



Green Unsupervised Anomaly Detection (UAD)

- Deep learning has raised environmental concerns
- Green AI solutions [1] have not permeated medical imaging domain yet
- We propose a **frugal approach** of UAD in medical imaging:
 - Likelihood approach with **online learning**

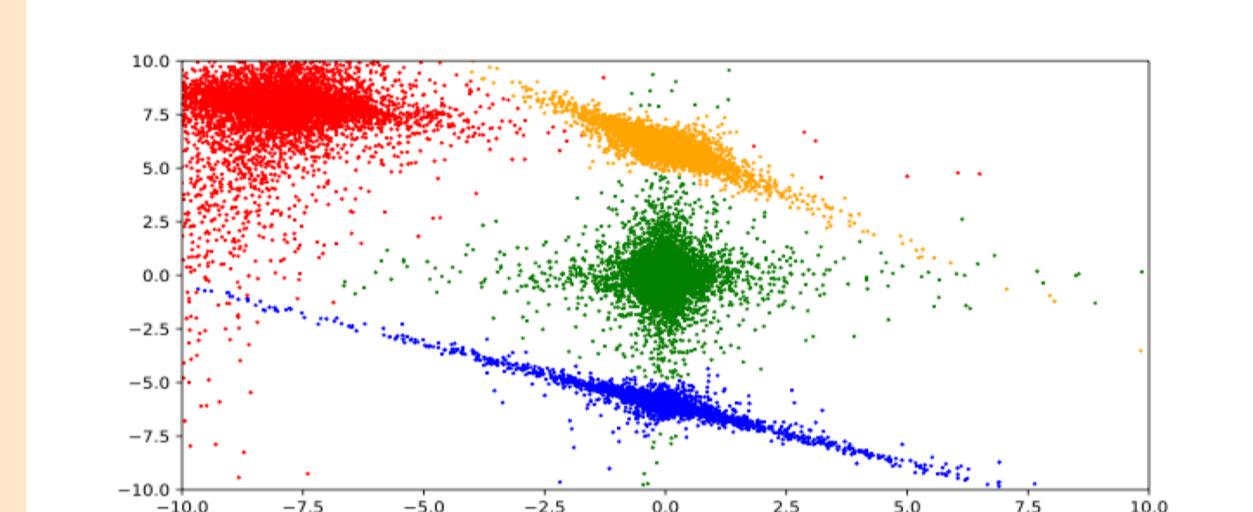
UAD Steps with mixture models

Reference Model

Trained on the set of **healthy** voxels

$$\mathbb{Y}_H = \{\mathbf{y}_v, v \in \mathbb{V}_H\}$$

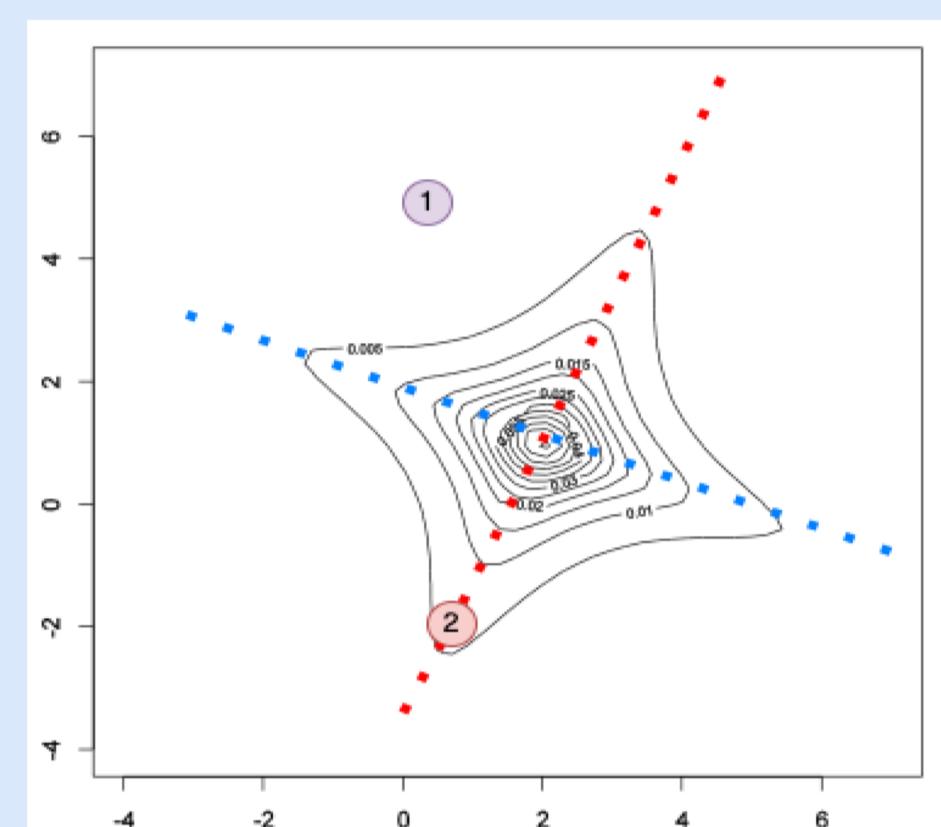
