

DEEP LEARNING APPROACH FOR CLASSIFICATION OF HYPERTENSION RETINOPATHY

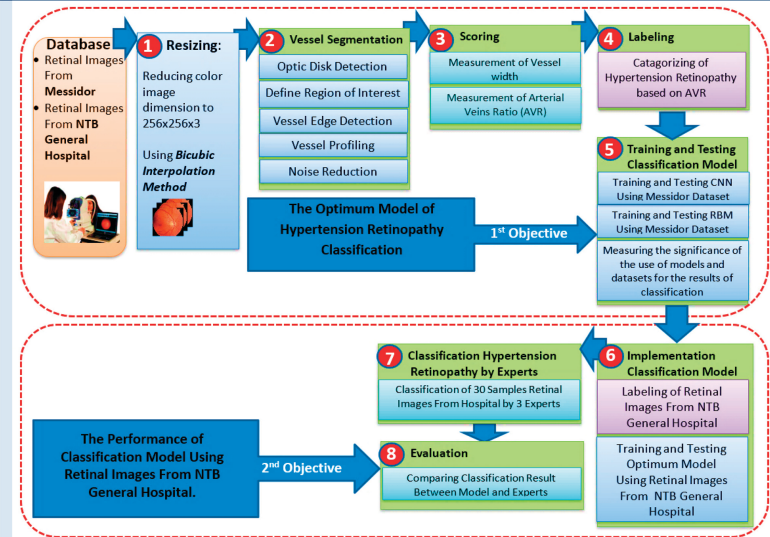
B.K. Triwijoyo, E. Abdurachman, W. Budiharto, B.S. Sabarguna
Doctor of Computer Science, Bina Nusantara University, Jakarta, Indonesia, 11480

Background and Objectives:

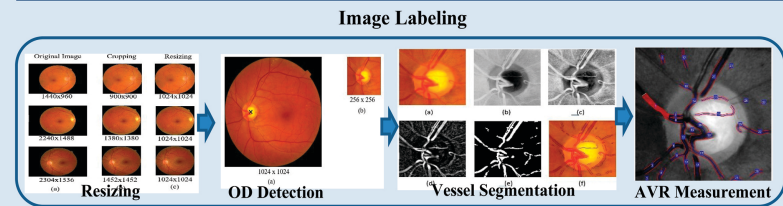
Ophthalmologists use fundus images or retinal images of the eye, to evaluate the presence of hypertensive retinopathy and to define the evolutionary phase, but these methods have limitations because, in the case of the border stage, early symptoms of hypertensive retinopathy will be difficult to identify manually, then The early diagnosis of hypertension retinopathy using deep learning is necessary for accurate prevention and treatment to help ophthalmologists to perform hypertension retinopathy screening, particularly in borderline stages to prevent high blood pressure and heart attack.

The Objectives of this research are to identify the optimum classification model of hypertension retinopathy through deep learning approach, and implement the classification model of hypertension retinopathy using retinal images dataset from the regional public hospital provincial of Nusa Tenggara Barat

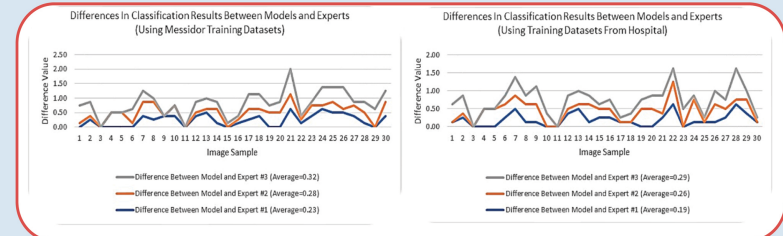
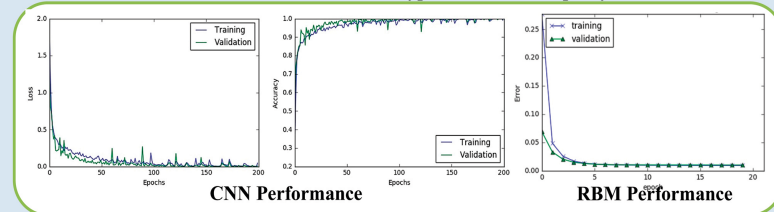
Research Framework



