



INNERVE: AUTOMATIC DETECTION OF NERVE FIBERS IN SKIN BIOPSIES

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1 MOTIVATION

- Around 240 000 people suffer from **Small Fiber Neuropathies (SFNs)** in Europe.
- Patients suffering from SFNs experience sensitivity loss and neuropathic pains which ultimately lead to invalidity.
- The diagnosis consists in counting all the small fibers in skin biopsies taken on the patient. This task, done by high qualified medical professionals, is **painful, repetitive** and **time-consuming**.
- Consequently, SFNs are still **underdiagnosed**. Proposing tools to facilitate their detection is a major challenge.

2 OBJECTIVES

- Innerve aims at proposing a **computer-aided diagnosis solution for SFNs** by **automating the counting of nerve fibers in skin biopsies**.
- The solution integrates in the physicians' visualization software by displaying the detected fibers for human validation.
- Innerve evolves in a medical context such that **high and reliable results** are required.
- A **thorough analysis** of the model performances is done at each step of the process : epidermis segmentation, fiber detection, and result aggregation.

3 DATA

The input data are **3D immunofluorescent images** acquired from a slide scanner where 2 to 4 samples (from skin biopsies) have been placed on it, see Fig. 1. The image depth corresponds to the focus point of the scanner.

- A total of 86 annotated slides have been provided.
- Images have a very high resolution ($\sim 100\,000 \times 40\,000$ px).
- Images are anonymized with a controlled dedicated algorithm.
- We are interested in the fibers that cross the basal membrane.
 - A very localized and small region of the input slide.
 - Fibers are very small; we must keep the full resolution to detect them.

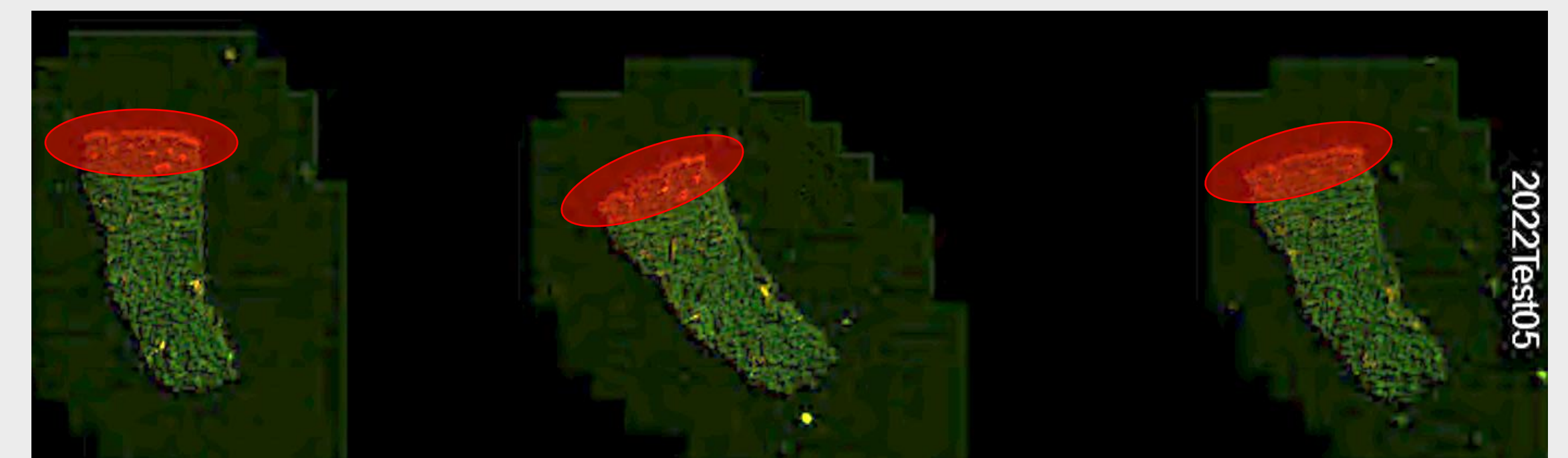


Fig. 1: Example of a scanned slide with 3 samples of skin biopsies. Red circles show the region of interest (i.e., where the crossing fibers are located). Only a small part of the input image is needed.

4 METHODOLOGY & RESULTS

DELINEATION OF THE EPIDERMAL REGION

The epidermal region is our **Region of Interest (ROI)** which it where the fibers are located. We use a DeepLabv3+ segmentation model to detect this part of the image, Fig. 2. Final model gives a **75% Dice Score (DSC)**

SMALL CROSSING FIBERS DETECTION

We use an EfficientDet-D4 object detection model (Fig. 3) trained on patches from the RoI. Qualitative Results are shown in Fig. 4. Final model gives: **AP all = 26% ; AP@50 = 60%**

AGGREGATION OF THE DETECTIONS

The detections should be aggregated through the patches. We use a clustering method based on the distance between the predictions, Fig. 5. **Precision: 72% and Recall: 72%**

PATENTED AI

The presented methodology for detecting crossing nerve fibers in large immunofluorescent images has been patented "procédé de détection automatisé d'un élément biologique dans un échantillon de tissu."

