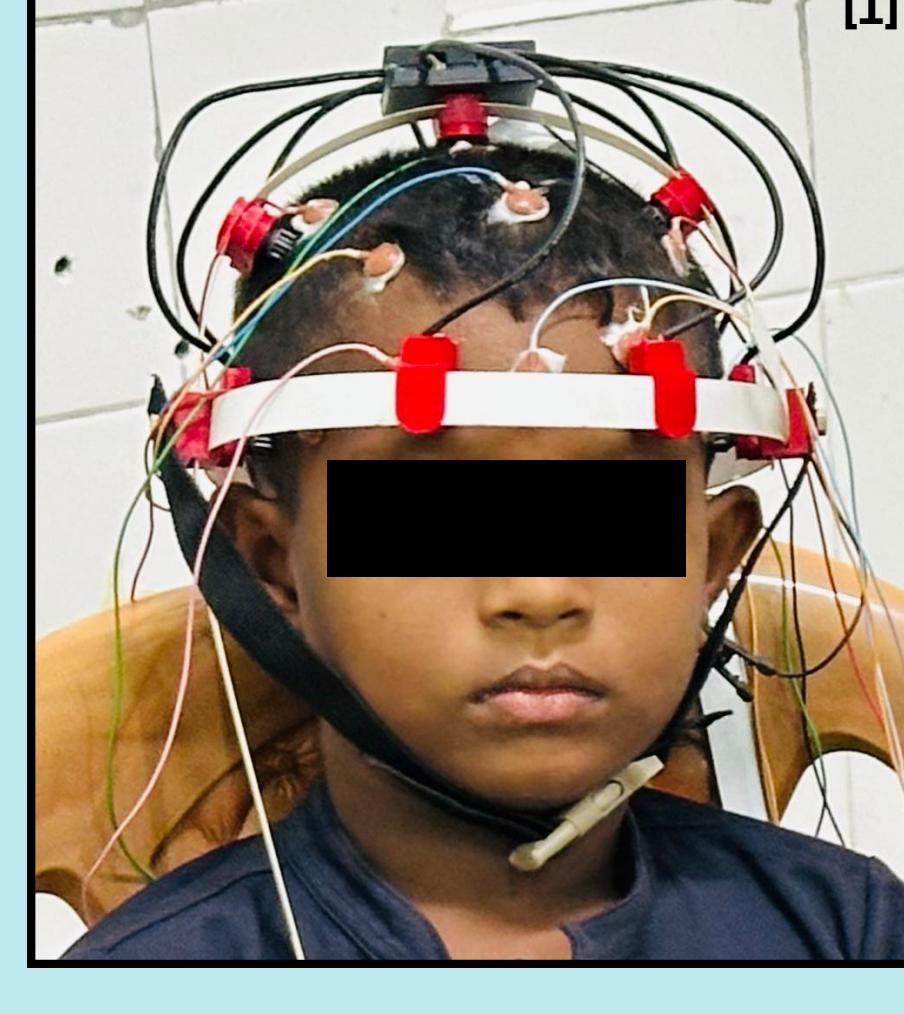


AI-POWERED WIRELESS EEG AMPLIFIER FOR DETECTING NEONATAL SEIZURES

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INTRODUCTION



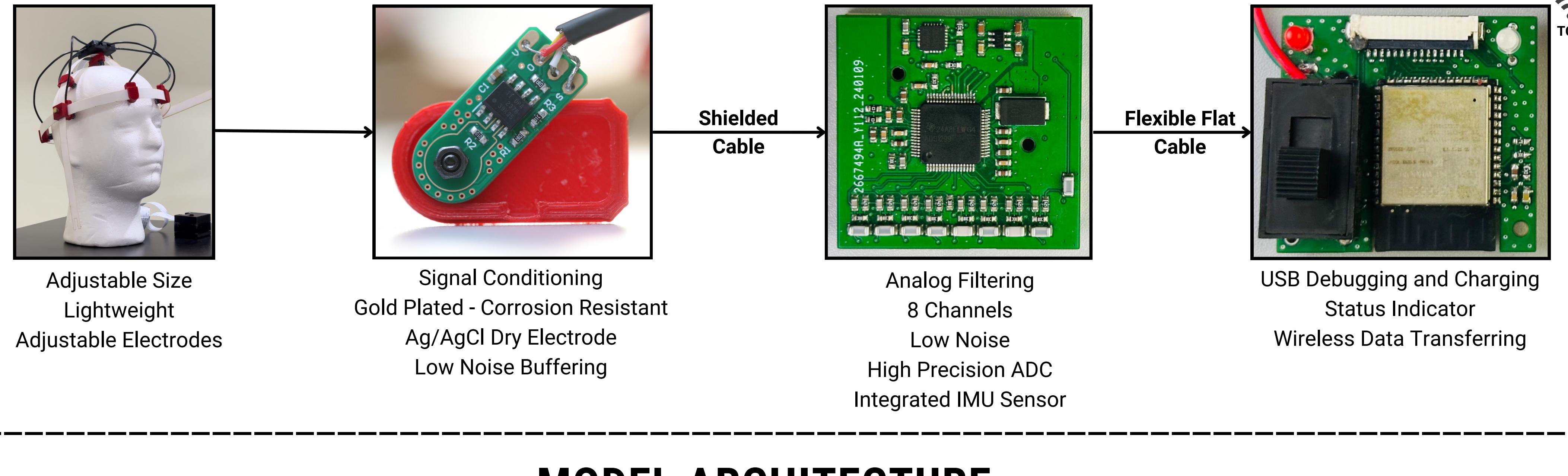
- **Neonatal Seizures** are epileptic seizures occurring in the neonatal period (first 4 weeks after birth)
- Occurrence:
 - **95 per 1000** live births - Preterm infants^[2]
 - **3 per 1000** live births - Normal Infants
- Can cause **serious damage** to the immature brain
- Demands **urgent diagnosis** and management
- **Challenges:** Clinically subtle and difficult to recognize from the normal behaviours of the physiological phenomena

- **Existing methods:** EEG recording using wet electrodes is currently used in hospital settings for seizure diagnosis
- Neonatal EEG recordings and interpretations require the special skills of well-trained technologists and physicians
- **Problems with existing methods:**
 - Takes time to attach and detach
 - Inconvenience due to conductive gel
 - Costly

