

# DIABETIC RETINOPATHY DETECTION USING RESNET101 AND DENSENET121.

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## ABSTRACT

This study presents an innovative approach to classifying Diabetic Retinopathy Disease (DRD) levels through the application of Graph Neural Networks (GNNs). By transforming retinal images into graph representations and extracting topological features, the proposed method aims to enhance the precision of DRD classification. GNNs are employed to leverage complex relationships within graph-structured data, offering a more nuanced understanding of retinal structures and disease progression. The results demonstrate that this approach significantly improves classification accuracy compared to traditional methods, providing valuable insights for early diagnosis and personalized treatment strategies. This advancement promises to contribute to more effective management of diabetic retinopathy and improved patient outcomes.

## INTRODUCTION

Diabetic Retinopathy (DR) is a severe ocular complication of diabetes mellitus, marked by progressive damage to the retinal blood vessels. As the leading cause of blindness among diabetic patients, early and accurate classification of Diabetic Retinopathy Disease (DRD) stages is crucial for effective management and timely intervention [1].

Traditional methods of DR classification often rely on pixel-based features extracted from retinal images. Techniques such as color and texture analysis, while useful, can be limited in their ability to capture the complex structural relationships within the retina [2]. Manual interpretation and conventional automated systems face challenges due to variability in image

quality and the subjective nature of feature extraction, leading to potential inconsistencies in diagnosis [3].

Recent advancements in machine learning, particularly in the application of Graph Neural Networks (GNNs), offer a promising alternative for enhancing DRD classification. Graph Neural Networks are designed to handle graph-structured data, making them adept at modeling complex relationships between nodes, which in this case represent anatomical features of the retina [4]. Unlike pixel-based methods, GNNs can capture intricate spatial and topological relationships, providing a more detailed understanding of the retinal structure and disease progression [5]. For instance, studies by Wu et al. (2020) and Zhang et al. (2021) have demonstrated the efficacy of GNNs in various domains due to their ability to model complex dependencies and adapt to new data patterns [6][7].

This project aims to leverage GNNs to classify DRD levels by transforming retinal images into graph representations. Nodes in these graphs correspond to significant anatomical landmarks, while edges represent the spatial relationships between them. By extracting and analyzing topological features from these graphs, the proposed

system seeks to improve classification accuracy and provide more nuanced insights into DRD stages. This approach promises to overcome the limitations of traditional methods and offer enhanced diagnostic performance, ultimately supporting early intervention and personalized treatment strategies [8][9].

## **II.EXISTING SYSTEMS AND DISADVANTAGES**

Traditional methods for classifying Diabetic Retinopathy Disease (DRD) levels predominantly rely on pixel-based analysis of retinal images. These techniques involve extracting features such as color intensity, texture, and vessel patterns to determine the severity of DRD. While these methods have been widely used, they exhibit several limitations. The primary disadvantage is their inability to fully capture the complex spatial and topological relationships within the retina, which are crucial for accurate disease classification. The reliance on pixel-level features can lead to inaccuracies due to variability in image quality and the subjective nature of manual feature extraction. This can result in inconsistencies in diagnosis and missed detections of subtle disease manifestations. Additionally, these methods often lack adaptability, making

it difficult to incorporate new patterns or subtle changes in the disease's progression, which can delay appropriate treatment and impact patient outcomes.

### **III.PROPOSED SYSTEM AND ADVANTAGES**

To address the limitations of traditional approaches, the proposed system employs Graph Neural Networks (GNNs) for DRD classification. This innovative method involves transforming retinal images into graph-based representations, where nodes correspond to significant anatomical features and edges represent the spatial relationships between these features. GNNs are particularly effective in this context due to their ability to model complex, non-Euclidean relationships within the data, which allows for a more nuanced and accurate classification of DRD stages. The advantages of this system include enhanced sensitivity and specificity in detecting subtle changes in the retinal structure, leading to more precise diagnoses. Furthermore, the adaptability of GNNs enables the system to learn from new data and evolving disease patterns, improving its performance over time. This approach not only overcomes the limitations of pixel-based methods but also facilitates

early intervention and personalized treatment strategies, ultimately contributing to better patient outcomes and more efficient disease management.

