. Only Chest X-ray's itself have not been recommended for confirming whether the person is suffering from the disease or not, as the x-ray images are containing more of noise providing least amount of information, being gathered directly by a human eye, another method of tissue culturing is there which takes long processing hours to produce the results, and there is the TST which lacks reliability and specification in itself, and acid-fast staining is largely dependent on huge amount of bacteria present in the sputum of the patient in order to offer correct results. New methods are being developed and deployed like Nucleic Acid Amplification Technology (NAAT) with having the drawback of providing false-positive results. Immunologic tests, is also recommended tests which measure the creatural productivity of IFN-Gamma using TB-specific T

lymphocytes after they encounter the M Tuberculosis Antigens, but this technique even have its own disadvantages. TB is a rapidly spreading mycobacterial disease that infects human's lungs and therefore called pulmonary TB and it also affects the other body parts prominently in lateral stages know as non-pulmonary TB, those if kept uncured cause in saviour health issues.[2]

The daily life of human beings living mostly in developing countries and underdeveloped countries are affected the most in their health, daily work which leads to decrease in the economy of the country, and till now not even a single country has qualified to take the disease to an end it is still there with the humans most affected countries are South Africa, India, Indonesia, Philippines, Bangladesh, China. Studies of TB infected patients has shown that the numerous patients are mostly infected as the cause of TB being a communicable disease affecting the lungs largely making an accidental contact with the bacteria carrier. To study a large amount of chest x-ray's images which can critically impact on screening the tuberculosis, an amount errors might occur [4][5].

II. LITERATURE REVIEW:

CXR imaging has become a safe and widely acknowledged standard for pulmonary disease's early identification and diagnosis [7]. To undertake an in-depth study of CXR pictures, existing machine learning algorithms are better incorporated. These CAD systems have been used as low-cost screening and assessment methods in pulmonary disease manifestations by Chandra & Verma as well as Vajda et al., [8, 10]. However, due to their low accuracy, these CAD systems have limited clinical acceptability. Moreover, CAD systems which are capable of making correct pathological choices and detecting numerous diseases is required. The development of high-quality, high-resolution digital radiology (DR), mobile DR, novel contrast methods, and other X-ray imaging modalities has made it feasible to do a full examination of normal and aberrant radiographic responses. Several imaging modalities, such as computed tomography (CT), are also useful, but they are not recommended due to their high radiation dosage, high cost, and restricted availability [9].

Santosh et al., [10] enhanced abnormality detection by taking into account the symmetry of the left and right lungs, as well as multi-scale shape, edge, and texture features, and achieved an accuracy of 83 per cent for Montgomery and 91 per cent for Shenzhen's collection. However, this method's detection performance falls short of industrial standards (radiologist-level performance or a standard suitable for commercial mass manufacturing), which might be owing to some minor characteristics in high-dimensional feature descriptors that cause the classifier to become confused and employed a wrapper kind of feature selection methodology on several feature sets to discover the ideal feature set and reported the maximum classification performance of 84.75 per cent for Montgomery and 97.03 per cent for Shenzhen's collection with the purpose of solving this challenge.

Nowadays, CAD systems assist physicians as well as health care workers to greater handle the patient's clinical circumstances and assist in the identification or detection of both disease or disorders. Medical data image methods like magnetic resonance imaging (MRI), X-rays, and ultrasound imaging provide important information, so they must be thoroughly examined by only a professional. Usually, a radiologist would have had to carefully study and extract meaningful information from an x-ray when working within time restrictions, such as in overcrowded hospitals (as is the situation in many of these underdeveloped nations) as well as in the event of a pandemic (as in the recent surge in covid-19 cases proving the same) [11].

Automatic CAD using deep learning speeds up the process that reduces the amount of work that health professionals have to do. CAD systems are commonly used in medical diagnostics, such as mammography for breast cancer screening, colon polyp identification, diabetic retinopathy detection. To aid in the diagnosis of many illnesses, computer systems have been created[12].

