Enhanced retinal image registration accuracy using expectation maximisation and variable bin-sized mutual information

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ENHANCED RETINAL IMAGE REGISTRATION ACCURACY USING EXPECTATION MAXIMISATION AND VARIABLE BIN-SIZED MUTUAL INFORMATION

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ABSTRACT

While retinal images (RI) assist in the diagnosis of various eye conditions and diseases such as glaucoma and diabetic retinopathy, their innate features including low contrast homogeneous and non-uniformly illuminated regions, present a particular challenge for retinal image registration (RIR). Recently, the hybrid similarity measure, Expectation Maximization for Principal Component Analysis with Mutual Information (EMPCA-MI) has been proposed for RIR. This paper investigates incorporating various fixed and adaptive bin size selection strategies to estimate the probability distribution in the mutual information (MI) stage of EMPCA-MI, and analyses their corresponding effect upon RIR performance. Experimental results using a clinical mono-modal RI dataset confirms that adaptive bin size selection consistently provides both lower RIR errors and superior robustness compared to the empirically determined fixed bin sizes.

Index Terms— Image registration, ophthalmological image processing, principal component analysis, mutual information, expectation-maximization algorithms.

1. INTRODUCTION

Image registration is an integral process in many computer vision and image processing applications [1], [2], with the registration of medical images assisting in disease diagnosis and treatment planning [3] for various regions in human anatomy including the brain and retina. Retinal image registration (RIR) spatially aligns the vessel structures of the retina in order to assist in ophthalmology, particularly in tracking the advancement of diagnosed eye conditions and diseases such as myopia, glaucoma and diabetic retinopathy [4]. RIR is especially challenging because retinal images (RI) generally have non-uniform intensity distributions allied with the presence of large homogeneous non-vascular regions. RI quality can also be compromised by the presence of different pathologies like haemorrhages and retinal scars caused by laser treatment [5].

Many existing feature-based RIR techniques are not sufficiently robust due to their dependency on the quality of RI segmentation and the extracted features. Similarly, intensity-based methods including mutual information (MI) [6] which use only individual and joint probabilities of pixels, exhibit degraded RIR performance because of the aforementioned RI attributes [7]. It has been

reported [6] that a more accurate MI value can be achieved during registration by selecting the most appropriate bin size for probability estimation. From a RI perspective, the latent mage quality means that determining the best bin size for MI computation can play a vital role in the overall RIR performance, though any improvement may be limited since MI does not include spatial information. Existing hybrid-based techniques which do integrate spatial information along with MI have not employed bin size selection for RIR. Given the challenging features, bin size selection in calculating MI in hybrid-based techniques affords a fertile opportunity to investigate its impact on RIR accuracy.

This paper analyses the effect of introducing either a fixed or adaptive bin size selection strategy into the hybrid-based similarity measure Expectation Maximization for Principal Component Analysis with Mutual Information (EMPCA-MI) [8] algorithm. EMPCA-MI incorporates RI spatial information together with a fixed 256 bins probability distribution for MI, to achieve effective RIR with low computational overheads. Numerical and qualitative results for different fixed and adaptive bin size selections for EMPCA-MI using a clinical dataset of 44 mono-modal RI pairs containing different pathologies, corroborates that improved RIR accuracy and robustness is achieved, with adaptive bin selection approaches consistently providing lower registration errors. The remainder of the paper is organised as follows: Section 2 presents a review of existing RIR techniques, while Section 3 initially reviews the EMPCA-MI-based RIR framework before describing various fixed and adaptive bin size selection techniques for MI computation and their integration into EMPCA-MI. Section 4 outlines the experimental set-up and analyses the corresponding RIR performance, with some concluding comments being given in Section 5.

2. PREVIOUS WORK

RIR is broadly classified into feature, intensity and hybrid based techniques [7]. While feature-based approaches primarily use optical disk [9], fovea [10] and vascular structural details [11], [12] from the RI, intensity-based techniques focus on pixel intensity information using similarity measures such as cross correlation, phase correlation or MI [6], [13]. MI establishes a statistical relationship between the intensity values of the RI and while it is popular in the medical image registration domain, it is not very effective for RIR because of the aforementioned RI characteristics
3. EMPCA-MI FOR RIR USING FIXED AND ADAPTIVE BIN SIZE SELECTION

3.1. EMPCA-MI based RIR Framework

RIR involves the geometric transformation of a source RI ($I_S$) to attain the best physical alignment with a reference target image ($I_R$). An optimization method is applied to maximize some predefined similarity measure with known transformations between the $I_R$ and $I_S$ dataset.

