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Diabetic Foot Ulcer Detection Using YOLOv8

Ashwija A Rao¹, Sriram V², Vijay Chethan³, Ankith K Ullal⁴, Shwetha S Shetty⁵

Student, Dept. of CSE (Data Science), Sahyadri College of Engineering & Management, Mangaluru, India¹⁻⁴

Asst. Professor, Dept. of ISE, Sahyadri College of Engineering & Management, Mangaluru, India⁵

Abstract: The research focuses on diabetic foot ulcers (DFUs), a critical complication of diabetes, and proposes an innovative approach using deep learning techniques for detection. The system maps the localized ulcers onto a foot sole blueprint, enabling the creation of custom shoes for preventive measures. By integrating data collection, model inference, and a user-friendly web interface, the system aims to revolutionize DFU management, potentially reducing severe effects and enhancing patient care. The methodology involves a comprehensive dataset, training of the YOLOv8 model, and a user interface for personalized ulcer detection. The research aims to improve patient outcomes and alleviate healthcare system burdens by enhancing DFU management through advanced technology and personalized care.

Keywords: Diabetic foot ulcer, YOLOv8, Machine learning, Detection

I. INTRODUCTION

Diabetic foot ulcer (DFU) is a serious complication of diabetes mellitus characterized by open sores or wounds on the feet. It occurs due to several factors associated with diabetes, including neuropathy (nerve damage), poor circulation, and impaired immune function. These factors can lead to reduced sensation in the feet, making individuals with diabetes more prone to injuries that can go unnoticed and untreated, eventually developing into ulcers. DFUs pose a significant health concern globally, often leading to severe infections, gangrene, and even amputation if not promptly and properly managed. Individuals with diabetes are at a substantially higher risk of developing foot ulcers compared to those without the condition. Proper foot care, regular monitoring, and timely intervention are crucial in preventing and managing DFUs.

According to recent statistics, India has witnessed a significant rise in diabetes cases in recent years, largely attributed to lifestyle changes, urbanization, and genetic predisposition. As of the latest data, India ranks among the top countries with the highest number of diabetic individuals worldwide. It is estimated that over 77 million adults in India are affected by diabetes, making it a major public health concern. The prevalence of diabetes continues to escalate, placing a substantial burden on healthcare systems and resources. According to the International Diabetes Federation (IDF), approximately 537 million adults aged 20-79 were living with diabetes worldwide in 2021, and this number is expected to rise to 643 million by 2030 if current trends persist [1]. Globally, it's estimated that around 15% of people with diabetes will develop a foot ulcer at some point in their lives. Furthermore, DFUs contribute significantly to diabetes related morbidity and mortality rates worldwide, making them a critical public health concern. The prevalence of diabetes is increasing in both developed and developing countries, posing significant challenges to healthcare systems and economies worldwide.\

By implementing comprehensive foot care protocols and providing access to specialized diabetic foot care clinics and trained healthcare professionals, the burden of DFUs can be significantly reduced. Detection and treatment of DFUs [2] not only improve the quality of life for individuals with diabetes but also contribute to cost savings by reducing the need for hospitalizations, surgeries, and long-term care associated with advanced diabetic foot complications. Moreover, raising awareness about the importance of foot care among patients, caregivers, and healthcare providers can lead to better adherence to preventive measures and early intervention, ultimately lowering the incidence of DFUs and their associated morbidity and mortality rates.

II. PROPOSED METHODOLOGY

In delineating our methodology, we adopt a systematic approach to assemble a comprehensive dataset comprising highresolution images portraying various podiatric conditions observed in diabetic patients. This dataset is meticulously curated to encompass a wide spectrum of ulcer shapes, diverse patient demographics, and varying image qualities, establishing a fundamental cornerstone for subsequent analytical endeavors. Our optimization process commences with meticulous preprocessing steps, wherein we employ detailed techniques such as noise reduction, scaling, and normalization to ensure uniform image quality across the dataset. By standardizing resolution and enhancing image clarity, these preprocessing steps lay a robust foundation for the subsequent feature extraction phase [3].



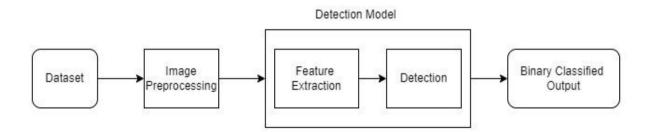
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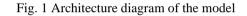
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Feature extraction constitutes a key stage in our methodology, facilitated by the utilization of the YOLOv8 (You Only Look Once) [4] model fine-tuned on an existing architecture. This strategic integration enables the identification of crucial features associated with diabetic foot ulcers, thereby establishing a solid groundwork for further analysis. At the heart of our methodology lies the development of a specialized YOLOv8 model tailored specifically for ulcer detection [5].

