

# DeepOPG: Improving Orthopantomogram Finding Summarization with Weak Supervision

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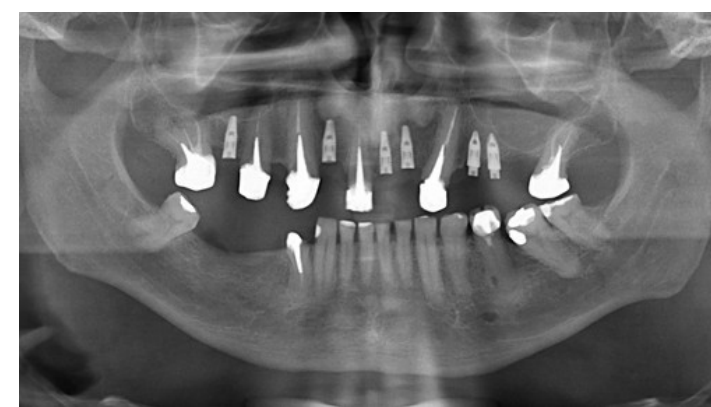


Full Paper

## Motivation & Contributions

- An *orthopantomogram (OPG)* is a half-circle 2D scanning of the oral region
- Interpretation of OPGs suffers from *low* inter-rater agreement among clinicians
- Current models to derive OPG finding summary all require *time-consuming per-pixel* annotations

Orthopantomogram

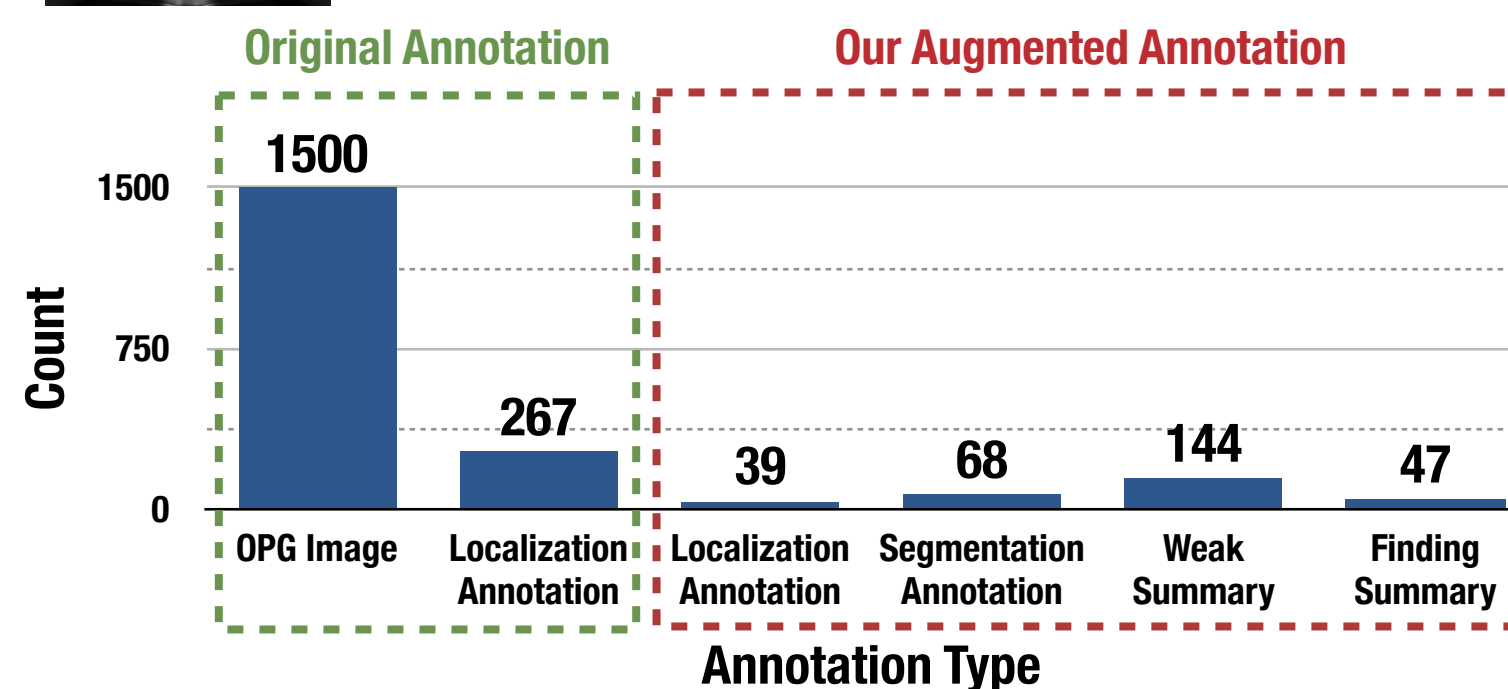
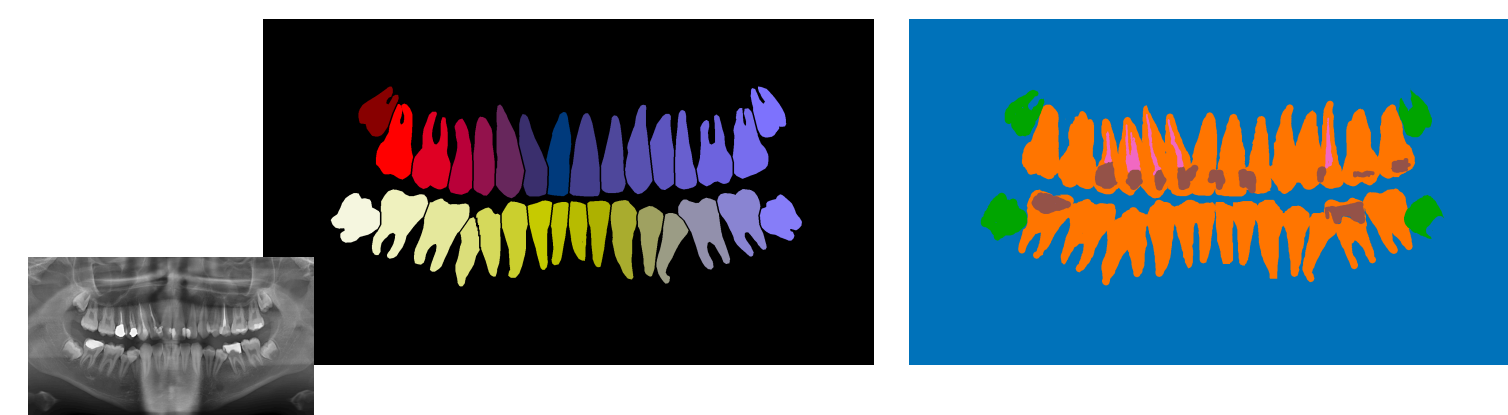


