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## A Survey on CAD Technique for Various Abnormality Classification in Chest Radiography.

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### ABSTRACT

Chest Radiography is a conventional method used for the detection and classification of various abnormalities in the thoracic region. As it is very cheap and less prone to radiation when compared to other imaging modality, it is suggested as a preliminary test for the patients with complications. Therefore, a huge number of diagnosis should be done manually. This will incur a lot of time and effort for the medical experts. Hence, Computer Aided Diagnosis is used as a tool to examine Chest X-ray. This paper focuses on the study of various algorithms using Computer Aided Diagnosis for Chest X-Ray examinations for various disorders in lungs like Cancer, Tuberculosis (TB), Pneumonia and also other disorders in the ribs and heart.

**Keywords:** Computer Aided Diagnosis, Chest Radiograph, Lung, Ribs, Heart

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## INTRODUCTION

Computer Aided diagnosis (CAD) is an assistant for the radiologist to come up with the valid diagnosing opinion on examining any image modality. It is very difficult to interpret certain abnormalities manually for various reasons, in this scenario CAD plays a major role in evaluating various abnormalities with less duration.

Chest Radiography (CXR) is the primary imaging modality used to examine thoracic region. Even though different imaging modalities like Computed Tomography, Magnetic Resonance Imaging, Positron Emission Tomography give more details about chest when compared to chest X rays, they are costlier and prone to radiation. Hence various algorithms are developed by various researchers in this area such that CXR will meet the requirement as that of the other imaging Modalities.

In CXR five different intensities (gray level) are present such as air, Fat, Soft tissue, bone and the man made metal, which distinguish one structure from the other. The various anatomical structures present in the CXR are ribs, bones, lungs, heart, etc. Each structure can be identified by its variation in the gray level intensity. Normally the lung is filled with air and appear black abnormality in the lung can be identified by the presence of white levels. Heart and the vessels in CXR appear white because they are made up of soft tissues. Bones are normally white or shown as a variation between gray and white depend upon the category [1]. The different type of abnormality can be analyzed in the CXR based on the shape of the organ, its size and its gray level variation calculate by means of the texture measure. The shape, Size and Texture are the important parameters consider mostly in all the papers in finding the abnormality in Chest X-ray.

Chest Radiography is mainly studied in two projection mode. One is Posterior- Anterior (PA) View and other one is Anterior Posterior (AP) View. Mostly for diagnosing PA is suggested. A Patient who is bed ridden is Suggested with AP. PA projection has more advantage when compared to AP projections [1]. For analyzing CXR using CAD the initial step is to find the image View. Many algorithms have been developed for analyzing the CXR view.

Computer Aided Diagnosis for chest Radiography plays a vital role as a second opinion tool for medical experts. More than 68 million CXR is taken in the United states as per the survey. The Various abnormalities that can be studied from CXR are

1. Tuberculosis, Pneumonia, Lung Cancer in the Lungs
2. Cardiomegaly, Congestive heart failure in heart
3. Rib fracture and rib orientation in ribs and Pleural effusion, Pneumoperitoneum surrounding the ribs.

The abnormalities that are mentioned above are few, apart from this number of abnormalities can be studied from the CXR.

## MATERIALS AND METHODS

The paper focuses on Computer Aided diagnosis for analyzing CXR for various abnormalities using various algorithms. The paper consider in this survey are taken from the year 2002 to 2015. The survey mainly concentrates on the CAD algorithm used for Chest View findings and for finding different pathologies in the CXR like cancer in the lungs, Tuberculosis, fracture in the ribs, enlargement of heart, etc., Mostly in all the papers two databases are used for CXR 1) Japanese society of Radiological Sciences (JSRT) database which consists of 247 images with lung nodule and non-nodule images [2] 2) Segmentation in chest Radiograph (SCR) database [3] which provide results for comparative study for Segmentation of Lungs, Heart and Clavicles in CXR. Other than this database some researchers use the database developed by them using the images collected from various medical centers. The Various Methods used for analyzing CXR using Computer Aided Diagnosis are analysed under two Category

- i) CAD for Determining Chest View in CXR.
- ii) CAD for detection of different pathologies in CXR.

