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Glaucoma Diagnosis Based on Retinal Fundus Image: A Review

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Abstract

Glaucoma is one of the most dangerous eye diseases. It occurs as a result of an imbalance in the drainage and flow of the retinal fluid. Consequently, intraocular pressure is generated, which is a significant risk factor for glaucoma. Intraocular pressure causes progressive damage to the optic nerve head, thus leading to vision loss in the advanced stages. Glaucoma does not give any signs of disease in the early stages, so it is called "the Silent Thief of Sight". Therefore, early diagnosis and treatment of retinal eye disease is extremely important to prevent vision loss. Many articles aim to analyze fundus retinal images and diagnose glaucoma. This review can be used as a guideline to help diagnose glaucoma. It presents 63 articles related to the applications of fundus retinal analysis. Applications of the glaucomatous image classification are improving fundus images by locating and segmenting the optic disc, optic cup, fovea, and blood vessels. The study also presents datasets, metrics, and parameters that indicate the changes in retina structure and the steps and results for each paper.

Keywords: Retinal Fundus Image, Glaucoma Screening, Cup-Disc-Ratio (CDR), Optic Nerve Head (ONH), Joint Segmentation Optic Disc and Optic Cup.

دراسة في تشخيص مرض الكلوكوما بالاعتماد على صورة قاع الشبكية

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الخلاصة

الكلوكوما (الماء الاسود او الماء الازرق) احد اخطر امراض العين. يحدث نتيجة خلل في تصريف وتدفق سائل الشبكية. و بالتالي يتولد ضغط داخل العين. و هو عامل خطورة مهم للإصابة بالكلوكوما. يتسبب الضغط داخل العين في تلف تدريجي لرأس العصب البصري ، مما يؤدي إلى فقدان البصر في المراحل المنغط داخل العين في تلف تدريجي لرأس العصب البصري ، مما يؤدي إلى فقدان البصر في المراحل المتقدمة. لا يعطي الجلوكوما أي علامات للمرض في المراحل المبكرة ، لهذا يطلق عليه "سارق البصر المتقدمة. لا يعطي الجلوكوما أي علامات للمرض في المراحل المبكرة ، لهذا يطلق عليه "سارق البصر المتقدمة. لا يعطي الجلوكوما أي علامات للمرض في المراحل المبكرة ، لهذا يطلق عليه "سارق البصر المسامت" لذلك فإن التشخيص المبكر وعلاج أمراض الشبكية أمر بالغ الأهمية لمنع فقدان البصر. تهدف العديد من المقالات إلى تحليل صور شبكية قاع العين لتشخيص الكلوكوما. بالإمكان استعمال هذه الدراسة كدليل ارشادي يساعد في تشخيص مرض الكلوكوما. تعرض الدراسة (63) بحث يتعلق بتطبيقات تحليل قاع

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الشبكية. المفاهيم الاساسية او تطبيقات تصنيف صور الكلوكوما هي في تحسين صور قاع العين، تحديد و تقسيم القرص البصري، والكأس البصري، والنقرة، والأوعية الدموية. تعرض الدراسة أيضًا قواعد البيانات، مقاييس الاداء، المعايير التي تشير إلى التغييرات في بنية شبكية العين، كذلك خطوات ونتائج كل مقالة.

1. Introduction

According to the World Health Organization (WHO), the number of people suffering from glaucoma is estimated at 64 million in 2016 [1], 80 million in 2020 [2], and this number will increase to 95 million by 2030 [1], and 110 million by 2040 [3]. It is worth mentioning that glaucoma disease is responsible for about 12% of all people who lose their sight [3]. Therefore, glaucoma is considered the second leading cause of blindness in the world [4]. The large numbers of diseases are caused by the fact that glaucoma is a silent disease, and the disease can only be identified after an increase in the intraocular pressure (due to disorder in the flow of the eye fluid system) and destruction of some cells of the optic nerve. This is in the early stages. Generally, a person with glaucoma has several conditions such as increasing the intraocular pressure (IOP), damaging the optic nerve head (ONH), and losing the visual field [1].

For the reasons above, it is necessary to detect glaucoma at an early stage because glaucoma disease is a severe disorder. The damage it causes is irremediable. It leads to perpetual loss of sight if not cured promptly. There are no perceptible indications in its preliminary stages. There is no prophylactic treatment for glaucoma. Analyzing the optic nerve head is the essential and critical factor in diagnosing glaucoma in the early stages [5].