Finding Summary

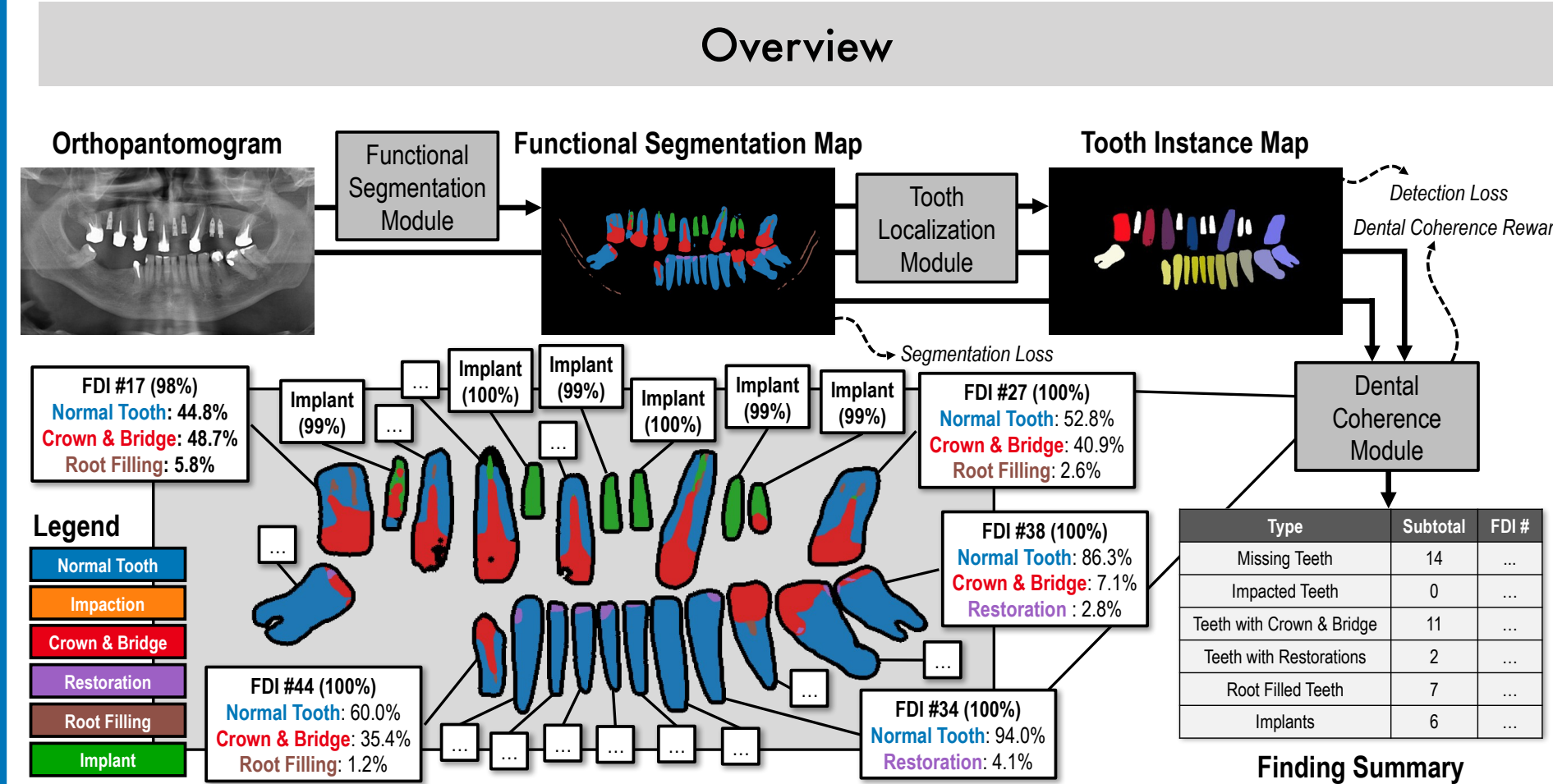
Type	Subtotal	FDI #
Missing Teeth	14	...
Impacted Teeth	0	...
Teeth with Crown & Bridge	11	...
Teeth with Restorations	2	...
Root Filled Teeth	7	...
Implants	6	...

- We propose DeepOPG, a system to predict OPG finding summary with
  - (1) weak supervision data, and
  - (2) dental knowledge infused

