

MULTI-SET MULTI-TEMPORAL CANONICAL ANALYSIS OF PSORIASIS IMAGES

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Abstract

Nowadays, the medical tracking of dermatological diseases is imprecise, mainly due to the lack of suitable objective methods to evaluate the lesion. The severity of the disease is currently scored by doctors merely by means of visual examination. In this work, multi-set canonical correlation analysis over registered images is proposed to track the evolution of the disease automatically. This method transforms the original images into sets of variables that exhibit decreasing degree of similarity, based on correlation measures. Due to this property, these new variables are more suitable to detect where changes occur. An experiment with 5 different time series collected from psoriasis patients during 4 different sessions is conducted. The analysis of the obtained results points out some patterns that can be used both to interpret and summarize the evolution of the lesion and to achieve a better image registration.

keywords: multiset canonical correlation analysis, image registration, psoriasis

1. INTRODUCTION

One of the main problems in the treatment of dermatological diseases is the difficulty to track the evolution of the disease. Doctors receive the visit of their patients several times to control its evolution. However, due to the fact there are not objective methods to summarize the lesion, doctors make scorings and take notes which they can remember the actual condition of the patient in a next visit. The drawbacks of this doctors dependency notes can be easily found. Different doctors can have different perceptions of the same patient. This implies that if one patient has to be treated by another doctor, the notes of the previous doctor are useless for the second and the case history is lost.

With this work, multiset canonical correlation [1] is proposed as a tool to detect where the changes are produced. This statistical method has been applied successfully in the analysis of multi temporal remote sensing data[2]. With this

work, its applicability to dermatological diseases is analyzed. The study is carried out patients with psoriasis[3]. A disease that which consists of red thick areas with silver scales that affect about between 1% and 2% of the population of the United States and United Kingdom.

Results of the study show many interesting features that convey the method as tool to detect the changes in dermatological diseases. Furthermore, the results points out to that the study can also be extended to improve the registration.

2 MULTISSET CANONICAL CORRELATION ANALYSIS

Multiset Canonical Correlation Analysis (MCCA)[1] emerged as a natural extension of the theory of canonical correlation analysis developed by Hotelling[4]. Given n sets of random variables X_1, X_2, \dots, X_n , with dimensions m_1, m_2, \dots, m_n ($m_1 \leq m_2 \leq \dots \leq m_n$), initially, MCCA searches for variables $U^T = [U_1, U_2, \dots, U_n]$ given by:

$$\begin{aligned} U_1 &= a_1^T X_1, V\{U_1\} = a_1^T \Sigma_{11} a_1 \\ U_2 &= a_2^T X_2, V\{U_2\} = a_2^T \Sigma_{22} a_2 \\ &\dots \quad \dots \quad \dots \\ U_n &= a_n^T X_n, V\{U_n\} = a_n^T \Sigma_{nn} a_n \end{aligned} \quad (1)$$

with dispersion matrix:

$$\Sigma_U = \begin{bmatrix} a_1^T \Sigma_{11} a_1 & a_1^T \Sigma_{12} a_2 & \dots & a_1^T \Sigma_{1n} a_n \\ a_2^T \Sigma_{21} a_1 & a_2^T \Sigma_{22} a_2 & \dots & a_2^T \Sigma_{2n} a_n \\ \vdots & \vdots & \ddots & \vdots \\ a_n^T \Sigma_{n1} a_1 & a_n^T \Sigma_{n2} a_2 & \dots & a_n^T \Sigma_{nn} a_n \end{bmatrix}$$

where $\Sigma_{ij} = Cov(X_i, X_j)$ and $Cov(U_i, U_j) = a_i^T \Sigma_{ij} a_j$. These variables U_1, \dots, U_n are chosen to exhibit a high measure of similarity between them in terms of covariances. The measure of similarity is, generally, determined by optimizing one of the next criteria based on Σ_U :

1. To maximize the sum of its elements:

$$\max \left(\sum_{i=1}^n \sum_{j=1}^n a_i^T \Sigma_{ij} a_j \right) \quad (SUMCOR)^1$$
2. To maximize sum of squared element:

$$\max \left(\sum_{i=1}^n \sum_{j=1}^n (a_i^T \Sigma_{ij} a_j)^2 \right) \quad (SSQCOR)$$
3. To maximize its largest eigenvalue. (MAXVAR)
4. To minimize its smallest eigenvalue. (MINVAR)
5. To minimize determinant:

$$\min (det \Sigma_U) \quad (GENVAR)$$

When $n = 2$, if the correlation matrix is used instead of the covariance matrix, these measures are equivalent to the traditional canonical correlation analysis.

