

Advancing Medical Image Segmentation: Morphology-Driven Learning with Diffusion Transformer



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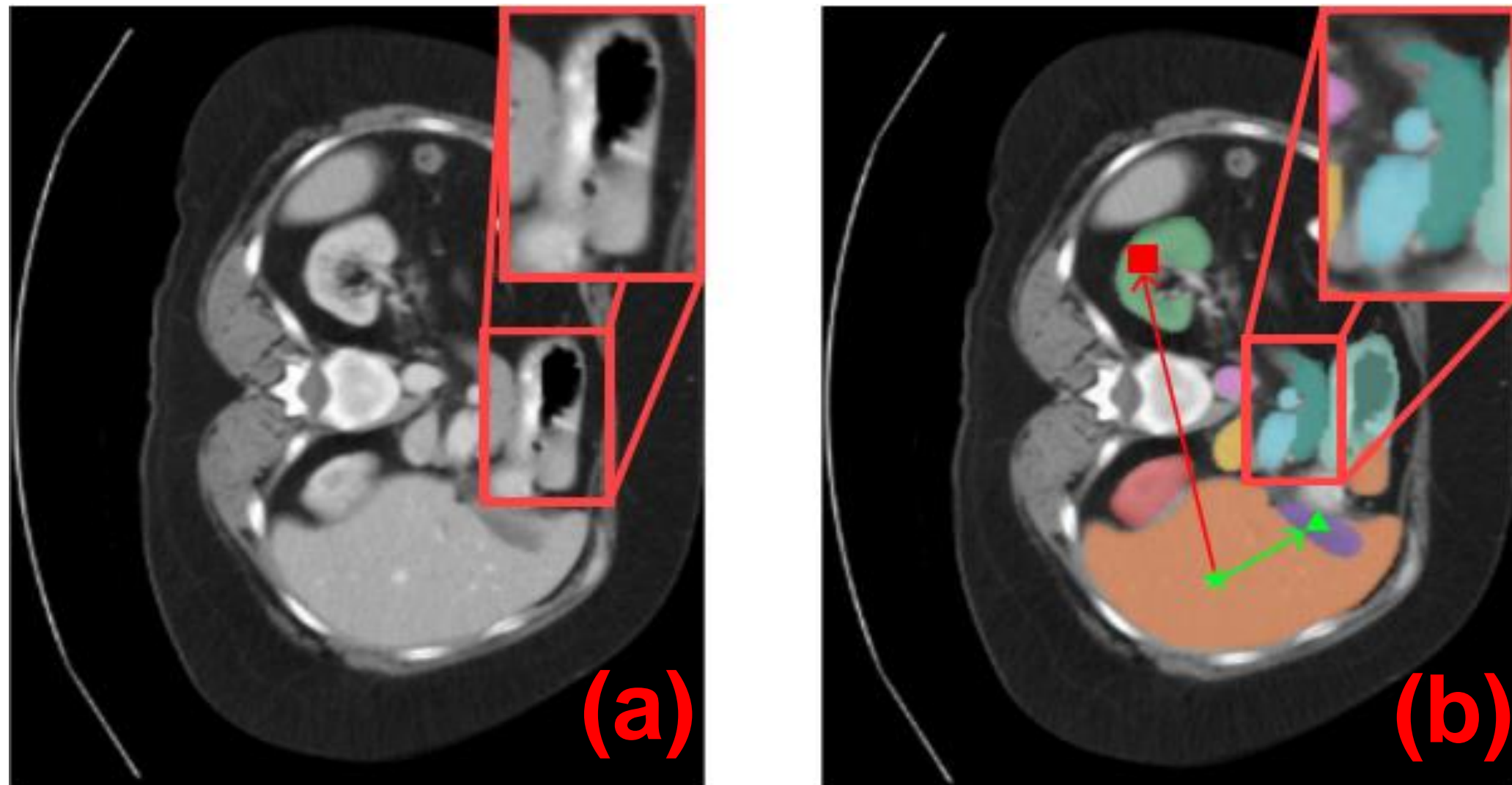
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Background