In recent years, computer-aided diagnosis (CAD) systems based on medical images have been in increasing demand since the retina is the visible portion of the nervous system that connects directly to the brain. A retina provides vital information and features for diagnosing several eye diseases, including cataracts, glaucoma, diabetic retinopathy, and age-related macular degeneration. This information and characteristics are the color, size, and shape of parts or regions of the retina, such as Optic Disc, Optic Cup, Blood Vessels, Neuroretinal Rim, and Fovea [2]. Figure 1 shows the regions of the retinal fundus image.

This paper presents a comprehensive review of a collection of recent articles (Figure 2). The period covered by the published articles was from 2016 to 2021. These articles are considered noteworthy for our review. The review was based on the academic databases used to collect the articles, such as PubMed, Springer, Scopus, Google Scholar, IEEE Xplore, Science Direct, and Web of Science. Sections of the study provide guidelines to help researchers understand ophthalmic applications such as retinal fundus image enhancement, segmentation, and classification.



Figure 1-Structures of the retina fundus image.



Figure 2-Category of articles per application.

2. Parameters Analysis

In glaucoma, intraocular pressure (IOP) causes several changes in the retina of the eye, especially in the area of the optic nerve head (ONH). Changes influence the level of vision because the ganglion cell axons pass through ONH to transmit images from the eye to the brain. Most retinal regions in Figure 1 are affected by these changes [6]. One of the most significant changes in glaucoma is the deformity that occurs in the optic disc (OD) and optic cup (OC) regions .This change leads to the occurrence of what is called "cupping," where the OD size increases and the thickness of the neuroretinal rim (NRR) decreases. Several parameters (structural indications) detect these changes and help to diagnose the glaucomatous image. For example, the Cup-to-Disc Ratio (CDR) parameter and the SNT rule recognize cupping [7]. Table 1 shows a set of parameters that are used to distinguish between healthy and glaucomatous images.

Parameters	Abbreviation	Formula	Description
Vertical Diameter Cup to Disc Ratio [8]	CDR / VCDR	Vertical Cup Diameter (VCD) Vertical Disc Diameter (VDD)	The ratio of the vertical diameter of the OC to the vertical diameter of the OD
Horizontal Diameter Cup to Disc Ratio [9]	HCDR	Horizontal Cup Diameter (HCD) Horizontal Disc Diameter (HDD)	The ratio of the horizontal diameter of the OC to the horizontal diameter OD
Horizontal to Vertical CDR [8]	H-V CDR	Horizontal CDR Vertical CDR	The ratio of the horizontal CDR to the vertical CDR
Cup to Disc Area Ratio [9]	CDAR	Cup Area Disc Area	The ratio of the area of the OC to the area of the OD
Rim to Disc Area Ratio [10]	RDAR	$\frac{Rim Area}{Disc Area} = \frac{Aree(Disc - Cup)}{Aree(Disc)}$	The ratio of the area of the Neuroretinal Rim" (NRR) to the area of the OD
Rim to Disc Ratio [11]	RDR	vertical neuro retinal rim(VNRR Vertical Disc Diameter (VDD)	The ratio of the VNRR (thickness of superior part only) to the vertical diameter of the OD
Rim Area Ratio [2]	RAR	InferiorArea + Superior Area Nasal Area + Temporal Area	RAR is determined by removing the optical cup from the area of the optic disc.
Inferior, Superior, Nasal, and Temporal Rule [12]	ISNT Rule	Inferior> Superior> Nasal> Temporal	Healthy must keep the relation among the regions in descending order

Table 1-Set of parameters analysis

Cup shape /Hausdorff's fractal dimension [11]	HFD	$HFD = \lim_{\epsilon \to 0} \frac{\log N(\epsilon)}{\log \epsilon^{-1}}$	$N(\epsilon)$ represents the number of hyper-cubes that fills the object with Euclidean dimension and length ϵ
Disc damage likelihood scale [9]	DDLS	Mimum width of Rim Disc Diameter	The severity of Glaucoma is calculated by DDLS.
Glaucoma Risk Index [13]	GRI	GRI = 6.8375 - 1.1325 (PC1) - 1.6500 (PC2) + 2.7225 (PC3) + 0.6750 (PC4) + 0.6650 (PC5)	PCA (Principal Component analysis) healthy: GRI =(8.68 ± 1.67) Glaucomatous: GRI =(4.84 ± 2.08)