**DISCUSSIONS OF CAD ALGORITHMS FOR CHEST RADIOGRAPHY:**

**CAD Algorithm for determining the Chest View in CXR:**

The Chest Projection Information in CXR is very important to the CAD systems before starting the analysis for various abnormality Findings. It should be considered as the important preprocessing steps in evaluating CXR. The two important types of CXR projection are Posterior-anterior (PA) and Anterior-Posterior (AP) view other than this some other views are lateral view, top-down, left-right and mirroring[1]. In the PA projection the x-ray beam is passed from posterior to anterior whereas in AP projection the X-ray beam is passed from Anterior to Posterior. In case of AP view Cardiothoracic ratio is greater than 50% and in the case of the PA Cardiothoracic ratio is less than 50% [4]. The PA and AP chest view are shown in Fig.1.1 and Fig.1.2 [5].



**Fig 1.1: Posterior Anterior View [5]    Fig 1.2: Anterior Posterior View [5]**

In our survey [6-11] gives various algorithms developed for analyzing the CXR view and its projection using CAD. In Table.1 the algorithms used for Chest view Classification and its accuracy are discussed. In paper [7] projection view is classified by using the nearest neighbor classifier. In paper [8] both frontal and lateral view projections are analyzed by two indices such as body symmetry index and background percentage index. In paper [9] the CXR projection is determined by using various features. In paper [10] the PA and AP view is classified by using the indices of lung, scapula and clavicle as a feature set. In a paper [11] the frontal and lateral view is analyzed by using the features that are extracted from the body image profile, Cardiothoracic ratio, the pyramid of the histogram of orientation gradients and the contour based image descriptor. In this paper more than 8200 images collected by the National Library of Medicine (NLM) are considered for chest view classification. The accuracy of this work is nearly 99%.

The algorithms used for Chest View Classification in different Projection is used as a Preprocessing step before diagnosing any pathology in chest X-ray. The Projection details of CXR are very important if CXR is not in a Correct projection and the View is also not mentioned then there may possibility of false findings in X-ray images.

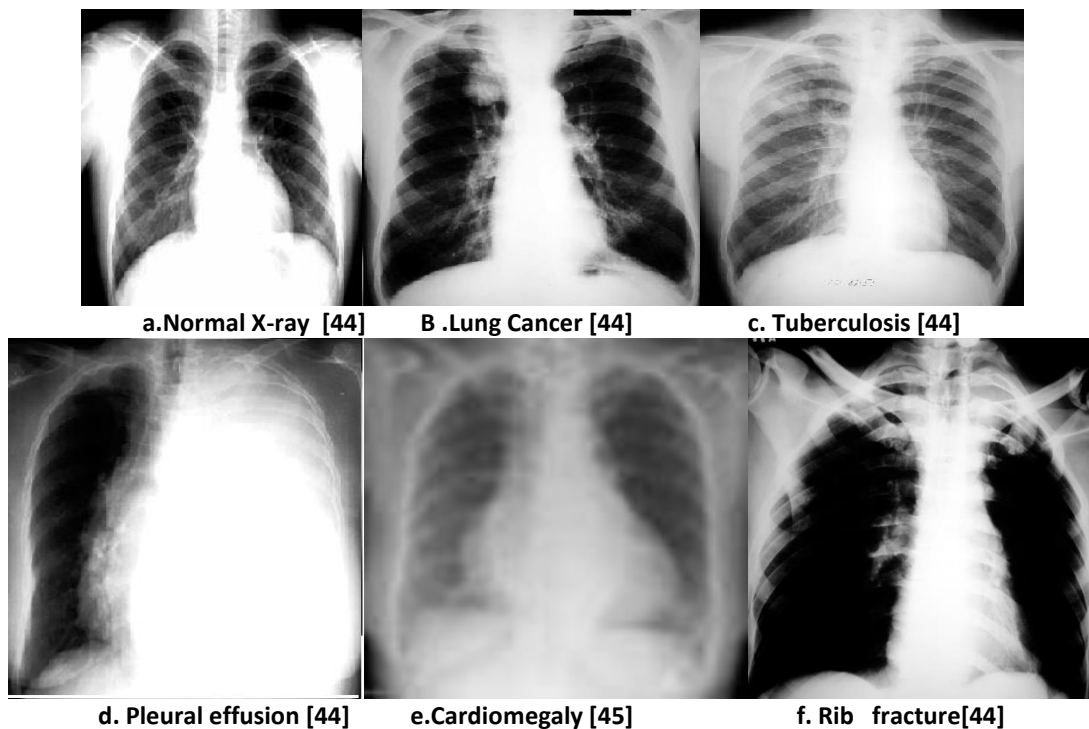
**Table 1: CAD algorithms for Chest X-ray View Classification**

