

A NOVEL MULTI-FOCUS FUSION NETWORK FOR RETINAL MICROSURGERY

Xinyi Zhou¹, Louying Hao¹, Qiushi Nie¹, Yingquan Zhou¹, Lihui Wang², Yan Hu^{1,*}, Jiang Liu¹

¹ Department of Computer Science and Engineering,
Southern University of Science and Technology, Shenzhen 518055, China
²Institute of Semiconductors,
Guangdong Academy of Sciences, Guangzhou, Guangdong 510650, China

ABSTRACT

Retinal microsurgery requires high precision. Due to the limited depth of field (DOF) of the ophthalmic microscope and eyeball's spherical construction, doctors observe the retina with partially in focus and partly out of focus. To solve this problem, we propose a deep-learning-based multi-focus fusion model to reconstruct an all-in-focus image. A focus measure block (FMB) is proposed to obtain the focus area in an image, and a fusion network (FN) is adopted to fuse the selected focus areas to produce the all-in-focus image. Considering the characteristics of retinal images, we propose to adopt two new losses to constrain our network. Based on our in-house dataset, extensive experiments prove the effectiveness of our algorithm.

Index Terms— Retinal microsurgery, depth of field, fusion, deep-learning, focus measure

1. INTRODUCTION

The retina is a layer of tissue in the back of the eyeball with only about 300-micrometer thickness. Retinal microsurgery is widely adopted for retinal diseases, such as macular holes, retinal detachment, branch/central retinal vein occlusion, and so on. Such operation requires extremely high precision. For example, in the treatment for central retinal vein occlusion named endovascular microsurgery, surgeons perform cannulation of retinal vessels with an injection of tissue plasminogen activator [1] as shown in Fig.1. Clear images captured by ophthalmic microscopes are fundamental for high-precision surgery. However, due to the limited DOF of the high magnification microscope camera and the eye's spherical construction, images are captured partially out of focus. It is difficult to locate the exact vessel position to inject and supervise the blood flow with a clear vision, but the defocused areas make it even harder. In this paper, we propose to adopt multi-focus image fusion [2] to solve this problem. It aims to combine the focus parts from multiple regional out-of-focus image stacks into one all-in-focus image. With surgical videos where the

multi-focus image stack can be obtained, a sharp and clear image can be reconstructed to assist ophthalmic surgeons.

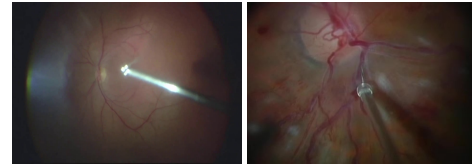


Fig. 1. Ophthalmic surgical microscope images in vitrectomy surgery and retinal endovascular surgery.

Multiple approaches have emerged to solve the multi-focus image fusion problem [2, 3]. Transform domain-based solutions as [4, 5] first convert the source images into the transform domain, in which operations based on predefined fusion rules can be applied. The results are then inversely converted back to the original domain. The conversion between the two domains makes this kind of solution time-consuming. Pixel-based methods [6, 7, 8], as the most representative methods of spatial domain-based multi-focus image fusion solutions, utilize spatial features of the source image to generate a weight map and calculate each pixel value of the fused image as the weighted average of all source images. But the above traditional approaches fail to address the problem of the boundary region between the in-focus region and the out-of-focus region, restricting their performance.

Deep learning-based solutions [9, 10, 11] also emerged, which are mainly designed for public datasets capturing natural scenes, with limited works aiming at medical image fusion [12, 13]. U-Net is a frequently applied deep-learning-based neural network model for its high performance on biomedical image segmentation. Nevertheless, U-Net-based models still suffer from their limited contextual information extraction ability and generate more blurred details than traditional methods as discussed in [12]. Therefore, we propose a novel fusion model for ophthalmic surgical microscope multi-focus image fusion.

The major contributions of our proposed algorithm are listed as follows:

* Correspondence: huy3@sustech.edu.cn

directly select the maximums of the feature maps is inspired by traditional pixel-based fusion methods. After selection and fusion, the feature maps are sent into nine blocks of the third kind for optimization and refinement. At last, a layer of CNN is implemented to generate the final RGB all-in-focus image result based on previously extracted features.