Automatic CAD systems heavily rely on segmentation. X-rays, MRI scans, ultrasound, CT (computed tomography) scans and PET (positron emission tomography) scans are among the imaging techniques used to create medical images. The correct detection of lung borders is amongst the most important and critical parts of automated CXR analysis. Boundaries extractions are crucial for determining form variations and lung volume, and hence for diagnosing cardiomegaly, pneumothorax, pneumoconiosis. lung segmentation is difficult due to sharp boundaries emerging at the rib cage and clavicle areas, variances in heart structure, and non-homogeneities in the imaging [13]. These considerations frequently cause the minimizing of methodology to arrive at local minima. In executing computations mostly on lung's sections, segmenting the pulmonary portion also helps to reduce the computational complexity for various lung-related illness identification techniques. Furthermore, in addition to these operations, segmenting lungs has been crucial in identifying lung-related diseases including pneumonia and tuberculosis. Many publications had highlighted the necessity of lung segmentation before proceeding with additional processing [15]. The researcher described a methodology to detect the circular objects in CXRs and shown that lung segmentation improves overall performance. The researchers devised a model for identifying rotation in CXRs and found that whenever the lungs on CXRs were improperly segmented, the model's accuracy reduces fast. The authors devised the methodology for detecting

pulmonary anomaly's and shown that lung segmentation is indeed a vital step before any further classification process [14].

III. Methodology:

In this paper we have used machine learning and deep neural networks like CNN, GAN for our work as they are most commonly used nowadays as providing the best results than the rest algorithms present and are the important valuable techniques used for the medical images are concerned with furnishing convenient and higher accuracy values and analysis's. We have used the good resolution images of PA (posteroanterior) view of chest x-ray images for tuberculosis affected patients (abnormal) as well as healthy (normal) patients to train the info-GAN's model so as to generate the similar images, and then same are transferred to discriminator with real images for the detection process. Later the accuracy of model was compared and analysed. We equated the result performance in CNN and GAN.

3.1 Generative Adversarial Network:

GAN as utilised in our work, to achieve data segmentation, had employed GAN version as information maximising GAN. The generation of high-resolution samples from highly changeable input sets is problematic for GANs. The first network is known as the discriminator and keeps going through an effective execution job of classifying generated images as real or generated. The second network known as the generator network performs the job of generating images from inputted random noises. This model once trained have the tendency to generate a wide range number of images that are much the same as the training data. The images that are being generated by employing generative adversarial networks looks genuine and actual to human observers, which leads to the ideal concept of using it to train convolutional neural networks as for they are concerned about classifying the details in images [16].

GANs can understand the distribution of data in actual images also produces pictures from that information. GANs have the benefit and flexibility of being able to coach with a very effective back-propagation method and create pictures using a forward propagation approach via random vectors (noise variable) in alternating steps of the gradient descent method. And both D and G are updated by ascending and descending stochastic gradients, respectively as for the model is concerned [17].

Info-GAN (information GAN):

Info-GAN is a form of the generative adversarial network which alters the GAN's goal so to motivate these to develop discoverable and relevant outputs. By maximizing the reciprocal information between the latent variable and the data distribution, Info-GAN develops comprehensible and dissociated representations. GAN makes use of an unstructured latent variable without any restrictions on G. It might cause an effect on the logical representation of data distribution result due to lack of correlation between the latent variables. And the following below figure shows the working of info-GAN. Where X is the real data and the z (incompressible noise), and the second being c (latent code), which will search for linguistic characteristics in real data and G, D are generator and discriminator. The generator is getting noise as its input and the output provided is sent to the discriminator with real data and to the auxiliary network at the same time. Here Q is the auxiliary network providing auxiliary outputs. The final single output is of discriminator denoted below as D(x).

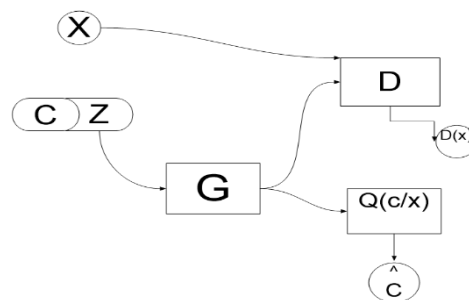


Figure 1. working of info-GAN

Info-GAN is an extension of GANs that gains understanding to constitute the unlabelled data as codes. Comparing this to vanilla GANs that can only generate samples. The method by Info-GAN proceeds to this problem is by splitting the Generator input into two parts: the traditional noise vector and a new “latent code” vector. The mutual information helps to lift the relevant data of the code and the generator output. To the pre-eminent of our knowledge, the only other unsupervised method that learns disentangled representations is Hoss-RBM. A higher-order extension of the spike-and-slab restricted Boltzmann machine that can disentangle emotion from the identity on the Toronto Face Dataset [18]. Info-GAN can disentangle both discrete and

continuous latent factors, scale to complicated datasets, and typically requires no more training time than regular GAN. $D(x)$ is a single scalar that represents the likelihood of a sample x being drawn from the true population. Dispersion of data Both $G(z; g)$ and $D(x; d)$ are specified differentiable functions, via means of neural networks for the sake of brevity, we usually leave out the parameters g and d .