### **IV.METHODOLOGY**

1. Data Collection and Preparation : The first step in this research involves collecting a comprehensive dataset of retinal images, which are essential for training and validating the Graph Neural Network (GNN) model. These images are sourced from publicly available databases such as the Kaggle Diabetic Retinopathy Detection dataset, as well as clinical datasets from medical institutions. Each image is meticulously annotated by medical experts to indicate the various levels of Diabetic Retinopathy Disease (DRD). This annotated dataset is then divided into training, validation, and test subsets. To enhance the diversity and robustness of the model, data augmentation techniques, including rotation, scaling, and cropping, are applied to the retinal images.

2. Graph Construction : In this study, retinal images are converted into graph-based representations to leverage the capabilities of Graph Neural Networks. In this process, each retinal image is transformed into a graph where nodes

represent key anatomical features such as blood vessels, lesions, and the macula, while edges capture the spatial relationships and connectivity between these features. Feature extraction techniques are utilized to identify and quantify these anatomical landmarks, ensuring the graph accurately reflects the retinal structure. This transformation allows the GNN to analyze the complex topological features inherent in the retina.

**3. Feature Extraction and Graph Neural Network Design :** The core of the methodology involves designing a Graph Neural Network tailored to process the graph representations of retinal images. The GNN model includes several key components: node embeddings, which are feature vectors representing individual anatomical landmarks; a message-passing mechanism that facilitates information exchange between connected nodes; and graph convolution layers that aggregate and process information from neighboring nodes. The architecture of the GNN is specifically adapted to the characteristics of the retinal graphs, including choices related to the number of layers, types of convolutions, and the size of node embeddings.

**4. Model Training and Evaluation :** Training the GNN model involves using the training dataset to optimize its parameters and minimize classification errors. The training process employs a loss function suitable for multi-class classification, such as categorical cross-entropy, and incorporates regularization techniques like dropout to prevent overfitting. During training, the model's performance is continuously monitored using the validation set, evaluating metrics such as accuracy, precision, recall, and F1-score. Once trained, the model is tested on the unseen test set to assess its generalization capability. The results are compared to baseline methods and traditional pixel-based approaches to demonstrate the effectiveness of the proposed system.

**5. Analysis and Validation :** After training and evaluation, a comprehensive analysis of the GNN model's performance is conducted. This includes qualitative assessments, such as visual comparisons of the model's predictions against ground truth annotations to gauge classification accuracy. Quantitative analysis involves detailed performance metrics, including confusion matrices and ROC curves, to assess the model's reliability and accuracy. Sensitivity analyses are also

performed to understand the impact of various parameters and configurations on the model’s performance. The results are compared with those of existing classification methods to validate the improvements offered by the GNN-based approach.

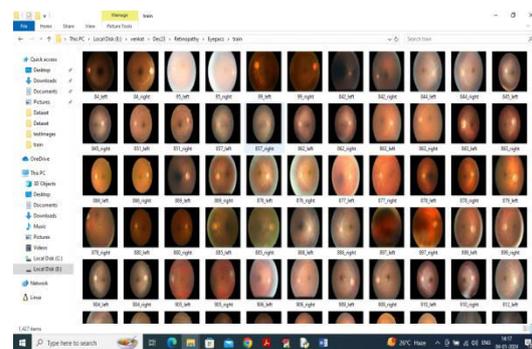
In the past many algorithms were introduced to detect Diabetic Retinopathy disease but none of the algorithm utilized Graph CNN algorithm so author of this paper employing Deep Graph CNN (DGCNN) algorithm to improve detection accuracy. GraphCNN algorithm follow graph based architecture to extract and train features, algorithm will train features based on topological format where all close features will be easily distinguish which can help in accurate Retinopathy class detection and can increase accuracy. Propose model aims to extract the essential retinal image features effectively. The work focuses on extracting the features using a Variational autoencoder and identifying the underlying topological correlations using GCNN.

