

Segmentation Perspectives: From Skin Lesions to Retinal Blood Vessels

Samer Bujana, Rasmus Clausen, Alba Gonzalo, Robert Jarvi, Leonardo Rodovero



INTRODUCTION

Sometimes the difference between two projects is not big enough to invest time in more than one model. Following this idea, in this project we have two different datasets that we are trying to apply segmentation to, one with retinal vessels, and one with skin lesions. The tasks at hand are so similar that we only developed one model that is going to be used for both datasets. We will do this twice, once with an encoder-decoder, and then with a U-net.

DATASETS



RETINAL VESSELS

- 20 Training images with manual labels and target masks
- 20 Test images with target masks but without manual labels
- Original image resolution 565x584 resized to 256x256
- 70-15-15 Train/Validation/Test split

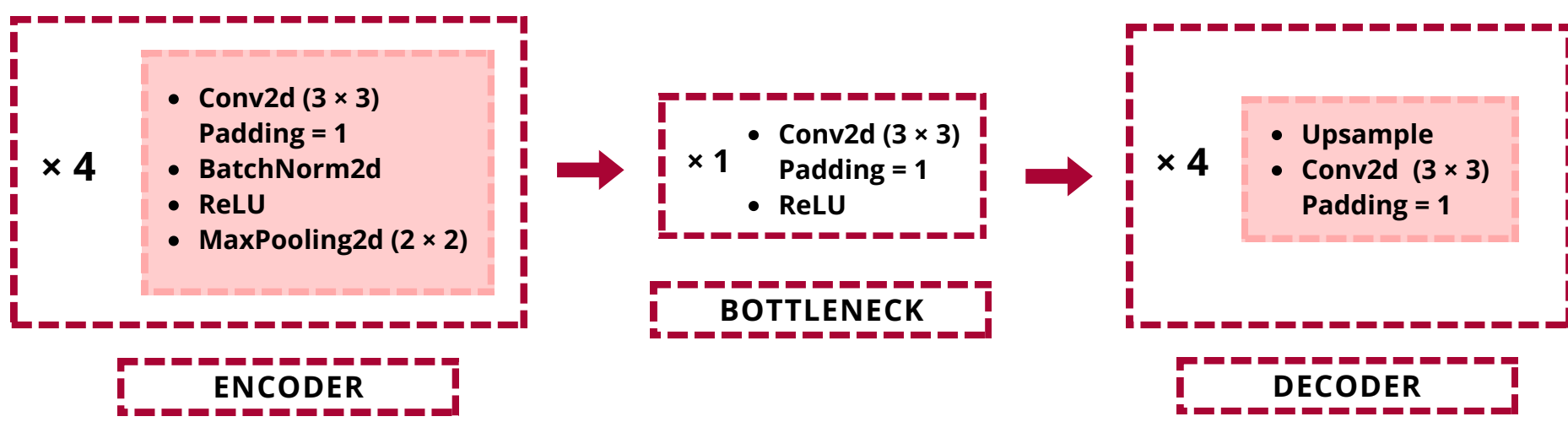


SKIN LESIONS

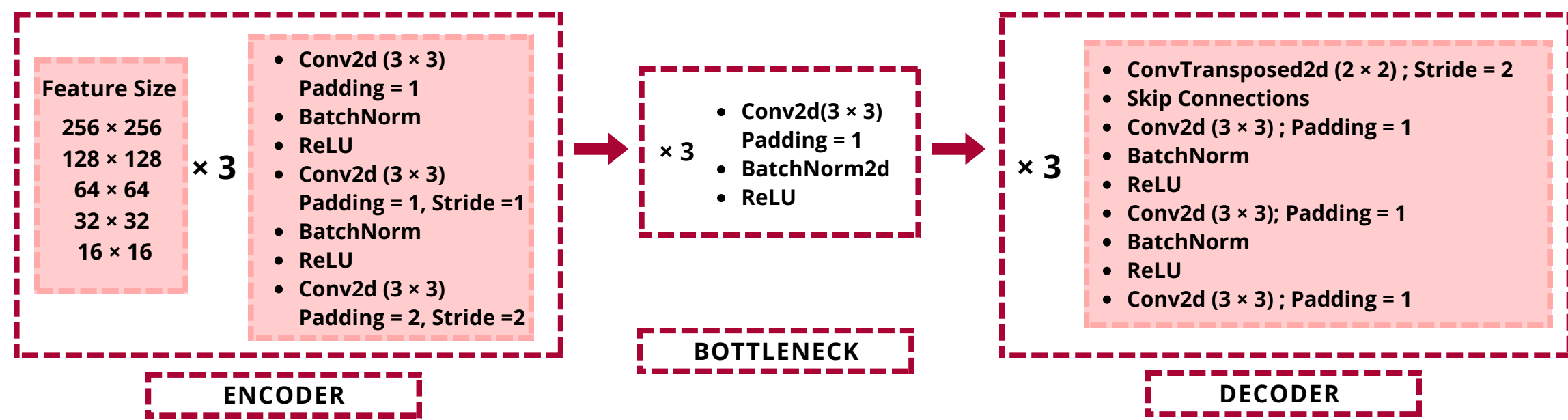
- 200 images, not already split
- Image and target mask provided for each
- Original image resolution 576x767 resized to 128x128
- 70-15-15 Train/Validation/Test split