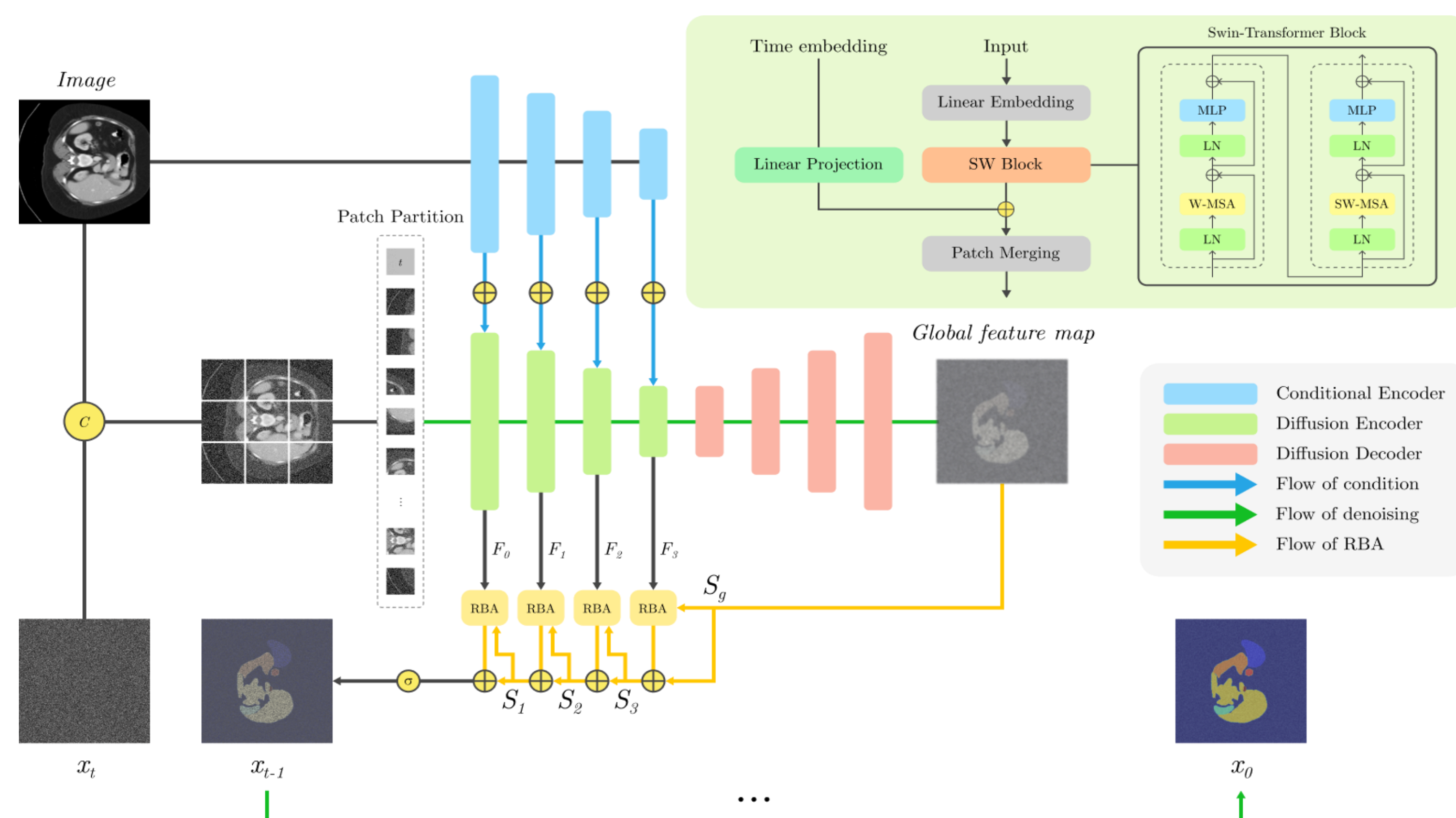
- The **unique properties of medical imaging(a)** make clear segmentation difficult, and the high cost and time-consuming task of labeling leads to a **coarse-grained representation of ground truth(b)**.