Mixture model of multiple scale t-distributions $\mathcal{MST}[\mathbf{X}]$



Proximity measure

Quantify the proximity of an observation towards the **reference model**

$$r(\mathbf{y}_v, \Theta_H) \propto \max_{m=1:M} \left(\frac{\nu_m}{2} + \frac{[\mathbf{D}^T(\mathbf{y}_v - \boldsymbol{\mu})]_m^2}{2A_m} \right)^{-1}$$



Decision Rule

Choose an appropriate False Positive Rate and compute the empirical quantile

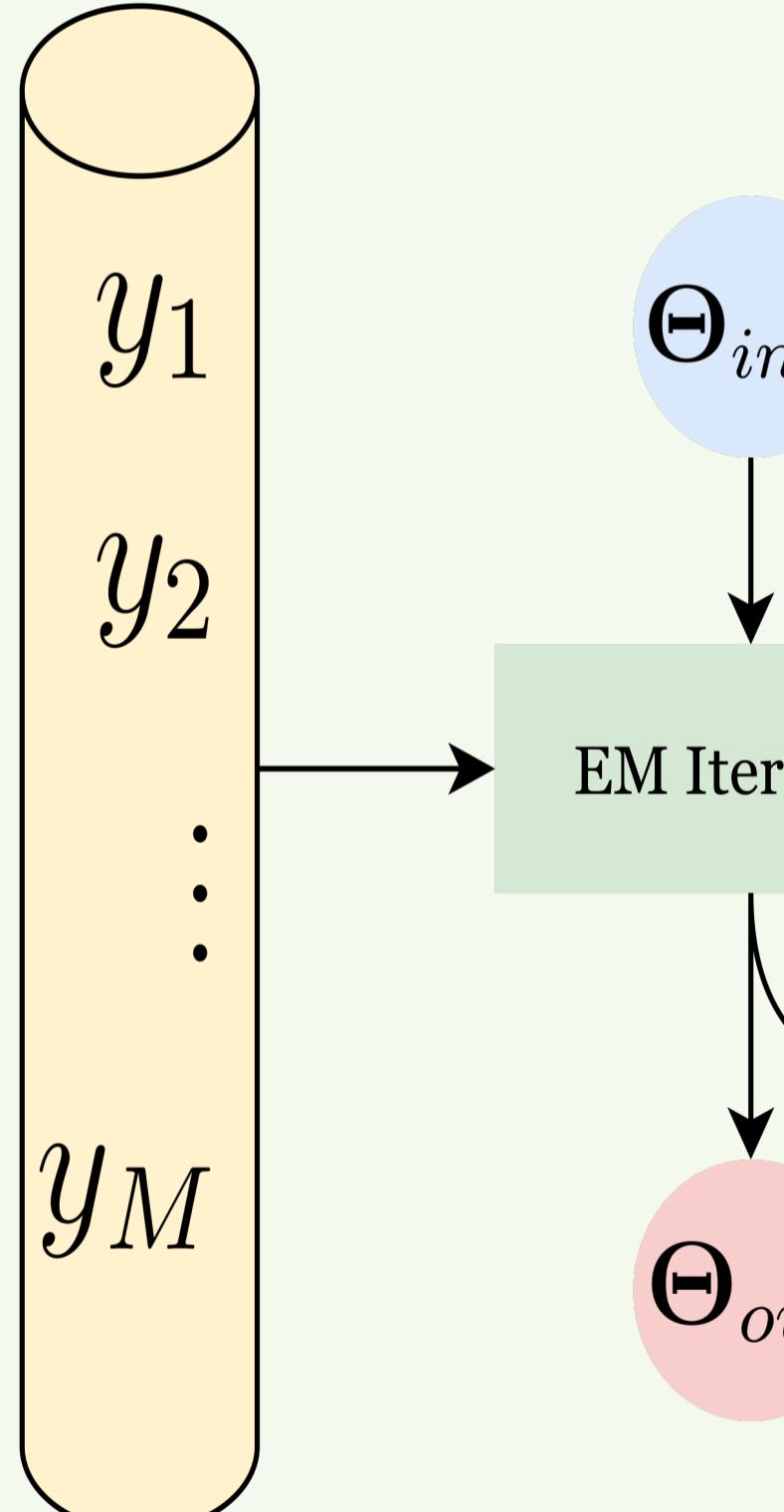
$$\mathbb{P}[r(\mathbf{y}_v, \Theta_H) < \tau_\alpha] = \alpha$$

