

# Brain Tumour Segmentation using U-Net Based Fully Convolutional Networks

P. Garg<sup>1</sup>, L. Nanda<sup>2</sup>, S. Kohli<sup>3</sup>

<sup>1</sup>Maharaja Agrasen Institute of Technology, Delhi

<sup>2</sup>Vellore Institute of Technology, Vellore

<sup>3</sup>Bhagwan Parshuram Institute of Technology, Rohini, Delhi

#Corresponding Author, Email: *siddharth0398@gmail.com*

**Abstract**—A noteworthy test for treating brain tumor arranging and quantitative assessment is assurance of the degree of tumor. The Magnetic Resonance Imaging (MRI) procedure has developed as a forefront demonstrative apparatus for mind tumors without X-ray radiation. Manual division of brain tumor degree from 3D MRI volumes is an extremely tedious assignment and the execution is exceedingly depended on administrator's understanding. In this unique circumstance, a solid completely programmed division technique for the mind tumor division is important for a productive estimation of the tumor degree. This examination, proposes a completely programmed strategy for brain tumor division, which is created based on U-Net profound convolutional systems. Our technique was assessed on Multimodal Brain Tumor Image Segmentation (BRATS 2015) datasets, containing 220 high-review brain tumor and 54-second rate of tumor cases. Cross approvals have demonstrated that our technique can get raising division effectively.

A user friendly and performance supported technique for recognition (segmentation) of tumor is utilized dependent on the mixture of 2 calculations. Division of tissue of tumor with exactness and reliability is much similar to the manual division and lessens the perfect opportunity for examination. At last, the tumor is detected from the MRI image and its correct orientation and also the structure is likewise displayed.

**Keywords**—Brain tumor, Image segmentation, Noise, Convolutional Networks (CNN), Magnetic Resonance Imaging (MRI)

## 1. INTRODUCTION

Medical image analysis based on MRI is catching attention for the study of tumour of brains. The analysis aims at complete and intensive overview of the tumours and their imaging [1]. Recently, an yearly session called Multimodal Brain Tumour Image Segmentation (BRATS), takes place to define the benchmark processes used to segment and analyse the tumour of brain [2]. Currently various methods of deep learning have attained a high score in BRATS Challenges [3-5]. Essential dangerous cerebrum tumors are among the most loathsome kinds of disease, in light of the horrid guess, as well as because of the immediate results on diminished intellectual capacity and low infinitude. The survey of uses of deep learning in segmentation, image classification and various other similar domains has been done in [6]. The input images and corresponding segmentation maps are used to train the network [7]. A fully automatic and reliable method for segmentation of tumours of brain has been designed using U-net convolutional networks [8].

Most of incessant essential cerebrum tumors in grown-ups are essentially lymphomas and gliomas [9] of focal sensory system, which the last record for relatively 80% of threatening cases.

Two calculations are utilized for the division. So it gives the precise outcome for tumor division. The tumor might be essential or optional. On the off chance that it is a beginning, at that point it is known as essential. On the off chance that the piece of the tumor spreads to somewhere else and develops as its own then it is called optional. Ordinarily, mind tumor influences CSF (Cerebral Spinal Fluid). Regularly tumor cells are of many kinds namely Mass and Malignant. The recognition of the dangerous tumor is fairly hard when compared with mass tumor. For the precise identification of the harmful tumor that should be a 3-D portrayal of the cerebrum and 3-D analyzing device. A division is utilized on the location of mass tumor identification. The creating stage for the recognition is tangle lab since it is anything but difficult to create and execute. Towards, the end we are able to give framework to differentiate between the formation of the tumour and the tumor.

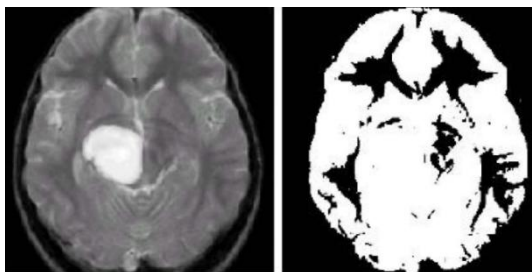


Fig. 1: Threshold Input

Fig. 2: Analysis by the persistent system

Fig. 1 is the image of threshold inputted to the system From the MRI itself, we can figure out the tumor area but it is not enough to carry on the treatment.