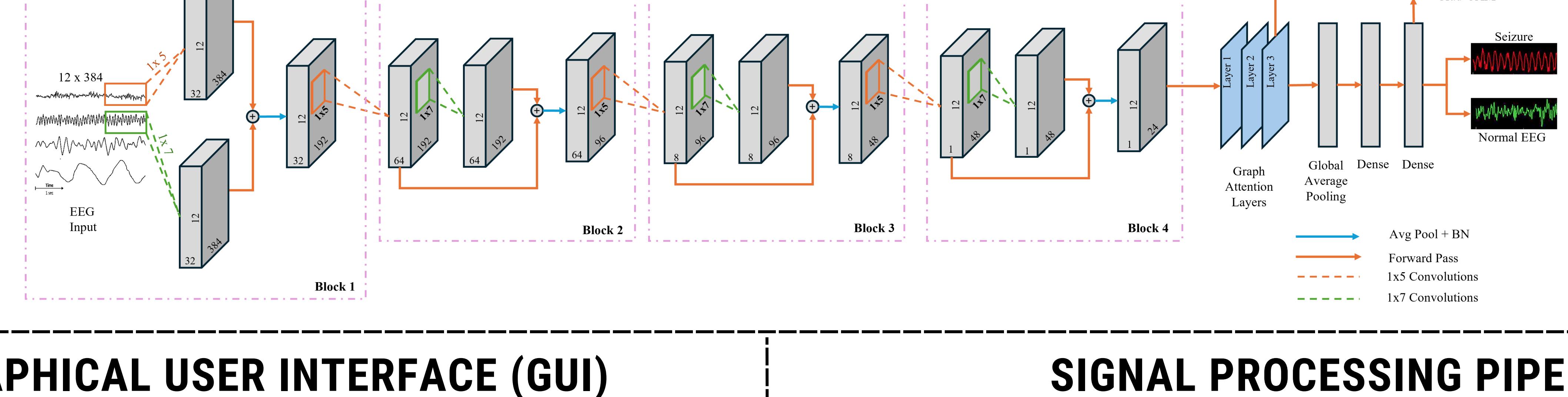


METHODOLOGY

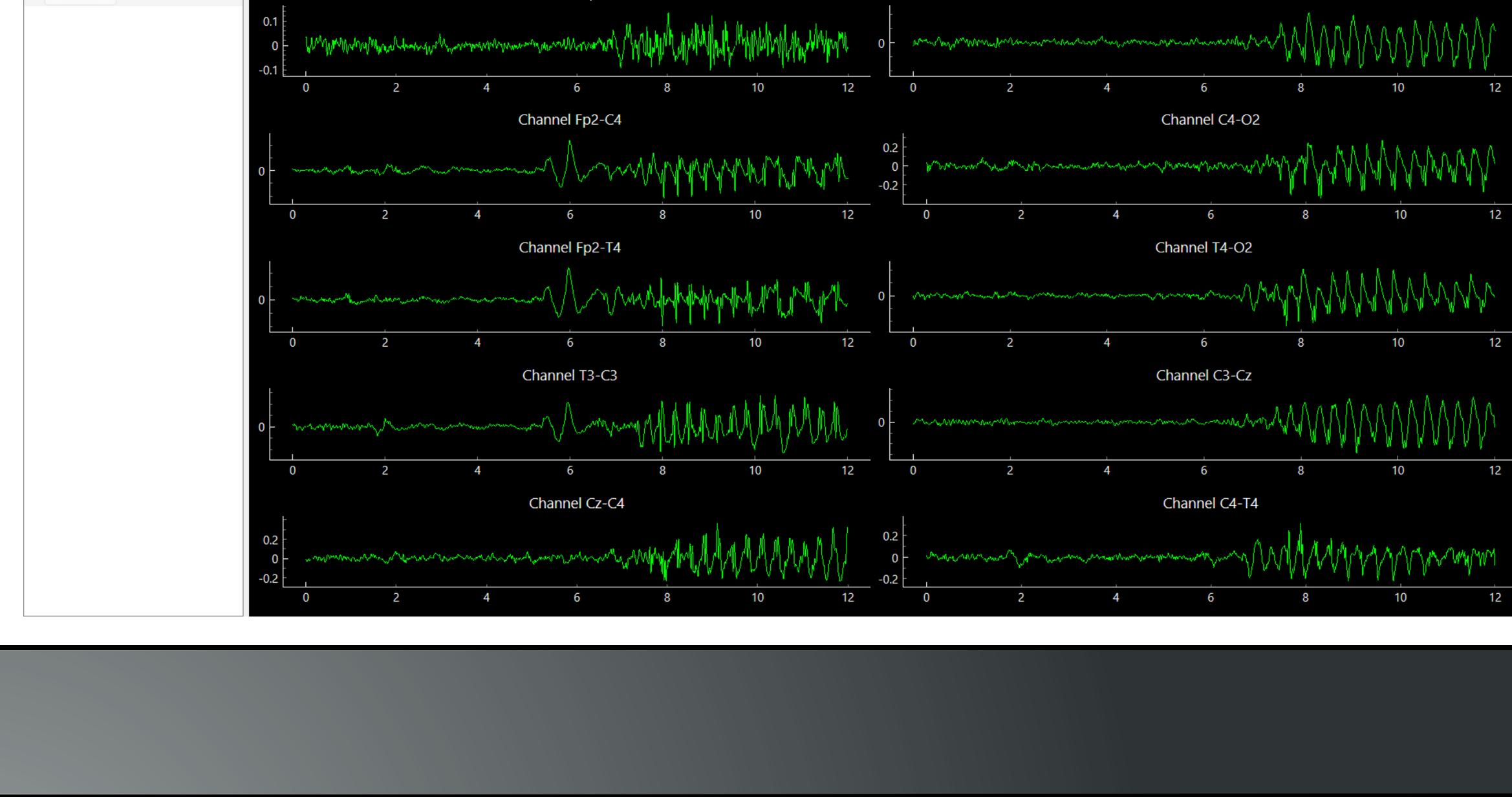
