

## IMPROVING KNEE OSTEOPOROSIS DETECTION USING MACHINE LEARNING TECHNIQUES

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### ABSTRACT

Knee osteoporosis (KOP) is a skeletal disorder characterized by bone tissue degradation and low bone density, increasing the risk of fractures in the knee region. Traditional diagnosis relies on analyzing knee radiographs, requiring specialized expertise. However, the high volume of X-ray images and subtle variations often lead to misinterpretation, posing challenges for accurate diagnosis. Recent advancements in deep learning have transformed medical image analysis, significantly reducing misclassification and assisting radiologists in making precise assessments. YOLO (You Only Look Once), a state-of-the-art object detection algorithm, has shown remarkable success in detecting regions of interest in medical images. Its latest iteration, YOLOv11, offers enhanced speed and accuracy, making it ideal for real-time applications in healthcare, where timely diagnosis is critical. To address the limitations of relying on a single model, we propose KONet-YOLOv11, a weighted ensemble method that combines YOLOv11 with other advanced CNN architectures. By leveraging the strengths of multiple models, KONet-YOLOv11 aims to improve accuracy and robustness, even in cases with subtle data variations or inconsistent radiograph quality. This approach holds the potential to enhance automated knee osteoporosis detection, providing reliable predictions and supporting clinicians in delivering faster and more accurate diagnoses.

**Keywords:** Knee Osteoporosis (KOP), YOLOv11, Object Detection, Deep Learning, Convolutional Neural Networks (CNN), Medical Image Analysis.

### I. INTRODUCTION

Knee osteoporosis (KOP) is a progressive skeletal disorder characterized by the degradation of bone tissue and a reduction in bone density, leading to an increased risk of fractures in the knee joint. This condition predominantly affects older adults, but younger individuals may also develop it due to genetic predisposition, lifestyle factors, or underlying medical conditions. The early detection of knee osteoporosis is critical for effective management and treatment, as timely intervention can prevent further bone deterioration and mitigate fracture risks.

Traditional diagnosis of knee osteoporosis typically relies on radiographic imaging, such as X-rays, which are analyzed by expert radiologists. However, this manual process is often hampered by the subtleties of bone density variations in X-ray images, which may lead to diagnostic inaccuracies or delays. Additionally, the high volume of medical imaging data poses a significant challenge in maintaining consistency and precision in assessments.

Advancements in deep learning, particularly in medical image analysis, have revolutionized diagnostic approaches by automating the detection process and reducing the likelihood of misinterpretation. Among these advancements, the YOLO (You Only Look Once) algorithm has emerged as a robust tool for object detection. Its ability to rapidly and accurately identify features in images has made it a promising technology for diagnosing knee osteoporosis.

Building on this foundation, the proposed use of YOLOv11, a state-of-the-art enhancement of the YOLO algorithm, further improves the efficiency and accuracy of real-time osteoporosis detection. By combining YOLOv11's capabilities with domain-specific techniques like ensemble learning and feature extraction, a new

frontier is being explored in automated diagnostic systems. This approach aims to address the limitations of traditional methods, ensuring a more robust, reliable, and scalable solution for knee osteoporosis detection and management.

## II. RELEVANT WORK

The detection and diagnosis of knee osteoporosis using medical imaging have been areas of increasing research interest. Traditional methods rely on manual analysis of X-ray images by radiologists to identify signs of bone density loss and tissue degradation. However, these approaches face limitations, including high subjectivity, dependence on expert interpretation, and challenges in handling subtle variations in image quality and bone structures.

### Convolutional Neural Networks (CNNs)

Deep learning techniques, particularly Convolutional Neural Networks (CNNs), have shown significant promise in automating the detection of knee osteoporosis. CNNs are well-suited for medical image analysis due to their ability to learn hierarchical features, enabling them to extract subtle patterns from X-ray images. For instance, pre-trained models like ResNet and VGG16 have been fine-tuned to detect osteoporotic changes, demonstrating improved accuracy in diagnosis.