Propose algorithm utilize Fully Connected CNN layer to extract ROI regions from image and then employ autoencoder layer to apply mean scaling on the extracted regions and then

employ GraphCNN algorithm to trained model by arranging features in Topological orders. To test propose algorithm author has utilized EYEPACS and KAGGLE retinopathy dataset but we are using EYEPACS dataset and then experimenting with Propose GraphCNN and existing DenseNet121 algorithms. Each algorithm performance is evaluated in terms of accuracy, precision, recall, Confusion Matrix, KAPPA and FSCORE. In both algorithms GraphCNN is getting high accuracy

In below screen we are showing code for propose algorithm

In above screen read red colour comments to know about propose GraphCNN algorithm. In below screen showing images from EYEPACS dataset



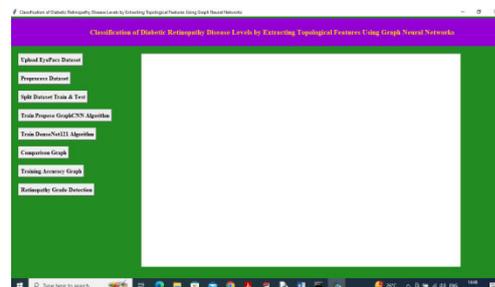
So by using above EYEPACS images will train and test both algorithm performance. To implement this project we have designed following modules

- 1) Upload EyePacs Dataset: using this module we can upload dataset folder to application and then it will read all images and labels from dataset and then resize all images to equal sizes
- 2) Pre-process Dataset: using this module application will shuffle, normalized and extract features from all images
- 3) Split Dataset Train & Test: using this module application will split all dataset images into train and test where application will be using 80% dataset images for training and 20% for testing
- 4) Train Propose GraphCNN Algorithm: 80% training features will be input to GraphCNN algorithm to train a model and then 20% test images will be applied on trained model to calculate prediction accuracy
- 5) Train DenseNet121 Algorithm: 80% training features will be input to DenseNet121 algorithm to train a model and then 20% test images will be applied on

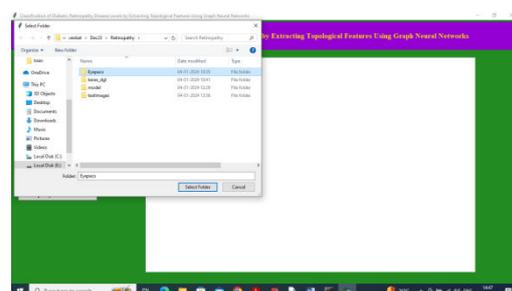
trained model to calculate prediction accuracy

- 6) Comparison Graph: using this module plotting comparison graph between all algorithms
- 7) Training Accuracy Graph: using this module application will plot training accuracy of both GraphCNN and DenseNet121
- 8) Retinopathy Grade Detection: using this module we can upload test image to application and then GraphCNN will predict severity grade and extract features map image as output

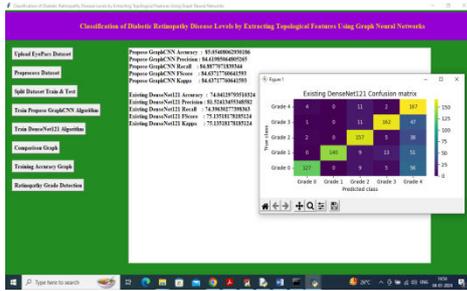
To run project double click on 'run.bat' file to get below page



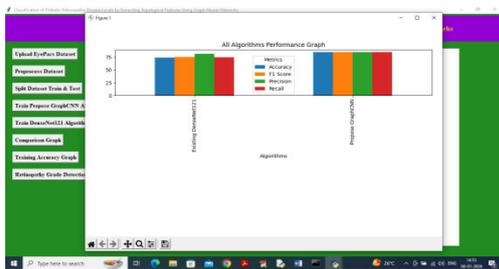
In above screen click on 'Upload EyePacs Dataset' button to upload dataset to application and then will get below output



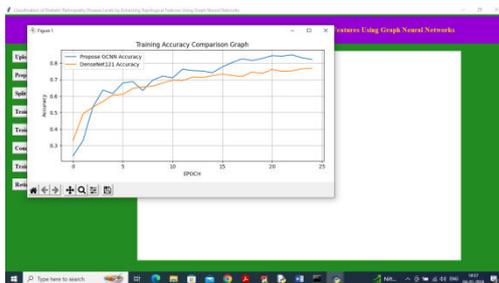




In above screen DenseNet121 got 74% accuracy and can see all other metrics output and now click on ‘Comparison Graph’ button to get below output