Usually, a constraint is applied to these measurement with the goal of getting more interpretability. Two constraints widely used are given by:

1. the projection vectors are unit vectors within each set:

$$a_i^T a_i = 1 \quad (AA)$$
2. the variance of the new variables is equal to 1

$$V(U_i) = a_i^T \Sigma_{ii} a_i = 1 \quad (ACA)$$

The variables obtained by optimizing one of the previous criteria[5] are called the *first stage* or *first order canonical variables*. Kettering[1], suggested an extension of this first order set to higher order canonical sets. If U^1, \dots, U^{s-1} , are the first $s-1$ canonical set, one simple way to obtain the U^s canonical set is to optimize the criteria described previously subject to the restriction

$$corr\{U_j^i, U_j^s\} = 0 \quad (i = 1, \dots, s-1; j = 1, \dots, m).$$

In this work, the most interesting features are found in the first order canonical set. If we have two images that are more similar their difference in the first canonical set is minimal. The higher order canonical sets will only be displayed for a better perspective.

3. EXPERIMENTAL RESULTS

With the goal of showing the suitability of using MCCA to detect changes in dermatological diseases, a study is performed. The data, obtained in collaboration with the dermatological department of Gentofte Hospital in Denmark, consists on 5 temporal series of psoriasis images. These series were collected from three different patients in 4 sessions at different times. In each session, 5 images were taken with small displacements. The series are labelled with 1A, 1B, 1C, 2A, 3C², where the number indicates the patient and the letter makes reference at the area where the lesion is

¹The names has been chosen according to Kettering, 1971

²This nomenclature is chosen to have consistent with previous works[7]

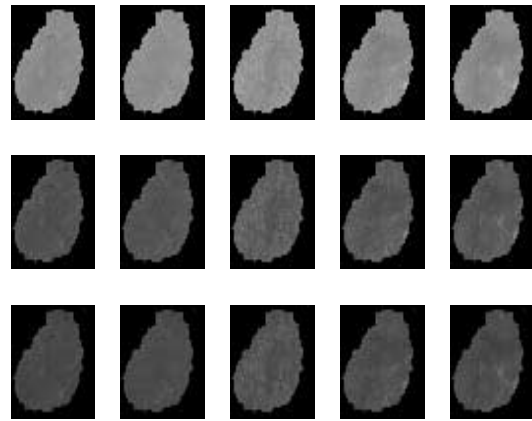


Figure 1: Aligned and registered images of the series 1C. Rows 1-3 : sessions 1-3

found. Due to difficulties with the schedule of patient number one, the last session of area C could not be collected. In order to be sure that the images are suitable for the study, Videometer lab, a high technology equipment for image acquisition³[6] was utilized. This equipment assures to maintain the light and geometrical conditions during the different sessions allowing that images taken in different times can be compared.

With the objective of establishing a correspondence between the pixels in the different images, which allows to conduct the study properly, the series were aligned and registered[7]. It was observed that the last session of the series 1B presented a poor alignment. This was due to the fact that the region covered by the images in this session differs considerably from the previous sessions. The mentioned session was excluded from the analysis to avoid the negative effects that this misalignment may cause in the results. This makes that the data used in the study consist of three series of four sessions and two series of three sessions.

The series 1C is chosen to illustrate the results. Figure 1 shows this series after the alignment and the registration. The results obtained with the other series will be display numerically with the purpose of generalization.

