Special Section on Biomedical Image Representation

Sunanda Mitra
Department of Electrical Engineering
Texas Tech University
Lubbock, Texas 79409-3102
E-mail: smitra@coe.ttu.edu

Murray H. Loew
Department of Electrical Engineering
and Computer Science
George Washington University
Washington, DC 20052
E-mail: loew@seas.gwu.edu

This special section of the Journal of Electronic Imaging is devoted to the general topic of biomedical image representation. Biomedical image representation covers applications of image acquisition, processing, and analysis techniques specially suited for medical images and includes a wide field of well established as well as emerging techniques in imaging.

The nine papers published in this section represent only a few of the current issues involved with digital medical image acquisition, segmentation/detection of contour, compression, 3D visualization, and interpretation of specific medical data screening. Due to limited time, we could not include many other interesting topics in this area for this special section.

Digital imaging allows a convenient way to enhance/restore images prior to display while also providing efficient archiving and transmission capabilities. In the first paper of this section, Aach, Schiebel, and Spekowius review the current status of digital x-ray imaging in medicine, present the concept of a unified radiography/fluoroscopy solid state detector, and suggest an algorithm for reduction of noise in images acquired with low x-ray dose.

Due to the advantages of a digital image environment in representing, processing, archiving and transmission of medical information, digital medical images are becoming the preferred modality over analog images. However, huge volumes of medical image data necessitate the use of low bit rate data representation without perceived loss of image quality. Despite the legal issues involved in medical image compression, a multi-resolution coding and progressive transmission scheme is likely to be adapted in the future in teleangiography since initial low resolution images can provide useful information by fast transmission while the completely lossless images can be reconstructed in time. Such a progressive transmission model for radiographic images using a high fidelity wavelet based adaptive vector quantization is discussed by Mitra and Yang.

Quantitative analysis of medical images requires the development of optimal segmentation models. The paper by Preteux et al. presents a new approach to brochi segmentation in high resolution computerized tomography based on model based morphological filtering. An automated segmentation scheme for lung contour detection in chest radiographs using simplified convolutional neural networks has been discussed by Tsuji, Freedman and Mun. Brejel and Sonka address the general problem of medical image segmentation and suggest an automated design of optimal border detection for the development of general multi-purpose image segmentation systems from optimization criteria based on feature exemplars for training embedded neural networks in the system architecture.

Morphological granulometric features are used for unsupervised segmentation of digital mammograms by Baeg et al. for discriminating textural changes while wavelet and statistical features are used by Yu, Guan, and Brown for a supervised neural network classifier for automated detection of microcalcification clusters in digitized mammograms. Due to the large number of patients encountered in mammogram screening programs, an automated detection system is essential: however, effective feature selection is crucial in developing such a system. Dwyer et al. review a number of models for mammography screening for evaluating screening and diagnosis protocols to optimize digital image data management systems.

3D visualization of stereo fundus images provides useful diagnostic information in early detection of glaucoma. Ramirez, Mitra, and Morales present a passive stereo vision model for representing the 3D topography of the optic nerve head using a depth-from-stereo algorithm based on disparity detection by a cepstrum matching procedure. The algorithm uses a coarse to fine strategy for refining the disparity map. Finally, a cubic B-spline interpolation scheme is used to obtain a smoother representation of the optic nerve head deformation due to glaucoma.

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Sunanda Mitra received her PhD in physics from Marburg University in Germany in 1966. She is currently a professor in the Department of Electrical Engineering at Texas Tech University and directs the Computer Vision and Image Analysis Laboratory. She is also an adjunct professor of radiology at the Texas Tech University Health Sciences Center. She is a senior member of the IEEE and a member of the SPIE. She is an associate editor of the Journal of Electronic Imaging and a member of the Board of Scientific counselors of the National Library of Medicine at NIH. She has authored/co-authored over 100 scientific articles.

Murray H. Loew received the PhD in electrical engineering from Purdue University in 1972, then spent six years in industry. After that, he joined the Department of Electrical Engineering and Computer Science at George Washington University, Washington, DC, where he is now professor and chair. He has developed a research program in medical image processing, pattern recognition, and signal analysis. Recent projects have included: development of new techniques for multimodality medical image registration; new-class discovery techniques, and classifier-independent feature-selection methods, in pattern recognition; fractal measures for MR breast image boundaries in computer-aided diagnosis; and in imaging, the use of high-level, physics-based methods for image characterization and feature extraction and the development of procedures for evaluating lossy image compression schemes quantitatively, according to their effect on human performance of various tasks.