## Data: UFBA-UESC Dental Images



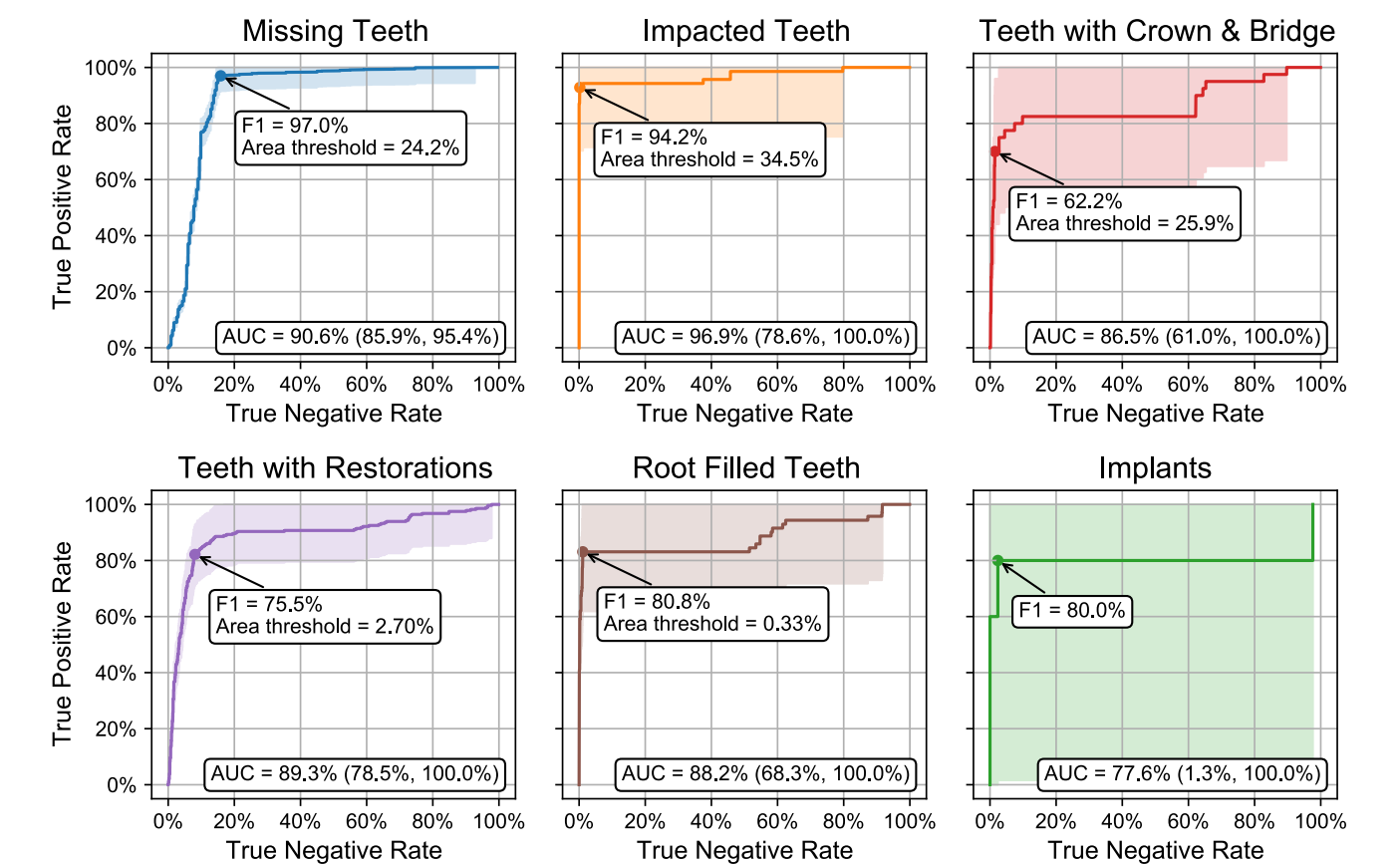
## Methods: Dental Coherence Reward



- Functional Segmentation Module** (ResNet-50 + U-Net) first takes OPG and derives the 7-class *functional segmentation map*: **background**, **normal (non-impacted) teeth**, **impaction**, **crown & bridge**, **restoration**, **root filling material**, and **implant**
  - Tooth Localization Module** (ResNet-101 + RPN) then takes OPG and *segmentation map* and derives the 34-class *instance map*: background, 32 teeth in FDI notation, and implant
  - Dental Coherence Module** refines the instance ↔ teeth assignment  $\mathbf{E}$  by maximizing the clinical knowledge-based *Dental Coherence Reward*
  - Inference-Time Decoding**: solve a Generalized Quadratic Assignment Problem (GQAP) with no model modifications
  - Weakly Supervised Reinforcement Learning (RL)**: use weak summary data and REINFORCE to learn better models
- $$r_{DCR}(\mathbf{P}, \mathbf{E}, \mathbf{M}) \equiv \sum_{n,c} p_{nc} \cdot e_{nc} - \sum_{n,c,m,d} q_{ncmd} \cdot e_{nc} \cdot e_{md}$$
- Annotations:  $p_{nc}$  → probability distributions over classes for instances;  $e_{nc}$  → instance ↔ teeth assignment;  $q_{ncmd}$  → instance masks;  $e_{md}$  → IoU between instance masks
- We **(A)** train Functional Segmentation first, then **(B)** train Tooth Localization w/o RL, followed by **(C)** fine-tuning with RL.

## Results

### Receiver Operating Characteristic of Findings



### Tooth Localization Performance: Ablation Study

Method	Per-Object				Per-Image
	AP <sub>0.0</sub> (%)	AP <sub>0.5</sub> (%)	DA (%)	FA (%)	IoU (%)
DeepOPG (full)	98.6 <sub>0.1</sub>	97.6 <sub>0.3</sub>	98.7 <sub>0.4</sub>	97.5 <sub>0.6</sub>	80.5 <sub>1.5</sub>
w/o RL	98.4 <sub>0.1</sub>	97.2 <sub>0.4</sub>	98.7 <sub>0.4</sub>	97.5 <sub>0.6</sub>	80.1 <sub>1.5</sub>
w/o RL and dental coherence	93.0 <sub>0.1</sub>	91.3 <sub>0.4</sub>	93.7 <sub>0.9</sub>	87.4 <sub>1.2</sub>	79.7 <sub>1.6</sub>
w/o segmentation	97.7 <sub>0.1</sub>	96.2 <sub>0.3</sub>	97.9 <sub>0.5</sub>	95.7 <sub>0.8</sub>	80.2 <sub>1.5</sub>

### Comparison to Prior Work