Contributions

- We present a new **diffusion transformer segmentation (DTS)** model which performs better than previous frameworks.
- We introduce a novel approach to address the medical image segmentation by integrating **morphology-driven learning** into the image processing, such as (1) **k-neighbor label smoothing**, (2) **reverse boundary attention**, (3) **self-supervised learning**.
- Our model demonstrates the generality in segmentation tasks in medical modalities such as CT, MRI, and lesion images and further suggests that this approach may be adaptable to other domains.

Architecture

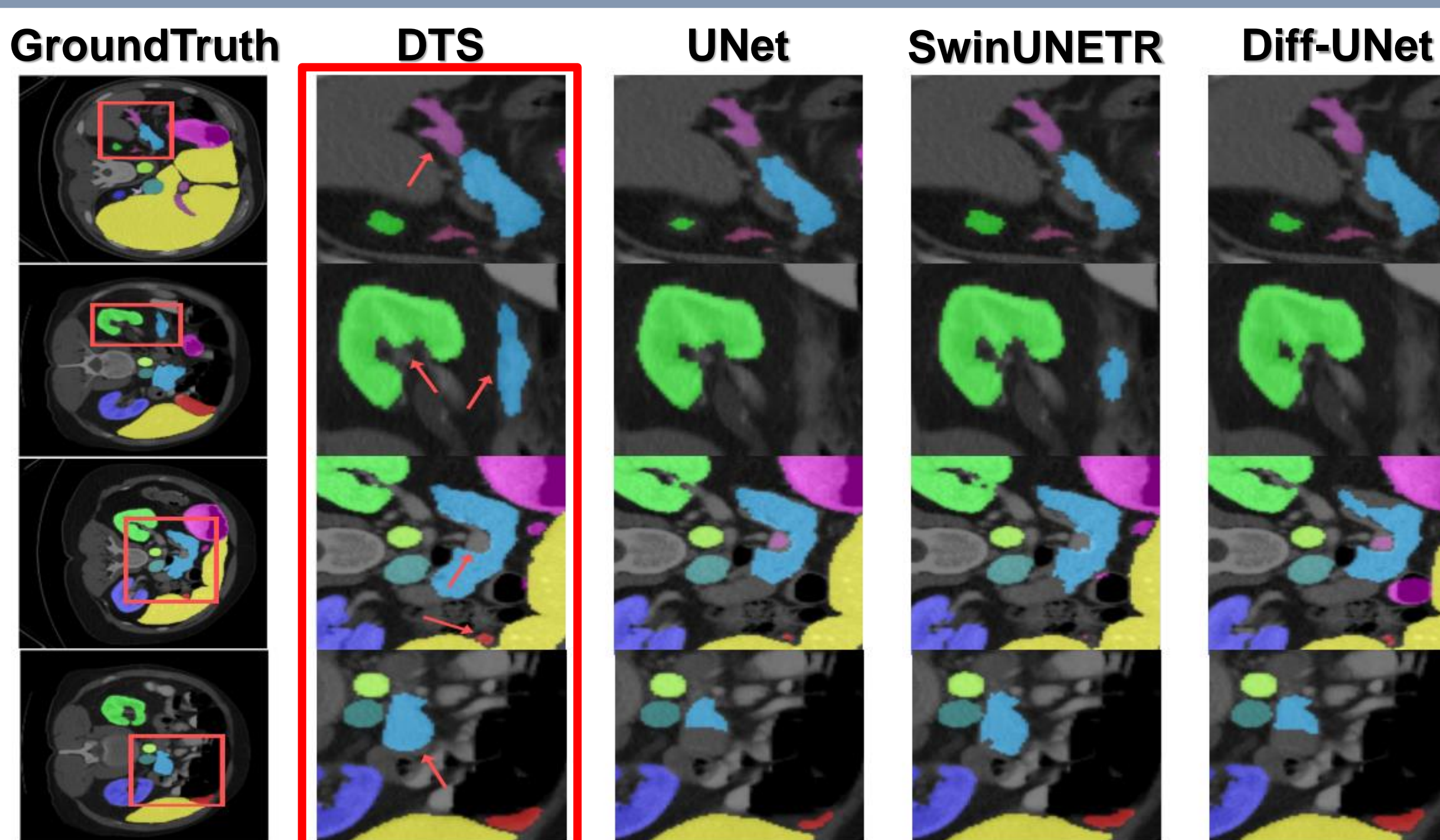


DTS: Diffusion Transformer Segmentation

- We suggest the possibility of **replacing the diffusion encoder with a Swin transformer**, which offers scalability and computational efficiency when processing various images due to its hierarchical structure.

$$\varepsilon_{\theta}(x_t, I, t) = DTS((x_t, I), t, \tau_{\theta}(I))$$

Qualitative Results

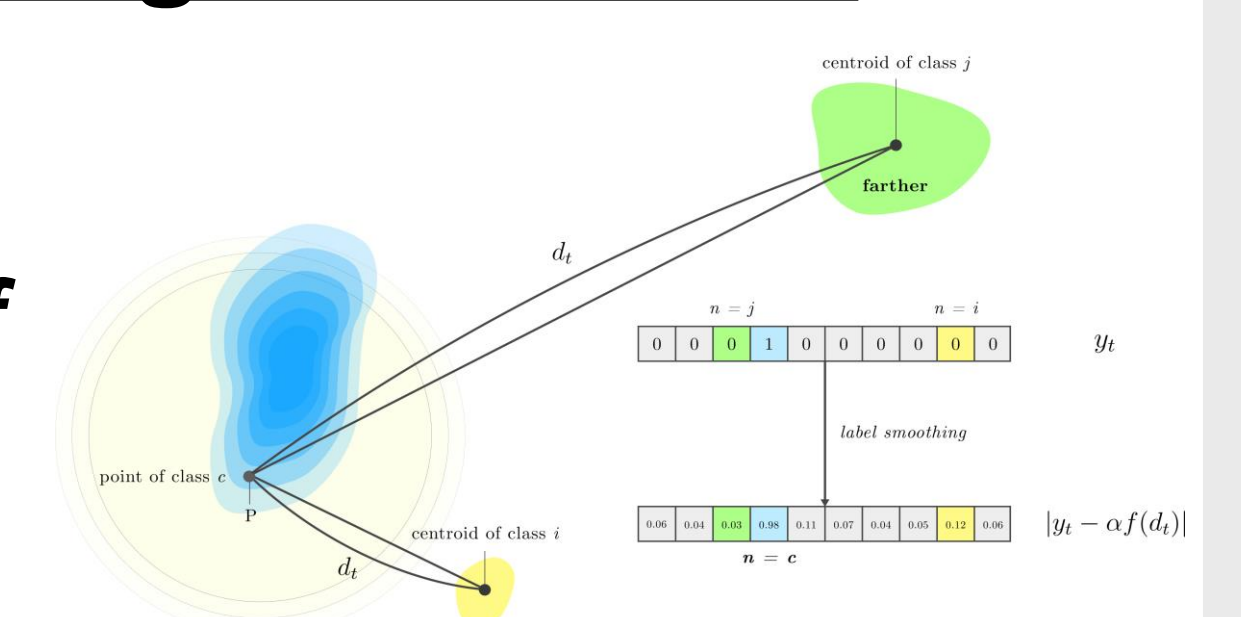


- The region of interest was highlighted with arrows.
- Our model (DTS) captures fine-grained details and achieves precise boundary representations.

