CONTEXT BASED IMAGE PROCESSING USING MACHINE LEARNING APPROACHES

ANUSHA PATIBANDLA Student, M.Tech (CSE), VIKAS COLLEGE OF ENGINEERING & TECHNOLOGY, A.P., India.

Mr. M. ASHOK KUMAR Associate Professor & HOD, Dept. of Computer Science & Engineering, VIKAS COLLEGE OF ENGINEERING & TECHNOLOGY, A.P., India. ABSTRACT:

IN THIS PAPER, aimed to briefly review the general characteristics of the novel coronavirus (SARS-CoV-2) and provide a better understanding of the coronavirus disease (COVID-19) in people with diabetes, and its management. In this project we are using COVID-19 dataset to train machine learning algorithms and then predict whether person has type diabetes and if type 2diabetes detected in person test record then he will be more vulnerable to COVID-19 disease, heart or kidney disease. To implement this project we build two machine learning model where first model detect person has diabetes or not and if diabetes detected then application will use his CT SCAN LUNG images to detect COVID or other diseases. The proposed learning method has enabled users to improve their search results based on the performance of CBIR system.

KEYWORDS: diabetes, COVID-19, SARS-CoV

1] INTRODUCTION:

Diabetes is one of the leading causes of morbidity and mortality throughout the world. The condition is associated with several macrovascular and microvascular complications, that ultimately impact the overall patient's survival. A relationship between diabetes and infection has long been clinically recognized. Infections, particularly influenza and pneumonia, are often common and more serious in older people with type 2 diabetes mellitus (T2DM). Nevertheless, the evidence remains controversial regarding whether diabetes itself indeed increases susceptibility and impacts outcomes from infections, or the cardiovascular and renal comorbidities that are

ISSN: 2278-4632 Vol-11 Issue-01 2021

frequently associated with diabetes are the main factors involved.

Diabetes and uncontrolled glycaemia were reported as significant predictors of severity and deaths in patients infected with different viruses, including the 2009 pandemic influenza A (H1N1), SARS-CoV and MERS-CoV. In the current SARS-CoV-2 pandemic, some studies did not find a clear association between diabetes and severe disease. However, other reports from China and Italy showed that older patients with chronic diseases, including diabetes, were at higher risk for severe COVID-19 and mortality.

Scarce data exist regarding glucose metabolism and development of acute complications of diabetes (e.g., ketoacidosis) in patients with COVID-19. Infection of SARS-CoV-2 in those with diabetes possibly triggers higher stress conditions, with greater release of hyperglycemic hormones, e.g., glucocorticoids and catecholamines, leading to increased blood glucose levels and abnormal glucose variability. On the other hand, a retrospective study from Wuhan reported that around 10% of the patients with T2DM and COVID-19 suffered at least one hypoglycemia (<3.9 mmol/L). episode of Hypoglycemia has been shown to mobilize proinflammatory monocytes and increase platelet reactivity, contributing to a higher cardiovascular mortality in patients with diabetes. Yet it remains largely unknown how exactly the inflammatory and immune response occurs in these patients, as well as whether hyper- or hypoglycemia may alter the SARS-CoV-2 virulence, or the virus itself interferes with insulin secretion or glycemic control. Furthermore, the impact of usual diabetes drug treatment on COVID-19 outcomes, as well as therapeutic approaches for COVID-19 on glucose regulation remains unspecified.

2] LITERATURE SURVEY:

Aspects of SARS-CoV-2 pathogenesis and potential implications for clinical management of patients with COVID-19 and diabetes

Patients with COVID-19 commonly show on admission lymphocytopenia, and to a lesser extent thrombocytopenia and leukopenia, which are more prominent among those with severe disease. Further, elevated levels of proinflammatory cytokines, including interleukin-6 (IL-6) and C-reactive protein, as well as increased coagulation activity, marked by higher d-dimer concentrations, were also associated with severity. In T2DM, besides the marked inflammatory process previously discussed, an imbalance between coagulation and fibrinolysis takes place, with increased levels of clotting factors and relative inhibition of the fibrinolytic system. Both insulin resistance and T2DM are associated with endothelial dysfunction, and enhanced platelet aggregation and activation.

These abnormalities favor the development of a hypercoagulable pro-thrombotic state. Additionally, atherosclerosis, vascular inflammation and endothelial dysfunction are also part of the pathogenesis of other chronic conditions, e.g., hypertension and CVDs. Animal studies involving SARS-CoV reported that older age was related to defects in T-cell and B-cell function and excess inflammation markers. Thus, T2DM alone or in association with older age, hypertension and/or CVDs might contribute to a deficient control of SARS-CoV-2 replication and more prolonged proinflammatory response, potentially leading to poor outcomes.