3. Retinal Fundus Image Datasets

There are some types of images used to diagnose diseases: Optical Coherence Tomography (OCT), Heidelberg Retinal Tomography (HRT), and Retinal Fundus Image (RFI). OCT and HRT are three-dimensional images. Unfortunately, these images are not widely available. The unavailability comes for two reasons. First, the devices used to capture images are expensive. Second, the devices require specialists to work on them [14]. However, retinal fundus images are two-dimensional images, which are widespread, and databases of these kinds of retinal images are available to researchers and specialists because of the low cost of the devices for capturing images and their presence in most ophthalmology centers. There are several datasets for RFI. The datasets are either public or private. For the reasons listed above, this study's focus on public datasets for RFI is due to the availability of datasets online. Researchers can make efficient comparisons between them, so researchers can benefit from them in their work. Table 2 shows the set of available datasets. Some existing datasets have been updated and have more than one version. This research referred to the number of images used in each article for each dataset because some researchers used just a part of the dataset or just a few images from the dataset.

Tuble 2 Wildely used available databets.					
Dataset	Tota l	Glaucomato us	Norm al	Information of Ground Truth	Link
ACRIMA [15]	705	396	309	Classification of normal and glaucomatous	https://figshare.com/s/c2d31f850af 14c5b5232
HARVARD [16]	1542	756	786	Classification of normal and glaucomatous	https://dataverse.harvard.edu/datas et.xhtml?persistentId=doi:10.7910/ DVN/1YRRAC
ORIGA [17]	650	168	482	Classification of normal and glaucomatous	https://github.com/Barcelona- Technology- School/InnoSpark- edir/tree/main/Datasets/ORIGA/gla ucoma
sjchoi86-HRF [18]	401	101	300	Classification of normal and glaucomatous	https://github.com/yiweichen04/ret ina_dataset
JSIEC /kaggle [19]	51	13	38	Classification of normal and glaucomatous	https://www.kaggle.com/linchunda n
GlaucomaDB [11], [20]	100	48	52	Classification of normal and glaucomatous	http://biomisa.org/index.php/glauc oma-database/
REFUGE-1 [21]	120 0	120	1080	 Classification images Segmentation for OC and OD Location of Fovea 	https://refuge.grand- challenge.org/Download/
REFUGE-2 [21]	160 0	160	1440	 Classification images Segmentation for OC and OD Location of Fovea 	https://refuge.grand- challenge.org/REFUGE2Downloa d/
LAG [22]	5824	2392	3432	 Classification images Attention maps 	https://github.com/smilell/AG- CNN

Table 2-Widely used available datasets.

DRISHTI-GS1 [23]	101	70	31	 Classification images Soft matt segmenting cup and disc CDR values and Disc center 	http://cvit.iiit.ac.in/projects/mip/dri shti-gs/mip-dataset2/enter.php
HRF [24]	45	15	15	 Classification images Segmentation Vessel and FOV Center and Radius for OD 	https://www5.cs.fau.de/research/da ta/fundus-images/
RIM-ONE-r1 [25]	169	51	118	Classification imagesSegmentations optic disc	http://medimrg.webs.ull.es/researc h/reitnal-imaging/rim-one/
RIM-ONE-r2 [25]	455	200	255	•Classification of images into normal and glaucomatous	http://medimrg.webs.ull.es/researc h/retinal-imaging/rim-one/
RIM-ONE-r3 [26]	159	74	85	 Classification images Segmentations of Cup and disc 	http://medimrg.webs.ull.es/rim- one-release-3-is-finally-here/
RIM-ONE-DL [27]	485	172	313	 Classification images Segmentations of Cup and disc 	http://medimrg.webs.ull.es/rim- one-dl-a-unified-retinal-image- database-for-assessing-glaucoma- using-deep-learning/
RIGA [28]	750			• Each image has six boundaries detection for OC and OD	https://deepblue.lib.umich.edu/data /concern/data_sets/3b591905z
DRIONS-DB [29]	110			 Contour OD by 36 points Software provided OD contours 	http://www.ia.uned.es/~ejcarmona/ DRIONS-DB.html
INSPIRE-AVR [30]	40			• Segmentation Optic Disc, Vessel and Arterio-venous ratio	https://medicine.uiowa.edu/eye/ins pire-datasets
CHASE_DB1[31]	28			Vessel Segmentation	https://blogs.kingston.ac.uk/retinal/ chasedb1/
ONHSD [32]	99			Optic Disc (OD) segmentation	http://www.aldiri.info/Image%20D atasets/ONHSD.aspx
DRIVE [33]	40			 Vessel Segmentation Mask FOV 	http://www.isi.uu.nl/Research/Data bases/DRIVE/
STARE [34][35]	402			• 13 diseases • 81 locations optic disc, 10 locations veins and arteries, 20 blood vessels	http://cecas.clemson.edu/~ahoover/ stare/
ARIA [36]	138		51	 Healthy and diseased Segmentation Vessel and OD Location of Fovea 	http://www.damianjjfarnell.com/?p age_id=276
DIARETDB0 [37]	130		20	 File signs of diabetic retinopathy software to annotate and inspect 	https://www.it.lut.fi/project/imager et/diaretdb0/index.html
DIARETDB1 [38]	89		5	 Images point to signs diabetic software to annotate and inspect 	https://www.it.lut.fi/project/imager et/diaretdb1/
MESSIDOR [39]	1200			Spreadsheet grade and risk of macular edema	https://www.adcis.net/en/third- party/messidor/
MESSIDOR-2 [40]	1748			Spreadsheet grades and referable diabetic macular edema grades	https://www.adcis.net/en/third- party/messidor/
ROC [41]	100			Diabetic retinopathy	http://webeye.ophth.uiowa.edu/RO C/
EyePACS/ DR Kaggle [42]	3400 0			5 levels for grading of the "Diabetic Retinopathy" (DR)	https://www.kaggle.com/c/diabetic -retinopathy-detection/overview