2.3. Loss Function

Generally, to optimize the multi-focus fusion network, the loss function adopts L_1 loss (L_{aif}) and perceptual loss ($L_{perceptual}$) instead of the common MSE loss so as to avoid the boundary smoothing effect of L_2 -norm [10], as shown in Eqs.3 and Eqs.4:

$$L_{aif} = \frac{1}{3H_gW_g} \|I_g - I_{pred1}\|_1 \quad (3)$$

$$L_{perceptual} = \frac{1}{C_pH_pW_p} \|I_g - f_p\|_2^2 \quad (4)$$

where I_g , I_{pred1} and f_p represent the ground-truth image, the predicted image and the feature map produced by pretrained CNN model acting as the feature extractor in calculating perceptual loss. H_g and W_g denote the height and width of the ground truth image. C_p , H_p and W_p denote the channel number, height and width of feature map f_p .

But for retinal images, the vascular details are vital for surgery. A clear display of vascular details on the fundus has a significant impact on the visual effect of the generated all-in-focus image. Inspired by [9] and [16], to improve our model's capability to maintain texture details such as the blood vessels and recover a sharp edge between in-focus pixels and out-of-focus pixels, we introduce an edge loss into the loss function. The edge information of the real image setting is extracted from ground-truth images by Canny edge detectors for its superior performance [17]. The edge loss is defined as Eqs.5:

$$L_{edge} = \frac{1}{H_{edge}W_{edge}} \|E_g - E_{pred}\|_1 \quad (5)$$

where E_g and E_{pred} represent the edge map of ground-truth image and predicted image, H_{edge} and W_{edge} represent the height and width of the edge map.

Meanwhile, inspired by [18], the identity loss encourages the network to learn identical color mapping by forcing the model to generate the same image of the target domain. Thus, it is adopted to solve the problem that the output images have a slightly different color tone compared to the ground-truth images and the original image stacks. The identity loss is defined as:

$$L_{identity} = \frac{1}{H_gW_g} \|I_g - I_{pred2}\|_1 \quad (6)$$

where I_{pred2} indicates the predicted image used to compute $L_{identity}$.

Finally, the overall loss function of our network is defined as follows:

$$L = L_{aif} + L_{perceptual} + L_{edge} + L_{identity} \quad (7)$$

3. EXPERIMENTS AND RESULTS

3.1. Dataset

To solve the in-focus and defocus problem, we collected a dataset containing 3718 microscope fundus images with a fake eye model. The microscope is an EDER Surgical Microscope SM2000J with a resolution of 1920x1080. Six image stacks are collected under commonly used magnifications of 10, 16, and 20 respectively in different numbers of images according to different DOF. The DOF under different magnification is measured using a DOF 5-15 Depth of Field Target from Edmund Optics. The DOF for magnification 10, 16, 20 are 1.5mm, 0.87mm, and 0.56mm, respectively.

Five image stacks of each magnification class are for training and another stack for testing. The images are rescaled to 256x256. Due to the specialty of microscopic images, there are neither instruments to capture real all-in-focus ground-truth images nor methods to make a synthetic dataset. Inspired by [12], a well-performed traditional fusion algorithm [7] is adopted to generate ground-truth all-in-focus images.

3.2. Implementation Details

In the FMB, the focus measure of each channel is calculated with a 3x3 sliding window size and a threshold value of 7. We implemented the algorithm by PyTorch with Adam optimization algorithm and a learning rate of 0.0001. The model is trained with 1000 epochs. The Canny edge detector is applied with zero low threshold and high threshold. The Structural Similarity (SSIM) and Peak Signal-to-Noise Ratio (PSNR) are adopted as our evaluation metrics.

3.3. Ablation Study

In this paper, we proposed the focus measure block (FMB) and loss function based on the fusion network (FN). Thus, FN is considered the baseline. To prove the effectivity of our FMB, which calculates focus measure for each channel (named as FMB3), we also gave out the experiment results of focus measure block for the gray channel of images, short as FMB1. As shown in Table 1, the contrast of FMB1 and FMB3 experiments shows that utilizing all three channel to calculate focus measure map has significant improvements on performance. Adding edge loss and identity loss also improves the model's performance. Our proposed algorithm, combining FN, FMB3 and two losses, gives the best SSIM and PSNR.

3.4. Comparison Experiments

We compared our method with Wang [8], ASR [4], CBF [6], IFCNN [10], U2Fusion [11] and AiFNet [16] on the dataset. The evaluation metrics are shown in Table.2 indicating that our proposed method outperforms other networks.