HARDWARE BLOCK DIAGRAM



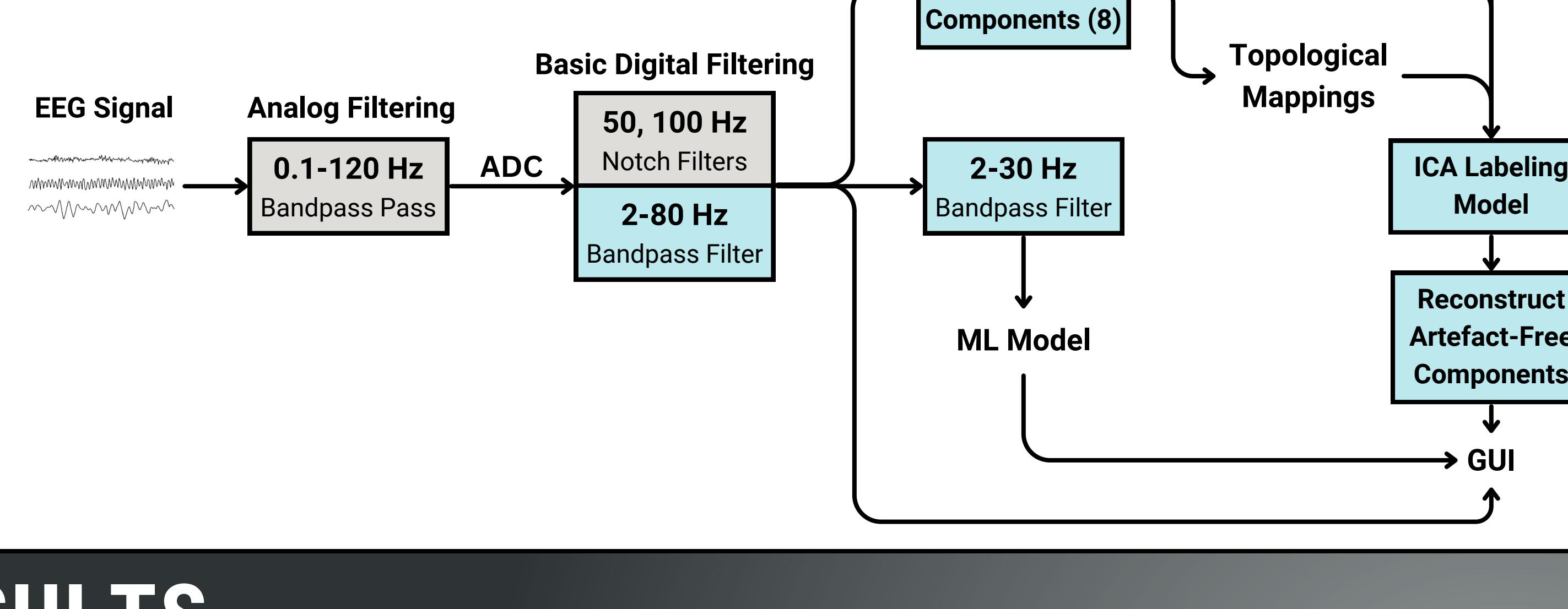
MODEL ARCHITECTURE



GRAPHICAL USER INTERFACE (GUI)