MODEL ARQUITECTURES

ENCODER-DECODER



U-NET



PERFORMANCE METRICS

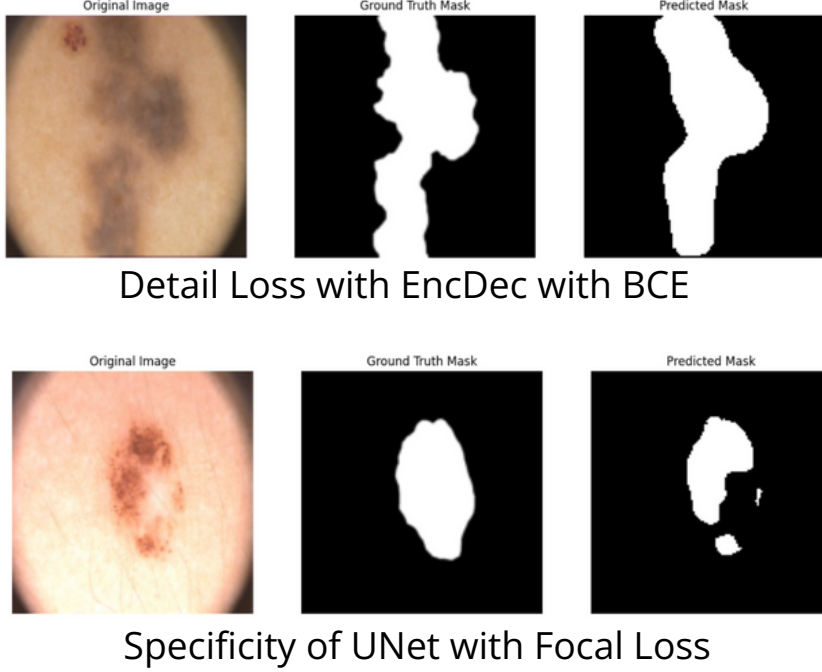
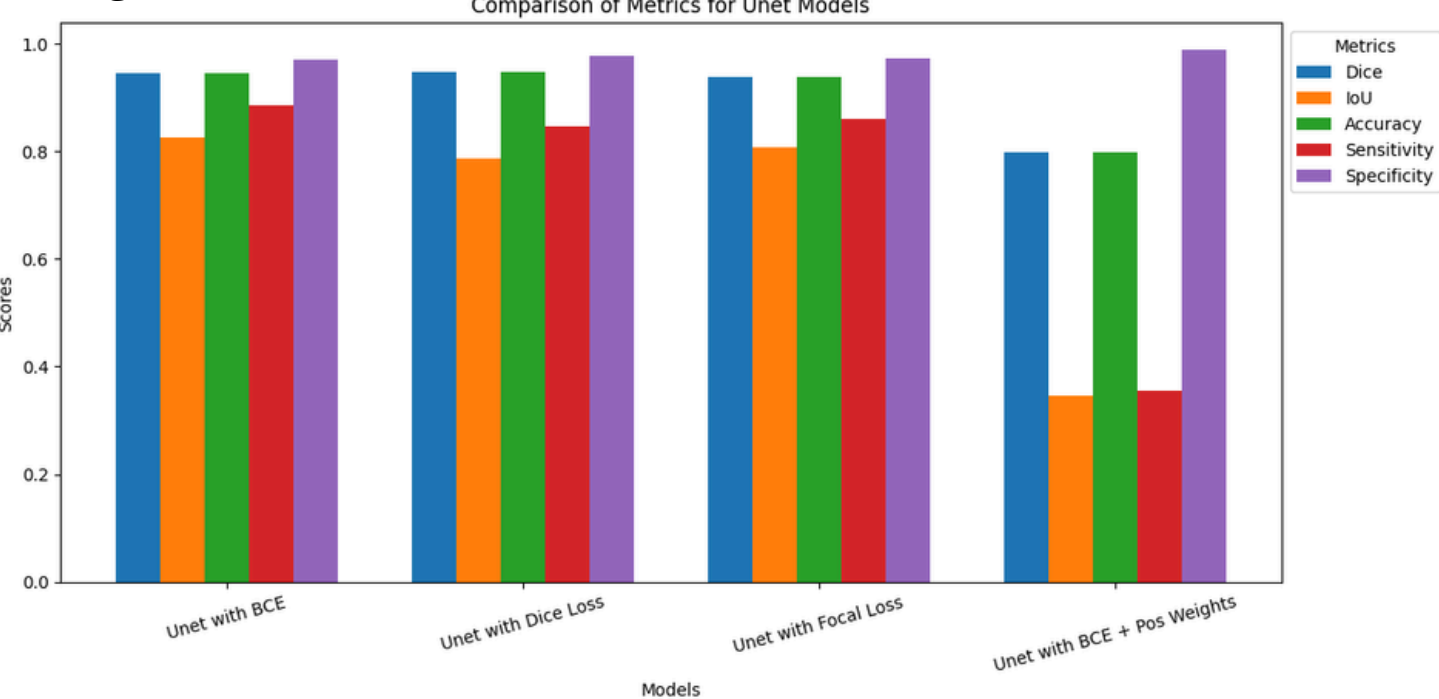
| Metric | Strengths | Weaknesses | Retinal Segmentation | Skin Lesion Segmentation |
|--------------|--|--|--|--|
| Dice Overlap | Sensitive to small structures; highlights boundary mismatches | Overestimates with large background; less intuitive than IoU | + Captures narrow vessels - Overestimates on sparse vessels | + Captures irregular lesion shapes - Inflated results with small lesions |
| IoU | Intuitive, widely used; good for overlap measurement | Insensitive to boundary errors; underestimates sparse structures | + Direct performance measure - Misses thin vessel details | + Clear overview of segmentation quality - Misses minor lesion boundaries |
| Accuracy | Easy to interpret; general overview | Misleading with class imbalance (large background) | + Simple overview - Background dominates | + Useful for varied lesion sizes - Inflated with small lesions |
| Sensitivity | Good for detecting structures; reduces false negatives | Overly optimistic if false positives allowed. Incomplete without specificity | + Detects narrow vessels - More false positives | + Crucial for lesion detection - High false positives on normal skin |
| Specificity | Measures correct background identification; reduces false positives. | Incomplete without sensitivity for balanced evaluation. | + Reduces background misclassification - May miss vessels | + Ensures correct normal skin identification - Misses small lesions |

SKIN LESION ABLATION STUDY

We to evaluate the performance of the two models used when using different loss functions.

These comparisons also helped to see if there was any type of improvement on the segmentation or on class imbalance.