EMPCA-MI is a new similarity measure for RIR, which efficiently incorporates spatial information together with MI without incurring high computational overheads [8]. Fig. 1(a) displays the three constituent EMPCA-MI processing blocks, which are respectively: input data rearrangement, EMPCA and MI calculation. Both $I_R$ and $I_S$ are pre-processed (Step I) as $Q_R$ and $Q_S$ using a neighbourhood radius $r$, so the spatial and intensity information is preserved [8]. The first $P$ principal components $X_R$ and $X_S$ of the respective $I_R$ and $I_S$ images are then iteratively computed from $Q_R$ and $Q_S$ using EMPCA in Step II, instead of solving the whole covariance matrix. Finally the MI [6] is calculated using 256 bins between $X_R$ and $X_S$ in Step III, with a higher MI value meaning the images are better aligned. In [8], $r=I$ is chosen because of the intrinsically large homogeneous regions in RI and only the first principal component is considered, i.e., $P=I$ since this is the direction of highest variance and represents the most dominant feature in any RI region. Mathematically, EMPCA-MI can be formally expressed as:

$$EMPCA-MI(I_R,I_S) = \sum_{X_R,X_S} p(X_R,X_S) \log \frac{p(X_R,X_S)}{p(X_R) \cdot p(X_S)}$$  (1)

where $p(X_R)$ and $p(X_S)$ are the individual probabilities of $X_R$ and $X_S$ respectively, while $p(X_R,X_S)$ is their joint probability.

3.2. Bin Size Selection for MI Computation

In Step III of the EMPCA-MI algorithm, MI is calculated between the principal components $X_R$ and $X_S$ to determine the final EMPCA-MI value using a fixed bin size of 256 bins. This subsection examines different fixed and adaptive bin size selection approaches which can be incorporated for individual and joint probability estimation (See (1)) for more accurate MI computation between $X_R$ and $X_S$ as shown in Step III. These are summarised in Fig. 1(b).

The first set of approaches investigated consisted of empirically decreasing the fixed bin sizes from 256 in the original EMPCA-MI [8] algorithm to 128, 64, 32, 16, 8 and 4 bins [16–18] respectively and analysing the corresponding impact on RIR performance. Intuitively, reducing the bin number improves the probability distribution estimation since only the first principal component is considered, i.e., $P=I$.

The next bin size selection category [24–27] investigated were statistically-based and adaptive in nature, i.e., they are dependent
4. EXPERIMENTAL EVALUATION

4.1. Experimental Setup and Clinical Dataset

To analyse different bin size selections in the MI computation block of the EMPCA-MI framework in Fig. 1(b), a mono-modal clinical dataset comprising 44 RI pairs of colour fundus images were used [33]. Each colour fundus image had a spatial resolution of $3504 \times 2336$ pixels, a $60^\circ$ field of view and were acquired by a Canon CF-60UV with digital camera Canon EOS 20D. Each RI image contained non-uniform illumination, low contrast and different pathologies including haemorrhages, retinal scars and clumping of the dark pigment which all accentuated the RIR challenge. While these varying RI characteristics mean this dataset is very challenging, it also affords the opportunity to investigate the impact bin size selection upon the robustness of RIR accuracy. RIR was undertaken upon only the green channel, since this has the highest contrast compared with the red and blue channels, which are often saturated and contain acquisition noise [7].

RI acquisition inherently leads to distortion between $I_S$ and $I_R$, which can be modelled as a similarity transformation, which is a special form of the global affine transform [34]. This represents the RI distortion as either eye or camera ($t_x, t_y$ for $x$ and $y$ translation and rotational $\theta$) motion, with the magnification changes resulting from either using different equipment or the motion in the direction of the optical axis, being modelled as a uniform scaling $S$ [5] in combination with bi-cubic interpolation [34]. Since reference images were not available for this RI dataset, to establish the requisite ground truth, all RI were misregistered by $(100, 100, 45^\circ, 0.8)$ represented by $(t_x, t_y, \theta, S)$ to simulate a particularly challenging registration scenario, with the original images being then considered as the sensed RI. To automatically determine the RIR parameters, Powells multidimensional direction set method was applied along with Brent optimization [35] for line minimization, because it provided a local search which is accurate, fast and especially suited to RIR [2]. The respective tolerance thresholds for the Powell and Brent criteria were $10^{-5}$ and $10^{-3}$ [2], with the maximum number of iterations being 200.

To quantify the results, the registration errors (RE) were computed as the mean distance error (measured in pixels) between the four corner points of the reference and sensed images [19], [23]. In addition, the EMPCA-MI average run time (ART) was calculated for every RIR iteration for both the various fixed and adaptive bin size approaches, the iterations of the RIR process in case of all fixed and adaptive approaches. All experiments were performed upon an Ubuntu 10.04 (Lucid) with 2.93 GHz Intel Core and 3GB RAM, and the assorted algorithms implemented in MATLAB.