### Semantic Segmentation

Semantic segmentation has been applied to isolate specific bone regions in knee X-rays. Models like U-Net have been effective in delineating the knee joint and bone areas, facilitating the detection of osteoporotic features such as reduced bone density and joint space narrowing. Precise segmentation ensures that only relevant areas are analyzed, reducing noise and improving diagnostic reliability.

### YOLO (You Only Look Once) Algorithm

The YOLO family of object detection algorithms, particularly YOLOv4 and YOLOv11, has been explored for real-time detection of osteoporotic regions in X-ray images. YOLO's grid-based detection approach enables the rapid identification of abnormalities, making it suitable for high-throughput clinical applications. Its speed and accuracy are particularly valuable in scenarios where timely diagnosis is critical.

### Ensemble Learning

Combining multiple models through ensemble learning techniques has shown potential in improving diagnostic robustness. Studies have demonstrated that integrating different CNN architectures, such as ResNet and DenseNet, can enhance the generalizability of the detection system, especially when handling diverse datasets with varying image qualities and patient demographics.

### Transfer Learning

Transfer learning has addressed the challenge of limited labeled datasets in medical imaging. By leveraging pre-trained models on large-scale datasets and fine-tuning them on knee osteoporosis data, researchers have achieved significant performance improvements. This approach also reduces training time and computational requirements.

### Data Augmentation

To overcome the scarcity of labeled knee X-ray images, data augmentation techniques like rotation, flipping, and noise addition have been employed. These methods artificially expand the dataset, allowing models to generalize better and become more robust to variations in image orientation and quality.

### Challenges and Opportunities

Despite the advancements, challenges such as handling variations in X-ray image quality, patient diversity, and ensuring interpretability of model predictions remain. Addressing these issues through innovations in model architecture, feature extraction, and explainable AI approaches offers significant opportunities for further improvement in knee osteoporosis detection.

These advancements underline the growing role of deep learning and related techniques in transforming knee osteoporosis diagnosis, enhancing accuracy, and reducing reliance on manual interpretation.

## EXISTING SYSTEM

The existing systems for diagnosing knee osteoporosis (KOP) primarily rely on manual analysis of radiographic images by radiologists. These methods, while effective in experienced hands, are time-consuming and prone to human error, especially when dealing with subtle variations in bone density and structural changes. Additionally, the growing volume of radiographic data has increased the workload on healthcare professionals, often leading to diagnostic delays and inconsistencies. Conventional computer-aided detection systems have been developed to assist radiologists; however, these systems often lack the precision and adaptability required to handle diverse image quality and variations in patient data. Moreover, many existing models are based on single deep learning architectures, such as traditional convolutional neural networks (CNNs), which may struggle with detecting subtle patterns associated with KOP. These limitations highlight the need for a more robust and automated solution that can reliably identify knee osteoporosis while reducing the burden on radiologists and ensuring timely and accurate diagnoses.

### Disadvantages:

- **Slow and Manual Diagnosis:** Radiologists must manually analyze radiographs, leading to delays in detection and diagnosis.
- **Scalability Issues:** Manual methods and conventional computer-aided detection systems cannot efficiently process large volumes of radiographic data.
- **Inconsistent Accuracy:** High rates of false positives and false negatives compromise the reliability of traditional and single-model approaches.
- **Limited Pattern Recognition:** Existing systems struggle to identify subtle patterns associated with early-stage knee osteoporosis.
- **Dependence on Human Expertise:** The accuracy of diagnosis heavily relies on the radiologist's experience, making it subjective and error-prone.
- **Inflexibility with Data Variations:** Many systems lack adaptability to variations in radiograph quality and patient-specific factors.