Each of the images is discomposed in its three chromatic bands to discover how the final results are affected by them. Thus each session is composed of 15 variables(5 images x 3bands). MCCA was applied repeatedly to the data, using each of the 5 optimization criteria with the constraints AA and ACA.

Figure 2 shows the canonical variables sets for the case 1C where sumcor and AA are elected as optimization criterium and constraints. It can be observed that the high degree of similarity over the different sessions is in the first

³www.videometer.com



Figure 2: Canonical correlation sets for series 1C. Columns 1-15: canonical sets order 1 - canonical sets order 15. Rows 1-3: Session 1-3.

opt.Crit / AA	(a,b)	(a,c)	(b,c)
SUMCOR	0.953428	0.8673	0.924249
SSQCOR	0.952967	0.865278	0.922850
MAXVAR	0.953138	0.865857	0.923038
MINVAR	0.852435	0.747123	0.931232
GENVAR	0.704900	0.634624	0.828202
opt.Crit / ACA	(a,b)	(a,c)	(b,c)
SUMCOR	0.981693	0.971973	0.981918
SSQCOR	0.981694	0.971970	0.981919
MAXVAR	0.981693	0.971972	0.981918
MINVAR	0.949110	0.847497	0.953976
GENVAR	0.981832	0.971481	0.982050

Table 1: Correlations between the variables of the first order canonical set of the series 1C and for each optimization criteria and both constraints

order canonical set. The reason that this optimization criterion with this constraint is chosen for display is that exhibits many interesting features.

With the aim of having a deeper understanding of the behavior of the disease, the correlations within the sets of first canonical components were computed for all the different possibilities under study.

Table 1 shows the values of the correlations between the variables of the first canonical set for the series 1C. This table reveals a few interesting facts. Firstly, it is noticed a high correlation between the first canonical components when the criteria SUMCOR, SSQCOR and MAXVAR are used. Therefore these three criteria are preferred to detect the changes rather than MINVAR or GENVAR. The high correlation of these three methods will allow to detect where the images have less similarity and therefore where the disease exhibits more changes. It is also observed that the result of these three criteria are almost identical. So due to its simplicity and interpretability SUMCOR is preferred. Also to notice that the smallest correlation is found between the

AA	1A	1B	1C	2A	3C
SUMCOR	0.8989	0.9817	0.9150	0.9158	0.7868
SSQCOR	0.8989	0.9817	0.9137	0.9157	0.7840
MAXVAR	0.8989	0.9817	0.9140	0.9158	0.7855
MINVAR	0.3151	0.4133	0.8436	0.4002	0.4722
GENVAR	0.4272	0.8803	0.7226	0.4043	0.4751
ACA	1A	1B	1C	2A	3C
SUMCOR	0.9215	0.9855	0.9785	0.9271	0.8455
SSQCOR	0.9215	0.9855	0.9785	0.9271	0.8454
MAXVAR	0.9215	0.9855	0.9785	0.9271	0.8455
MINVAR	0.7681	0.9813	0.9169	0.4251	0.4991
GENVAR	0.9029	0.9854	0.9785	0.9147	0.5558

Table 2: Average Absolute Correlation Values for each optimization criteria and constraint

first and the last session. This makes sense because it is supposed the highest change occurs between the beginning and the end of the treatment and therefore the images are less similar.

Although the constraint ACA maximizes the correlation [2], the obtained correlations are not much more different to the obtained with the option AA. This implies that, in terms of the correlation, none of the constraint should be preferred.

General results are reported for all the cases in Table 2. Each single cell is the average absolute value of correlation within the first canonical sets of a given series. These values are computed according to:

$$\bar{\rho} = \frac{2}{n(n-1)} \sum_{i=1}^{n-1} \sum_{j=i+1}^n |Corr\{Y_{i1}, Y_{j1}\}|$$

where n is the number of sessions and $Corr\{Y_{i1}, Y_{j1}\}$ is the correlation between the firsts canonical variate corresponding to the i -th and j -th session respectively.

These results support the previous hypothesis to use the optimization given by sumcor.

