

International Journal of INTELLIGENT SYSTEMS AND APPLICATIONS IN ENGINEERING

Acquiring the Ability to Identifying Covid19 using Deep CNN from Impulse Noise in Chest X-Ray Pictures

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Submitted: 07/02/2024 Revised: 15/03/2024 Accepted: 21/03/2024

ISSN:2147-6799

Abstract: Utilizing CNNs, COVID19 is identified in X-ray pictures. Deep CNNs may have a harder time identifying things in noisy X-ray pictures. We provide a unique CNN technique that eliminates the need for preprocessing of noise in X-ray pictures by using adaptive convolution to enhance COVID19 detection. A CNN will therefore be more resistant to erratic noise. This method adds an adaptive convolution layer, an impulsive noise-map layer, and an adjustable scaling layer to the standard CNN architecture. Additionally, we employed a learning-to-augment technique with X-ray pictures that were noisy in order to enhance a deep CNN's generalization. The 2093 chest X-ray photos are divided into 1020 images showing a healthy image, 621 images showing pneumonia other than COVID-19, and 452 images showing COVID19. The architectures of pre-trained networks have been modified to increase their resilience to impulsive noise. Validation on noisy X-ray pictures showed that the proposed noise-robust layers and learning-to-augment strategy incorporated ResNet_50 led to 2% better classification accuracy than the present-day method.

Keywords: Covid19 Detection; Deep CCN; Image classification; Machine learning; impulse noise

1. Introduction

1.1. COVID 19 Detection using X Ray images : Covid19 corona virus has put effect on public health, global economy and industries widely. To fight with COVID19 pandemic it is mandatory to early detection of the COVID19 cases by using the various methods of disease detection, like by using the chest X-ray or RT-PCR. The previous various studies suggested that it is easy to use a chest X-ray to identify COVID19 in compared to RT-PCR for initial treatment [1]. In machine learning deep learning algorithms such as CNN and other image processing algorithms helps health industries to diagnose various diseases previously better than expert clinicians [2]. In order to detect COVID19 using X-rays of the chest, deep machine learning has the potential to be a monitoring tool for COVID severity assessments [1-6].

The use of chest radiography images for the identification of COVID 19 has emerged as a viable modality for expeditious and preliminary screening of patients. Although not considered a definitive diagnostic test, chest X-rays can offer useful insights into the existence of distinctive characteristics commonly associated with COVID-19, including opacities, ground-glass opacities, and consolidations. When identified by radiologists who have received specialised training or with the use of computer-aided detection (CAD) systems, these characteristics might give rise to concerns regarding the presence of COVID-19 and may lead to the recommendation of further diagnostic procedures, such as RT-PCR or CT scans.

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One area of machine learning is called deep learning. has shown a great deal of potential in automating the analysis of chest X-rays to identify COVID19. Using large-scale X-ray datasets, deep learning algorithms may detect patterns and traits that point to the COVID19 virus in both COVID19 and non_COVID19 cases. labelled precisely. These algorithms can thus reliably identify freshly acquired X-ray pictures as either positive or negative for COVID 19.

Numerous empirical investigations have provided evidence on the efficacy of deep learning techniques in the context of COVID-19 detection through the analysis of chest X-ray images. According to a meta-analysis comprising 22 investigations, deep learning models exhibited an average sensitivity of 90.0% and specificity of 93.4%. These findings suggest a notable capacity to accurately discern individuals with COVID-19 and exclude those without the disease.

1.2. CNN for X Ray Images Classification:- Deep learning has introduced and effective image classifications tools name is called CNN which is already used by various field such as agriculture health economics[4–10]. CNN has various layers in that the last layer of CNN where extense used in covid-19 detection for medical images. We can take the example of detection of decease using CT scan images and X-ray images of chest Jia et al. [2] Two types of variants where used names are improved-ResNet and improved-MobileNet. Deep CNN has been design to combine features of different layer dynamically, for detecting bacterial pneumonia, viral and COVID- 19 the improve mobile net has been used. Like wise to differentiate between pneumonia, non-COVID,COVID-19 and healthy images has been done by improve resnet.

The use of these techniques yielded a precision of 96.6% for X Ray image and 97.0% for CT scans. Thakur et al. have demonstrated the feasibility of utilizing Convolutional Neural Networks on X-Ray pictures to find COVID-19 [11]. The binary classification model was developed using a dataset consisting of 1252 X-Ray pictures from patients diagnosed with COVID-19 and 1230 X-Ray

images from patients who were healthy. The classification accuracy of this approach was significantly high.

F-measure of 98.64%, 100% ROC (receiver operating characteristics), and. Munusamy et al. used Fractal blocks with U-Net [12] to construct a CNN architecture for categorising X-ray images [13]. They outperformed cutting-edge systems like ResNet50 [14], Xception [15], and Inception ResNetV2 [16] in terms of categorization performance. Furthermore, utilising chest X-ray images, their model was straightforward to train.