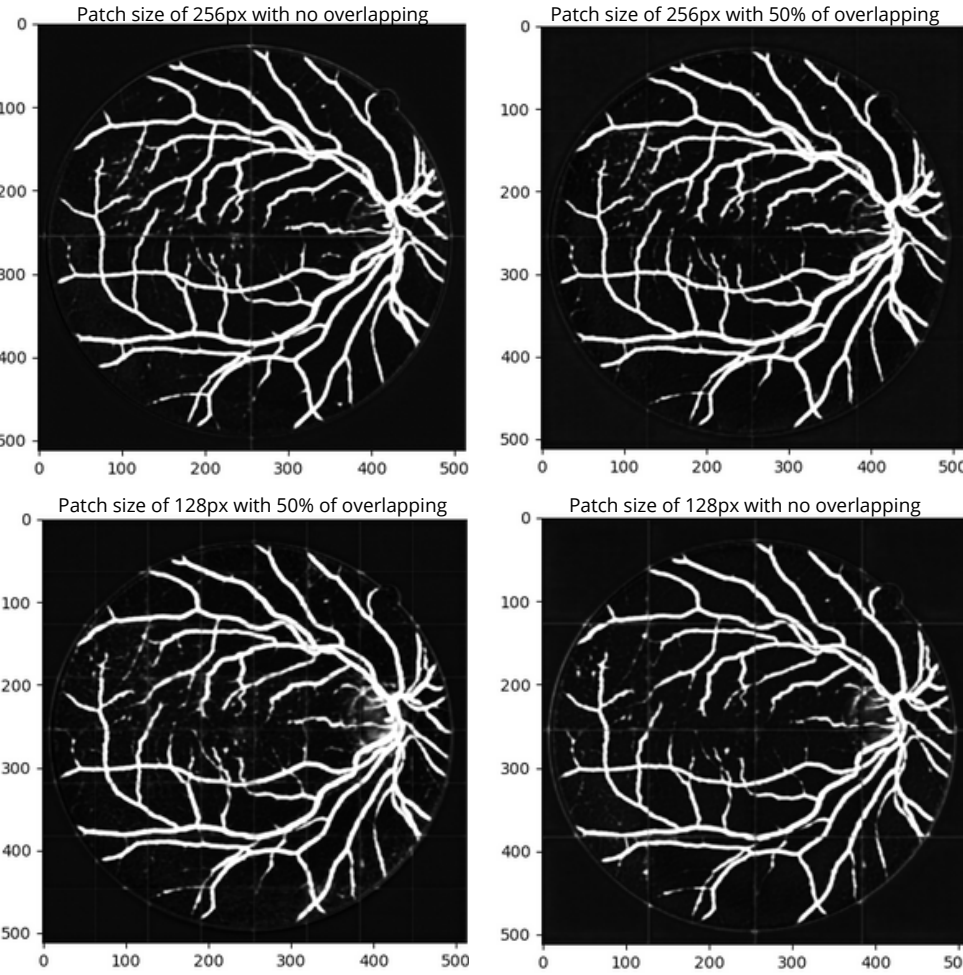
- BCE:** Struggles with imbalanced data.
- BCE + Positive Weights:** Better recall for minority classes.
- Focal Loss:** Focuses on difficult areas.
- Dice Loss:** Effective capturing region overlap and small details in segmentation tasks.



