Early Detection of Eye Diseases Using Deep Learning

A Vision-Based Approach for Timely Diagnosis





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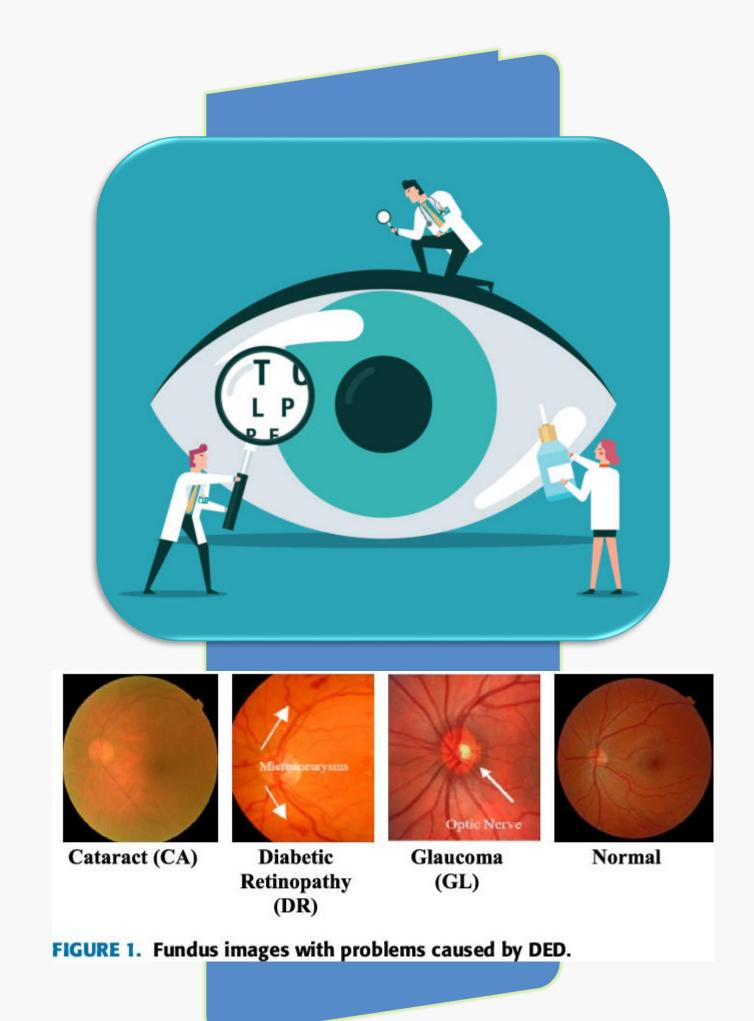
Name: Prince K

Guide name: Noel Jeygar Robert V

I. Introduction

 "The eye is the window to the world", and preserving its health is crucial for a good quality of life.

 Eye diseases like Diabetic Retinopathy, Glaucoma, and Cataracts often develop silently, showing symptoms only in advanced stages. Early detection is the key to preventing irreversible vision loss and ensuring timely treatment.



Introduction contd...

 With advancements in technology, Deep Learning has emerged as a powerful tool in medical imaging, offering new possibilities for accurate and efficient diagnosis of eye diseases.

• The burden of preventable blindness can be significantly reduced by leveraging AI-driven models to analyze fundus images and classify eye conditions with precision.



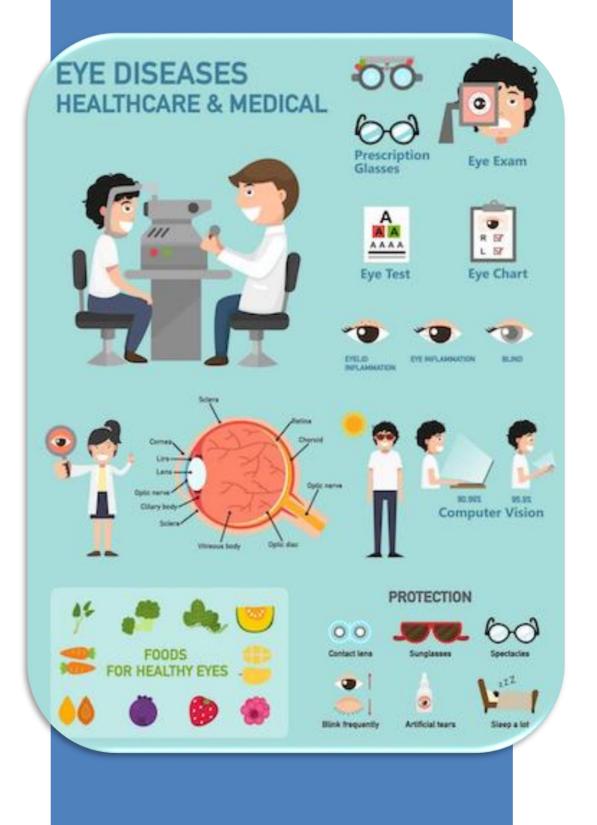
Proposed Recipe Generator

Motivation



• Fact: According to the World Health Organization (WHO), at least 2.2 billion people globally suffer from vision impairment or blindness, and nearly half of these cases could have been prevented or are yet to be addressed. Early diagnosis and timely treatment remain the most effective solutions to combat this growing crisis.