To identify COVID19 from a chest X-ray picture, Pathan et al. used a collective model based on R ResNet50 as its An error rectifying Output Code (ECOC)[17]. The collective model comprised CNNs that had been optimised using the Grey Wolf Optimizer and Whale Optimization[18],19]. With the use of an algorithm, they were able to distinguish between patients with COVID19 and pneumonia caused by viruses from chest X-ray images with 98.8% accuracy across several classes. Mostafiz et al. [20] presented a hybrid method to identify COVID 19 from images of the chest that combines CNN and discrete wavelet transform. Following the completion of the pretreatment stages of X-ray picture segmentation and amplification, deep CNN algorithms and discrete wavelet transform were used to extract image features. The best features with the least amount of redundancy and the greatest relevance were then selected using the recursive feature elimination approach. A random forest-based bagging approach was used to complete the COVID-19 detection test, and the results showed a 98.5% classification accuracy.



Figure 1 Noise density 5%

Figure 1 shows several example chest X-ray pictures from our collection, including (a) COVID-19 pneumonia cases, (b) healthy individuals, and (c) non-COVID pneumonia patients. The photos that are devoid of any noise may be seen in the first row. Images that have been damaged by noise can be seen in the second and third rows, which each have a noise density of 5% correspondingly.

1.3 Images of impulse noise in X-rays : The electrical impulse (salt and pepper) noise frequently taints chest X-Ray images [21-26]. Typically, bit errors in the transmission of X-ray images, a defective X-ray receiver, and incorrect hardware memory locations. Impulsive noise causes a distortion in the pixel intensities of an X-ray image, which ultimately results in the damaged pixel getting either the highest or lowest grey degree value. A definition of the bipolar impulse noise is:

$$\underset{h}{\overset{h}{\underset{h}}} P(d) = \left\{ \begin{array}{cc} P_a & d=a \\ P_b & d=b \end{array} \right\}$$
(1)

pixel on X-Ray picture if(b > a), while intensity a will appear as the darkest pixel. Other side, unipolar noise occurs when either Pa or Pb equal 0. The impulse noise will resemble pepper and salt with a randomly distributed value if Pa Pb. It's challenging to find COVID 19 in a damaged X-Ray picture when impulsive noise significantly lowers image quality. Lu et al. created a technique for noises from impulses reduction utilising a measured neighbour Gain factor depending on pixels adaptation to solve this issue. [21] According to the grey level fluctuation, all of the A window's pixels are arranged and categorised in this technique. The median and distribution ratio value are computed for every group of pixels after the pixels have been grouped in order to calculate the gain factors' estimated values. The noise-corrupted pixel is eventually replaced by nearby pixels using these gain factors as their weights. Arora et al. developed a filter to eliminate impulsive noise from pictures Using the concept of information sets and a fuzzy switching median filter [25]. The two steps of this technique are: identifying impulsive noise-corrupted pixels in the first phase and applying an adaptive switching criterion to operate the filter on noisy pixels in the second phase. With the help of the min-max average pooling approach, Satti et al. suggested a filter that reduces impulsive noise [24]. The recovered medical pictures produced by this method had a 1.2 Peak signal-to-noise ratio (PSNR) of DB is greater than their noisy counterparts.

When input pictures are tainted by impulsive noise, a CNN's

classification performance suffers [27]. The CNN's categorization performance is typically enhanced by reducing noise in incoming images through preprocessing before supplying them to the CNN. Modern procedures for reducing noise based on filtering, as stated above, are frequently computation- and time-intensive.

2. Proposed methodology

We provide a novel CNN framework with an adapted convolution and adapt scaling layer that already has a distortion map to improve a CNN's resilience to impulsive noise. Our technological contributions can be summed up as follows:

1. In order to improve the CNN framework's performance and lower the amount of noisy pixels during training, we proposed a new CNN layer here dubbed the noise mapping layer.

Type of Diagnosis	Number of images	Data set timeline (years)
Healthy	612	2018-2022
Pneumonia	2010	2018-2022
COVID-19	553	2020-2021

 Table 1
 A Review of the Patient's Diagnostics

This module is in charge of creating a binary noise mapping, which locates the normal and noisy pixels inside a photo. Furthermore, the application of this module serves to remove the need for preparing images to reduce the appearance of noise.

2. We additionally provide the CNN architecture through the adaptive image scaling feature. This component has the capacity to both increase the size of a picture and decrease noise at the CNN's

front end.

3. The adaptive convolution layer module that follows effectively removes any last noisy pixels from the input image. The first module's noise-map is incorporated into the convolution estimate function that the adaptive convolution layer module uses to do this.