GAN's map from the noise space to the data space with no constraints. G is able to create arbitrary mappings and learn highly dependent components as a result of this are difficult to comprehend. As a result, changes in z in any dimension frequently result in interlinked effects on the synthetic samples x . Info-GANs are capable of learning disentangled representations. By providing a latent coding c , Info-GAN expands the unstructured noise z . To prevent G from disregarding the latent codes c , Info-GAN penalises poor mutual information between c and $x = G(z, c)$ by adding an extra cost term.

Minimax loss: here while GAN's are concerned the generator tries to minimize the respected equation and discriminator tries to maximize the same, in the following equation:

$$E_x [\log(D(x))] + E_z [\log(1-D(G(z)))] \quad (1).$$

Based on the concepts of information theory from where we have used some important identities in order to derive the loss function of info-GAN. For the requirements, we need information theory, which is basically from the branch of mathematical science where we quantify the amount of information present in a signal. Originally it is developed in context to communication theory. But for in the context of machine learning, it is being used as to quantify the similarities between the probability distribution as from the information theory concept the unlikely events are supposed to have more information than that of the likely events. The self-information of the event occurring $X=x$ is given as:

$$I(X=x) = -\log_2 P(X=x) \quad (2).$$

Self-represented information of I as dealing with the single outcome. And when we quantify the amount of uncertainty in the entire probability distribution function using Shannon entropy.

$$H(x) = E_{x \sim p(x)} [I(x)] = - E_{x \sim p(x)} [\log_2 p(x)] \quad (3)$$

The reason for using $-\log_2$ is that the information content is the event having very low probabilities and have increased probabilities (higher information content). The joint entropy for two discrete random variables X and Y is merely the entropy of their pairing (x, y) .

$$H(x, y) = E_{x, y} [-\log_2(p(x, y))] = -\sum p(y) \sum p(x/y) \log_2 p(x/y) \quad (4).$$

From the chain rule we will be using the formula as it is important for deriving the loss function of info-GAN

$$H(x/y) = H(x, y) - H(y) \quad (5).$$

Mutual information: The mutual information can be explained as the amount of information that can be obtained about one random variable by observing another random variable $(x; y)$.

$$I(x; y) = \sum_{(x, y)} \{P(x, y) \log_2 [P(x, y) / (P(x) \cdot P(y))]\} \quad (11).$$

IV. Experimental setup:

DATASET:

For the using and implementation of model networks with better performance in detecting the disease. And gain more accurate results and check the accuracy rate and compare the test results using same database.

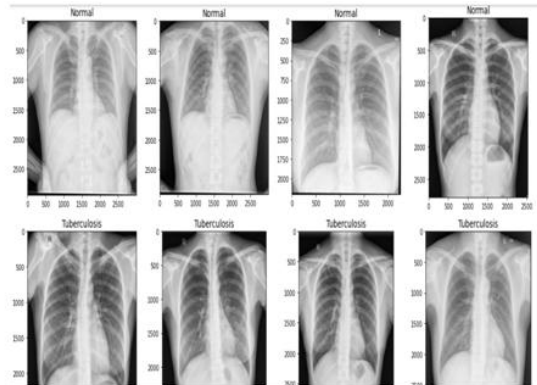
Related the database of chest x-ray image samples used were taken from the Kaggle repository, A group of researchers from Qatar University, Doha, Qatar, and the University of Dhaka, Bangladesh together with help of respective associates from Malaysia in partnership alongside medical specialists from Hamad Medical Corporation and Bangladesh have created and compiled a database of chest X-ray, there are 3500 TB images, and 3500 normal images out of which 75% being used for training purpose of the model and 25% for testing of the model[6]. The data package consists of the radiology text file that is made available. The set contains images in JPEG format. The working has been done in a manner that classification in TB appears possible.

Figure 2 shows images of lung x-ray of normal and tuberculosis patient.

Table 1: Distribution of Dataset.