4. Performance Metrics

The most crucial applications in glaucoma diagnosis involve classification and segmentation. They require metrics for evaluating a method's efficiency. In general, the metrics for segmentation measure the degree of overlap or similarity between the segmentation result and the ground truth, while the metrics for classification measure the number of images classified correctly. Most metrics depend on True Positive (TP), False Negative (FN), True Negative (TN), and False Positive (FP). They represent the results of segmentation (in pixels) and classification (in the number of images). Both operations (segmentation and classification) can be seen as classifications since the segmentation (binary classification) divides pixels into classes. There are two deceptions in classification and segmentation contained within these terms. This work distinguishes between all metrics used for segmentation by putting x refers to pixel $(*_x)$ such as sensitivity for segmentation (SEN_x) versus for classification (SEN). Table 3 shows the segmentation and classification metrics.

able 3-Segmentation and classification metrics			
Metrics	Abbreviation & Formula		
Sensitivity/ Recall	$SEN_x = TP_x/(TP_x + FN_x)$		
Specificity	$SPE_x = TN_x / (TN_x + FP_x)$		
Accuracy	$ACC_x = (TP_x + TN_x)/(TP_x + FN_x + TN_x + FP_x)$		
Precision	$PRE_x = TP_x / (TP_x + FP_x)$		
False Positive Rate	$FPR_x = FP_x/(FP_x + TN_x)$		
Dice/F- score	$DICE_x = 2 * TP_x / (2 * TP_x + FP_x + FN_x)$		
Intersection-Over-Union / Jaccard	$IoU_x = TP_x / (TP_x + FP_x + FN_x)$		
Overlapping Error	$OER_x = 1 - [Area(Ground \cap result)/Area(Ground \cup result)]$		
Relative Area Difference	$RAD_x = (Area(Ground) - Area(result)) / Area(result)$		
Correlation Coefficient	$CC_x = coverance(x, y) / S_x S_y$		
Absolute CDR error	$ACDRE_x = CDR_{result} - CDR_{Ground Truth} $		
Area Under the Curve	AUC_x = A curve that represents the nonlinear function between Sensitivity and (1- Specificity)		
Average Boundary Distance	$AVRBD_x = \frac{1}{N} \sum_{\varphi=1}^{\varphi_N} \sqrt{\left \left(D_G^{\varphi} \right)^2 - \left(D_R^{\varphi} \right)^2 \right }$, B _G , B _R boundaries ground truth		
	and result. (D_G^{ϕ}) and (D_R^{ϕ}) distances from the points on (B_G) and (B_R) to		
	the centroid of (B _G), in the direction of ϕ_N where N=4, $\phi = 270^{\circ} 180^{\circ} 90^{\circ}$ and 0°		
	270,100,70 and 0		

Table 3-Segmentation	and	classification	metrics
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5. Enhancement Retinal Image

Most computer vision and image processing applications apply a preprocessing step, which improves the raw image and makes it more suitable for work, such as: image fusion, de-noise, de-blur, and de-haze applications ([43], [44]). Analyzing and diagnosing glaucoma based on fundus retinal images requires a preprocessing step because the low-resolution of the image with unclear details makes it difficult to diagnose a disease, particularly in automatic systems. The processes of glaucoma diagnosis are interrelated. Hence, the enhancement of the image influences the accuracy of the results of the segmentation step and so on [45]. Therefore, it is necessary to overcome the challenge of poor image resolution through image enhancement algorithms. Table 4 shows an overview of articles enhancing the retinal image.