3] PROBLEM DEFINITION:

Capturing context for supporting a particular scenario depends on various constructs like data history, imperfections, timeliness, dependencies and relationships among contextual facts. Context refers to any piece of information that can characterize any situation of an entity. The entity refers to any person, place or object. This property of characterizing any entity plays a significant role in context- aware applications, such as image retrieval based on contextual biomedical inputs, video surveillance. applications such as repairing lost cognition, creation of ensemble classifier.

4] PROPOSED APPROACH:

ISSN: 2278-4632 Vol-11 Issue-01 2021

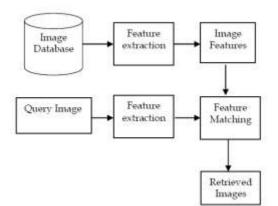
This proposal statement focuses on an application that can be patient under observation, who is suffering from heart stroke, kidney, or any disease attacks, diabetics etc.

According to **WHO** out of 10 members 6 members are suffering with Diabetes. Diabetes causes comorbidites suggest Atherosclerosis, partial blindness, myocardial infarction (**MI**), hypertension etc..

Diabetes is a disease that occurs when the blood glucose level becomes high, which ultimately leads to other health problems such as heart diseases, kidney disease, retinopathy, etc. Diabetes is caused mainly due to the consumption of highly processed food, bad consumption habits, etc.

Patients with complications like nephropathy, retinopathy, cardiovascular and other endocrinal disorders and patients already on antioxidant supplementation or on antiresorptive therapy were excluded from the study.

5] ARCHITECTURE:



7] PROPOSED METHODOLOGY:

Dataset

The dataset contains the information about patients. This dataset is given by doctors. By using this dataset we predict the diabetes and covid diseases.

Upload Covid & Diabetes Dataset:

In this module User can upload the dataset. The dataset contains the information about covid patients. This dataset is given by doctor, we can used this dataset to train and predict diabetes and covid diseases.

Build context based image diabetes model:

After uploading the dataset the dataset is loaded, after loading successful we generate build context based image diabetes model to build machine learning model, after that it shows the accuracy results.

Upload Test data and predict disease:

Upload the Dataset file and then click on 'Open' button to load that dataset data and this dataset data contains patients records and we will get the prediction for all patients.

DEEP LEARNING ALGORITHMS:

Convolution Neural Networks (CNN) and Support vector machine (SVM)

CNN: A Convolutional Neural Network (ConvNet/**CNN**) is a **Deep Learning algorithm** which can take in an input image, assign importance (learnable weights and biases) to various aspects/objects in the image and be able to differentiate one from the other.

SVM: SVM is a supervised machine learning algorithm which can be used for classification or regression problems. It uses a technique called the kernel trick to transform your data and then based on these transformations it finds an optimal boundary between the possible outputs.

Step 1: There are number of images present in image database and first step is to extract the features from images present in database.

Step 2: The performance of Context Based Image Processing Using Machine Learning Approaches is depend on shape, texture and color or other features of image. For this feature extraction CNN algorithm is used.

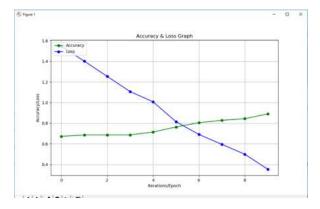
ISSN: 2278-4632 Vol-11 Issue-01 2021

Step 3: The shape, texture and color information low level features of images are extracted. And in feature database these features are stored as feature vector.

Step 4: A query image is enters into the system. After extraction of query image features a feature vector is generated which is further compared with all vector stored in database.

Step 5: In high dimensional feature space firstly the image data is represented in terms of features and then images similarity is stored in the database which is further compared with query image. For the comparison of image features and query features SVM algorithm is used.

8] RESULTS:



In above graph x-axis represents epoch/iterations and y-axis represents accuracy and loss values. In above graph green line represents accuracy and blue line represents loss and in above graph we can see with each further iteration accuracy get increase and loss get decrease

9] CONCLUSION:

COVID-19 has rapidly spread since its initial identification in Wuhan and has shown a broad spectrum of severity. Early isolation, early diagnosis, and early management might collectively contribute to a better control of the disease and outcome. Diabetes and other comorbidities are significant predictors of morbidity and mortality in patients with COVID-19. Future research is urgently needed to provide a better understanding regarding potential differences in genetic predispositions populations. underlying across pathophysiological mechanisms of the association between COVID-19 and diabetes, and its clinical management

11] REFERENCES:

1. Huang C., Wang Y., Li X., Ren L., Zhao J., Hu Y. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020;395(10223):497–506. doi: 10.1016/S0140-6736(20)30183-5. Epub 2020/01/28. PubMed PMID: 31986264. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

2. Song Z., Xu Y., Bao L., Zhang L., Yu P., QuY. From SARS to MERS, thrusting

coronavirusesintothespotlight. Viruses. 2019;11(1)doi:10.3390/v11010059. Epub2019/01/17. Epub2019/01/17PubMed PMID:30646565; PubMedCentral PMCID:PMCPMC6357155. [PMC freearticle][PubMed][CrossRef][Google Scholar]

3. World Health Organization. Naming the coronavirus disease (COVID-19) and the virus that causes it 2020 [31/03/2020]. Available from: https://www.who.int/emergencies/disease s/novel-coronavirus-2019/technical-

guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it.

4. Ceccarelli M., Berretta M., Venanzi Rullo E., Nunnari G., Cacopardo B. Differences and similarities between Severe Acute Respiratory Syndrome (SARS)-CoronaVirus (CoV) and SARS-CoV-2. Would a rose by another name smell as sweet? Eur Rev Med Pharmacol Sci. 2020;24(5):2781–2783. doi:

10.26355/eurrev_202003_20551. Epub

2020/03/21. PubMed PMID: 32196628. [PubMed] [CrossRef] [Google Scholar]

5. World Health Organization. Rolling updates on coronavirus disease (COVID-19) 2020 [31/03/2020]. Available from: https://www.who.int/emergencies/disease s/novel-coronavirus-2019/events-as-theyhappen. 6. World Health Organization. Coronavirus disease (COVID-19) Pandemic 2020 [02/04/2020]. Available from: https://www.who.int/emergencies/disease s/novel-coronavirus-2019.

7. Guan W.J., Ni Z.Y., Hu Y., Liang W.H., Ou C.Q., He J.X. Clinical characteristics of coronavirus disease 2019 in China. N Engl J Med. 2020:1–13. Epub 2020/02/29. PubMed PMID: 32109013. [Google Scholar]

8. Lauer S.A., Grantz K.H., Bi Q., Jones F.K., Zheng Q., Meredith H.R. The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application. Ann Intern Med. 2020 doi: 10.7326/M20-0504. Epub 2020/03/10. PubMed PMID: 32150748; PubMed Central PMCID: PMCPMC7081172. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

9. Centers for Diasease Control and Prevention. Symptoms of Coronavirus 2020 [cited 31/03/2020]. Available from: https://www.cdc.gov/coronavirus/2019ncov/symptoms-testing/symptoms.html.

10. Jalava K. First respiratory transmitted food borne outbreak? Int J Hyg Environ Health. 2020;226 doi:

10.1016/j.ijheh.2020.113490. Epub2020/02/24PubMedPMID:32088598. [PMC freearticle] [PubMed] [CrossRef] [Google Scholar]

11. Guo Y.R., Cao Q.D., Hong Z.S., Tan Y.Y., Chen S.D., Jin H.J. The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak - an update on the status. Mil Med Res. 2020;7(1):11. doi: 10.1186/s40779-020-00240-0. Epub

2020/03/15.PubMedPMID:32169119;PubMedCentralPMCID:PMCPMC7068984.[PMCfreearticle][PubMed][CrossRef][Google Scholar]

12. Adhikari S.P., Meng S., Wu Y.J., Mao Y.P., Ye R.X., Wang Q.Z. Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review. Infect Dis Poverty. 2020;9(1):29. doi: 10.1186/s40249-020-00646-x. Epub

2020/03/19.PubMedPMID:32183901;PubMedCentralPMCID:PMCPMC7079521.[PMCfreearticle][PubMed][CrossRef][Google Scholar]

13. van Doremalen N., Bushmaker T., Morris
D.H., Holbrook M.G., Gamble A., Williamson
B.N. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. N Engl
J Med. 2020 doi:
10.1056/NEJMc2004973. Epub 2020/03/18
PubMed PMID: 32182409. [PMC free article] [PubMed] [CrossRef] [Google Scholar]

ISSN: 2278-4632 Vol-11 Issue-01 2021

14. World Health Organization. Modes of transmission of virus causing COVID-19: implications for IPC precaution recommendations 2020 [30/03/2020]. Available from: https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations.

15. Zou L., Ruan F., Huang M., Liang L., Huang H., Hong Z. SARS-CoV-2 viral load in upper respiratory specimens of infected patients. N Engl J Med. 2020;382(12):1177– 1179. doi: 10.1056/NEJMc2001737. Epub 2020/02/20. PubMed PMID: 32074444. [PMC free article] [PubMed] [CrossRef] [Google Scholar]