Decision rule:

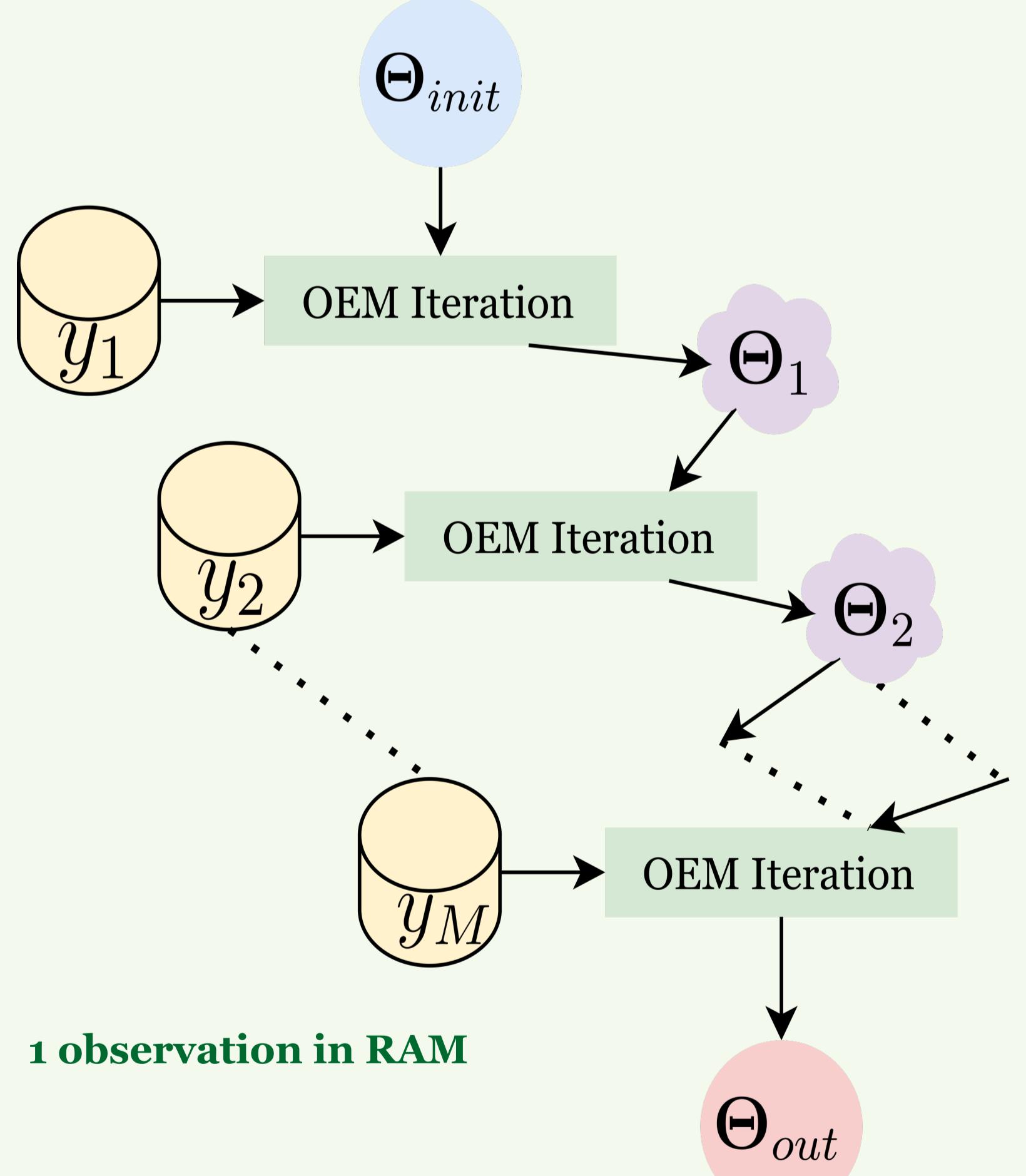
$$\begin{cases} \mathbf{y}_v \text{ is an anomaly} & \text{if } r(\mathbf{y}_v, \Theta_H) < \tau_\alpha \\ \mathbf{y}_v \text{ is not an anomaly} & \text{otherwise} \end{cases}$$

Energy & Memory efficient learning of the reference model: Online EM (OEM) [6,7]

Batch EM



Online EM



$$f_{\mathcal{MMS}}(\mathbf{y}; \Theta) \propto \exp(\phi(\Theta)s(\mathbf{y}) - \Psi(\Theta))$$

EM iteration

$$\begin{cases} L(\Theta_{n-1}) = \sum_{i=1}^M \mathbb{E}_{\Theta_{n-1}} [\log f_{\mathcal{MMS}}(\mathbf{Y}_i; \Theta_{n-1})] & \text{E-step} \\ \Theta_n = \arg\max L(\Theta_{n-1}) & \text{M-step} \end{cases}$$

Cost: M expectation computations

OEM iteration

$$\begin{cases} S_n = (1 - \gamma_n)S_{n-1} + \gamma_n \mathbb{E}_{\Theta_{n-1}} [s(\mathbf{Y}_n)] & \text{E-step} \\ \Theta_n = \operatorname{argmax} \phi(\Theta_{n-1})S_n + \Psi(\Theta_{n-1}) & \text{M-step} \end{cases}$$

Cost: 1 expectation computation

- Application to the detection of **subtle abnormalities** in *de novo* Parkinsonian patients
- PPMI dataset [2] that contains **controls (HC)** and **patients (PD)**
- Assess the evolution of the disease through the **Hoech and Yahr (HY)** score at stages 1 and 2

Alternative UAD methods and their costs

Reconstruction error (RE) [3]:

- Patch based method
- Inefficient on subtle anomalies

FastFlow (FF) [4]:

- Patch based method
- Model the latent distribution
- Faster than RE

Both methods rely on an **auto-encodeur** architectures:

- Imply a lot of parameters to estimate
- Highly energy-consuming for training and inference