Although it outside the scope of the objective of this research, briefly to point out that the fact of the high correlations (considerably higher than the correlation between the original bands's [7]), it converts this first order set as a suitable feature to obtain better registration [8].

Looking to establish if one of the constrain AA or ACA is preferable, the contribution of each single band is analyzed.

Table 3 shows these contributions averaged by band for our example case 1C.

It can be noticed that when the constraint AA is used the options we are interested gave the bands the same weight. In Table 4, it can be observed that the same pattern happens for all the series. So according to the results, the mean of the original bands could be used as a good approach to detect the changes.

Opt.Crit:AA	μ_R, σ_R^2	μ_G, σ_G^2	μ_B, σ_B^2
SUMCOR	0.201, 0.010	0.233, 0.032	0.222, 0.024
SSQCOR	0.202, 0.009	0.234, 0.031	0.224, 0.023
MAXVAR	0.202, 0.009	0.234, 0.031	0.224, 0.023
MINVAR	0.128, 0.065	-0.154, 0.087	0.066, 0.030
GENVAR	0.160, 0.079	-0.150, 0.110	-0.011, 0.001
Opt.Crit:ACA	μ_R, σ_R^2	μ_G, σ_G^2	μ_B, σ_B^2
SUMCOR	-0.398, 2.407	1.826, 30.72	0.215, 18.44
SSQCOR	-0.396, 2.407	1.826, 30.74	0.213, 18.43
MAXVAR	-0.397, 2.405	1.826, 30.72	0.214, 18.44
MINVAR	-0.044, 5.893	1.629, 33.50	-0.541, 13.00
GENVAR	-0.195, 2.453	1.816, 33.02	0.025, 16.93

Table 3: For series 1C, mean and variance of the first canonical variate weights color band values for the different optimization criterion and constraints

Case	μ_R, σ_R^2	μ_G, σ_G^2	μ_B, σ_B^2
1A	0.2363, 0.0001	0.2335, 0.0001	0.2342, 0.0002
1B	0.2372, 0.0024	0.3058, 0.0012	0.3118, 0.0002
1C	0.2011, 0.0101	0.2335, 0.0324	0.2226, 0.0245
2A	0.2526, 0.0001	0.2600, 0.0002	0.2540, 0.0003
3A	0.2048, 0.0030	0.2153, 0.0018	0.2238, 0.0011

Table 4: For all the cases, mean and variance of the corresponding first canonical variate weights color band values for the optimization criterion SUMCOR and AA

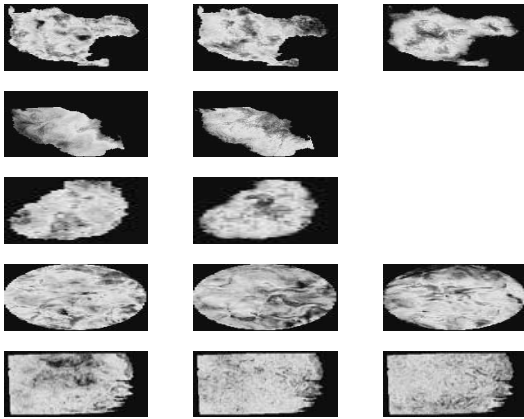


Figure 3: Changes in the sessions. column i: different between the first order canonical variable of the session $i+1$ and the first order canonical variable of the session i . Row 1: series 1A, Row 2: series 1B, Row 3: series 1C, Row 4: series 2A, Row 5: series 3C

4. SUMMARY AND CONCLUSIONS

In this paper a method to detect changes in dermatological diseases based on MCCA has been proposed. The method has been successfully applied to 5 different series of psoriasis images. The method shows where the changes are produced. In the special case of the psoriasis, it has been showed that at the beginning of the treatment, the changes happened mainly in the border of the disease with the normal skin and when the treatment is applied this changes are produced inside the lesion. Furthermore, the spectral combination that enhances the similarity of the image in different sessions in the psoriasis can be expressed through the mean of the trichromatic bands. It has also been noticed the high correlation between the variables in the first canonical set. This points out the possibility of improve the registration using these variables instead of the original variables.

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