## III. PROPOSED SYSTEM

The proposed system introduces KONet-YOLOv11, a robust and automated solution for detecting knee osteoporosis (KOP) using radiographic images. By integrating YOLOv11, a state-of-the-art object detection algorithm, with other advanced convolutional neural network (CNN) architectures in a weighted ensemble framework, the system aims to address the limitations of existing methods. KONet-YOLOv11 leverages the strengths of multiple models to enhance accuracy, robustness, and adaptability, even in the presence of variations in image quality or subtle bone pattern differences. Designed for real-time analysis, the system automates the detection process, reducing dependency on manual interpretation and improving scalability for large datasets. It incorporates mechanisms to minimize false positives and negatives, ensuring reliable predictions, and includes a feedback loop for continuous learning and adaptation to new data patterns. With a user-friendly interface, the system facilitates seamless integration into clinical workflows, aiding radiologists in timely and accurate diagnoses. By enabling early detection of KOP, the proposed system not only supports better patient outcomes but also advances the application of artificial intelligence in medical diagnostics.

### Key Components of the Proposed System:

#### Data Collection Module

The foundation of the detection system lies in the data collection module, which systematically gathers a large and diverse dataset of knee joint radiographs. These radiographs are sourced from multiple clinical and diagnostic centers to ensure that the dataset represents a broad spectrum of patient demographics, imaging conditions, and disease variations. Each image undergoes rigorous quality checks to exclude blurred, low-resolution, or poorly labeled data, as such errors can compromise model performance. The dataset is then organized into structured subsets for training, validation, and testing phases. This organization ensures the effective development of a model capable of generalizing to new and unseen data. The diversity in data is

critical for capturing the variability in knee osteoporosis presentations across different populations, enhancing the robustness of the detection system.

### **Feature Extraction and Preprocessing**

In this phase, raw radiographs are processed to prepare them for model training and analysis. The preprocessing begins with image normalization, standardizing brightness and contrast to create uniform input images. Noise in the radiographs, such as random artifacts or imaging inconsistencies, is removed using advanced filtering techniques like the median filter. This ensures the preservation of essential features such as bone edges and textures while improving overall clarity. Key features indicative of osteoporosis, such as patterns in bone density, joint space narrowing, and cortical thinning, are then extracted. Data augmentation methods, such as rotation, flipping, scaling, and translation, are applied to artificially expand the dataset. This augmentation introduces variability, making the model resilient to real-world imaging differences and improving its ability to detect subtle signs of osteoporosis under varying conditions.

### **KONet-YOLOv11 Detection Model**

The KONet-YOLOv11 model forms the core of the detection system, combining the speed and precision of YOLOv11 with the analytical strengths of advanced Convolutional Neural Networks (CNNs). YOLOv11 enables real-time object detection by dividing each radiograph into grids and assigning confidence scores to regions of interest. This framework is further enhanced by integrating it with other CNN architectures like ResNet and DenseNet within a weighted ensemble. This ensemble approach allows the model to leverage the complementary strengths of different architectures, improving accuracy and reducing false positives. During training, the model learns to detect even subtle osteoporotic changes by analyzing annotated regions in the dataset. Validation metrics, including precision, recall, F1 score, and confusion matrices, are used to fine-tune the model, ensuring that it performs reliably across a wide range of input data. The model's ability to detect and localize anomalies with high accuracy makes it invaluable for clinical use.

### **Real-Time Detection System**

The real-time detection capability of the system allows clinicians to upload radiographs and receive immediate diagnostic results. The trained KONet-YOLOv11 model processes the input images swiftly, identifying and classifying affected regions of the knee joint. The model generates bounding boxes around areas showing signs of osteoporosis, such as reduced bone density or abnormal joint spaces, along with confidence scores indicating the likelihood of these findings. This real-time processing not only speeds up the diagnostic workflow but also enhances accuracy by providing clear visual cues. The system is designed to handle a high volume of inputs without compromising performance, making it suitable for busy clinical environments. By delivering rapid and precise diagnostic results, the system enables timely interventions, which are crucial for managing knee osteoporosis effectively.