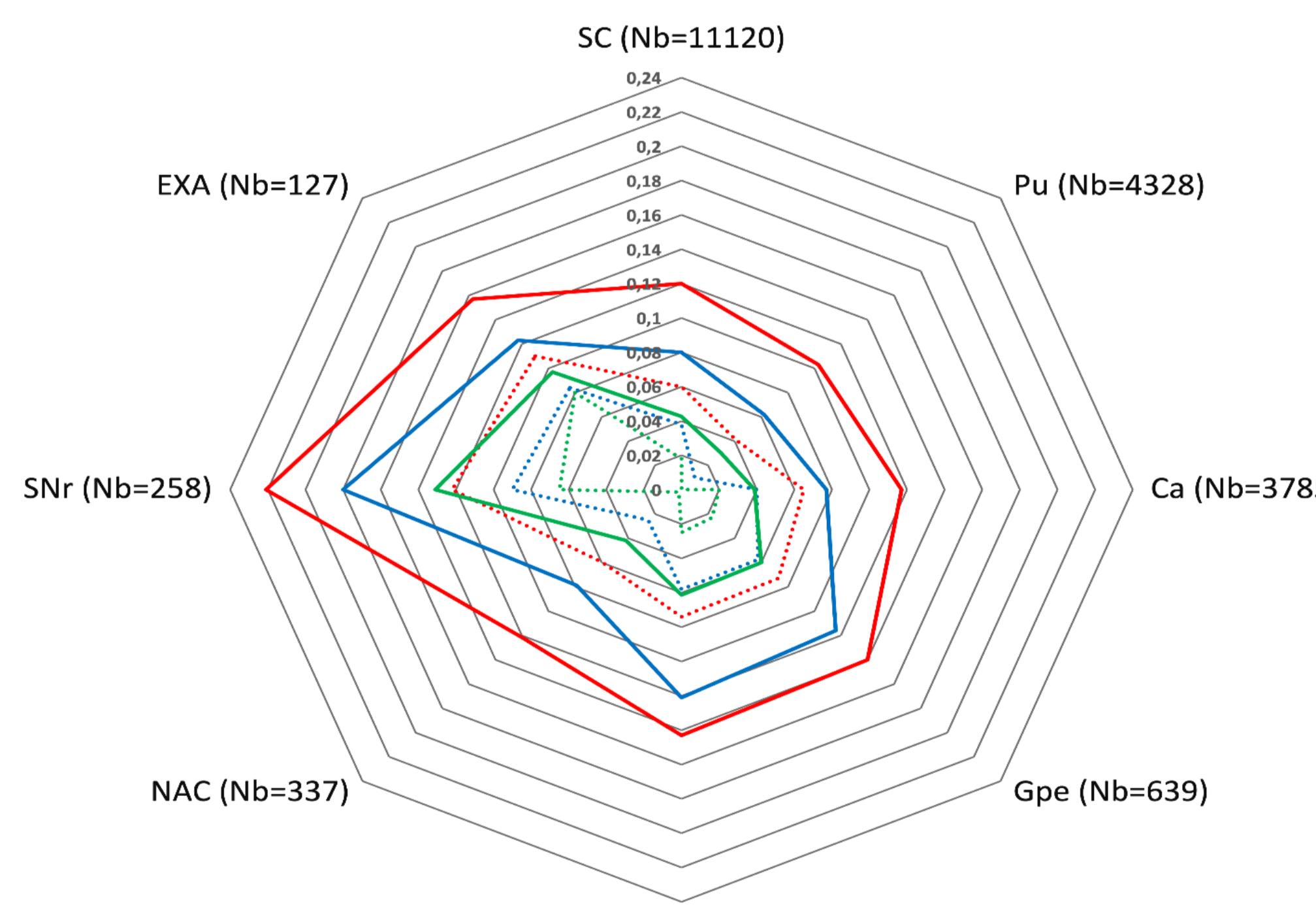
Method	Backend	Training			Inference			Gmean	Parameters
		Time	Consumption	DRAM peak	Time	Consumption	DRAM peak		
Online Mixtures (ours)									
OGMM	CPU	50s	85 kJ	494 MB	17min	23 kJ	92 MB	0.65	140
OMMST	CPU	1min20	153 kJ	958 MB	18min	32 kJ	96 MB	0.67	128
Lightweight AE									
RE	GPU	1h26	5040 kJ	26 GB	3h30	8350 kJ	22 GB	0.61	5266
FF	GPU	4h	6854 kJ	27 GB	3h53	13158 kJ	27 GB	0.55	1520
Resnet-18									
RE	GPU	17h40	53213 kJ	26 GB	59h	108593 kJ	28 GB	0.64	23730218
FF	GPU	4h10	7234 kJ	28 GB	19h45	18481 kJ	28GB	0.61	1520