| Study                 | Orientation                                  | Methods Used  | Database                                      | No.of images                 | Accuracy |
|-----------------------|--|---|---|------------------------------|----------|
| Arimura H [6]         | To retrieve correctly the PA and Lateral CXR | Template matching technique is used.                        | Database Collected from the hospitals         | 48,000PA and 16,000 lateral. | 99.9%    |
| Thomas M. Lehmann [7] | Both frontal (PA/AP) and lateral view.       | Nearest neighborhood classifier with distance measurements. | IRMA(Content based image retrieval in Medical | 1867                         | 99.7%    |

|                 |                                       |  | Applications)  |                                       |                                   |
|-----------------|---------------------------------------|--|--|---------------------------------------|-----------------------------------|
| Kao EF [8]      | Both frontal as well as lateral view. | Linear discriminate analysis and Receiver operating characteristics analysis is used.  | Database Collected from the hospitals                    | 2000 frontal and 1000 lateral images. | -                                 |
| Hui Luo [9]     | Determine the projection of CXR       | Projection is identified by the size, rotation and translation invariant features.   | Database collected from the hospitals                    | -                                     | 98%                               |
| Kao EF [10]     | Both posterior and anterior view      | Linear Discriminant analysis is used to differentiate PA and AP view using three features  | Database collected from the hospitals                    | 600 PA and 600 AP images              | Discriminate performance is good. |
| Zhiyun Xue [11] | Frontal as well as lateral view       | Feature Extraction using body profile body image profile, Cardiothoracic ratio, the pyramid of the histogram of orientation gradients and the contour based image shape descriptor | Dataset collected from the National Library of medicine. | >8200                                 | 99%                               |

**CAD Algorithm for determining the different Pathology in CXR:**

Many algorithms have been developed for diagnosing CXR using CAD for various pathology findings. The different anatomical structures present in the CXR are Lungs, heart, clavicles, ribs, trachea, mediastinum, scapula, etc. ., In fig.2 various images with different pathological conditions in chest X-ray [2]



**Fig.2 (b,c,d,e,f). Sample images for different pathology in CXR from Chest X-ray atlas**

The algorithm for finding an abnormality of these structures have been developed by many researchers. In Table.2 we discussed various algorithms, its application and the future work suggested by the researchers. Mostly in all the papers [12- 43] four steps are followed in analyzing CXR using CAD. Some steps may vary depend upon the area we are going to consider for Pathology finding in CXR. The Four steps include image Preprocessing, Region of interest (ROI) Segmentation, Feature Extraction and Classification. Image Preprocessing may include removal of noise in the CXR. If the Region we are going to concentrate is lung

region, it is important to suppress the effect of ribs, bones, Clavicles as a preprocessing step as discussed in paper [19, 23, 33, 34, 38, 40]. ROI Segmentation in CXR mainly based on Rule based method, Pixel Based Method, Deformable Method and Hybrid Method [17, 18,21, 22, 25, 28, 32, 33, 41]. Feature Extraction of the Segmented region uses different feature set such as Texture based Feature [12], Geometric Features [24], Density based features [12], Region Based Features [17,42], Shape [17,23,32,34] etc., Based on the feature information the region abnormality is Classified using Various Classifier algorithms like Support Vector Machine [15, 19, 23, 26, 36], Bayesian Classifier[13], Artificial Neural Network Classifier [36]. The Various Pathological conditions in CXR Such as Tuberculosis, pneumonia, lung cancer in the lung Region, Enlargement of the heart (Cardiomegaly) , Rib fracture, etc., can be diagnosed using the different CAD algorithms discussed in the papers [12-43].