Fig. 2 shows exactly two grey values. White is considered as 1 and black is considered as 0. The background value is allocated to binary value 0 and object obtains the value of 1. So we are unable to determine the tumor from the resulting image. This is the major disadvantage of the persisting system.

### 1.1 Existing Method

The current technique depends on the thresholding and area developing. The thresholding technique disregarded the spatial attributes. Typically spatial qualities are imperative for the dangerous tumor recognition, yet the bit delineate contains 0 to 255 dim scale esteems. Also, the current method uses k-fold[10] algorithm whereas the proposed method uses k-mean algorithm.

## 2. IMPLEMENTATION

### 2.1 Pre-Processing

- a) It performs separating of clamor and different artifacts in the picture and sharpening the picture for the sake of clarity.
- b) RGB to grey transformation and forging additionally happens here. It incorporates the median filter for clamor expulsion. The conceivable outcomes of entry of clamor in current MRI examine are less. It may be interfering due to the thermal effect.
- c) The principal point of this undertaking is to distinguish and segmenting the tumor cells. In any case, for the total framework, it needs the procedure of eradicating the clamor.
- d) For more desirable comprehension of the capacity of the median filter, we included the salt and pepper clamor misleadingly and eradicating it utilizing the median filter.

### 2.2 Feature Extraction

- a) The element extortion is extricating the bunch, which demonstrates the anticipated tumor presence at FCM yield. The extricated group is given to the thresholding procedure.
- b) It smears double cover over the whole picture. It influences the dark grey

pixel to end up the unilluminated and the much-illuminated wind up more brilliant.

### 2.3 Algorithm used for approximation

- Step 1:* Initiate the procedure.
- Step 2:* Input the scanned copy of the MRI in the JPEG format.
- Step 3:* Inspect the format of the picture inputted and proceed to the aforementioned step if no error is shown.
- Step 4:* If a picture is in RGB design reciprocates it to grayscale otherwise proceed to subsequent stage.
- Step 5:* Locate edge on the grayscale picture.
- Step 6:* Compute the number of the illuminated spots in the picture.
- Step 7:* Measure the largeness of the tumor utilizing the modulus operandi.
- Step 8:* Exhibit the magnitude and phase of the tumor.
- Step 9:* Terminate the Program.

The calculation checks the RGB or dark scale picture, changes over the picture into a binary picture by binarization strategy and distinguishes the edge of tumor pixels in the binary picture. Additionally, it figures the extent of the tumor by computing the quantity of white pixels in a binary picture.

### 3. DATASET

The proposed method is trained and validated on the BRATS 2015 dataset [2,12], which consists of 54 low-grade and 220 high grade glioma patients volumes that are already made skull stripped and is registered by intra patient. No further preprocessing is done in it. In this dataset each patient has four MRI scan sequences that consists of namely FLAIR, T1c, T2 and T1. The dataset is already skull – stripped and registered into the T1c scan

and is interposed into  $1 \times 1 \times 1 \text{ mm}^3$  with the sequence of  $240 \times 240 \times 155$ . Furthermore the ground truth of the MRI scans of the dataset is furthermore manually labeled into 4 types of intra-tumoral class: that are 1 = necrosis, 2 = edema, 3 = non-enhancing and 4 = enhancing tumors and others are normal tissue. The Brain tumor segmentation problem exhibits severe class imbalance where the healthy voxels comprise 98% of total voxels, 0.18% belongs to necrosis, 1.1% to edema and non-enhanced and 0.38% to enhanced tumor.