Parkinson disease application

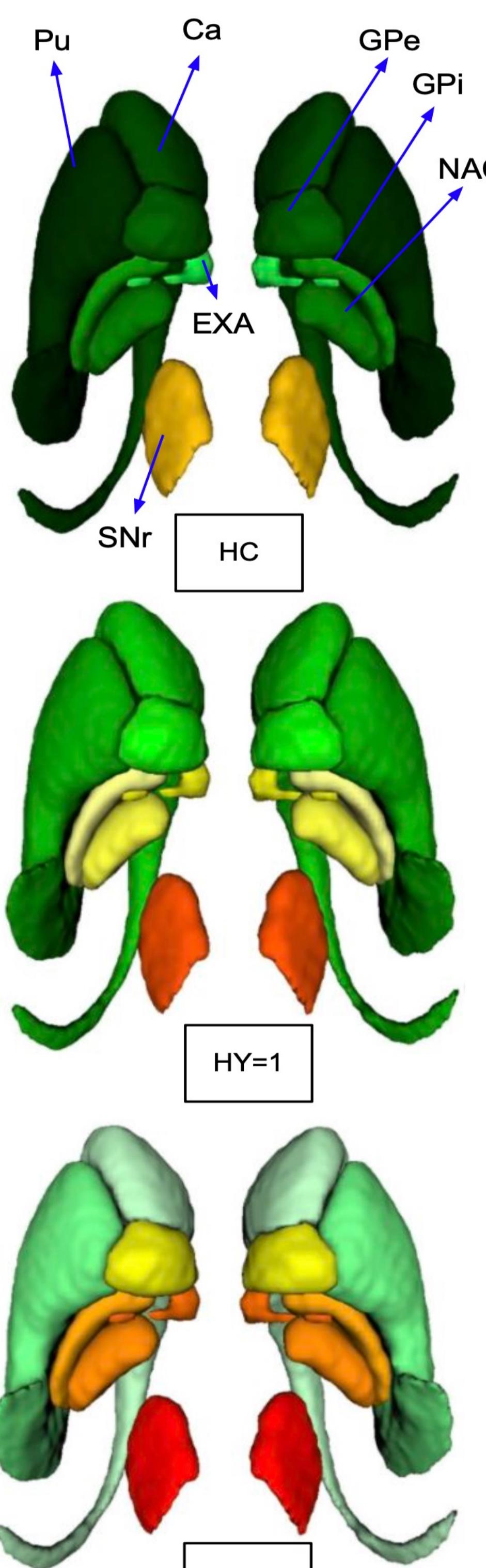
- Increasing number of abnormalities.

- The **Substancia Nigra Reticula** (SNr) greatly impacted

- Classification of **controls** and **patients**
Gmean of **0.67** for **MMST** and **0.65** for **GMM**



Percentage of anomalies per structure
controls, **HY=1**, **HY=2**, **MMST**, **GMM**



Conclusion

- Design of an **energy and memory efficient method for UAD in medical imaging**
- We aim at enhancing our cost-effective method to effectively handle both **high-dimensional** and **spatial** information for UAD

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