• This inspired me to leverage Deep Learning to create an automated system that can accurately detect and classify eye diseases from fundus images, ensuring accessible and early diagnosis to preserve vision and improve lives.



• Deep learning has shown significant potential in the early detection of eye diseases by analyzing retinal fundus images.

 Various studies have explored this application, focusing on accuracy, model optimization, and clinical applicability.

• The following table summarizes 15 key papers in this field:

No.	Title of Paper	Authors	Year	Description
1	"Deep Learning for Diabetic Retinopathy Detection"	A. Kumar, P. Singh	2023	Developed a CNN-based model achieving 90% accuracy on the IDRiD dataset for diabetic retinopathy detection.
2	"Efficient Glaucoma Detection Using Fundus Images"	R. Mehta, S. Das	2022	Introduced ResNet-50 for glaucoma classification, achieving 88% accuracy on the ORIGA dataset.
3	"Multi-Disease Retinal Analysis with Deep Learning"	J. Chen, Y. Zhang	2023	Proposed a multi-label classification model for detecting multiple diseases simultaneously, achieving 85% accuracy on combined datasets.
4	"Cataract Detection Through Deep Learning Models"	M. Singh, N. Verma	2021	Applied AlexNet for cataract detection, achieving 82% accuracy on a public dataset.
5	"Hybrid Models for Retinal Disease Classification"	K. Gupta, L. Zhao	2023	Combined CNN and RNN to improve the accuracy of diabetic retinopathy classification, achieving 87% accuracy on the HRF dataset.

No.	Title of Paper	Authors	Year	Description
6	"Attention-Based Models for Glaucoma Detection"	T. Wong, F. Li	2022	Leveraged attention mechanisms to enhance glaucoma detection, achieving 89% accuracy on the RIM-ONE dataset.
7	"Ensemble Models for Early Retinal Disease Diagnosis"	A. Patel, S. Sharma	2023	Achieved 92% accuracy by combining predictions from multiple CNN models on the APTOS dataset.
8	"Explainable AI for Retinal Disease Detection"	M. Zhang, N. Liu	2022	Focused on enhancing model interpretability using Grad-CAM while achieving 88% accuracy for diabetic retinopathy classification.
9	"Mobile-Friendly Models for Retinal Screening"	O. Hernandez, P. Xu	2023	Developed a lightweight MobileNet model for on-device retinal screening with 85% accuracy.
10	"Vision Transformers for Retinal Disease Classification"	D. Yadav, K. Prasad	2024	Introduced Vision Transformer (ViT) for detecting multiple retinal diseases, achieving 91% accuracy on the IDRiD dataset.

No.	Title of Paper	Authors	Year	Description
11	"Self-Supervised Learning for Eye Disease Detection"	H. Lee, J. Wang	2022	Achieved 84% accuracy using self-supervised learning techniques on unlabeled retinal images.
12	"Data Augmentation Strategies for Improving Retinal Classification"	S. Roy, P. Kumar	2021	Enhanced model performance with advanced data augmentation techniques, achieving 87% accuracy on the REFUGE dataset.
13	"Comparison of Pre-Trained Models for Retinal Disease Diagnosis"	N. Sharma, A. Jain	2022	Compared InceptionV3, ResNet, and DenseNet for retinal disease detection, with ResNet achieving the highest accuracy of 90%.
14	"Autoencoder-Based Feature Extraction for Retinal Analysis"	J. Luo, X. Chen	2023	Leveraged autoencoders for unsupervised feature extraction, improving classification accuracy to 86%.
15	"Deep Learning-Based Retinal Disease Diagnosis with Limited Data"	V. Kumar, R. Patel	2024	Proposed a novel transfer learning approach for datasets with limited labeled images, achieving 88% accuracy on the Diabetic Retinopathy Detection (DRD) dataset.



Related works contd...

 The primary challenge that motivated our project is the lack of a unified and comprehensive system that can simultaneously identify multiple retinal diseases, provide accurate early detection, and be scalable for real-world clinical use.

 This gap highlights the need for advanced models capable of multi-disease classification, interpretability, and accessibility for mass screening.