Morphology-driven learning

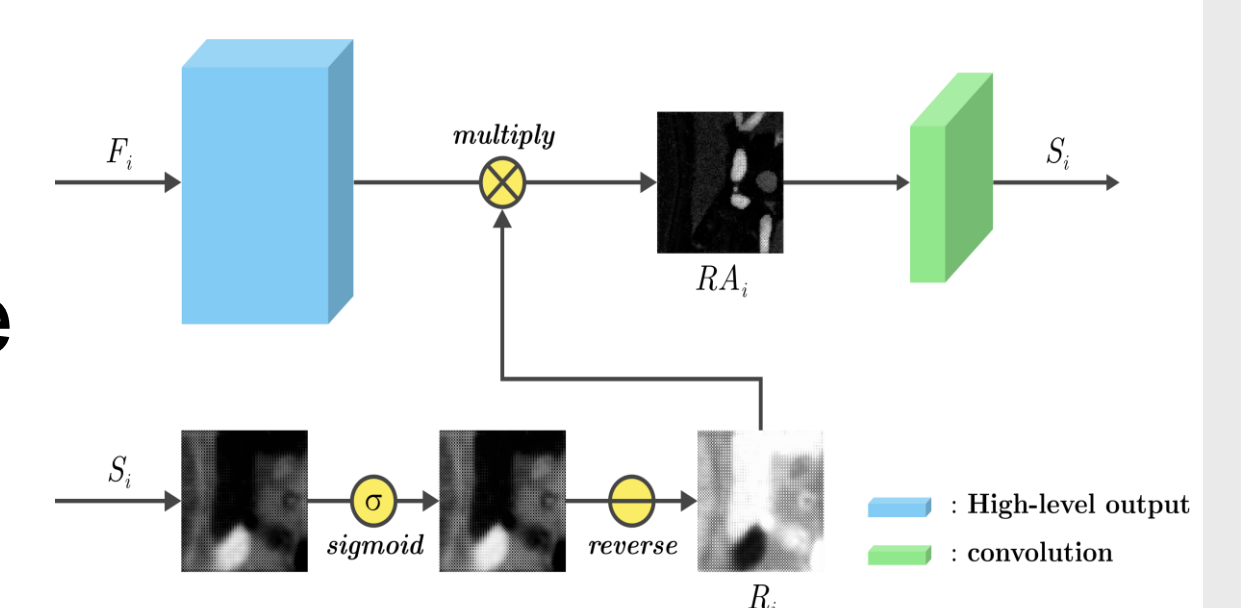
k-Neighbor Label smoothing by organ distance.

- k -nls that leverages the relative positions of organs for **distance-aware smoothing of the labels of k -neighbors for a given class or organ**. ($k > 2$)



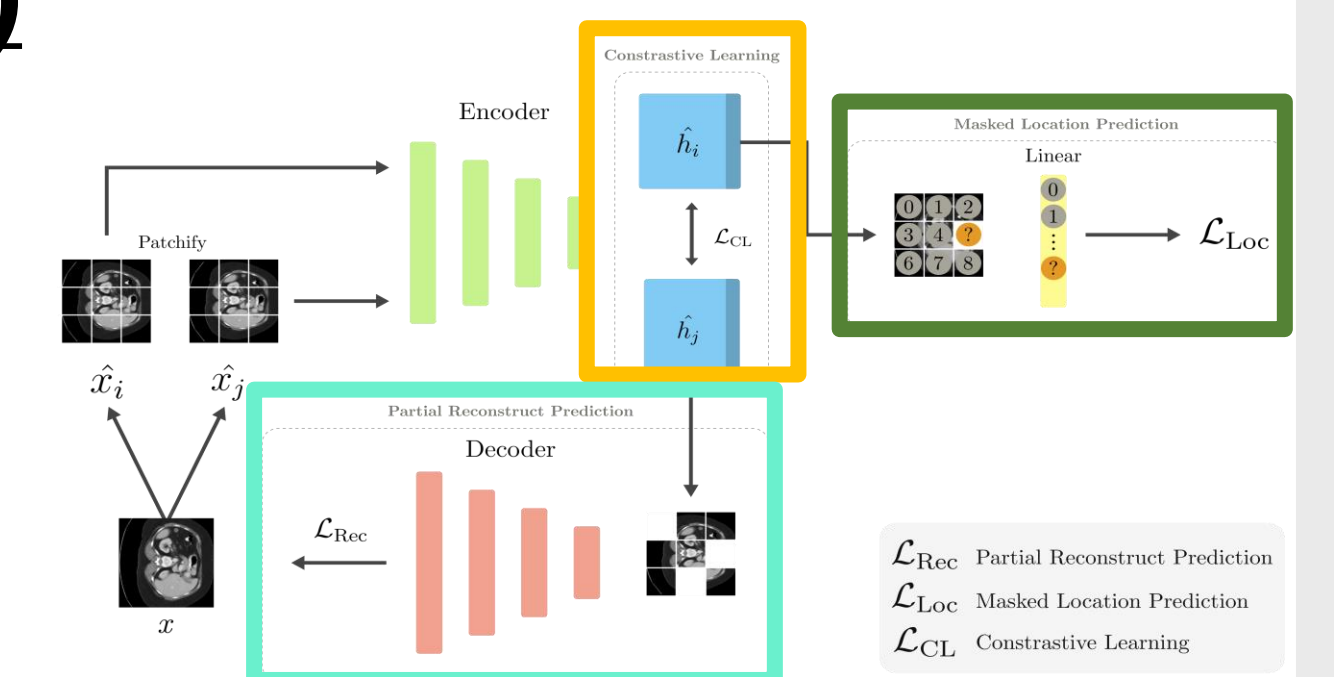
RBA: Reverse-boundary Attention.