Table	4-Overv	view of	articles	for e	nhancing	the retinal	image.
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Author/s	Method	Dataset
D_{0} at al. 2016 [46]	 Normalized convolution, domain transform 	•DRIVE (40)
Dai et al. 2010 [40]	Image Fusion	●DIARETDB1

	•A fourth-order partial differential equation for noise removal to avoid the blocky effects and the relaxed median filter	(89) •STARE (402)
Zhou et al. 2017 [45]	 Reducing the size of the image Enhancement luminosity by a gain matrix based on gamma correction for V channel Enhancement contrast for L channel by "Contrast Limited Adaptive Histogram Equalization" (CLAHE). 	• MESSIDOR(1200) • Private (961)
Palanisamy et al. 2018 [47]	 Enhancement luminosity by gamma correction based on "Cumulative Density Function" (CDF) for the V channel. Modified the histogram based on mean Structural Similarity Index SSIM Enhanced contrast based on CLAHE to the low-frequency components in "Discrete Wavelet Transform" (DWT) 	Private (128)
You et al. 2019 [48]	Cycle-CBAM modified the CycleGAN by utilizing the "Convolutional Block Attention Module" (CBAM)	 EyePACS (88702) Private (2906)
Luo et al. 2020 [49]	 Created synthesized cataract-like images from a clear image by applying the mathematical haze model and refined image by CNN called CataractSimGAN De-hazing image by using CNN called CataractDehazeNet 	private (800)
Aurangzeb et al. 2021 [50]	Modifying "Contrast Limited Adaptive Histogram Equalization" (CLAHE) by "Modified Particle Swarm Optimization" (MPSO) For Green channel	• DRIVE (40) • STARE (40)
Wang et al. 2021 [51]	 Separated the image into three layers using Total-Variation The base for correcting the illumination, details for enhancing the contrast, and noise for smoothing the image 	•DIARETDB0 (130) •DIARETDB1 (89)

6. Localization Optic Disc/ Optic Nerve Head (ONH)

The optic disc (OD) is the key to identifying many diseases, so the localization of OD is an essential step for retinal fundus image analysis to reduce the time and increase the accuracy of the work [52]. In general, the OD is the bright circular region in the retinal fundus image [53]. The region of interest (ROI) is the area that contains the OD. The optic nerve head (ONH) is the other name for the OD. Some articles consider the ONH as the ROI. Table 5 shows an overview of some localization methods.

Author/s	Preprocessing	Localization	Dataset
Alghamdi et al. 2016 [52]	Subtracted the average and divided by standard deviation	Cascade classifier with CNN	MESSIDOR (1200),STARE (402), DIARETDB1 (89), DRIVE (40), Four local (4050)
Wu et al. 2016 [53]	 Removing the cross of the vessels by morphology operations Computing the gradient direction of the OD without vessels 	"Hybrid Directional Model" (HDM) by Incorporating two-directional models • "Relaxed Bi-parabola Directional Model" (R- BPDM) • "Disc Directional Model"	STARE (81), ARIA (120) MESSIDOR (1200), ROC (100) DIARETDB0 (130), DRIVE (40) DIARETDB1 (89), ONHSD (90) DRIONS (110)
Peiyuan et al. 2017 [54]	Subtracted the average and resized images	VGG CNN	STARE (400), ORIGA (650) MESSIDOR (1200)
Martinez-Perez et al. 2019 [55]	 For ONH "Reduced size of image, Created mask of the FOV by Otsu, increase the contrast Removed smaller objects such as blood vessels by using Gaussian filter 	 Otsu: multi-level thresholding Combined channels based on binary operations Selected the object with large roundness 	Private(1131) DRIVE (40) MESSIDOR (1200)

Fable 5- Overview of articles for localizatio	n Optic Disc (OD)/ Optic Nerve Head	(ONH).
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 For OD center: Removed blood vessels using morphological operations Selected one channel from RGB image based on Shannon information 	OD center: circular Hough transform	
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7. Segmentation in Retinal Fundus Image

Accurate segmentation for regions of the retinal fundus image is necessary to solve the challenge of the accuracy of diagnosing diseases in automatic systems. The segmentation step is usually performed before the classification step because the classification step analyzes specific regions within the fundus image. As seen in Figure 1, the regions of the retinal fundus image that are considered important regions based on the classification method. The regions are the optic disc (OD), optic cup (OC), blood vessel, and Fovea. The optic disc and the optic cup are the main parts in fundus images that most of the methods need to be segmented. There are several articles for segmentation fundus images. They are categorized according to the article's objective.