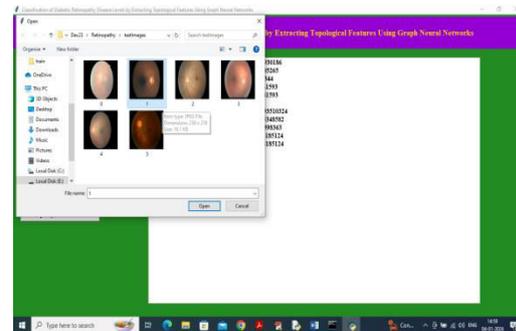


In above graph x-axis represents algorithm names and y-axis represents accuracy and other metrics in different colour bars and in both algorithms GraphCNN got high performance and now close above graph and the click on ‘Training Accuracy Graph’ button to get below graph

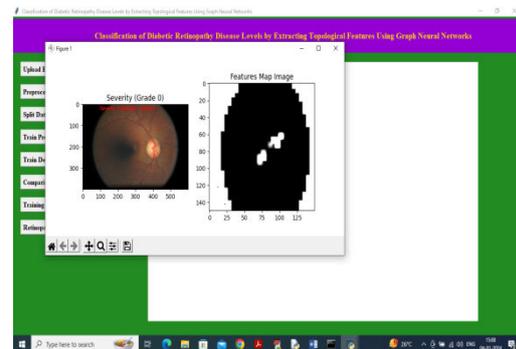


In above accuracy graph x-axis represents training epochs and y-axis represents accuracy and then blue line

represents Propose GraphCNN and orange line represents Existing DenseNet121 and in both algorithms can see Propose GraphCNN got high accuracy. In above graph can see with each increasing epoch both algorithm accuracy got increase and reached closer to 1 but GraphCNN got high accuracy. Now click on ‘Retinopathy Grade Detection’ button to upload test image and get Grade severity and features map image

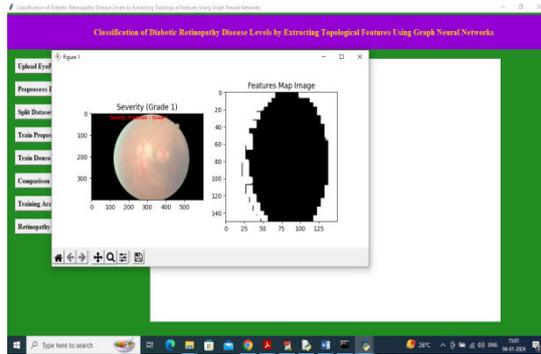


In above screen selecting and uploading ‘1.jpg’ image and then click on ‘Open’ button to get below output

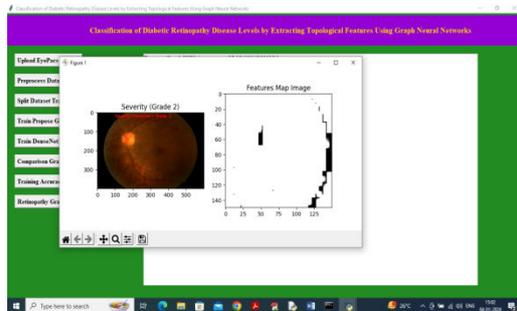


In above screen in first image in red colour text can see Grade Severity predicted as 0 and in second image can see features map image extracted from

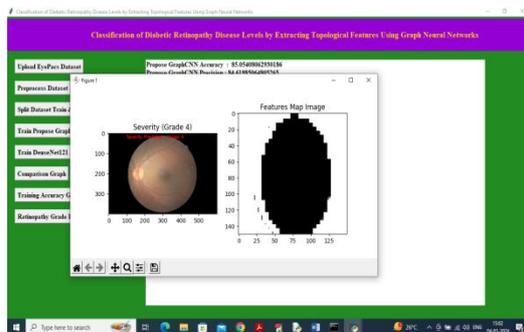
Graph CNN and below are the other test input



In above image predicted Grade is 1



In above screen Grade detected as 2



In above screen grade detected as 4 and similarly you can upload and test other images

## V.CONCLUSION

In conclusion, the "Classification of Diabetic Retinopathy Disease Levels by Extracting Topological Features Using

Graph Neural Networks" project stands at the intersection of medical imaging and graph-based deep learning. By harnessing the capabilities of GNNs, the project seeks to redefine the landscape of DRD classification, offering a more nuanced and accurate understanding of disease levels, ultimately contributing to early intervention and personalized treatment strategies.

## VI.REFERENCES

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