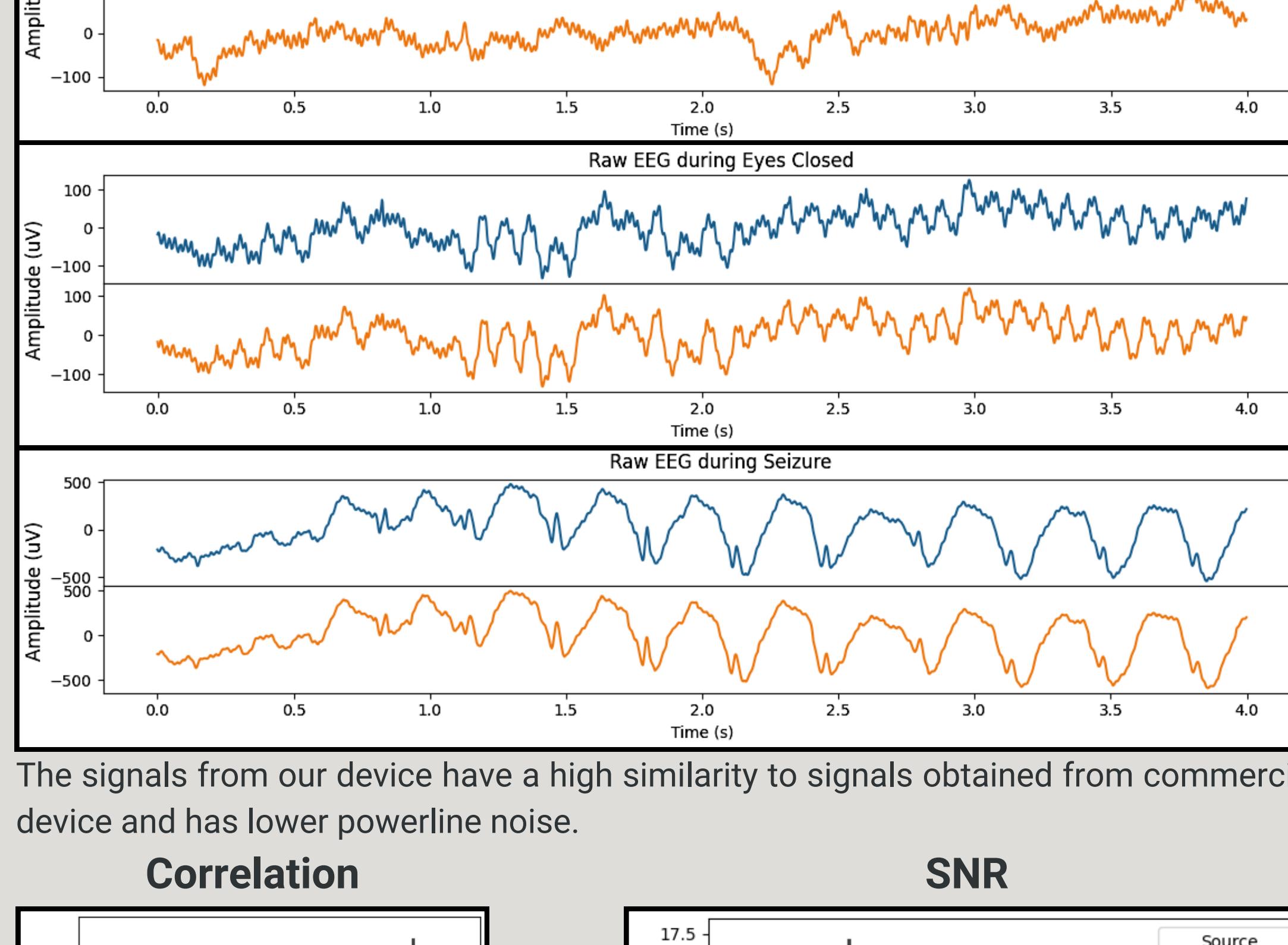


SIGNAL PROCESSING PIPELINE



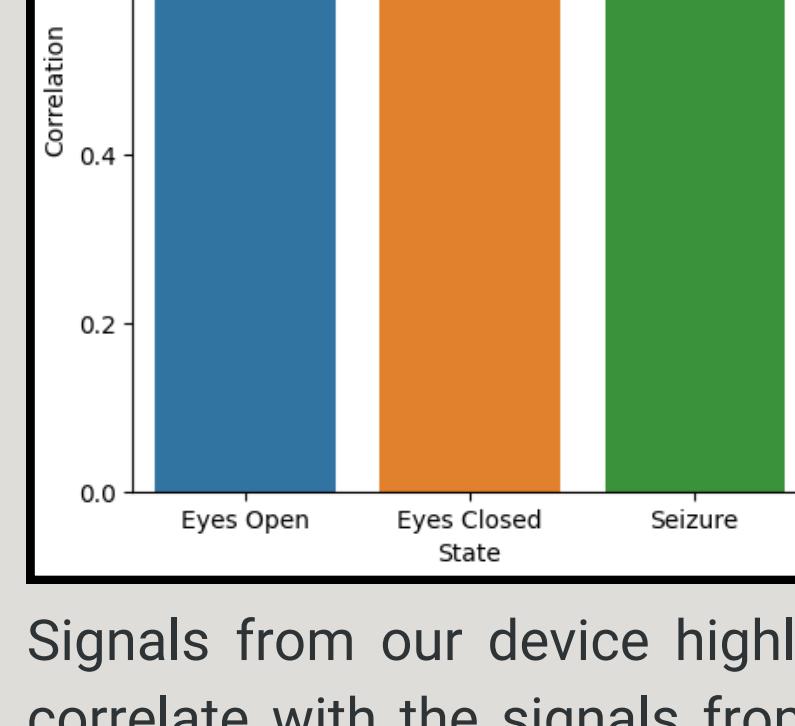
RESULTS

SIGNAL QUALITY