**Table 2: CAD Algorithms for different Pathological findings in CXR**

| Study           | Objective  | Algorithm used   | Findings in CXR  | Application  | Future Improvement mentioned in the paper   |
|-----------------|--|--|--|--|---|
| E-Fong Kao [12] | To detect different abnormalities in chest radiography                                       | Density based feature and texture based feature are used.  | Local abnormalities in CXR   | It finds application in the clinical interpretation of CXR.                                  | Regions Near the costrophenic angle is not considered in this work.   |
| Rui Shen [13]   | Screening of Pulmonary Tuberculosis  | Automatic Segmentation with Bayesian Classifier to detect TB Cavities  | Classification of CXR as image with Cavity, Non Cavity and normal  | Screening of TB in Lung region with and without Cavity                                       | The algorithm has to be improved to Provide more detailed analysis of Pulmonary TB by using geometric Features  |
| A. Dawoud [14]  | Automatic Segmentation of Lung Fields in CXR   | Fusing Shape information with intensity based Thresholding   | A Statistical model for Lung shape is extracted and it is used to extract the lung shape in test images.   | Detection of Lung disease and TB   | In this work , the algorithms are not designed to extract lung field overlapping with heart and also extraction of lung shape model also should be made automated |
| Uri Avni [15]   | To show organ level discrimination as well as pathology level Classification in X-Ray images | Representation of image content using Bag of visual words and classification using non linear multiclass SVM | Four pathologies in CXR are detected by building a visual dictionary, constructing a histogram in multiple scales and classification using SVM with a histogram intersection Kernel. | Detection of plural effusion in right and left lung, enlarged heart and enlarged mediastinum | In this work, the algorithm is designed only for global representation it may mis detect the pathology if it is local and small                                   |
| Qian Yu [16]    | Early detection of Lung Cancer   | Mutual information based image registration with temporal subtraction  | Pathological changes in CXR are identified by comparing the current CXR with the previous one using temporal subtraction.  | Pathological changes for Lung cancer in the CXR  | In this work the algorithm produces good accuracy for global matching but accuracy is less in some local areas.   |

| Study                                   | Objective                                | Algorithm used  | Findings in CXR  | Application  | Future Improvement mentioned in the paper  |
|---|--|---|--|--|--|
| Sema Candemir [17]                      | To detect Lung Boundary                  | Graph cut based lung segmentation   | Lung Segmentation is done by using a Static lung model and image properties like shape, boundary and region in CXR | Lung boundary extraction plays a key role in TB findings in the CXR.         | In this work only static lung model is developed which is not suited for all CXR hence there is a need for dynamic lung shape model                  |
| Ryoichi Nagata, Tsuyoshi Kawaguchi [18] | To Detect and classify Lung Nodules      | Lung segmentation using the adaptive shape model, nodule detection using multilevel thresholding and nodule classification using radial gradient and template matching scheme                       | Lung nodule Classification as nodules or false positive in CXR using two levels of the Classifier                  | Lung nodule detection is very important in diagnosing lung cancer, TB, etc., | This algorithm need optimal set of features for every training images and for each level of Specificity,   |
| Áron Horváth [19]                       | To detect Lung lesions                   | A dynamic programming scheme to suppress bone shadow and to detect Lung lesions using gradient convergence, contrast and intensity statistics and classification using Support Vector Machine (SVM) | Lung nodule detection done by suppressing the effect of bone shadows such as rib cage and clavicle.                | The presence of bone shadow is suppressed to detect the Lung nodules         | Lung lesion present under the heart and the diaphragm is not considered in this work , only the lesion under the rib cage and clavicle is considered |
| Masataka Imura [20]                     | Automatic Cropping of chest X-ray images | The adaptive binarization method is used for preprocessing and template matching for cropping images  | For medical diagnosing in CXR  | To crop the CXR automatically for reducing the work burden of radiologist    | It is not suited for all types of radiographs  |
| Stefan Jaeger [21]                      | Automatic Screening of TB in PA CXR      | Lung region is segmented using graph cut method and classification of lung is done by using binary Classifier   | To detect abnormal CXRs with TB  | Automated Diagnosis of CXR for determining TB.                               | Performance is slower but the results are closer to the radiologist  |
| Min-Hsin Huang [22]                     |  | ROI(Carina) is Segmented by   | Detection of position of Carina  | To detect the position of the  | The algorithm is not fully automatic   |

