

Putting the **content** into **context** – features and gaps in image retrieval



Henning Müller

University & Hospitals of Geneva

University of Applied Sciences Western Switzerland, Sierre

SPIE Medical Imaging, panel on image retrieval

Overview

- **Features**, content, and the semantic gap
- Currently used features
- Why this is **not working**
- How this could work
- Conclusions

Image retrieval



Represented by

Col 1	0.3
Col 2	0.25
Wav 1	0.01
Wav 2	0.2
...	...

Query by example(s)

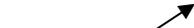
Col 1	0.3
Col 2	0.25
Wav 1	0.01
Wav 2	0.2
...	...

Col 1	0.3
Col 2	0.25
Wav 1	0.01
Wav 2	0.2
...	...

Col 1	0.3
Col 2	0.25
Wav 1	0.01
Wav 2	0.2
...	...

Col 1	0.3
Col 2	0.25
Wav 1	0.01
Wav 2	0.2
...	...

Distance measure



Visual features currently used

- **Color**
 - Histograms, local, global, invariant, ...
- **Texture**
 - Wavelets, cooccurrence matrices, ...
- **Shape**
 - After segmentation, moments, ...
- **Salient points**
- **Others**
 - Patch histograms, ...

The “semantic gap”

- **Low level visual features** automatically extracted do not correspond to **high level concepts** that a user has in his mind for searching.
- Based on the query-by-example paradigm
 - User can not **express** his/her information need appropriately

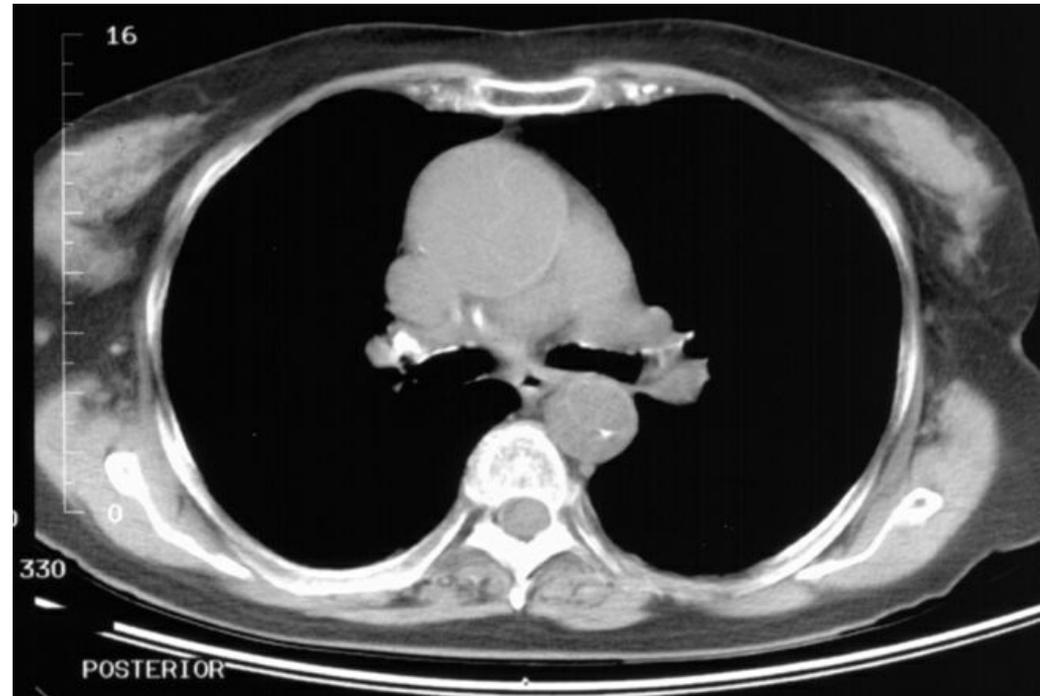
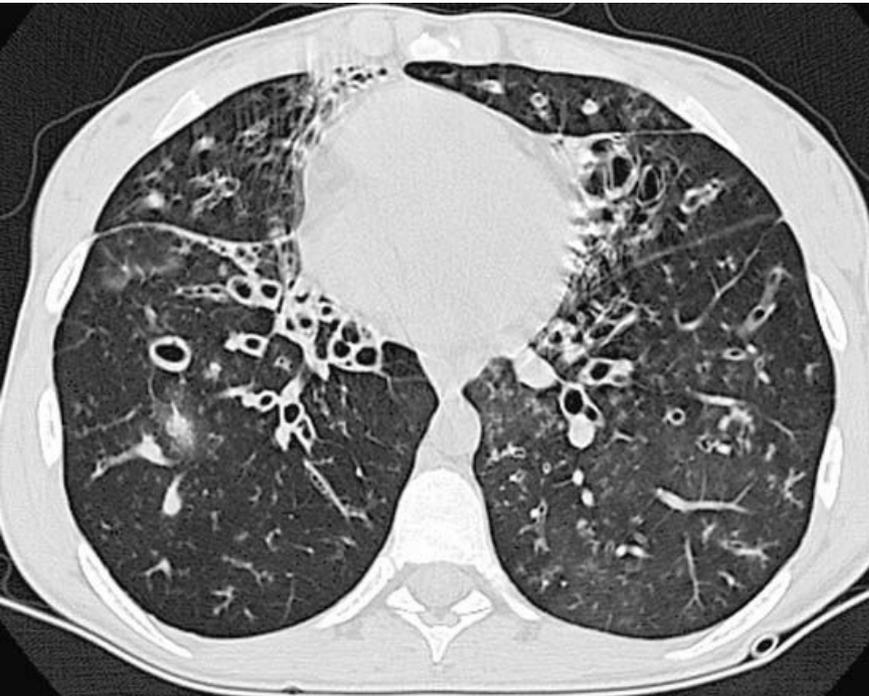
Why is it not working?

- Computer vision generally concentrates on **purely visual** problems
 - No MD would diagnose based on an image, only
 - Visual problems have to be seen in **context**
 - Goal of images taken, context of patient
- Visual features are in general rather global
 - General segmentation does not work
- Imaging equipment and protocols **change**

Example 1: lung texture changes with age



Example 2: goal of the image is important



Co-morbidities, changing equipment

- Heart problems change the lung tissue
 - Blood flow is changed in this case
- Medical imaging equipment **changes** increasingly quickly
 - Thinner slices, more slices
 - Higher resolution
 - Better contrast agents
 - Changed protocols, ...

Other data used for retrieval

- Features of regions, manual intervention for extraction from **regions of interest**
- **Free-text** accompanying the images
 - Teaching files, medical journals, ...
- **Structured data** explaining the context of the image
 - Electronic patient record

How could this work?

- Visual features need to be **integrated** with clinical data (age, lab results, anamnesis)
 - Dependencies can be found
- **Incomplete** data needs to be taken into account
 - Proactive for diagnostic aid
- **Toolboxes** need to be independent of equipment
- High quality datasets need to be made available
 - ... and updated, plus well annotated

Conclusions

- CBIR has not yet lived up to the expectations
- **Purely visual** retrieval can be used for very precise applications
- Tendency has to go from image retrieval to **case retrieval**
 - Several images, text, structured data
- **Knowledge sources** need to be included
 - Ontologies such as SNOMED, literature, MIRC, ...

More information ...

<http://www.imageclef.org/>

<http://www.sim.hcuge.ch/medgift/>

henning.mueller@sim.hcuge.ch