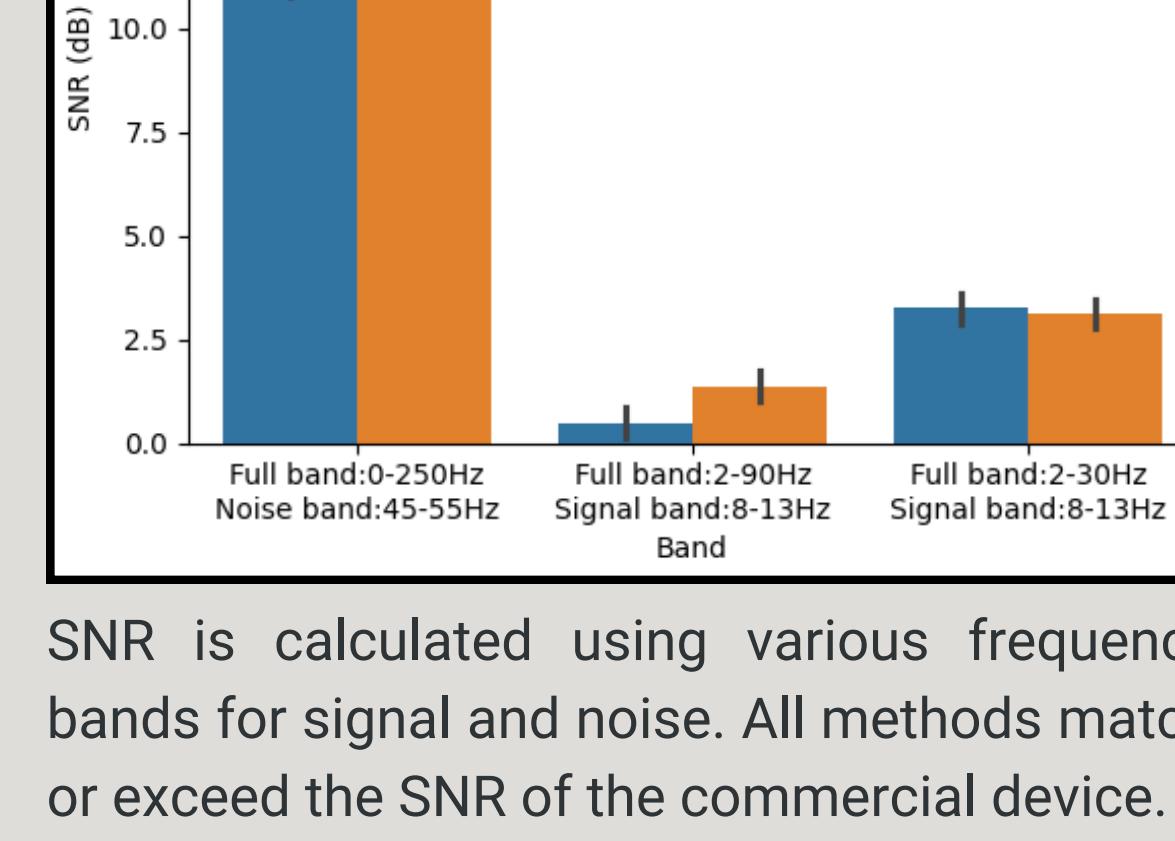
The signals from our device have a high similarity to signals obtained from commercial device and has lower powerline noise.