| Study               | Objective  | Algorithm used  | Findings in CXR   | Application  | Future Improvement mentioned in the paper                                   |
|---------------------|--|---|---|--|---|
|                     |  | integrating rule based segmentation, contrast enhancement, selective threading and morphological image processing.  | in CXR  | end tracheal tube of the patients in ICU(Intensive Care Unit)        |   |
| Sheng Chen [23]     | To develop the Virtual dual energy (VDE) based CAD system for finding nodules that overlap with ribs and clavicles | Segmentation of the lung using multisegment active shape models and lung nodule using clustering watershed segmentation, Classification of lung nodule as normal or abnormal using nonlinear SVM. | Lung nodule detection in VDE CXR which suppresses the effect of the bones and clavicles | To detect the lung nodule that is missed by the original CAD system. | The VDE based CAD system misses some subtle nodules.                        |
| [24]                | CAD system for feature extraction in lung nodule   | Mathematical, textural and geometrical features are calculated from the segmented lung region   | Lung Cancer detection as benign or malignant  | Early detection of Lung Cancer                                       | The CAD system will not replace the radiologist but produce nearer accuracy |
| Sema Candemir [25]  | Lung segmentation in CXR with nonrigid Registration  | Lung boundary detection with nonrigid registration by using an anatomical atlas with graph cut based segmentation   | Retrieval of lung region from patient specific atlases                                  | Detection of Tuberculosis  | The algorithm is not suited for fluid filled lungs                          |
| Jaime Melendez [26] | To diagnose tuberculosis using textural lesions information  | Normal or abnormality of the lung region is found by using multiple instance learning and maximum pattern margin support vector machine ( miSVM)  | Textural abnormalities related to TB in CXR   | Detection of tuberculosis in CXR                                     | Evaluation is done only based on the image level                            |

| Study                                     | Objective  | Algorithm used   | Findings in CXR   | Application  | Future Improvement mentioned in the paper   |
|---|--|--|---|--|---|
| Norliza Mohd. Noor [27]                   | Detection of three types of lung abnormalities                   | The pairwise discrimination method is used for lung abnormality  | Detection of lobar pneumonia, pulmonary tuberculosis and lung cancer  | Detection of lung related abnormality  | Future work of this method concentrates on large data work  |
| Yeqin Sao [28]                            | Lung field segmentation in PA CXR.                               | Joint shape and appearance sparse learning are used for lung segmentation  | Accurately segment the Lung in CXR by considering the variation of lung shape and the ambiguity of lung boundary. | Detection of pulmonary disease and in hemodialysis treatment                                       | If the appearance of the lung shape is ambiguous this algorithm will not work                               |
| Yaniv Bar [29]                            | Chest pathological detection using deep learning process         | Convolutional neural networks (CNN) are used to classify different pathologies in CXR  | To detect right pleural effusion, Cardiomegaly, and abnormal mediastinum on CXR                                   | Detection of various chest related disease.  | Chest pathology detection in CXR images is done only by using features learned from the non medical dataset |
| Wan Siti Halimatul Munirah Wan Ahmad [30] | To develop a Content based medical image retrieval system of CXR | Unsupervised lung segmentation is done using oriented Gaussian derivative filter combined with Fuzzy means clustering and thresholding | Lung segmentation in both PA and AP CXR   | It finds application in CBMIR to isolate lung regions in both AP and PA CXR                        | The algorithm fails to segment lung region accurately in mobile CXR.  |
| Vesna Zeljkovic [31]                      | To develop an automatic algorithm for detection of Lung Cancer   | Lung cancer is found by similarity coefficient measures  | To find different lung abnormalities caused by planocellular lung cancer in CXR                                   | The algorithm finds application in detecting planocellular lung cancer in CXR images               | The algorithm will not support different size and position CXR images                                       |
| Haithem Boussaid [32]                     | To develop a system for finding anatomical shapes in CXR         | To detect shape and appearance using a deformable contour model.   | Lung region, heart and clavicles are segmented from the CXR   | Different anatomical shapes are segmented to find various abnormalities in different region of CXR | Future work of this algorithm concentrates on 3D images.  |
| Tuan Anh Ngo [33]                         | To develop the CAD technique for segmenting the lung region.     | Lung Region is segmented by using a hybrid method which integrates s distance regularized level set and deep structured                | Lung segmentation in CXR images.  | Lung region is segmented from the overlapping structures like bones and clavicles.                 | This algorithm will support only JSRT database but this should be improved for supporting other databases   |