PATCHES APPROACH

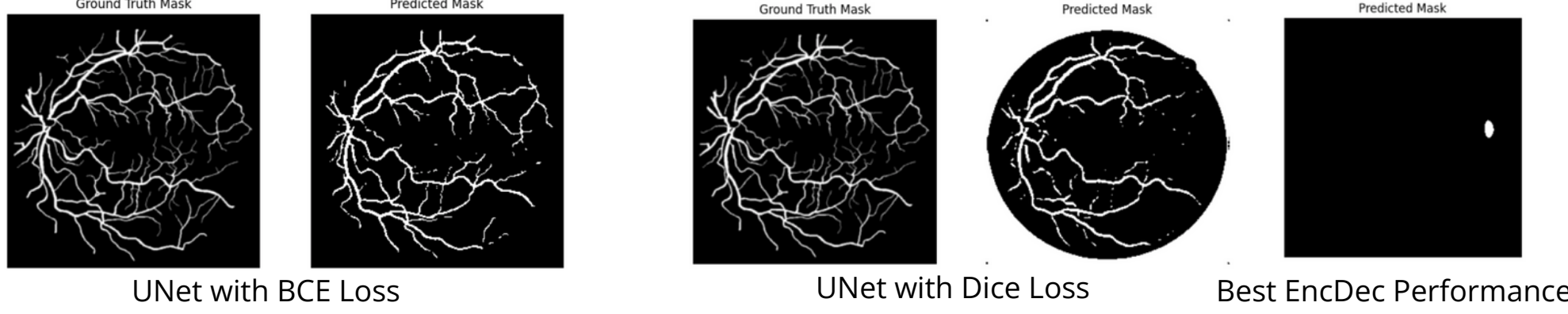
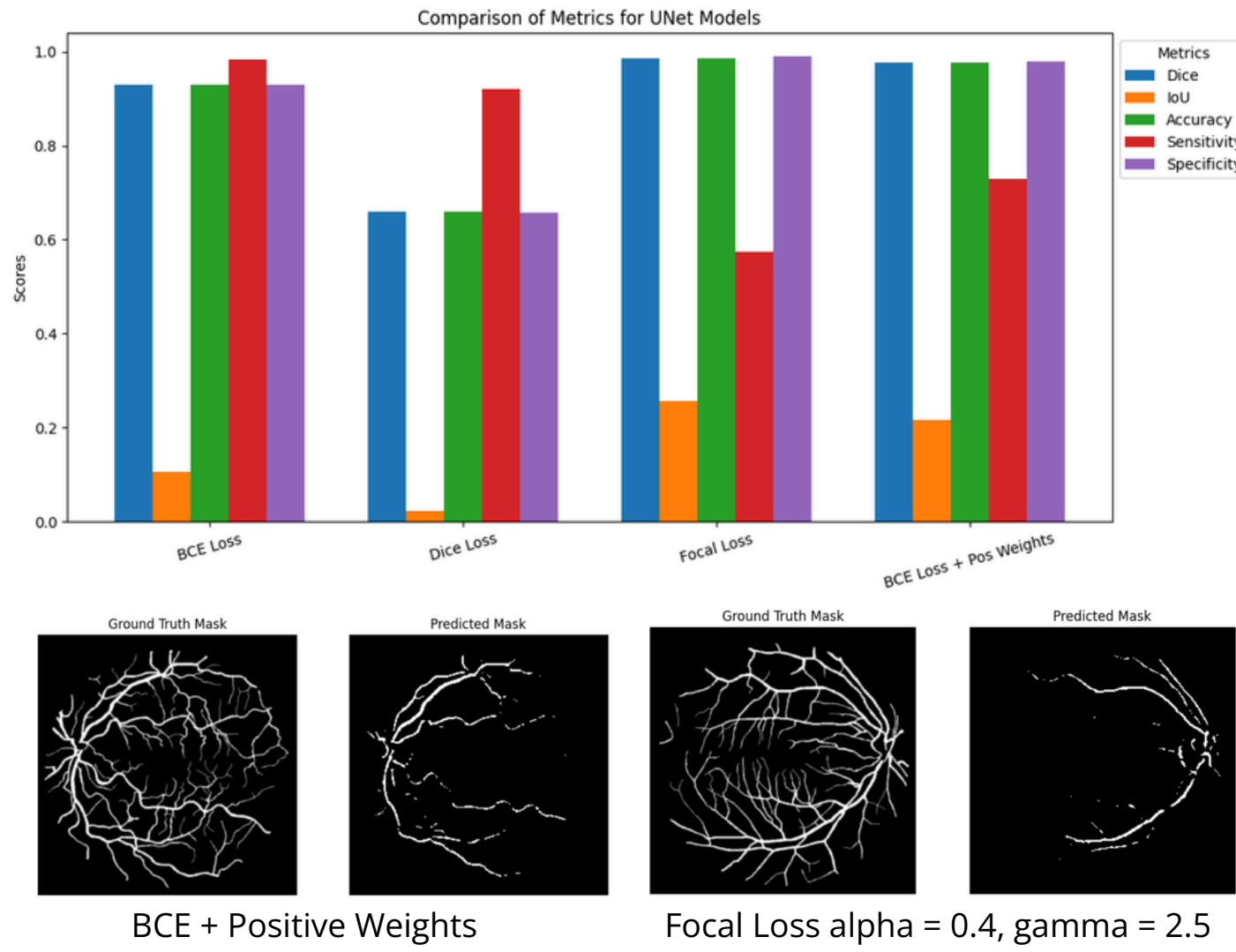
Large sized images are a common problem in deep learning. These high-resolution images need to be downscaled multiple times to be processed, and in the way a lot of information is lost. One of the best solutions to this problem is patch training, this method ensures a faster model and more detailed predictions.