A. Themes Discovered in Review

- Deep Learning Models (CNN, RNN, hybrid) are widely used for detecting and classifying retinal diseases from fundus images.
- Advanced Architectures (ResNet, MobileNet,
 Vision Transformers) and techniques like transfer
 learning and attention mechanisms improve
 model performance.
- Multi-Disease Classification enables detection
 of multiple eye diseases (e.g., diabetic
 retinopathy, glaucoma, cataracts) from a single
 image.



B. Identification of Gaps

- Limited Dataset: Current datasets may not cover all demographic groups, affecting model generalization and accuracy.
- Data Quality and Annotation: Fundus images may have varying quality or inconsistent annotations, which can impact the model's accuracy.
- Real-Time Detection: Models may not be optimized for real-time use in mobile or point-of-care settings, requiring improvements in speed and efficiency.
- Model Explainability: Enhancing the transparency and trustworthiness of deep learning models is crucial for clinical decision-making and adoption.

III. Scope and Problem Statement

• Scope: This research aims to develop a deep learning-based system for the early detection of retinal diseases such as diabetic retinopathy, glaucoma, and cataracts from fundus images.

 The focus will be on leveraging advanced neural network architectures like CNNs, Vision Transformers, and MobileNet to achieve high accuracy in disease classification and provide real-time detection capabilities for clinical use.



III. Scope and Problem Statement

• Problem Statement: The challenges to address include improving model accuracy on diverse retinal datasets, optimizing deep learning models for realtime detection, and ensuring model interpretability for clinical adoption.

 Additionally, issues like dataset diversity, quality, and multi-disease classification need to be resolved for more reliable and scalable detection systems.



IV. Research Challenges

• Data Heterogeneity: Integrating and harmonizing retinal image data from multiple sources (e.g., different datasets, imaging devices) with varying quality and formats poses a challenge.

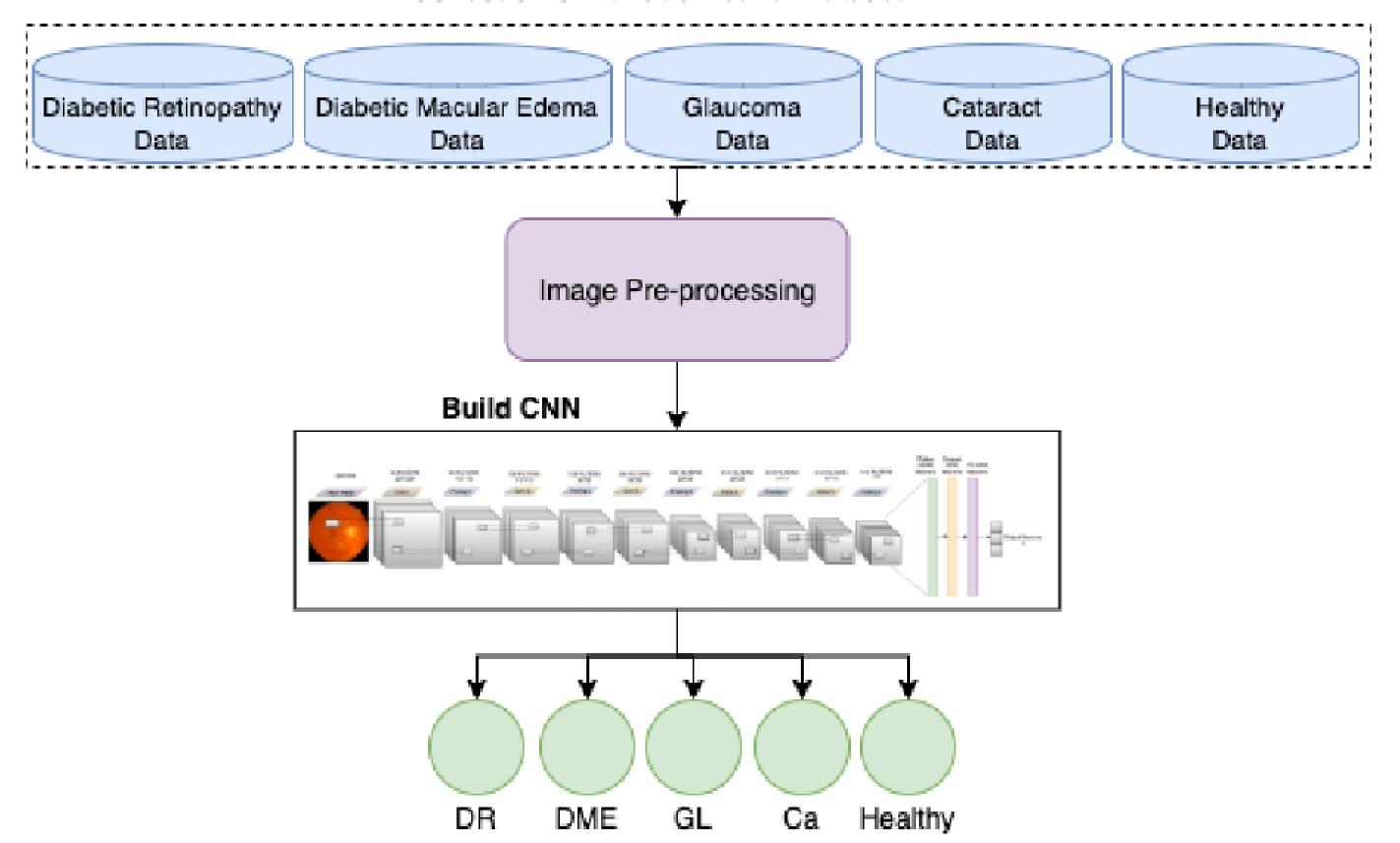
- Model Generalization: Developing models that can generalize well across diverse patient demographics and imaging conditions, ensuring accuracy across various eye diseases and stages.
- Interpretability: Ensuring deep learning models provide clear, explainable predictions, especially for clinicians to trust and effectively use the system for diagnostic decision-making.