| Study                    | Objective  | Algorithm used   | Findings in CXR  | Application   | Future Improvement mentioned in the paper   |
|--------------------------|--|--|--|---|---|
|                          |  | Inference method   |  |   |   |
| Laurens Hogeweg [34]     | To suppress the elongated structures present in the CXR.                                 | Blind source separation and outlier detection are used for elongated structural separation   | To suppress bones, ribs, clavicles and catheters in CXR images.  | Lung nodule detection by suppressing the effect of elongated structures                     | Fully automatic system was not obtained by this method.   |
| Frédéric Plourde [35]    | To detect scoliotic rib borders in PA CXR.   | Rib border is detected by using an edge following Approach with multiple-path branching and oriented filtering.  | Semi-automatic detection of rib borders in PA-0° and PA-20° view in CXR.   | Development of 3D reconstruction technique that will provide 3D models of the rib cage.     | The algorithm requires some user interaction.   |
| R. Sundararajan [36]     | To detect the presence of Pneumoconiosis in CXR.   | Multiresolution approach is used for Segmentation and SVM is used for classification   | The algorithm finds the presence of Opacities in the lung region in CXR.   | This method finds application in Occupational disease screening.                            | Only the algorithm detects the presence of Pneumoconiosis and not the stage of the disease.   |
| Jaeil Kim [37]           | To detect the presence of broken parts of ribs in CXR.                                   | Texture and Shape features are used for detection of rib fracture.   | The algorithm developed is a flexible technique for curved part of rib and quantify the presence of rib fracture in CXR. | CAD technique can be developed by using this algorithm to help medical experts              | The future work of this algorithm is to present the region of interest in the rib portion where the diagnosis is missed by the clinicians |
| Sheng Chen [38]          | To develop a CAD algorithm for separating the bony structure such as bones or clavicles. | The suppression of bone in CXR is done by using anatomically specific Multiple Massive training Artificial Neural Network with total variation minimization Smoothing. | The algorithm find the lung nodules that are find overlap with ribs and clavicles in CXR                                 | The algorithm guide the radiologist in bone-soft tissue separation for finding lung nodules | Long training time is needed for the images   |
| Abed-Al Nasser Assi [39] | To study the traumatic rib fracture in various directions.                               | CXR is examined in eight different projection angle.   | The result reveals that 45° AP projection performed on expiration is suggested for finding traumatic rib fracture.       | It finds application in rib fracture diagnosis.   | -   |
| Mira Park [40]           | To study the abnormal texture in CXR with  | An image retrieval algorithm is  | Lung nodule is detected from the abnormal texture  | It finds application in real time   | Future work involves a knowledge based method for lung  |

| Study                      | Objective  | Algorithm used   | Findings in CXR   | Application                                       | Future Improvement mentioned in the paper  |
|----------------------------|--|--|---|---|--|
|                            | reduction in rib shadow.   | developed using a quasi Gabor filter.  | analysis  | systems.  | nodule detection.  |
| S. Juhász [41]             | To develop the algorithm for segmentation of anatomical structures on CXR. | The active shape model is used for Segmentation.                             | Segmentation of lung region, ribs and clavicles in CXR. | It finds application in diagnosing chest disease. | The segmentation is done only by visual observation.   |
| Alexandros Karargyris [42] | Development of Screening system for pulmonary Methodology                  | Feature extraction using region based features                               | Lung, and rib borders are identified with the CXRc      | Screening of Tuberculosis                         | To find the orientation only log Gabor filter is used in this work. In future all the wavelet families are used to to improve the accuracy |
| Aarti Raheja [43]          | To Segment heart in PA CXR.  | Dynamic programming approach is used for automatic segmentation of the heart | Heart was Segmented in the CXR with accurate result.    | Screening of abnormalities in heart               | The algorithm may work for JSRT database but not extended to other database .  |

**IMPROVEMENT SUGGESTED FROM THIS SURVEY:**

From the Survey of various algorithms discussed in the Section.3, some suggestions are given that may be considered in developing a CAD algorithm for CXR Diagnosis.