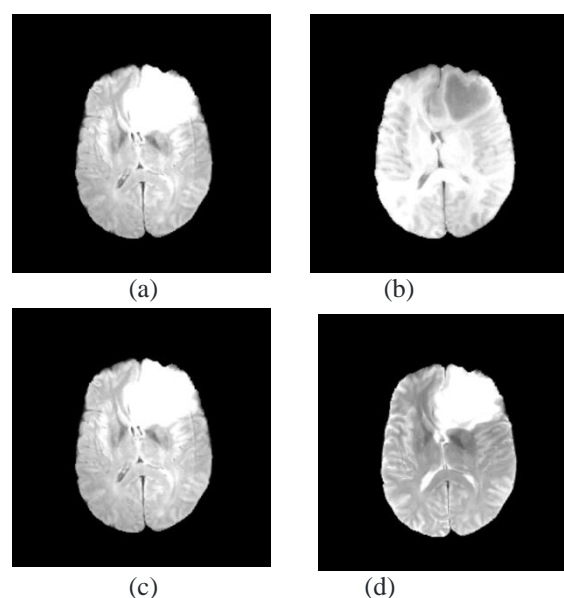


Fig. 3: Four different modalities of MRI of a HGG patient (a) Flair, (b) T1, (c) T1c and (d) T2

### 4. PROCESSING IMAGES

Fig. 4(a) shows the input image (b) depicts the addition of external noise to the input image (c) displays the gradual eradication of noise from the MRI which goes on through several steps to produce the final image in which tumour can be clearly determined. External noise is added to the input image in order to improve the efficiency of the process of removal of noise from the image.

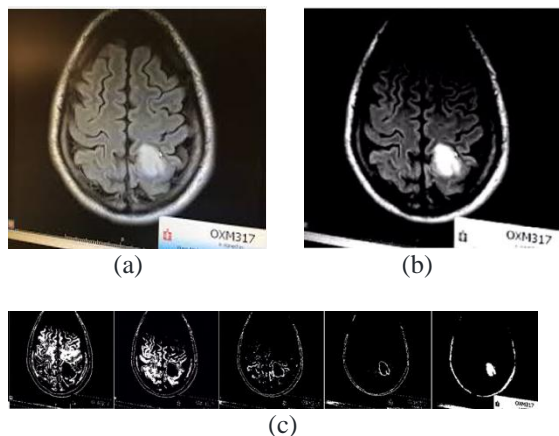


Fig. 4: (a) Input image, (b) Noise added to the image (c) Removal of Noise

### 5. ALGORITHM USED

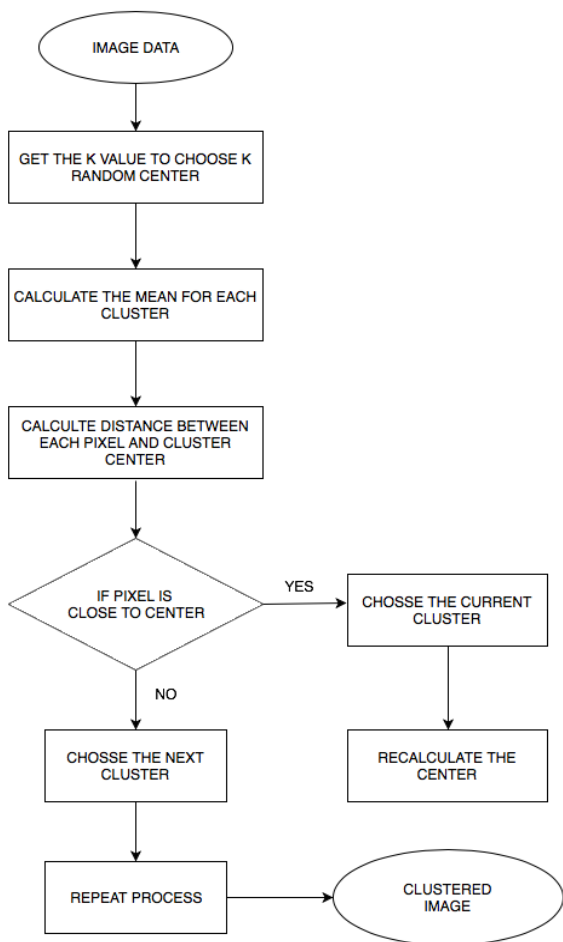


Fig. 5: Proposed Algorithm

Fig. 5 depicts the algorithm used in the segmentation procedure of the tumour of the brain i.e. to get the area with tumor from the given image of the brain(MRI) using clustering process.