7.1 Segmentation Blood Vessels

Blood vessels are a vital component in the fundus image. There are some purposes for segmenting blood vessels. The first purpose is to segment vessels and study their properties and the correlation of these properties with diagnosing diseases. The extracted properties are color, size, and shape. The second purpose is to segment the vessels and track their path and curvature for extracting some cues to determine the position of the OC and OD (bending in the border of the optic cup and entering the vessels into the optic disc from the top and bottom). The third purpose is to segment blood vessels for the purpose of removing them in a precise way. Table 6 shows an overview of a set of articles that aim to segment blood vessels.

			Perf	forma			
Author/s	Preprocessing	Segmentation			Dataset		
		l A				SPE _x	
		•Multi-scale CNN supported	97.5	95.3	77.7	07 03	DRIVE
		with a modified cross-entropy	9	3	2	91.95	(40)
Hu et al.		function					
2018 [56]		•Fully connected	97.5	96.3	75.4	98.14	STARE
		"Conditional Random Fields"	1	2	3		(20)
		(CRFS)					
Gu et al.	Scaling image, HSV color	New "Context Extractor	97.7		83.0	05 45	DRIVE
2019 [57]	space, Similing randomity, Data	Network" (CE-Net)	9		9	95.45	(40)
	augmentation		08.0	05.6			DRIVE
	Reduced image size, Normalized •Enhanced contrast by "Contrast Limited Adaptive Histogram Equalization" and gamma		2	6			(40)
			98.3	96.4			STARE
Jin et al.			2	1			(20)
2019 [58]		"Deformable U-Net" (DUNet)	98.0	06.1			CHASE
			4	90.1			(28)
			98.3	96.5			HRF(45)
			1	1			III((4 5)
				95.2	78.5	96.7	DRIVE
KHAN et al. 2021 [59]	•Getting Gray image by using	"Normalized Second-Order		20.2	10.0	20.7	(40)
	Principal Component Analysis	Derivative of anisotropic		95.1	78.8	96.6	STARE
	•Smoothing by the median	Gaussian Kernel" (NSDAGK)					(20)
L J	filter.	, , , , , , , , , , , , , , , , , , , ,		95.2	96.8	78.75	CHASE
				1	2		(28)

Table 6-0	Overview	of articles	for blood	vessels	segmentation	methods
		or articles	101 01000	1000010	Segmentation	memous

7.2 Segmentation of the Optic Disc

This section presents a set of articles for the segmentation of the optic disc (OD), as shown in Table 7. For segmentation of the OD, the methods of localizing the OD (section 6) and segmenting blood vessels (section 7.1) can be used as preprocessing.