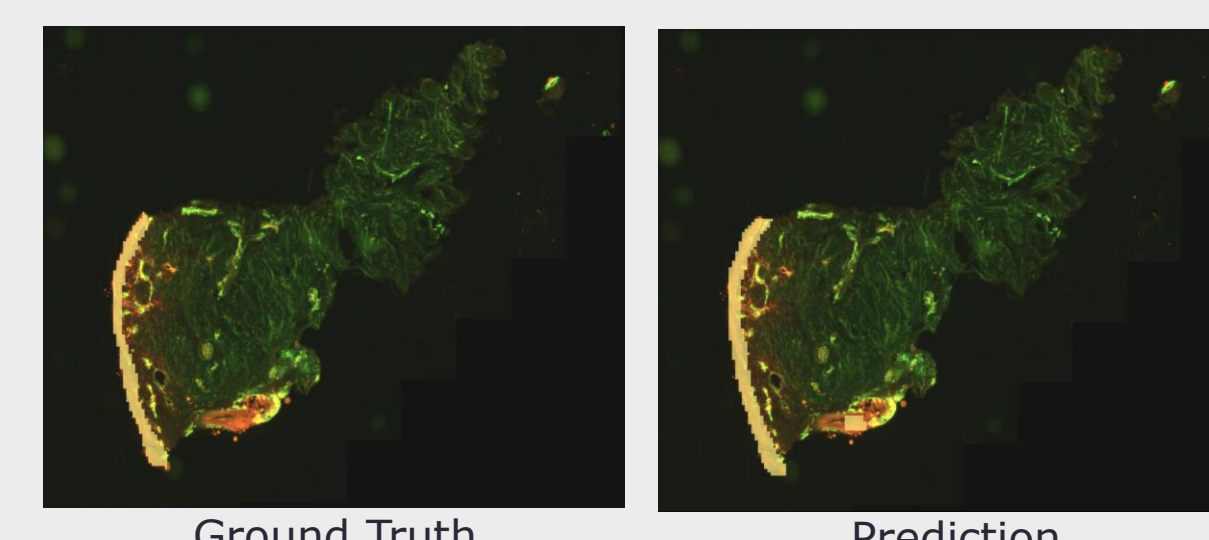


Fig. 2: Segmentation of the epidermis using a DeepLabv3+ [2]. At the left side the ground truth annotation and at the right side the model prediction

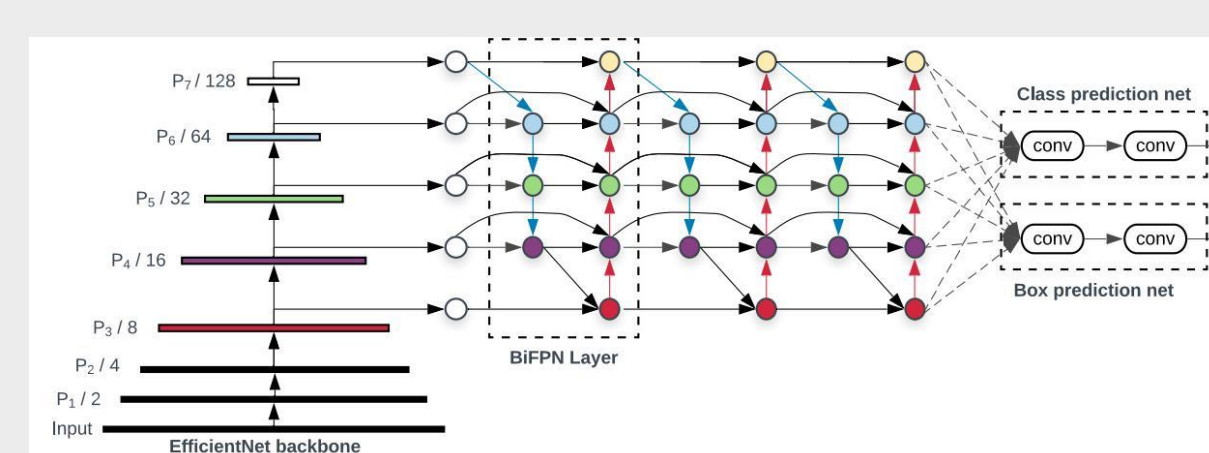


Fig. 3: We choose EfficientDet as our detection model because it gave the best results compared to other