### 6. DIFFERENT INPUTS AND THEIR OUTCOMES

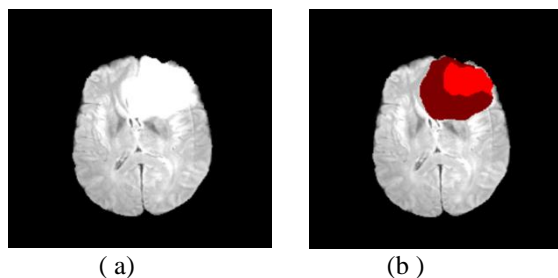


Fig. 6: (a) Flair and (b) Predicted outcome

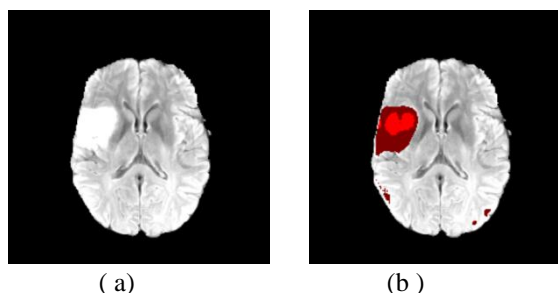


Fig. 7: (a) Flair and (b) Predicted outcome

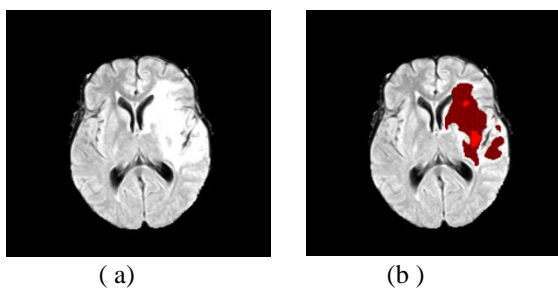


Fig. 8: (a) Flair and (b) Predicted outcome

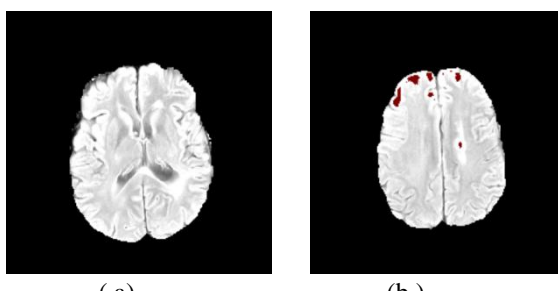


Fig. 9: (a) Flair and (b) Predicted outcome

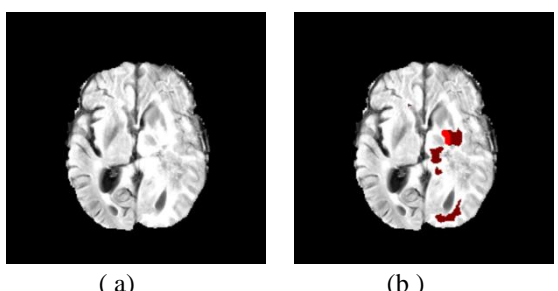


Fig. 10: (a) Flair and (b) Predicted outcome

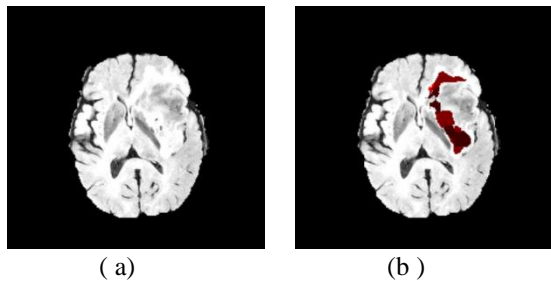


Fig. 11: (a) Flair and (b) Predicted outcome

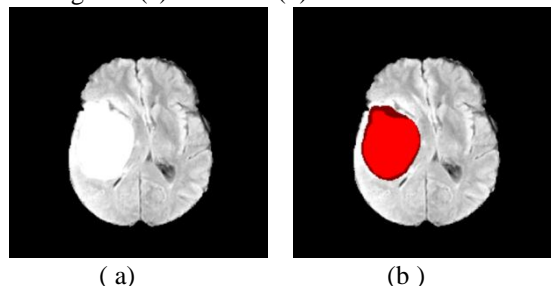


Fig. 12: (a) Flair and (b) Predicted outcome

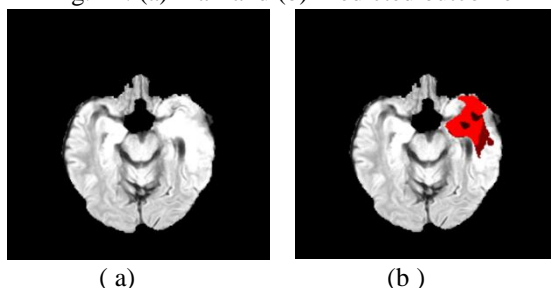


Fig. 13: (a) Flair and (b) Predicted outcome

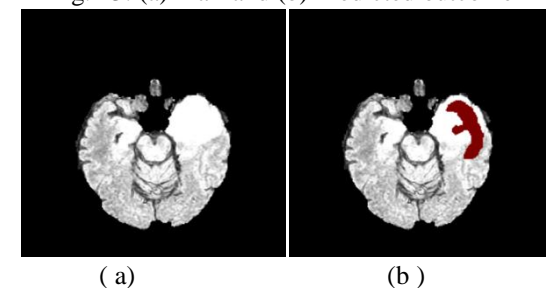


Fig. 14: (a) Flair and (b) Predicted outcome

Figs. 6(a), 7(a), 8(a), 9(a), 10(a), 11(a), 12(a), 13(a), 14(a) are the flair images of the various samples which were taken as input and Figs. 6(b), 7(b), 8(b), 9(b), 10(b), 11(b), 12(b), 13(b), 14(b) are the predicted outcomes of the respective inputs after the complete procedure.