Qualitative results are shown in Fig.3. There are two sets

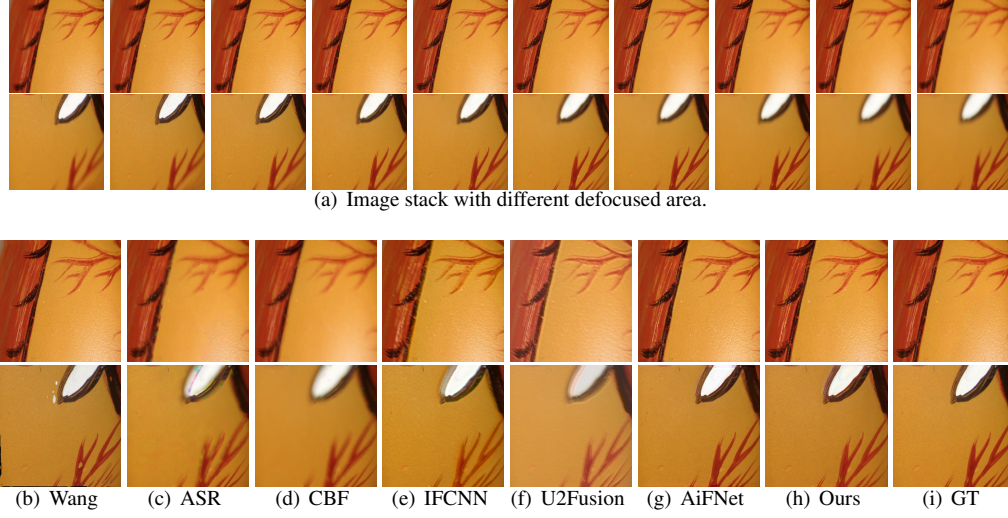


Fig. 3. Qualitative comparison of our method with 7 methods and ground truths (GT) on the fake fungus image dataset.

Table 1. Ablation Study

Models	SSIM	PSNR
FN	0.8942	30.64
FN+FMB1	0.8860	29.86
FN+FMB3	0.9071	30.80
FN+FMB3+Edge loss	0.9079	<u>31.30</u>
FN+FMB3+Identity loss	0.9193	30.82
Ours	0.9230	32.10

of image stack in Fig.3(a), capturing retinal blood vessels, optic nerves and the edge of fundus. Images generated by ASR[4], CBF[6], IFCNN[10] and U2Fusion[11] suffer from blurring effect to some extent while Wang [8] has a problem of pixel mismatching. Therefore, both the qualitative and quantitative results prove the effectiveness of our proposed method.

Table 2. Comparison experiments metrics results.

Models	Wang	ASR	CBF	IFCNN	U2Fusion	AiFNet	Ours
PSNR	25.04	29.26	26.43	29.35	25.64	31.91	32.10
SSIM	0.6782	0.8054	0.7180	0.8583	0.7620	0.9054	0.9230

3.5. Fusion Application

It is difficult to get a panoramic view of the fundus through microscope imaging due to the curvature of the eyeball. With partially blurred images, image stitching algorithms also have limited power to generate satisfactory results. However, the stitching outputs such as Fig.4 are more satisfying when we can get panoramas with image stitching code¹ and the all-in-

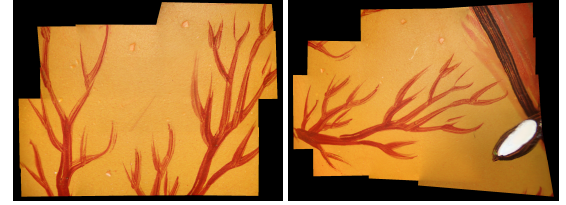


Fig. 4. Panorama image results stitched from generated all-in-focus images.

focus images generated by our model.

4. CONCLUSIONS

In this paper, we proposed a multi-focus image fusion model to generate all-in-focus images for ophthalmic microsurgery, which provides the surgeons with a clear view of target tissues. A focus measure block was proposed to obtain the focus areas, and then a fusion network fused them to produce all-in-focus images. Evaluated on our collected database, the ablation and comparison experiments proved the effectiveness of the proposed modules and loss function. In the future, we would like to extend our algorithm to achieve advanced performance on real optic microsurgery images and videos.

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¹https://github.com/yrlu/image_mosaic_stitching

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