Correlation



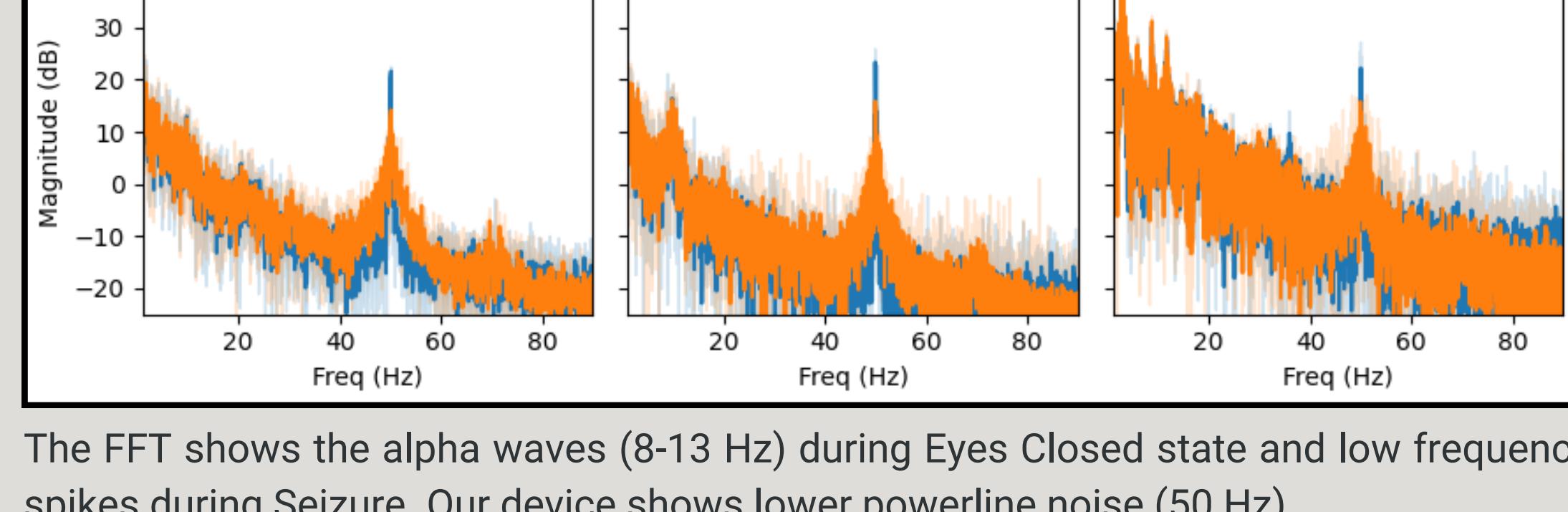
Signals from our device highly correlate with the signals from the commercial device.