### **User Interface for Feedback and Reporting**

The system includes an intuitive and user-friendly interface tailored for radiologists and clinicians. This interface allows users to upload knee radiographs seamlessly and view detailed diagnostic results, including highlighted regions of interest and associated confidence scores. The interface also provides tools for radiologists to offer feedback on the system's performance, such as flagging incorrect detections or confirming accurate results. This feedback is used to continuously refine and improve the detection model. Additionally, the system generates comprehensive diagnostic reports, which include visual summaries, statistical analyses, and bone health trends. These reports are designed to assist clinicians in making informed decisions about treatment plans and monitoring disease progression. The inclusion of historical data and comparative visualizations enhances the clinician's ability to track patient outcomes over time, making the interface an integral component of the system.

### **Advantages**

- **Improved Accuracy:** Leverages a weighted ensemble approach combining YOLOv11 with other CNNs to accurately detect knee osteoporosis, minimizing false positives and false negatives.
- **Real-Time Detection:** Analyzes radiographic images instantly, enabling timely and precise diagnosis to support early interventions.

- **Enhanced User Experience:** Provides radiologists with a reliable diagnostic tool, reducing the workload and improving decision-making in clinical settings.
- **Scalability:** Designed to handle large datasets, making it suitable for widespread use in medical imaging facilities with high diagnostic demands.
- **Continuous Improvement:** Adapts and improves detection performance over time through feedback and incorporation of new data patterns.
- **Automated Analysis:** Streamlines the diagnostic process, minimizing manual effort and enhancing workflow efficiency in healthcare settings.

#### IV. SYSTEM DESIGN

The system design for knee osteoporosis detection integrates advanced machine learning techniques with a user-friendly interface to streamline the diagnosis process. Radiographic images of knee joints are collected from datasets like Roboflow, ensuring a diverse and representative sample. These images are preprocessed through noise reduction using a median filtering algorithm and resized to a standardized format for uniformity. The YOLO (You Only Look Once) algorithm is employed for model training, where the dataset is divided into training and testing sets to detect key features like bone density and structural anomalies. Model performance is evaluated using metrics such as precision, recall, and F-measure to ensure high accuracy. Users, including patients and radiologists, can register and log into the system to upload knee radiographs for real-time analysis. The trained model identifies and classifies the condition, providing a detailed diagnosis of osteoporosis stages and severity. The system generates a comprehensive diagnostic report and includes a feedback mechanism for radiologists to improve model accuracy. This design ensures efficient, accurate, and timely detection of knee osteoporosis to support early intervention and better patient outcomes.