- RBA aims to improve the prediction of models by gradually capturing and specifying areas that may have been initially ambiguous.



Self-supervised learning (SSL)

- Our SSL framework combines three proxy tasks:
 - Contrastive learning**
 - Masked Location Prediction**
 - Partial Reconstruct Prediction**



Quantitative Results

Multi-organ segmentation(CT)

Method	Spleen	Kidney	Gall	Esophagus	Liver	Stomach	Aorta	IVC	Veins	Pancreas	AG	Avg.
TransUNet [10]	0.952	0.928	0.662	0.757	0.969	0.889	0.920	0.833	0.791	0.775	0.637	0.828
nnUNet [11]	0.947	0.920	0.794	0.812	0.955	0.905	0.908	0.850	0.812	0.829	0.764	0.863
UNETR [12]	0.952	0.928	0.805	0.824	0.963	0.925	0.928	0.857	0.828	0.832	0.781	0.874
Swin UNETR [13]	0.956	0.937	0.828	0.827	0.971	0.921	0.928	0.863	0.849	0.858	0.810	0.886
EnsemDiff [14]	0.905	0.911	0.732	0.723	0.947	0.838	0.915	0.838	0.704	0.715	0.637	0.805
SegDiff [15]	0.894	0.881	0.703	0.654	0.852	0.702	0.874	0.819	0.715	0.724	0.694	0.774
MedsegDiff [16]	0.969	0.930	0.822	0.817	0.970	0.919	0.912	0.859	0.831	0.813	0.791	0.875
Diff-UNet [17]	0.973	0.942	0.812	0.815	0.973	0.924	0.907	0.868	0.825	0.788	0.779	0.873
Ours*	0.972	0.942	0.903	0.847	0.972	0.924	0.945	0.874	0.867	0.880	0.842	0.906

- Our model (DTS), which demonstrates good segmentation performance for small organs (e.g. gall bladder, esophagus)

Tumor, Lesion segmentation(MRI, Skin image)

Method	BraTs						ISIC	
	WT		TC		ET		Average	
	Dice↑	HD↓	Dice↑	HD↓	Dice↑	HD↓	Dice↑	HD↓
TransUNet [10]	78.95	5.87	81.60	5.05	76.15	5.91	78.90	5.87
UNETR [12]	89.49	2.71	85.12	3.96	79.12	5.81	84.57	4.13
SwinUNETR [13]	90.04	2.41	85.19	3.94	80.01	5.69	85.09	3.97
SegDiff [15]	80.51	5.23	82.32	4.83	73.24	6.84	78.69	5.87
MedsegDiff [16]	89.49	2.71	85.12	3.96	79.12	5.81	84.57	4.13
Diff-UNet [17]	88.23	2.94	86.94	3.40	79.87	5.79	85.01	4.01
Ours*	89.63	2.57	88.02	3.07	81.11	5.12	86.25	3.62

Acknowledgements

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