SNR



SNR is calculated using various frequency bands for signal and noise. All methods match or exceed the SNR of the commercial device.

FFT of Raw Signals



The FFT shows the alpha waves (8-13 Hz) during Eyes Closed state and low frequency spikes during Seizure. Our device shows lower powerline noise (50 Hz).

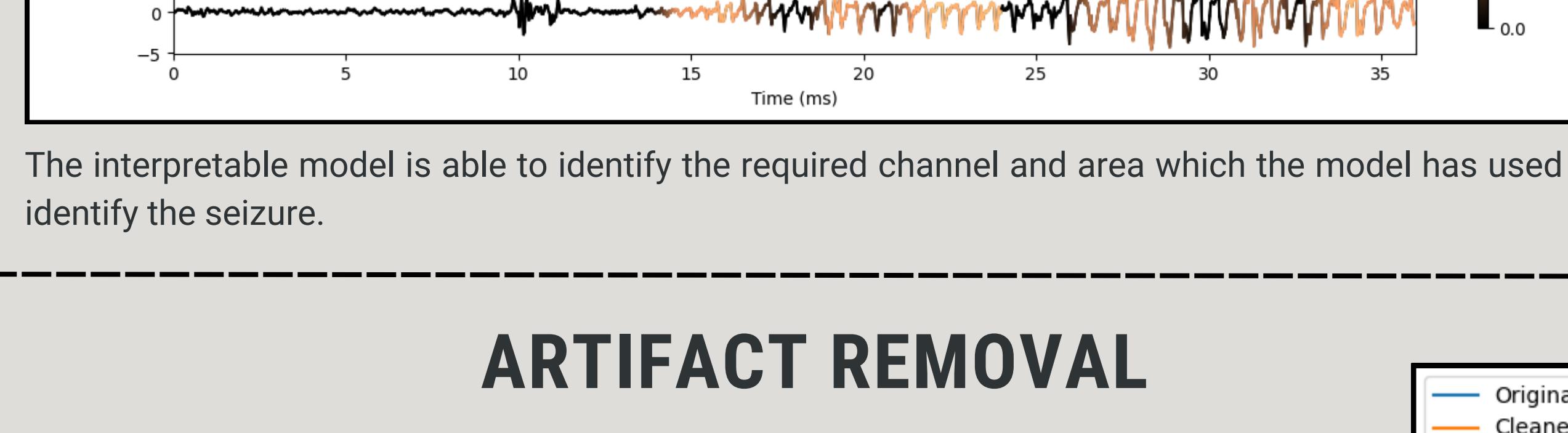
SEIZURE CLASSIFICATION

Comparison with Previous Methods

Number of EEG channels	Method	Accuracy mean±std	AUC		Recall	Precision	Kappa
			Median (IQR)	Mean±std			
18	MSC-GCNN	-	99.1 (96.8, 99.6)	94.7±10.9	96.71	-	0.8
	PLV-GCNN	-	99.0 (95.2, 99.7)	94.1±10.5	95.3	-	0.79
	SD-GCNN	-	97.3 (86.3, 99.6)	90.09±13.5	96.68	-	0.71
	ST-GAT(FL)	-	99.3 (96.4, 99.5)	96.6±8.9	98	-	0.88
12	ST-GAT(FL)	80.29±9.48	83.98 (77.8, 90.9)	83.15±8.85	39.98	94.91	0.43
	Our method	89.02±2.91	91.84 (88.57, 95.21)	91.46±4.36	82.84	94.23	0.89
12 (10-fold CV)	ST-GAT(FL)	88.8	91.71	66.89	95.17	0.71	
	Our method	91.56	94.42	83.22	88.61	0.80	