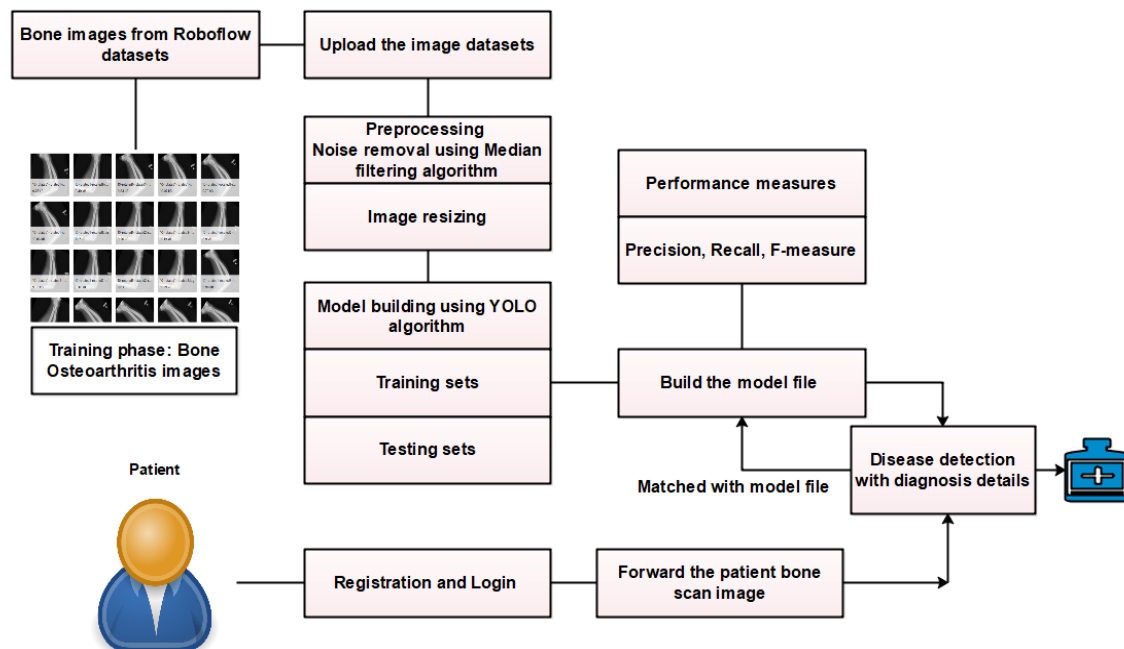


Fig 1: System Architecture

#### V. SOFTWARE TESTING

Software testing is an essential step in ensuring the functionality, reliability, and success of a software program. It is broadly categorized into two types: dynamic testing and static testing. Dynamic testing involves assessing the program during its execution, while static testing evaluates the program's code and associated documentation without running it. These methods are often used together to maximize effectiveness. Testing begins at the module level and progresses systematically towards the integration of the entire system. It is a planned activity aimed at ensuring the software operates as intended, with nothing considered complete without thorough testing. The primary purposes of testing include verifying correctness, implementation



efficiency, and computational complexity. Correctness testing ensures that the software performs its designed functions accurately. To achieve this, data is entered across various forms, and any errors encountered are corrected promptly. A dedicated quality team is assigned to verify documents and rigorously test the software at all levels.

The development process incorporates multiple testing types to address specific requirements, including unit testing, functional testing, and integration testing. Unit testing is the initial phase, focusing on smaller units of the source code to verify their specific behaviors. Functional testing involves testing two or more modules together to ensure they meet the intended specifications, identify defects, and build confidence in the software's performance. Integration testing, conducted after unit testing and before system testing, combines modules and evaluates them as a group to ensure seamless interaction. Together, these testing approaches ensure the software's reliability, efficiency, and readiness for deployment.

## VI. CONCLUSION

The development of an advanced Knee Osteoporosis Detection System marks a significant leap forward in medical imaging analysis. Leveraging the power of deep learning and ensemble techniques, the system focuses on accurately identifying knee osteoporosis patterns from radiographic images. By combining innovative machine learning algorithms with efficient data processing workflows, it delivers precise and timely diagnostic support to healthcare professionals.

The system is equipped with modules for preprocessing, feature extraction, and real-time analysis, enabling the rapid identification of subtle osteoporosis indicators. Its intuitive interface ensures that radiologists can easily interact with the system, view results, and utilize the insights for clinical decision-making. Secure data handling mechanisms protect patient information while providing a structured database for maintaining diagnostic records.

Designed to overcome the challenges of manual interpretation, the system reduces the likelihood of errors and accelerates the diagnostic process. Its ability to adapt to new data patterns ensures continuous improvement and scalability, making it an indispensable tool for addressing the growing prevalence of osteoporosis. By supporting early detection and accurate diagnosis, this solution plays a vital role in improving patient outcomes and enhancing the overall quality of osteoporosis management.

