

Automated Detection of New or Evolving Melanocytic Lesions Using a 3D Body Model

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Monitoring melanocytic lesions

•Malignant melanoma is an aggressive form of skin cancer; its incidence is rapidly increasing worldwide [2]



•Detecting *changes* in an existing lesion or the *appearance* of a new one is crucial for early diagnosis

Automated systems

•Manual comparison between images taken at different times is challenging and time-consuming



•Approaches in 2D cannot handle non-rigid changes in body shape and pose



References

- F. Bogo, J. Romero, M. Loper, M.J. Black, FAUST: Dataset and evaluation for 3D mesh registration. *CVPR* 2014.
- [2] E. Dunki-Jacobs, G. Callender, K. McMasters, Current management of melanoma. *Current Problems in Surgery*, 50: 351–382, 2013.

Scan acquisition



- •Scans acquired with a highaccuracy 3D stereo system:
- •22 pairs of stereo cameras•22 RGB cameras for texture capture

•Fast acquisition: a few milliseconds per scan

Albedo extraction

•Light and albedo estimation, assuming Lambertian skin reflectance and Spherical Harmonics lighting



Preliminary lesion segmentation





- 1. Laplacian-of-Gaussian (LoG) filtering at 5 scales
- 2. Classification through Linear Discriminant Analysis (LDA)
- 3. Removal of occlusion boundaries / elongated artifacts

Experimental evaluation

12 subjects (6 male, 6 female)Variations in skin phenotype and pose





•Synthetic lesions of different diameter (3mm, 5mm, 7mm) drawn on the skin with a marker





•Precision/recall curves for different values of δ , for detecting new lesions (left) and increased lesion sizes (right)

System overview