Author/s	Preprocessing	Localization	Segmentation	Perf	form: IoII	ance] ACC	Metr SEN	ics % SPE	Dataset		
				87.2	78.6	97.7 2	81.8 7	99.66	DRIVE (40)		
	•Normalizing G			89.1 0	85.1	97.7 2	85.1 0	99.84	DIARETDB1 (89)		
Abdullah et	subtracting		Circular Hough transform Grow-cut $\begin{array}{c} 90.5 \\ 0 \\ 91.0 \\ 2 \\ 85.1 \\ 5 \\ 8\end{array} \begin{array}{c} 95.7 \\ 9 \\ 33 \\ 5 \\ 8\end{array}$	83.1 3	99.71	CHASE_DB1 (28)					
al. 2016	from morphology	Circular Hough transform		91.0 2	85.1	95.4 5	85.0 8	99.66	DRIONS-DB (110)		
[00]	Remove vessel by morphology			93.3 9	87.9 3	99.8 9	89.5 4	99.95	MESSIDOR (1200)		
	operation			87.6 3	80.1	97.9 3	80.1 5	99.91	Private: (19)		
				91.9 7	86.1	99.6 7	88.5 7	99.92	ONHSD (99)		
Zahoor et al. 2017	•Compated			90.3 9	84.4	99.1 8	88.9 1	99.73	MESSIDOR (1200)		
	illumination by	• Estimated the center of OD • Hough Transform \bullet Morphology operations \bullet	97.0 6	99.49	DIARETDB1 (89)						
	Normalizing Red		• Polar	93.7 8	88.6	99.8 6	93.8 4	99.94	DRIONS-DB (110)		
	 subtracting Remove vessel Improved the OD Circular boundary by morphology operation 		Morphology operations	85	75.6	99.8	83.0 9	99.93	DRIVE (40)		
[01]		•Improved the OD	•Improved the OD	Tunoron	•Adaptive	84.9 1	74.8	97.5	91.1 2	98.07	RIM-ONE (118)
			•Ellipse fitting	92.8 2	86.8 6	97.7 4	92.3 3	98.92	HRF (45)		
				93.3 2	87.8 8	99.6 3	89.0 8	99.96	Private: (111)		
				89.6 2	82.1 7	99.3 7	92.4 9	99.59	DRIONS-DB (110)		
		•Smoothed		88.4 3	80.0 5	99.3 1	95.8 2	99.43	DRISHTI (101)		
	•Resized image	opening	●Cropped	85.4 2	75.5 9	99.7 2	83.7 6	99.89	MESSIDOR (1200)		
Ramani et	Binarized imageEroded image	• CLAHE •Binarized	image ●Circular	81.3 8	71.0 0	99.3 8	90.3 5	99.52	DRIVE (40)		
[62]	•Multiplied bitwise •Smoothed by	Applied pixel donsity	Hough ●Super Pixel	85.9 8	77.1 1	99.2 0	91.2 6	99.43	CHASE_DB1 (28)		
	Gaussian filter	by density calculation and	segmentation	85.4 3	75.4 7	99.3 1	80.3 5	99.84	INSPIRE-AVR (40)		
		multilevel localization	localization		88.2 3	80.1 8	99.6 7	85.2 1	99.90	HRF (45)	
			84.4 8	74.0 4	99.6 4	85.4 7	99.82	ONHSD (90)			

	C (* 1	C O C T	(OD)	, ,•	(1 1
Table 7-Overview	of articles	for Optic L	JISC(OD)	segmentation	methods

7.3 Segmentation of the Optic Cup

The location of the optic cup (OC) is inside the optic disc. Figure 1 shows the structure of the fundus image and refers to the OC. In the fundus images, the segmentation of the OC is the most challenging task since the OC interferes with the OD and blood vessels are present,

in addition to the distortions that are observed in this area due to the disease. This section presents a set of articles for the segmentation of the OC. Table 8 shows methods for segmenting OC.

Author/s	Prenrocessing	Segmentation	Performance Metri			CS Dataset	
Authorys	reprocessing	Segmentation	DICE _x ACC _x		AVRB		
Yang et al. 2018 [63]	 Enhanced Green by morphological operations Subtracted the smoothed version from the enhanced version Inpainting blood vessels 	"Local Chan– Vese" (LCV)	79.55		12.32	private (94)	
				98.61		RIM-ONE (159)	
		"Clowworm		100		DRIVE (40)	
Pruthi at al 2020		Swarm Optimization"		98.75		STARE (81)	
[64]			94	99.87	23.8	DRIONS-DB (110)	
		(050) algorithin		96.56		DIARETDB1 (89)	
Prastyo et al. 2020 [65]	Cropped the rectangular region around the optic disc manually	Modified the architecture of U- Net	98.42			ORIGA (650)	

	Table 8-Overview	of articles f	or Optic Cup	(OC) segment	ation methods
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7.4 Segmentation of the Optic Disc, Fovea, and Blood Vessel

This section presents several articles that aim to segment more than one part of the fundus images, such as the optic disc, fovea, and blood vessels. Table 9 shows the brief steps of the articles.