## VII. REFERENCES

- [1] Abubakar, U. B., Boukar, M. M., & Adeshina, S. (2022). "Comparison of transfer learning model accuracy for osteoporosis classification on knee radiograph." 2nd Int. Conf. Comput. Mach. Intell. (ICMI).
- [2] Sukegawa, S., Fujimura, A., Taguchi, A., Yamamoto, N., et al. (2022). "Identification of osteoporosis using an ensemble deep learning model with panoramic radiographs." Scientific Reports, 12, 6088.
- [3] Ahmad, S., Kim, J.-S., Park, D. K., & Whangbo, T. (2023). "Automated detection of gastric lesions in endoscopic images by leveraging attention-based YOLOv7." IEEE Access, 11, 87166-87177.
- [4] Farooq, A., Anwar, S., Awais, M., & Rehman, S. (2017). "A deep CNN-based multi-class classification of Alzheimer's disease using MRI." IEEE Int. Conf. Imag. Syst. Techn. (IST).
- [5] Wani, I. M., & Arora, S. (2023). "Osteoporosis diagnosis in knee X-rays by transfer learning based on convolution neural network." Multimedia Tools Appl., 82(9), 14193-14217.
- [6] Pereira, S., Pinto, A., Alves, V., & Silva, C. A. (2016). "Brain tumor segmentation using convolutional neural networks in MRI images." IEEE Transactions on Medical Imaging, 35(5), 1240-1251.
- [7] Rahman, T., Chowdhury, M. E. H., Khandakar, A., et al. (2020). "Transfer learning with deep convolutional neural network (CNN) for pneumonia detection using chest X-ray." Applied Sciences, 10(9), 3233.
- [8] Zhang, X., & Zhao, S.-G. (2019). "Fluorescence microscopy image classification of 2D HeLa cells based on the CapsNet neural network." Medical & Biological Engineering & Computing, 57(6), 1187-1198.
- [9] Kim, H. E., et al. (2022). "Transfer learning for medical image classification: A literature review." BMC Medical Imaging, 22(1), 69.

- [10] Chen, Y., Guo, Y., Zhang, X., et al. (2018). "Bone susceptibility mapping with MRI as an alternative and reliable biomarker of osteoporosis in postmenopausal women." *European Radiology*, 28(12), 5027-5034..
- [11] Xue, D., Zhou, X., Li, C., et al. (2020). "An application of transfer learning and ensemble learning techniques for cervical histopathology image classification." *IEEE Access*, 8, 104603-104618.
- [12] Zhao, F., Zeng, G.-Q., & Lu, K.-D. (2020). "EnLSTM-WPEO: Short-term traffic flow prediction by ensemble LSTM." *IEEE Transactions on Vehicular Technology*, 69(1), 101-113.
- [13] Lu, K.-D., Wu, Z.-G., & Huang, T. (2023). "Differential evolution-based three-stage dynamic cyber-attack of cyber-physical power systems." *IEEE/ASME Transactions on Mechatronics*, 28(2), 1137-1148.
- [14] Hooftman, D. A. P., et al. (2022). "Reducing uncertainty in ecosystem service modelling through weighted ensembles." *Ecosystem Services*, 53, 101398.
- [15] Chen, Y., Schönlieb, C.-B., Lió, P., et al. (2022). "AI-based reconstruction for fast MRI—A systematic review and meta-analysis." *Proceedings of the IEEE*, 110(2), 224-245.
- [16] Kato, H., Ansh, A. J., Lester, E. R., et al. (2022). "Identification of enpp1 haploinsufficiency in patients with diffuse idiopathic skeletal hyperostosis and early-onset osteoporosis." *J. Bone Mineral Res.*, 37(6), 1125-1135.
- [17] Oishi, Y., Hirano, Y., Hasegawa, Y., et al. (2017). "Prior knee osteoporosis associating the 10-year clinical outcome of total knee arthroplasty for rheumatoid arthritis: A retrospective study." *J. Musculoskeletal Res.*, 20(2), 1750007.
- [18] Johnell, O., & Kanis, J. A. (2006). "An estimate of the worldwide prevalence and disability associated with osteoporotic fractures." *Osteoporosis International*, 17(12), 1726-1733.
- [19] Cummings, S. R., & Melton, L. J. (2002). "Epidemiology and outcomes of osteoporotic fractures." *The Lancet*, 359(9319), 1761-1767.
- [20] Gouda, W., Almurafteh, M., Humayun, M., & Jhanjhi, N. Z. (2022). "Detection of COVID-19 based on chest X-rays using deep learning." *Healthcare*, 10(2), 343.