1. In some papers CAD algorithm for finding abnormalities in CXR doesn't include the preprocessing step, Chest View Findings. So it may be included as a preprocessing step in CXR analysis.
2. Chest Projection details also not considered in abnormality Findings.
3. The CAD algorithm should be fully automatic.
4. The CAD algorithms , whatever developed before for finding abnormalities in CXR concentrate for individual anatomical structure or it may include two anatomical structures in CXR.The CAD algorithms should be developed such that it will provide an application that will find any abnormality in all the portions of the CXR.
5. Mostly all CAD algorithms for CXR concentrate on Lung abnormality findings when compared to other anatomical structures in CXR.
6. More CAD algorithms should be developed for finding abnormalities in heart, ribs, area surrounding lungs in CXR.

**CONCLUSION**

In this Paper Various CAD algorithm for finding Chest abnormality was discussed. The CAD algorithm for CXR find a wide application in diagnosing various disorders in the chest. It plays an important role as a second opinion tool for medical experts. CAD algorithms also reduce the work burden of medical experts by examining numerous CXR in a short period of time. But the algorithm that was developed Concentrate only on few Pathological Condition. In some papers the Preprocessing step that is chest view and projection is also not considered . Hence a CAD algorithm must be developed such that it includes Chest view and projection findings, Segmentation of anatomical structures and identification of any pathology that may present in CXR. A CAD algorithm for CXR developed by various researchers discussed in this paper will give more information for

diagnosing various abnormalities in the Chest Radiography and we have discussed some improvement to be considered for developing CAD algorithms for Chest Radiography.

#### REFERENCES

- [1] Stephen M. Ellis, Christopher Flower, World Health Organization 2006.
- [2] Shiraishi J, Katsuragawa S, Ikezoe J, Matsumoto T, Kobayashi T, Komatsu K, Matsui M, Fujita H, Kodera Y, and Doi K. . AJR 174; 71-74, 2000
- [3] van Ginneken B., M.B. Stegmann, M. Loog, Medical Image Analysis, 2006; 10: 19-40.
- [4] <http://radiologymasterclass.co.uk>
- [5] Chest X-ray images. [www.slideshare.net](http://www.slideshare.net).
- [6] Arimura H, Katsuragawa S, Ishida T, et al: Proc SPIE 2002: 4684:308-315.
- [7] Lehmann TM, Guild O, Keyzers D, Schubert H, Kohnen M, and Wein BB, J Digit Imaging. 2003; 16(3):280-91.
- [8] Kao EF, Lee C, Jaw TS, Hsu JS, Liu GC Acad Radiol 2006 ;13(4):518-25.
- [9] Luo H, Hao W, Foos DH and Cornelius CW IEEE Trans Inf Technol Biomed 2006 Apr;10(2):302-11.
- [10] Kao EF, Lin WC, Hsu JS, Chou MC, Jaw TS, Liu GC Phys Med Biol. 2011;56(24):7737-53.
- [11] Zhiyun Xue, Daekeun You, Sema Candemir, Stefan Jaeger, Sameer Antani, L. Rodney Long, George R. Thoma ,IEEE 28th International Symposium on Computer-Based Medical Systems,2015.
- [12] Fong Kao E-, Yu-Ting Kuo, Jui-Sheng Hsu, Ming-Chung Chou, and Gin-Chung Liu. Med Phys.2011 ; 38(7):4241-50.
- [13] Shen R, Cheng I, Basu A, IEEE Trans Biomed Eng. 2010 Nov;57(11).
- [14] Dawoud, A. IET 2011; 5(3): 185-190.
- [15] Avni U, Greenspan H, Konen E, Sharon M, Goldberger J. IEEE Trans Med Imaging. 2011;30(3):733-46.
- [16] Qian Yu, Lifeng He, Yuyan Chao, Suzuki. K, Nakamura. T. 2012 International Conference on Computer Science and Information Processing (CSIP) 2012; 1098-1101.
- [17] Sema Candemir, Stefan Jaeger, Kannappan Palaniappan, Sameer Antani, and George Thoma 1st Annual IEEE Healthcare Innovation Conference of the IEEE EMBS Houston, Texas USA, 7 – 9 November 2012.
- [18] Áron Horváth, Gergely Gyula Orbán, Ákos Horváth, Gábor Horváth. Polytech. Elec. Eng. Comp. Sci., 57(1): 19-33.
- [19] Nagata. R, Kawaguchi.T, Miyake. H, 6th International Conference in Biomedical Engineering and Informatics (BMEI) 2013; pp.80-85.
- [20] Imura M, Tabata Y, Ishigaki R, Kuroda Y, Uranishi Y, Oshiro O. Conf Proc IEEE Eng Med Biol Soc. 2013; 6494-7.
- [21] Jaeger S, Karargyris A, Candemir S, Folio L, Siegelman J, Callaghan F, Zhiyun Xue, Palaniappan K, Singh RK, Antani S, Thoma G, Yi-Xiang Wang, Pu-Xuan Lu, McDonald CJ. IEEE Trans Med Imaging. 2014 ; 33(2):.233-45.
- [22] Min-Hsin Huang, Zih-Yun Ting, Shu-Mei Guo. 2013 International Conference on Orange Technologies (ICOT), ,127-130.
- [23] Sheng Chen, Suzuki, K. , IEEE Transactions on Biomedical Engineering, 60(2): pp.369-378.
- [24] Nitin S. Lingayat and Manoj R. Tarambale. International Journal of Bioscience, Biochemistry and Bioinformatics 3(6):pp. 624-629.
- [25] Candemir. S, Jaeger.S, Palaniappan.K, Musco, J.P. IEEE Medical Imaging, 2014;33(2): 577 - 590.
- [26] Melendez J, van Ginneken B, Maduskar P, Philipsen RH, Reither K, Breuninger M, Adetifa IM, Maane R, Ayles H, Sánchez CI. IEEE Trans Med maging. 2015;34(1): 179-92.
- [27] Noor. NM, Rijal. O.M, Yunus. A, Mahayiddin. A.A, Gan Chew Peng, Ong Ee Ling, Abu Bakar, S.A.R. 2014 IEEE in Region 10 Symposium, , 151-156.
- [28] Yeqin Shao, Yaozong Gao ,Yanrong Guo , Yonghong Shi. IEEE Transactions on Medical Imaging. 2014; 33(9): 1761-1780.
- [29] Bar.Y, Diamant. I, Wolf, L, Lieberman. S. 2015 IEEE 12th International Symposium on Biomedical Imaging (ISBI); 294 - 297.
- [30] Wan Siti Halimatul Munirah Wan Ahmad, W Mimi Diyana W Zaki , W Mimi Diyana W Zaki, Mohammad Faizal Ahma. Biomedical Engineering online ,March 2015.
- [31] Zeljkovic, V, Bojic, M. Biomedical Engineering (MECBME),2011; (69-72).
- [32] Boussaid. H, Kokkinos. I, Paragios. N. IEEE 11th International Symposium Biomedical Imaging (ISBI) 2014;624-628.