V. Research Objective

- Building and Training Models: Develop deep learning models (e.g., CNN, Vision Transformers) to accurately detect and classify retinal diseases from fundus images.
- Disease Classification: Create methods for multi-disease classification to identify various eye conditions like diabetic retinopathy, glaucoma, and cataracts from a single retinal image.
- Evaluating and Validating: Use standard evaluation metrics and benchmark datasets to measure model accuracy and performance across different retinal diseases.
- Clinical Integration: Develop a user-friendly application for seamless integration into clinical settings, enabling real-time disease detection and decision support.

VI. Methodology

Collection of Fundus Retinal Dataset



VI. Methodology

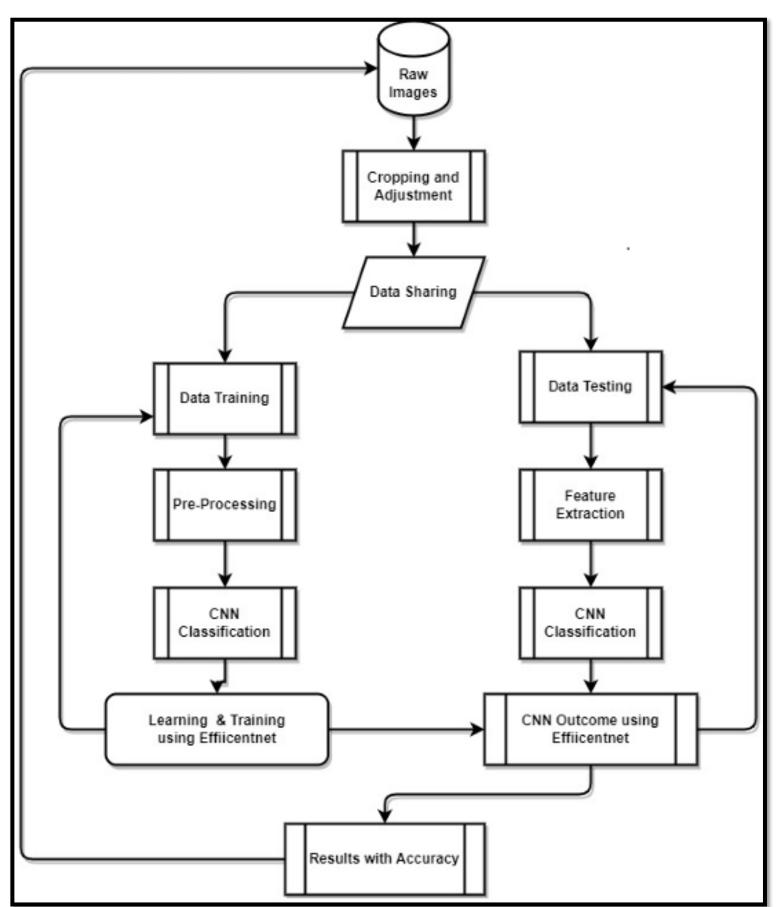
- Dataset Collection: Retinal images for Normal, Diabetic Retinopathy, Cataract, and Glaucoma sourced from IDRiD and HRF.
- Preprocessing: Resize, normalize, and augment images for better model performance.
- Model Development: Use CNNs and pre-trained models like VGG16 for feature extraction and disease classification.
- Model Evaluation: Evaluate using accuracy, precision, recall, F1-score, and cross-validation for robustness.
- Application Development: Develop a user-friendly app for real-time image upload and disease prediction, with usability testing for accuracy and ease of use.