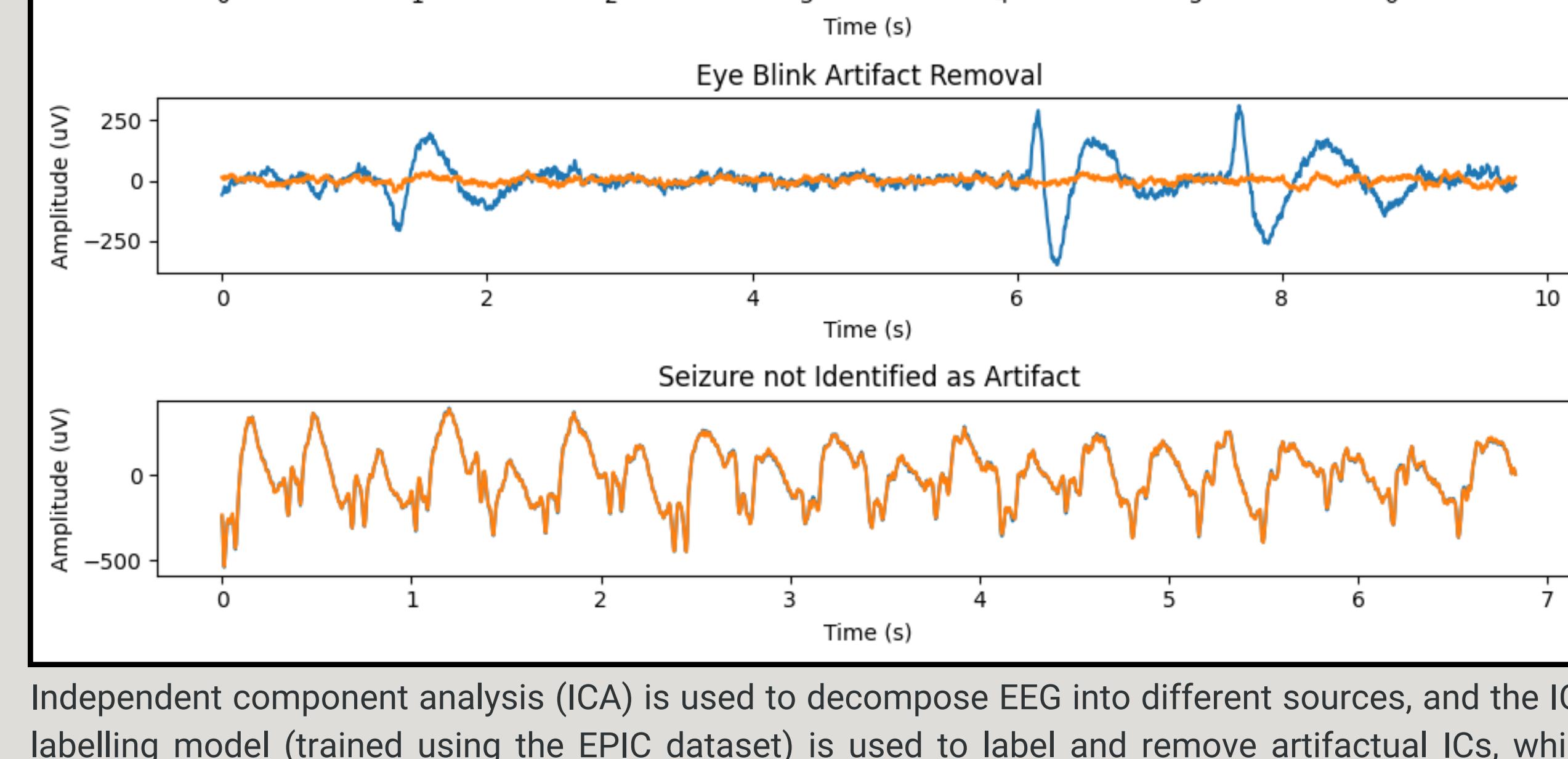
Our model was evaluated on both 10-fold cross-validation and dividing the dataset to 80% for training and 20% for testing datasets. This model architecture outperforms all of the existing methods.

Explainable AI



The interpretable model is able to identify the required channel and area which the model has used to identify the seizure.

ARTIFACT REMOVAL



Independent component analysis (ICA) is used to decompose EEG into different sources, and the ICA labelling model (trained using the EPIC dataset) is used to label and remove artifactual ICs, which reduces the time taken to manually label the noisy ICs. Since the EPIC dataset contains ICs of patients having seizures, artifacts are only labeled while seizures are not occurring.