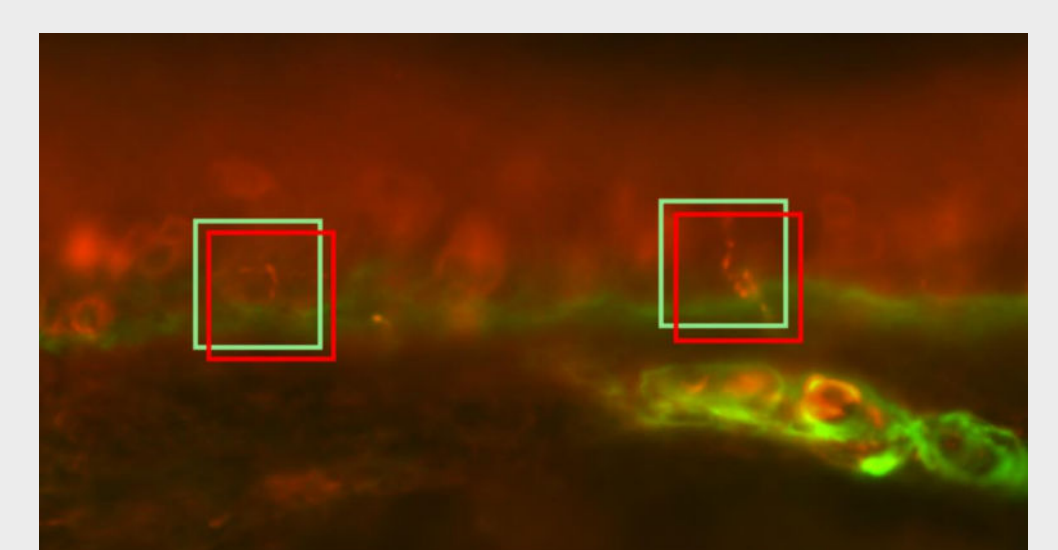


Fig. 4: Fiber detection result on a patch.

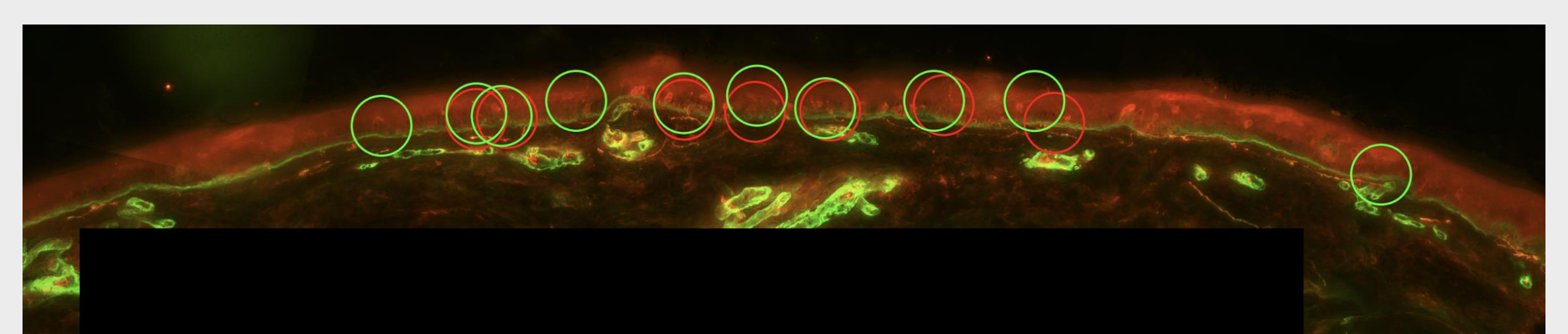


Fig. 5: Detections are aggregated to the slide level with a clustering method

5 CONCLUSION & PERSPECTIVES

CONCLUSION

- Innerve is an AI assisted tool for accelerating the diagnostic of Small Fiber Neuropathies.
- Innerve is an end-to-end solution to process very large medical images.
- Our method is multiple steps and rely on two deep neural networks:
 - A **segmentation model for the epidermis region**.
 - A **detection model for the crossing fibers** near the basal membrane.
- Innerve to be used in a clinical context: Ongoing throughout evaluation with medical professionals for validating that Innerve is as performant as a human annotator.
- Anonymous images made Open Source with **Health Data Hub** support.

FUTURE WORKS

- Fiber detection scores are uncalibrated: ongoing work focus on providing confidence levels on detections for more interpretable results. This problem is addressed in an ongoing PhD thesis.
- The current detection model (EfficientDet) gave the best results compared to other similar models. However, we could use the latest variants based on the recently emerging Transformers architectures.
- The upcoming deployment of Innerve in operational environment of the hospital and the consequent clinical trials with our tool will determine the future technical iterations of our algorithms.

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