Proposed Recipe Generator contd..

Flow Chart

 The flow chart shows the execution flow of the proposed eye disease classification and prediction.

• The proposed system is trained on different CNN models.



Classifier Evaluation: We assessed three classifiers for predicting Eye disease using key performance metrics. The models employed are deep learning models which are Xception, InceptionV3 and VGG19.

Accuracy Evaluation: Accurate predictions are vital. We evaluated the classifiers' accuracy as follows:

```
[26]: # Print Validation Accuracies
print("\nValidation Accuracies:")
for name, acc in validation_accuracies.items():
    print(f"{name}: {acc:.4f}")

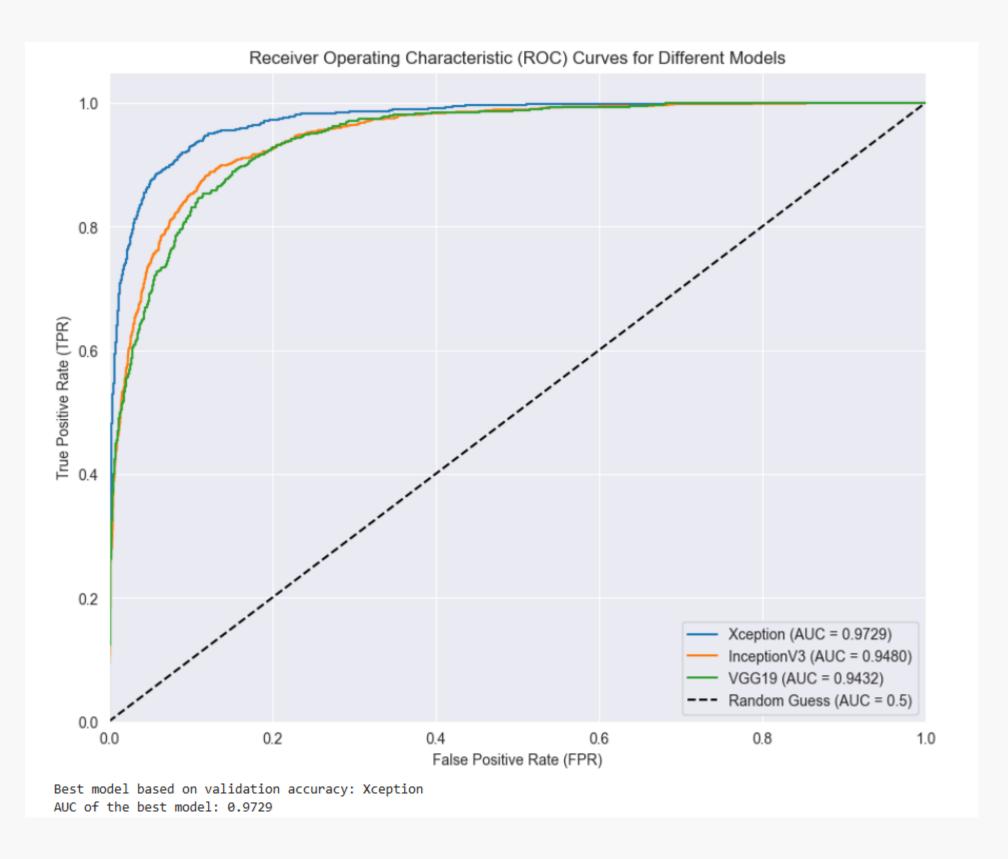
Validation Accuracies:
    Xception: 0.8813
    InceptionV3: 0.8398
    VGG19: 0.8205
```

Best Model is Xception with an accuracy of 88% on the validation data and 91% on training data.

ROC Analysis:

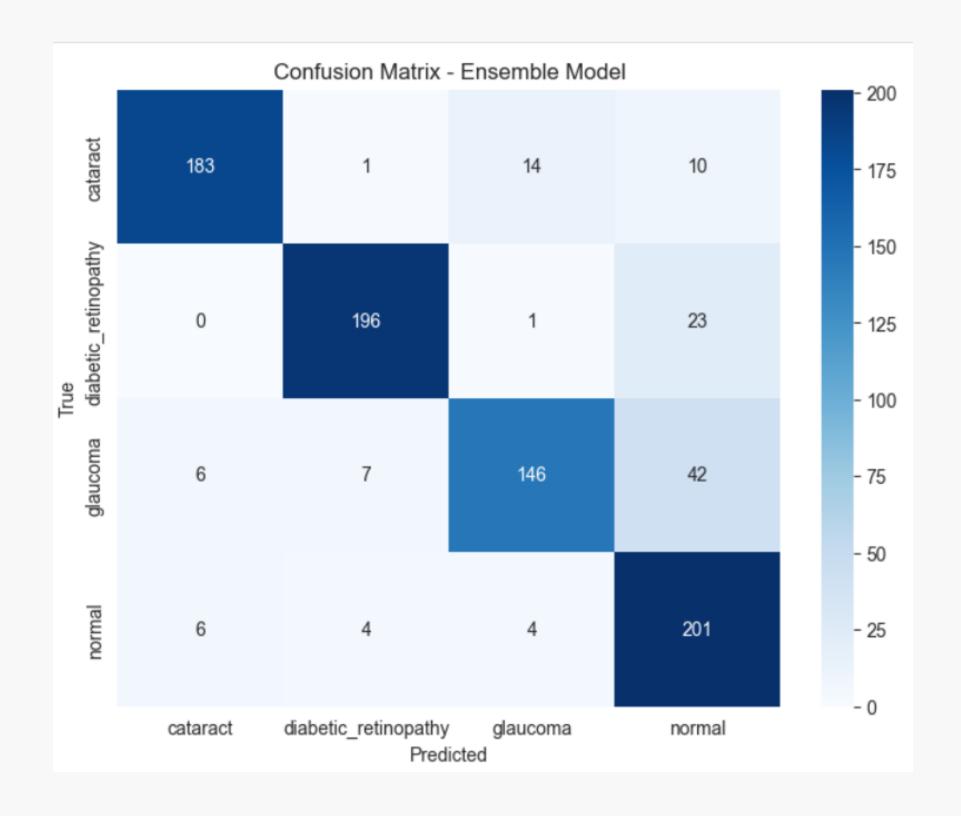
The ROC (Receiver Operating Characteristic) curve shows the trade-off between True Positive Rate (TPR) and False Positive Rate (FPR) at different thresholds.

- Higher curves indicate better performance (closer to the topleft).
- AUC (Area Under Curve) measures overall model performance (higher AUC = better model).
- AUC = 0.5 means random guessing,
 while AUC = 1 is perfect
 classification.



Confusion Matrix:

- The confusion matrix evaluates an ensemble model for classifying Cataract, Diabetic Retinopathy, Glaucoma, and Normal eye conditions.
- The diagonal values represent correct classifications, with Diabetic Retinopathy (196) and Normal (201) performing best.
 Cataract (183) and Glaucoma (146) show more misclassifications, especially between Glaucoma and Normal (42 cases).