The purpose of this technique is to split the images in different patches, reducing the size of the images we are working with, and in the end, we just patch them back together to get the end result.



RETINAL ABLATION STUDY

- BCE Loss** worked best on the Retinal Dataset
- EncDec model was not able to perform segmentation without skip layers for details
- Dice Loss** metrics less accurately reflect the model's performance due to FOV problems
- Focal Loss** was expected to work better on harder examples but performed worse, requires more parameter tuning
- BCE + Positive weights** similarly was expected to help with class imbalance but struggled with details



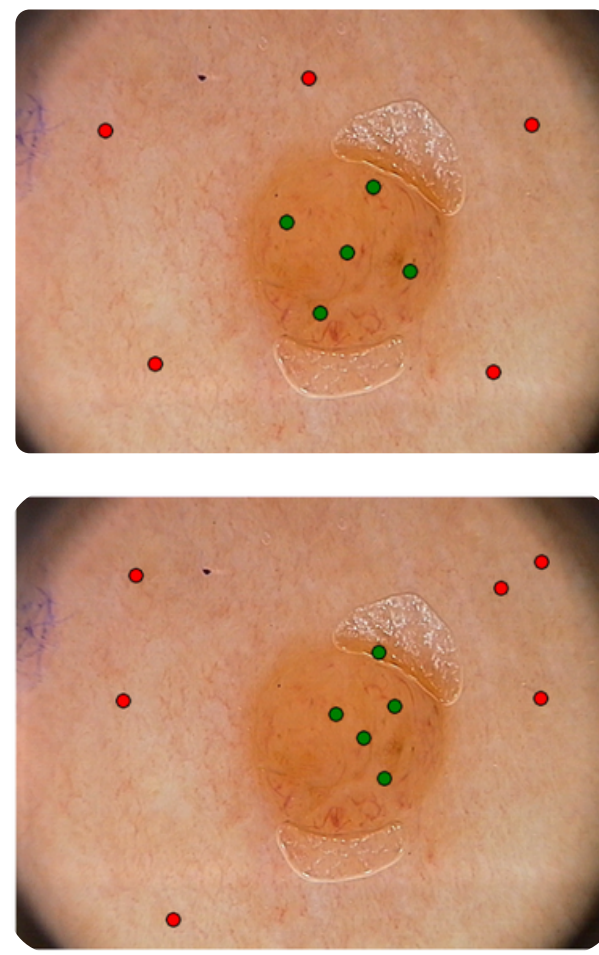
WEAKLY SUPERVISED

Strategy 1: K-Means Clustering for Targeted Points

- We applied K-means clustering separately to lesion and background regions to select well-distributed positive and negative points.

Strategy 2: Randomized Sampling with Boundary Margin and Variance.