4.2. Results Discussion

Table 1 summarizes the RE and ART results for EMPCA-MI based RIR, when integrated with different fixed and adaptive bin size selection strategies. It is evident from Table 1 that in terms of RIR accuracy, the Wichard adaptive approach [27] has the lowest RE of 33.65 pixels since it iteratively computes the best bin size based upon the characteristics of $X_R$ and $X_S$ for each RI pair. In terms of the empirical fixed bin size approaches, 32 bins performed best with a RE of 51.82 pixels.

A detailed RE boxplot covering the results for different fixed and adaptive techniques is displayed in Fig 2. This consists of a bounding box defining the interquartile range with a bar across the median and whiskers defining the RE range. The boxplot interestingly reveals a trend as it is clear the RE decreases as the fixed bin size is reduced from the standard 256 bins of the original EMPCA-MI [8] to 32, before it then starts increasing again when the bin number is further reduced. The reason for this is that when large numbers of bins are used in the MI computation in Step III, there is a tendency to have more sparsely-populated bins within the joint histogram which leads to poorly estimated entropy. Conversely, for smaller bin sizes (16, 8 and 4), unique features will

<table>
<thead>
<tr>
<th>Bin Sizes</th>
<th>Mean Errors</th>
<th>RE (pixels)</th>
<th>ART (secs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed</td>
<td>$\Delta t_x$, $\Delta t_y$, $\Delta \theta$, $\Delta S$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>256 bins</td>
<td>[8]</td>
<td>-4.0, 8.0, 2.8, 0.08</td>
<td>106.35, 1.32</td>
</tr>
<tr>
<td>128 bins</td>
<td></td>
<td>6.0, 4.5, 2.6, 0.12</td>
<td>96.25, 1.24</td>
</tr>
<tr>
<td>64 bins</td>
<td></td>
<td>5.5, -9.5, 1.9, 0.06</td>
<td>70.15, 1.18</td>
</tr>
<tr>
<td>32 bins</td>
<td></td>
<td>5.0, -8.5, 1.4, 0.03</td>
<td>51.82, 1.10</td>
</tr>
<tr>
<td>16 bins</td>
<td></td>
<td>5.0, 7.0, -1.5, 0.04</td>
<td>55.97, 0.91</td>
</tr>
<tr>
<td>8 bins</td>
<td></td>
<td>-3.0, 6.0, 1.2, 0.08</td>
<td>65.10, 0.89</td>
</tr>
<tr>
<td>4 bins</td>
<td></td>
<td>8.0, 7.0, 2.1, 0.03</td>
<td>77.35, 0.86</td>
</tr>
</tbody>
</table>

Table 1. RE and average runtimes (ART) for EMPCA-MI based RIR for different fixed and adaptive bin size selections. $\Delta t_x$, $\Delta t_y$, $\Delta \theta$, $\Delta S$ are the similarity transformation errors.
tend to become assigned to the same bin, leading to a corresponding degradation in RIR performance. So for this clinical RI dataset, 32 bins is the best size within the fixed bin approaches. This may vary for different RI datasets depending upon the precise characteristics of the RI dataset, which highlights one of the limitations of adopting a fixed bin size approach.

For adaptive bin size selection, the results show that Wichard's method [27] achieved the lowest RE followed by Scott's adaptive strategy [26]. These techniques include higher-order moments of kurtosis and skewness of the data distribution which assists to better model the RI characteristics. In contrast, the performance of both [24] and [25] is much lower which is due to the fact that their underlying assumption is that the RI data is normally distributed which leads to inaccurate MI computation and higher RE.

In terms of computational overheads, it is evident from Table 1 that the ART decreases for smaller fixed bin sizes i.e., 1.32 sec to 0.86 sec for 256 to 4 bins respectively, due to the lower individual and joint probability computational times incurred for smaller bins. Similarly, higher ART of 3.98 sec and 3.14 sec are respectively observed for the two adaptive approaches of [27] and [26] since they required the calculation of higher-order moments in their bin size selections for determining the respective individual and joint probabilities in (1).

Fig. 3 shows zoomed in examples of the qualitative RIR results for challenging RI pair #12, using the checkerboard overlaying method [2], with IR in light and dark respectively. This RI pair is especially challenging as it includes assorted laser treatment scars along with low contrast and large homogeneous regions. The superior continuity of the vessel structures is evident in the best adaptive approach [27] and fixed 32 bins and validates their effective qualitative RIR performance in contrast to employing either 256 [8] or 4 bins in EMPCA-MI.

5. CONCLUSION

This paper has analysed different fixed and adaptive bin size selection strategies within the Expectation Maximization for Principal Component Analysis with Mutual Information (EMPCA-MI) similarity measure, for retinal image registration (RIR). RIR is especially challenging because of inherent image characteristics of low contrast, non-uniform illumination and large homogeneous regions. Quantitative and qualitative RIR results for a monomodal clinical retinal image dataset confirm that by adopting adaptive bin size selection to computing the MI value in EMPCA-MI consistently outperformed fixed bin size strategies in terms of the registration accuracy and robustness.

6. REFERENCES