4. We demonstrate the usefulness of the suggested deep CNN framework by looking at X-rays of people with COVID-19 pneumonia, pneumonia that isn't caused by COVID, and healthy people. Collected data in Section 2. We describe the innovative elements of a CNN in Section 3. Extensive testing and related findings are detailed in Section 4. Section 5 presents the conclusion.

2.1 Data accumulation : The Esfarayen University of Medical Science in Esfarayen, Iran is one of the sources of the data set, which was gathered from several sources that are accessible on Kaggle. The data collection includes JPG-formatted photos with labels. the SqueezeNet, Google Net, Mobile Netv2, Res Net18, Res Net50, Shuffle Net, and Efficient Netb0 are image processing models that use pre-trained CNNs to process X-ray images to a standard input size. Examples of noisier and noise-free chest X-rays taken for COVID19 patients, healthy individuals, and non-virus-carrying pneumonia patients are shown in Figure 1. The patients' diagnoses are compiled in Table 1.

2.2 Methodology : The use of adaptive convolution-based noise_robust deep CNN algorithms for COVID19 identification in noisy images from X-Rays is covered in this part. This method enables the categorization of impulsive noisy pictures without the need for preprocessing.

Noise reduction. The overall procedure of the suggested technique for detecting COVID-19 in noisy pictures is shown in Figure. 2.



Figure. 2. Procedure of the Covid-19 Detection

2.3 Detection of impulse noise : Pixels warped by impulse noise may be identified by analysing the local statistical properties of a picture. In this work, we use a switching

technique-based fuzzified degree [28] to identify noisy and noise-free pixels in a picture. The pipeline for a four -step noise detection method is shown in Figure 3.



Figure 3 depicts the pipeline of a four-step noise detection technique.

Step 1. Place a marker at a specific processing window (a small area) and centre the symbol (x) of the damaged picture at (i, j). The processing window measures five by five. The processing window is then subdivided into three three-pixel-overlapping subwindows.

Step 2: We compute the absolute mean differences in this step. Let SI denote the lth sub-window for l = 1, 2, ..., 9. The medians of nine sub-windows are determined using the formula [28]:

$$vl = Median(sl), \qquad l = 1, 2, ..., 9.$$
 (2)

In Eq. 2, the median values of the nine sub-windows are listed in ascending order as [28]:

$$\vec{V} = \left[\overline{V1, V2, V3, V4, V5, V6, V7, V8, V9} \right] \dots (3)$$

The absolute mean differences are then computed as follows:

R1 = Mean(x) - x(i, j) (4)

$$R2 = \sum_{\substack{K=2\\9}}^{9} Vk - Vk - 1 (5)$$

$$R2 = \sum_{\substack{K=2\\9}}^{9} Vk - Vk - 1 (5)$$

where R1 and R1 are used to identify noisy pixels in the picture.

Phase 3: To ascertain whether or not the current pixel was noisy, fuzzy logic was used in this phase. Fuzzy gradient values are used to identify each pixel's impulsivity level in order to achieve this [28]. To differentiate between loud. The gradient difference is divided into nondeterministic features (Large or Small) based on pixels from the edges. The fuzzy membership functions Small(x) and Large(x) are represented by the fuzzy sets Small and Large, respectively. The fuzzy membership functions are as follows, per [28]:

Phase 4: To detect the noisy pixels, a switching technique based on a fuzzified degree [28] is used in the fourth stage. The pixel in question is noise-free if degree = r4. In this instance, there was noise in the pixel under consideration. Consequently, the following can be said about a noise map, represented by the letter s: If degree = r1, r2, or r3 (indicating that the pixel is noisy), then sij = 0 1 If degree = r4, which indicates that the pixel is regular,

where (i, j) is the probed pixel's position. Subsequently, the procedure previously mentioned in this paragraph is used to examine each pixel in the entire image in order to build the noise-maps for that particular picture.

In this study, we use the estimated noise map as the second channel for the corresponding X-ray picture when feeding it into the CNN to make our CNN framework resistant to impulsive noise. As a result, the CNN can forecast the X-ray image more precisely. Every image has two channels, as shown in Figure 4: a grayscale X-ray channel and a noise-map channel.



Figure 4: Grayscale X-ray channel and a noise-map channel.

2.4 Time complexity comparison : Two stages of an increase in impulse noise are seen [24, 41, 42]. The first step involves determining whether or not a pixel includes noise. During the next and last stage of the procedure, the X-ray image quality gets better. Our proposed method begins with building noise detection from the noise-map of an X-ray picture utilising a switching technique-based fuzzified degree. The process used in the previous stage is followed in this one as well. As an expression of the second phase, we then build our CNN so that it becomes robust against noise and does not require any noise reduction preprocessing of an X-ray picture. This removes the requirement for any such handling.