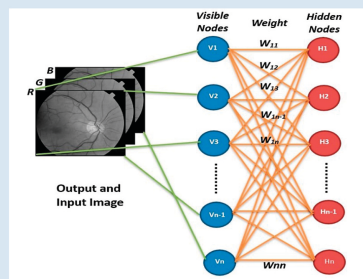
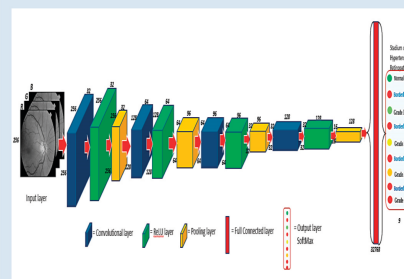
Result



The Classification of Hypertension Retinopathy



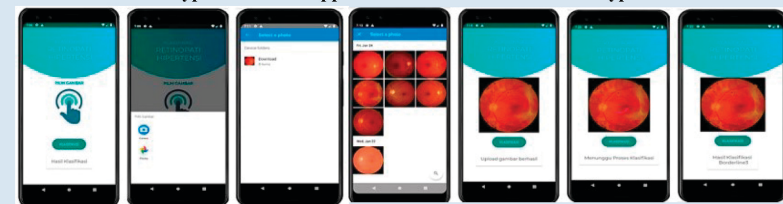
Model



9 Classes			9 Classes			9 Classes		
No	Layer	Number of Neuron, (Number of the kernel)	No	Layer	Number of Neuron, (Number of the kernel)	No	Layer	Number of Neuron, (Number of the kernel)
1	Input	256 x 256 x 3	6	ReLU	128 x 128, (54)	11	Convolutional	32 x 32, (128)
2	Convolutional	256 x 256, (32)	7	MaxPool	64 x 64, (64)	12	ReLU	32 x 32, (128)
3	ReLU	256 x 256, (32)	8	Convolutional	64 x 64, (66)	13	MaxPool	16 x 16, (128)
4	MaxPool	128 x 128, (32)	9	ReLU	64 x 64, (66)	14	Full-Connected	255
5	Convolutional	128 x 128, (64)	10	MaxPool	32 x 32, (66)	15	Output Softmax	9

The Size of Input Image	Number of Visible Nodes	Number of Hidden Nodes	Learning rate	Number of epoch
256x256x3	196608	1500	0.05	20

The Prototype of a mobile application for the classification of hypertensive



Conclusion and Recommendation

CONCLUSION:

- The optimal hypertensive retinopathy classification model into 9 classes can be obtained. First, by applying the AVR calculation algorithm to build a new dataset with 9 class categories. Second, determining the architectural specifications for the CNN and RBM models by setting the input size, depth, and the number of nodes for each layer, transfer function, learning rate, and the number of epochs.
- Based on The results of the analysis of the implementation of the model using a dataset from general hospitals in NTB showed, first, the addition of the hypertensive retinopathy class category from 5 to 9 had an impact on the more sensitive classification results and could detect symptoms of hypertensive retinopathy earlier for preventive action. Second, the professional experience of an ophthalmologist is a key factor for the classification results. Third, the computational model for the classification of hypertensive retinopathy can be used as a reference to assist ophthalmologists who have professional experience or prospective ophthalmologists in classifying hypertensive retinopathy.
- The addition of hypertension retinopathy class categories from 4 to 9 has an impact on the classification results more sensitive and can detect symptoms of hypertension retinopathy earlier for preventative measures.

RECOMMENDATION:

- Modify the hypertension retinopathy classification model by adding or combining it with other machine learning algorithms and using another retinal image database that has a larger number of datasets

Contact Person

Name : Bambang Krismono Triwijoyo
E-mail : Bambang.triwijoyo@binus.ac.id
Institution : Doctor of ComputerScience, Bina Nusantara University