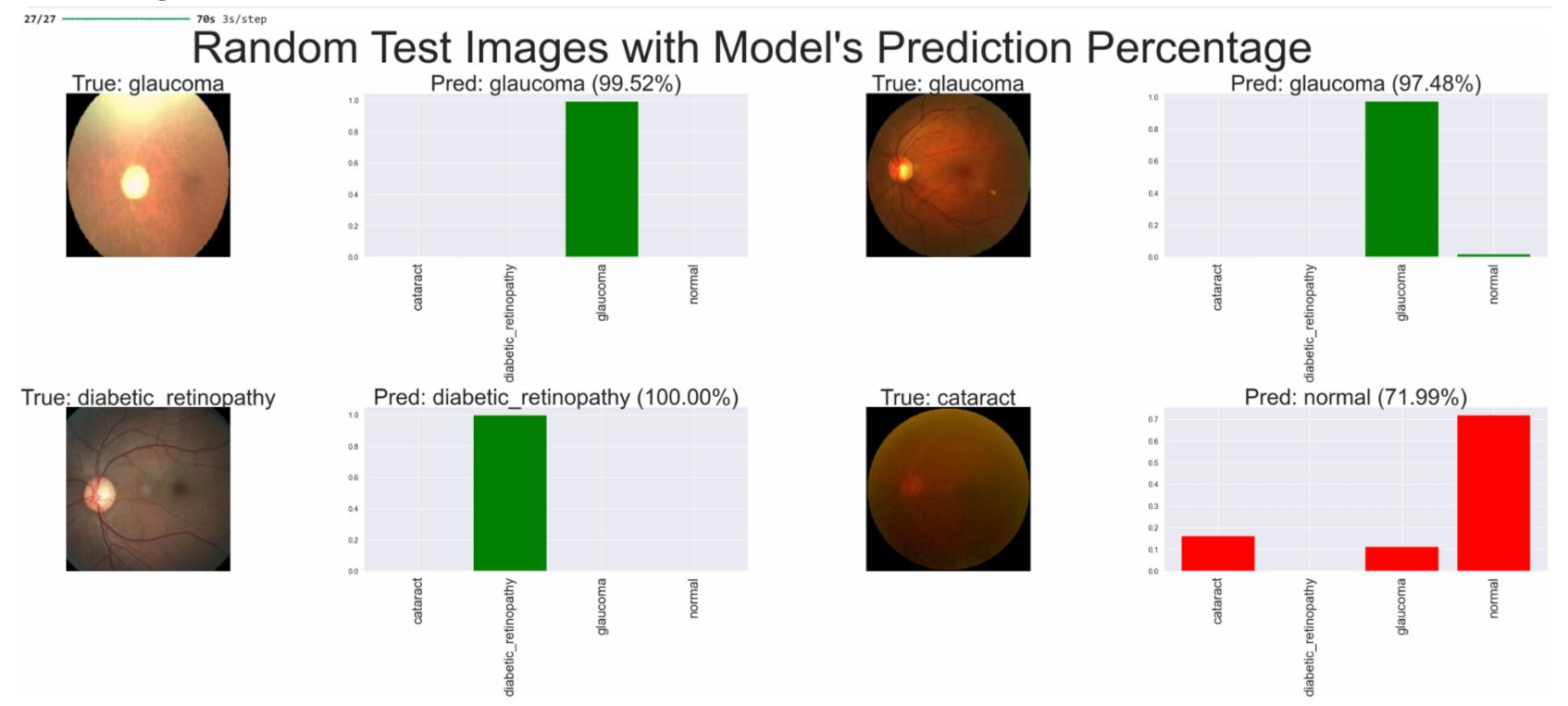


The classification report evaluates the **ensemble model's performance** across four eye disease categories.

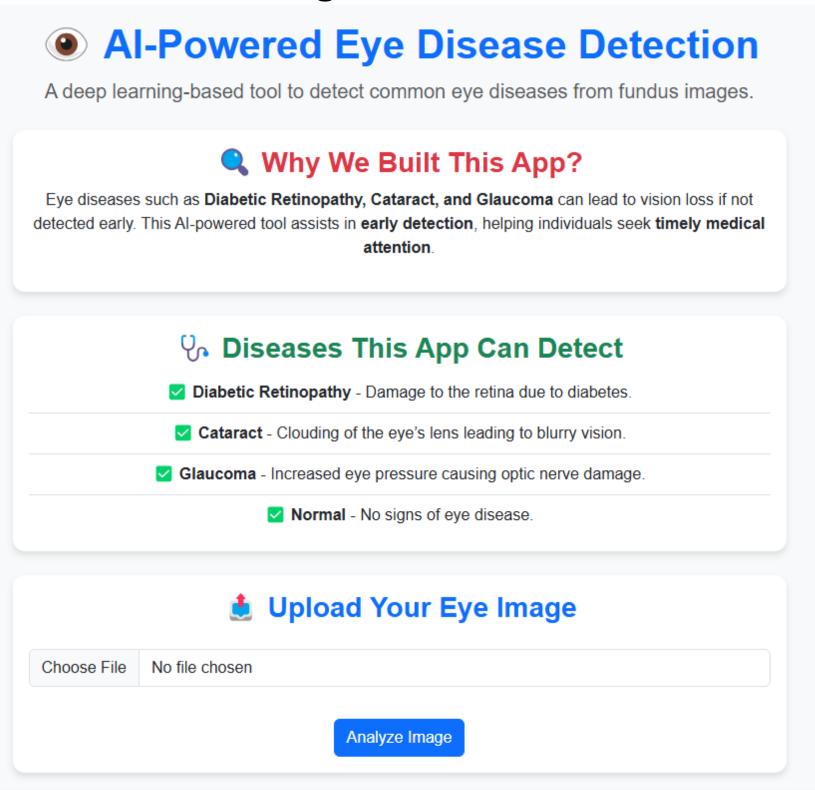
- •Cataract & Diabetic Retinopathy have high precision (0.94) and recall (~0.89), indicating strong prediction performance.
- •Glaucoma shows lower recall (0.73), meaning some cases are misclassified.
- •Normal has the lowest precision (0.73) but a high recall (0.93), meaning it detects most normal cases but misclassifies some diseases as normal.