	Number of images	Training data	Testing data	Validation data images
Normal images	3500	2240	560	700
Tuberculosis images	3500	2240	560	700
Total images	7000	4480	1120	1400

Figure 2. X-ray images



The paper's objective was to build a difference in the lives of individuals. After studying python language, machine learning, deep learning. we do have the materials so as to perform the task. As we had the main motive as people livelihood could be improved, the medical field has grabbed our focus to itself. Detecting an illness will save numerous lives in a curative period.

We have utilised the below to accomplish our paper objectives:

- Machine learning and Deep learning
- Python and google Co-lab
- KERAS and Tensor Flow.

We have completed our paper in these major steps:

- Research and analysis.
- Image pre-processing
- Segmentation
- Training and testing of Model

V. Discussion and Results:

Info-GAN with hyperparameters of genetic algorithm helped us in optimizing the values and come forward with more accurate results. The training parameters used are mentioned below in the table.

Table2. Training parameters

Batch size	128
Learning rate	0.001
Epochs	1000
Epoch's patience	3
Stopping criteria	5
optimizer	Adam optimizer

Analysing the effectiveness here in the model on the dataset we used for detecting the normal or abnormal tuberculosis affected images. Not only we used the model architecture to detect the disease but also compared the results with the convolutional network. The performance in the model is observed using 3500 normal images and 3500 abnormal images. The model produced enhanced performance. An accuracy of 80% was achieved after the implementation of the model is done using KERAS and python in Co-lab.

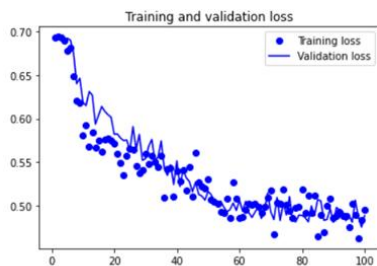


Figure 3.a Training and validation loss

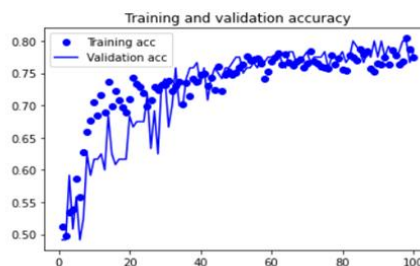


Figure 3.b Training and validation accuracy

The losses are of two the generator loss and the discriminator loss while are trying to tackle on another it was important to keep a balance for min max solution like the generator tries to minimize the loss and discriminator works in the opposite as mentioned in equation before so the losses reach 0.50 from 0.70 when the model is trained on higher epochs. And also, the accuracy increase quit drastically after the 20% of epochs are crossed.

Table3 Training and Validation Accuracy and Loss

	Loss	Accuracy
CNN model	0.20	0.88
Vanilla GAN	0.18	0.93
Info-GAN	0.50	0.80

VI. Conclusion:

In segmentation when we have to extract the features and objects of our interest and over and under segmentation are creating problem use the morphological operation named as opening, where the binary images are eroded as if the image is having value one it will be set zero if the neighbouring values are zero. Under-segmentation is when data is categorized as the background pixels and not being considered and Over-segmentation is where there more data information from the outside board is added. But in the situation of having Under-segmentation the key point of lungs division might have been lost creating problems for the model. In an example gradient of the subject or its colour can turn it impossible for the model to generate the boundaries with proper and perfect results.

With the use of new technologies like computer aided diagnosis is being a helping hand to the present world doctors for detecting the disease and improving the technologies should be our motive so we can help for easily accessible detection of disease and it is the duty of the data science engineers to keep improving the segmentation technique. Here in the research, we made an Info-GAN model with the use of the genetic algorithm hyperparameters so that we can produce new synthetic images like X-ray images with higher quality resolution from using the existing Kaggle dataset images and the results were compared with the existing models of CNN and vanilla GAN. The images produced are of higher resolution and quality but in the end, they are not the real but generated images. Furthermore, training and testing of the system model can be improved by using more data images with less noise and if using the high-resolution images, the GPU system helps in better performance which is required accordingly

The challenges faced in GAN's are Stability, the position of the object, 3D perspective, global objects. Moreover, the applications of GAN's are changing the text into images, for an instance explaining the details of the diseases in the human organ and will provide detailed image generated relatively with the training session which would have grasped place before, super-resolution images for clearing the images.

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