Through rigorous training on the carefully gathered dataset, this model can discern intricate patterns indicative of ulcer presence, employing advanced optimization techniques to refine its understanding. The detection process, characterized by a straightforward classification task, adeptly distinguishes between the presence and absence of ulcers in input images, thereby facilitating accurate diagnosis and proactive management of diabetic foot ulcers. The architecture diagram of the model is shown in Fig. 1.





III. RESULT

With our approach, we've made significant strides in diagnosing and treating DFUs. Through accurate training on diverse datasets, our specially designed YOLOv8 model showcases excellent accuracy in identifying DFUs from images. This precision enables swift patient diagnosis, facilitating prompt intervention and proactive care to prevent complications such as infections and amputations. Additionally, the straightforward categorization task of the detection process simplifies early ulcer identification, enhancing patient care outcomes. Healthcare professionals can immediately initiate appropriate treatment plans, monitor ulcer progression, and tailor interventions to individual patient needs.

This work streamlines the diagnosis process by automating ulcer detection in images, alleviating the workload of medical professionals and allowing them to focus on delivering personalized treatment. The developed model and meticulously chosen dataset lay a robust foundation for further research into DFU identification and management. Researchers can expand upon this methodology to explore other factors contributing to ulcer formation, refine detection algorithms, localize ulcers more accurately, and develop novel therapies. Overall, our approach advances DFU management, improving patient outcomes, and fostering new avenues for study and innovation in the field.

In Fig.2, the detailed output of the YOLOv8 model is showcased, tracing foot ulcers with remarkable precision. The result of a rigorous training process, this YOLOv8 architecture has been fine-tuned on a batch from the validation set, ensuring optimal performance. Each ulcer is localized with high confidence, evidenced by the distinct bounding boxes that encapsulate their contours.

The model's ability to detect these ulcers within the complex context of human foot anatomy underscores its robustness and efficacy in medical image analysis. This technical achievement not only highlights the capabilities of modern deeplearning architectures but also holds promising implications for the automation and augmentation of clinical diagnostic processes, particularly in the realm of diabetic foot ulcer detection and management.

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Fig. 2 Detection of ulcer in the feet of the patient

In Fig.3, the depicted confusion matrix offers a comprehensive overview of the performance of our YOLOv8 model, trained to classify images into two distinct categories: "ulcer" and "not ulcer." With an accompanying accuracy score of 0.5, the matrix reveals a balanced distribution of true positive and true negative classifications alongside false positives and false negatives. This symmetric pattern suggests an equal likelihood of correctly identifying ulcers and correctly discerning non-ulcerous regions, albeit with considerable misclassifications in both categories. Such results imply a model that demonstrates a degree of predictive capability, yet falls short of achieving robust discrimination between ulcers and non-ulcerous regions. Further refinement and optimization efforts may be warranted to enhance the model's performance and reliability in clinical settings.

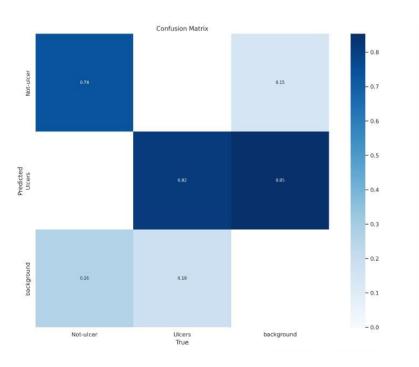


Fig. 3 Confusion Matrix of the Model



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IV. CONCLUSION AND FUTURE WORK

Our work marks a significant leap forward in the realm of diagnosing and treating DFUs. Using a specially crafted YOLOv8 model trained on diverse datasets, we have achieved remarkable accuracy in identifying DFUs from images. This breakthrough enables prompt intervention and proactive care, which is crucial in preventing severe complications such as infections and amputations. The automation of ulcer detection streamlines the diagnosis process, alleviating the burden on healthcare professionals and facilitating personalized treatment delivery for patients.

Looking towards the future, there are several promising avenues for further research and development in the field of DFU management. One key area of focus is the continuous refinement of detection algorithms to enhance both accuracy and efficiency in identifying DFUs. This ongoing improvement can lead to even better patient outcomes and simplified healthcare processes. Additionally, delving deeper into the various factors contributing to ulcer formation and progression can offer valuable insights for developing more targeted interventions. Understanding the complexities of DFUs can pave the way for more effective treatment strategies tailored to individual patient needs. Efforts to enhance the localization of ulcers within images can significantly improve diagnostic precision, aiding in more accurate and timely interventions. The development of novel therapies for DFU management remains a critical frontier for exploration. By expanding upon existing methodologies and datasets, researchers can innovate new treatment modalities that address the specific challenges faced by DFU patients. This dedication to advancement in DFU management sets the stage for improved patient outcomes and enhanced quality of life.

This approach establishes a solid foundation for ongoing progress in the field of DFU management. Through continued research and innovation, we aim to deepen our understanding and refine our treatment strategies for this complex condition. By leveraging cutting-edge technology and a multidisciplinary approach, we are poised to make significant strides in improving the lives of DFU patients and reducing the burden of this challenging condition on healthcare systems worldwide.

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