- [33] Tuan Anh Ngo and Gustavo Carneiro. In Proceedings of the International Conference on Image Processing (ICIP) 2015.
- [34] Hogeweg L, Sanchez CI, van Ginneken B. IEEE Trans Med Imaging. 2013;32(11): 2099-113.
- [35] Plourde F1, Cheriet F, Dansereau J. IEEE Trans Biomed Eng. 2012;59(4):909-19.
- [36] Sundararajan. R. Xu. H. Annangi.P. Tao. X . Biomedical Imaging From Nano to Macro, 2010 IEEE International Symposium, (1317-1320).
- [37] Kim J, Kim S, Kim YJ, Kim KG, Park J. Healthcare Informatics Research. 2013;19(3):196-204.
- [38] Sheng Chen, Suzuki K: IEEE Trans Med Imaging. 2014;33(2):246-57.
- [39] Ab:ed-Al Nasser Assi and Yasser Nazal: Rib fracture: Pol J Radiol. 2012 Oct-Dec; 77(4): 13–16..
- [40] Mira Park, Jesse S. Jin, and Laurence S. Wilson. 2004. In Proceedings of the Pan-Sydney area workshop on Visual information processing (VIP '05);71-74.
- [41] van Ginneken B, Stegmann MB, Loog M. Med Image Anal. 2006 ;10(1):19-40.
- [42] Karargyris A, Antani S, Thoma G. Conf Proc IEEE Eng Med BiolSoc.2011; 7779-82.
- [43] Aarti Raheja CF, Jason Knapp MAICS 180 (184), [http://ceur-ws.org/Vol-841/submission\\_29](http://ceur-ws.org/Vol-841/submission_29).
- [44] Chest X-ray Atlas. <http://www.meddean.luc.edu/lumen/meded/medicine/pulmonar/cxr/atlas>
- [45] Radiopedia web site . <http://radiopaedia.org>.