Fig. 15 shows the final image obtained after completing the procedure. The result consists of three different views i.e. front view, top view and side view of the brain with the tumor (in shades of red) detected.

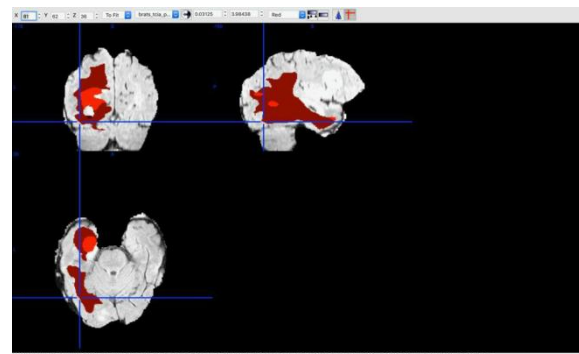


Fig. 15: The final result

## 7. CONCLUSIONS & FUTURE WORK

There are distinctive kinds of tumors. They might be a mass in the brain or harmful over the cerebrum. Assuming, that it is a mass then K-means algorithm is sufficient to extricate it from the brain cells. If there is any noise present in the MR picture it is expelled before the K means procedure. The noise-free picture is given as an input to the k-means and tumor is extricated from the MRI picture. And further segmentation implementing Fuzzy C implies for precise tumor shape extraction of threatening tumor and thresholding of output in feature extraction. At last approximate reasoning for ascertaining tumor shape and position figuring. The test results are contrasted from various calculations. The proposed procedure gives a more exact result. Later on 3D evaluation of cerebrum using 3D slicers with Matlab can be created.

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