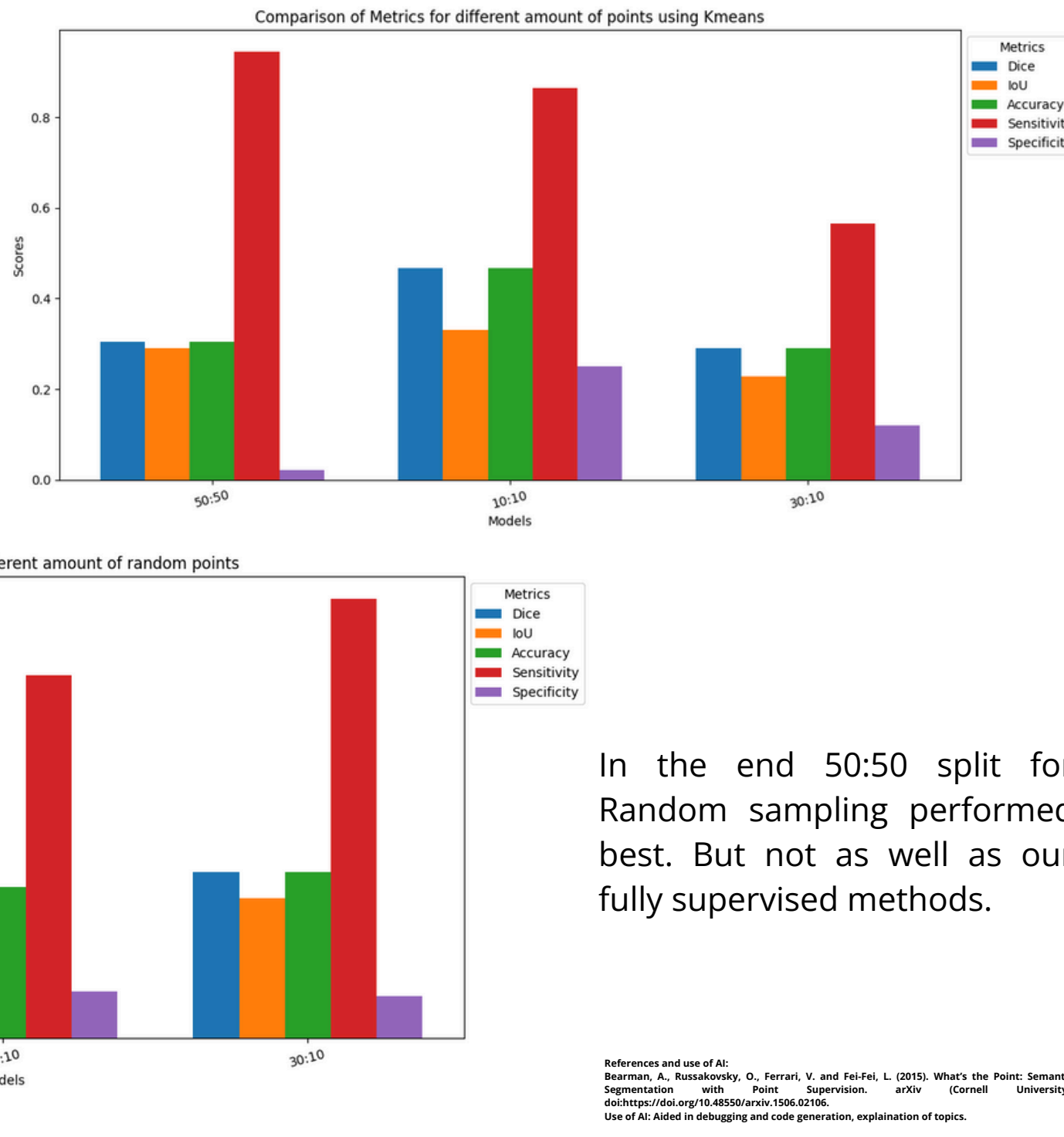
- Points were randomly placed within the lesion and background, with a margin to prevent background points from appearing too close to the lesion boundary.
- We removed point variance as it was not feasible to find widely distributed points in images with large lesion or background areas.



CLICKS COUNT ABLATION

We compared K-means Clustering and Random Sampling for the skin lesion task. We chose to compare positive and negative splits [[10,10], [50,50], [30,10]], for each strategy to see how each method perform.

This was done on the skin lesion dataset.



References and use of AI:
Bearman, A., Russakovsky, O., Ferrel, V. and Fei-Fei, L. (2015). What's the Point: Semantic Segmentation with Point Supervision. arXiv: Corneil University.
Use of AI: Added in debugging and code generation, explanation of topics.