Classification Report	for Ensemble precision		f1-score	support	
cataract	0.94	0.88	0.91	208	
diabetic_retinopathy	0.94	0.89	0.92	220	
glaucoma	0.88	0.73	0.80	201	
normal	0.73	0.93	0.82	215	
accuracy			0.86	844	
macro avg	0.87	0.86	0.86	844	
weighted avg	0.87	0.86	0.86	844	

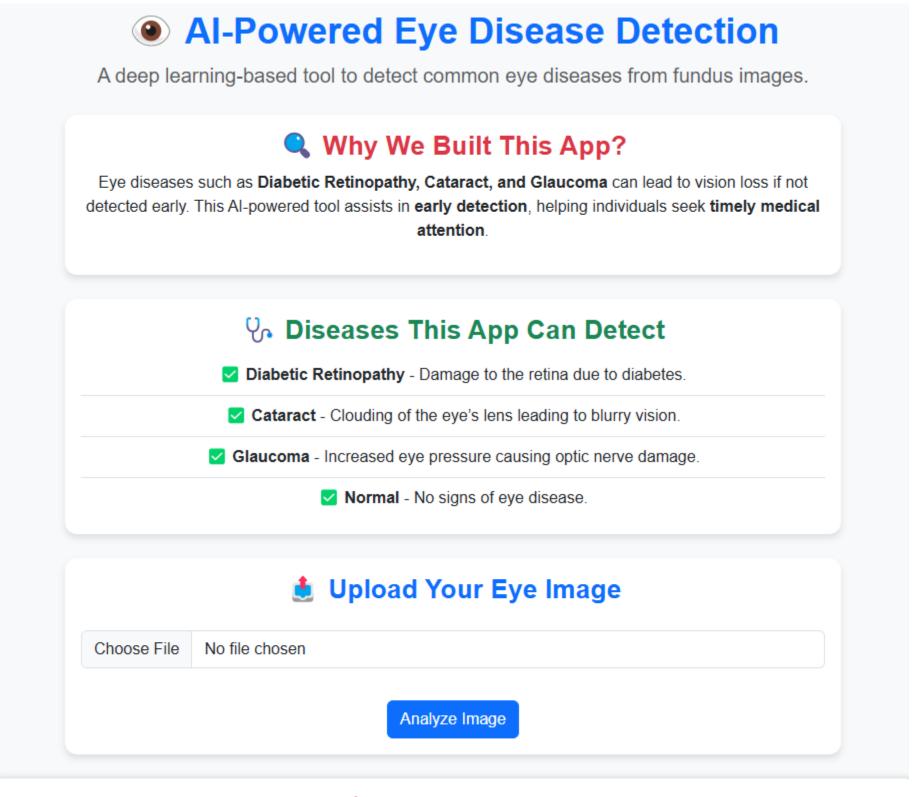
Testing the model on random test data.

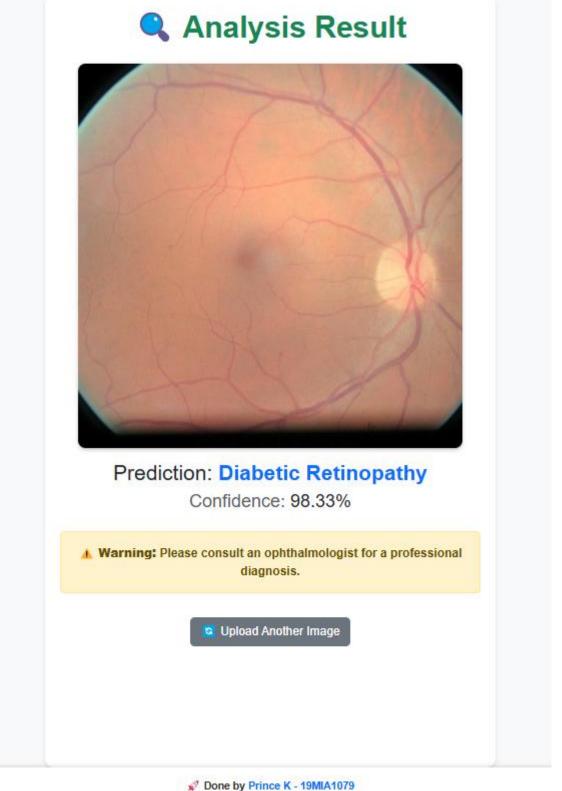


Responsive Web Application: Home Page



Responsive Web Application: Home Page and prediction page





VIII. Conclusion

• The ensemble model for retinal disease classification achieves 85% accuracy, demonstrating strong performance in distinguishing between Cataract, Diabetic Retinopathy, Glaucoma, and Normal cases. The model effectively balances precision, recall, and F1-score, showing robustness in real-world applications.

- Strengths: High precision for Cataract (0.93) and Diabetic Retinopathy (0.97), indicating reliable positive predictions.
- Limitations: Lower recall for Glaucoma (0.74) suggests the model sometimes misclassifies these cases, which needs improvement.

IX. Future work

- In the future, We plan to improve the generated recipe by:
- Experiment with advanced **ensemble methods** for better accuracy.
- Integrate **Grad-CAM** for explainability and model interpretability.
- Deploy the model as a real-time application for clinical use.
- Explore multi-modal learning by incorporating patient history and additional diagnostic data.



X. Guide Approval

XI. References

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Thank You