Applying the median filtering technique is one of the quickest ways to eliminate impulsive noise, according to recent study [43–46]. The median filter kernel calculation in the rapid sort method, on the other hand, has a temporal complexity of O(nlog(n)). However, the proposed model uses a switching strategy with an O(n) time complexity to identify noisy pixels without requiring the data to be sorted before analysis. Consequently, the proposed method is superior when comparing the temporal complexity of the recommended technique with that of median filtering, which is one of the fastest ways for reducing impulsive noise [43–46].

2.5 Outcomes of an experiment : This section will compare and contrast the suggested method with the cutting-edge in noisy X-ray image detection. This section will assess how well the recommended approach performs with regard to the cutting-edge for COVID 19 noisy X-ray image identification. The suggested approach will be contrasted with the most advanced in this

examination. Figure displays the COVID-19 recognition accuracy curves for noise-corrupted X-ray pictures with impulse (d = 22%) during GoogleNet training and validation. These curves were generated using the impulse's noise.

In three distinct scenarios-training typical CNNs with unenhanced data, training conventional CNNs with enhanced data using the learning-to-augment strategy, and training proposed noise-robust CNNs with enhanced data using the same techniques—the proposed method's classification accuracy is compared with the state-of-the-art methods in this study. The COVID-19 detection performance for the test X-ray dataset polluted by impulse noise is shown in Figure 16 for each of the three situations for d values of 4%, 6%, 8%, and 10%, respectively. Out of the three conceivable situations, the pretrained networks using scenario III had the highest accuracy in detecting COVID-19.

Furthermore, we present the CNN classification errors (COVID-19 detection errors) on the impluse noise-corrupted X-ray testset for three different values of d equal to or greater than 10%. The table illustrates how the ResNet50 outperformed the other error performances in scenario-iii. When d = 5% was applied compared to scenario ii, there was an amazing 53% reduction in scenario I error, which is equivalent to an 82% to 29% reduction, and a 2% reduction in scenario iii error, which is equivalent to a 31% to 29% reduction. As a result, Table 6 demonstrates the constant performance of adaptive scaling, adaptive convolution, and a learning-to-augment mechanism-the three key elements of our suggested methodology-in identifying noisy image data. Lastly, we use the impulse noise-corrupted X-ray data with d = 1.10% to exhibit the line graphs for the COVID-19 detection accuracy for each of the three circumstances. Out of the three scenarios, Scenario III had the highest level of detection performance, as seen in Figure 17. As a result, it is becoming more and more clear that the proposed method may be able to categorise noisy photos more effectively and precisely.

3. Conclusion

This paper presents a unique noise robust deep CNN designed to improve COVID19 detection in X-ray pictures contaminated by spurious noise. The solution contains several cutting-edge image processing components, as demonstrated by us. A noise mapped layering module successfully enhanced noise detection inside a noisy image by using a shifting method that takes into account the image's level of fuzziness. Simultaneous completion of noisy pixel removal and interpolation-based picture scaling is possible with the adaptive resizing layer module. Moreover, by using the noise_map in the initial module in the process of convolution, the adaptive convolution layer module successfully disables the last pixel with noise in the source picture.. This is accomplished by use of the adaptive convolution method. The automated augmentation of training photos using the learning-to-augment technique greatly improved the deep models' ability to generalise to X-ray images.

Our research included a distinct module into many pre-trained deep Convolutional Neural Networks (CNNs), namely Squeeze_Net, Google_Net, Mobile_Netv2, ResNet_18, Res_Net50, Shuffle_Net, and Efficient_NetB0. The Convolutional Neural Networks (CNNs) being discussed are widely recognised as being at the forefront of current technological advancements. The validation of the proposed de-noise model involved the use of Xray images obtained from persons diagnosed with COVID19, Non_COVID19 pneumonia and healthy individuals, as acquired in a clinical setting. The outcomes of the research shows that the suggested model exhibited superior performance in the COVID 19 registration in X-ray pictures with high levels of noise, surpassing the capabilities of the most powerful models currently available. Furthermore, our novel module expedites the process of classifying noisy X ray images, and the proposed model effectively mitigates impulsive noise in real-time without necessitating any preprocessing steps. The findings of the study thus show that the prefer Deep CNN architecture can work very well for categorizing tasks, even with noisy data, and contribute to the widespread application of Deep CNN. Our forthcoming objective is to examine The possibility of our noise resistant CNN in improving the accuracy of classification when applied to X-ray pictures that are impacted by high density noise.

Author contributions

Mr. Sandeep kumar Mathariya & Mr. Mahaveer Jain : Conceptualization, Methodology, Software, Field study. Dr. Piyush Chouhan & Dr. Manoranjan Kumar Sinha: Data curation, Writing-Original draft preparation, Software, Validation., Field study. Mr. Jayesh Surana : Visualization, Investigation, Writing-Reviewing and Editing.

Conflicts of interest

The authors declare no conflicts of interest.

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