Author/ s	Preprocessing	Localization	Segmentation	Per IoU	form ACC _x	ance SEN _x	Metri SPE _x	cs % PRE _x	Dataset/ Work on
Rodrigue s et al.	Selected the best contrast channel	Bright region	Transforming into Haar 5th level wavelets and threshold		85				DRIVE (40)/ OD
[66]	Selected Green channel		Vessels: multi-scale Frangi based on Hessian matrices		92.6 9				DRIVE (40)/ vessels
	Selected the Green channel •Removed		 Smoothing the Green channel by morphological operations Differencing the morphology version and enhanced version Applied Otsu method 		95.3 5	75.1 7	97.2 4	73.4 0	DRIVE (40)/ vessels
Kim et al. [67]	noise (Gaussian)	•Binarized the enhanced	•Enhanced contract •Removed the vessels of		99.1 8	78.2 2	99.5 4	77.1 6	DRIVE (40)/ OD
	contract (CLAHE)	•Determined circle-shaped around OD	ROI •Reconstructed the OD region by using Otsu		98.9 4	91.0 8	99.2 1		DRIONS-DB (110)/ OD
		Determining circle-shaped center vessels (ROI)	 Differencing the morphology version and flood-fill version Applied Otsu method 		99.8 0	90.6 0	99.8 5	78.4 2	DRIVE (40)/ Fovea
Carmona	•Reduced the		•Learned simultaneously "	84.	99.7				ONHSD (99)/
et al. 2021[68]	size of the image, flipped		Knowledge" (intra-SRK).	2 87	9	90.7	99.9		MESSIDOR

Fable 9-Overview of articles	for Optic Disc, Fovea,	and blood vessel segmentation methods
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horizontally the	and (inter-SRK) models		2	5	(1200)/ OD
image to the	•Combined the intra-SRK				
left side	and inter-SRK models to				
 Normalized 	create an OD-fovea model		88.4	00	MESSIDOR
the image by	•Differential evolutionary		1	99	(1200)/ Fovea
using contrast					
stretching					

7.5 Segmentation Optic Disc and Optic Cup

There are two kinds of segmentation. The first kind is joint segmentation, where the result of segmentation contains the optic disc and the optic cup as one region. The second kind is disjoint segmentation, where the result of segmentation consists of two independent regions: the optic disc and the optic cup regions. Table 10 shows the articles of the joint segmentation and Table 11 shows the articles of the disjoint segmentation.

		j.	Joint		F	Perfor	man	ce Met	trics 9	/o	
Author/s	Preprocessin g	Localization	OD&OC Segmentatio n	OD/ OC	DICE,	loU _x	ACC,	SEN _x	SPE _x	PRE _x	Dataset
Shankaranar ayana et al. 2017 [69]	Resize image 256× 256		ResU-cGAN	OD OC	97.7 94	89.7 76.8					RIM-ONE (159)
				OD	95.97	91.8 3	99.6 6	97.45	99.7 3		DRISHTI-GS
Tabassum et al. 2020 [70]				OC	92.4	86.3 2	99.7 1	95.67	99.8 1		(101)
	• Reduced the size • Augmented the images		CNN called	OD		88.3 7					REFUGE
		mented nages	CDED-Net	OC		81.1 1					(400)
				OD	95.82	91.0 1	99.5 6	97.34	99.7 3		RIM-ONE
				OC	86.22	75.3 2	99.6 1	95.17	99.8 1		(159)
				OD	97.8	95.7		97.84		97.78	DRISHTI-GS
Liu et al. 2021[71]	Data	Extracted the Data ROI by CNN C	CNN called	OC	91.23	84.4 2		92.2		91.49	(101)
	Data ROI by CNN C augmentation U-net and D circular Hough	DDSC-Net	OD	96.01	92.3 9		98.14		94.12	REFUGE	
				OC	89.03	80.6 5		92.09		87.49	(120)

Table 10-Overview of articles for joint segmentation methods.

Tabl	e 11.	Overview	of a	rticles	for	disioint	segmentation	methods
1 ani	C 11-		UI a		IUI	uisjonii	segmentation	memous

Author/s		Preprocessing	Localization	Disjoint OD&OC	OD OC	Perf	orm	ance %	e Me	trics	Dataset
			Segmentation		DICE	IoU	ACC	SEN	PRE _x		
	Mittapalli	Detected and	"Principal	Active contour	OD	97.5					Private (40)
and Kande 2016 [9]	e removed blood vessels	analysis" (PCA)	"spatially weighted fuzzy c means"		89					DIARETDB0 (9)	
	Sevasto-	• CLAHE		Modification of U-	Л	94	89				DRIONS-DB (110)
	polsky et al. 2017 [72]	•Augmenting data		Net CNN	OD	95	89				RIM-ONE-r3
		•Cropping OD		== (82	69				(159)

	•CLAHE •Augmenting data				85	75				DRISHTI-GS (50)
Nazir et	•Augmented data •Created a polygon	•Created features map using	Custom Mask-R- CNN •Improved	OD	95.3	98.1	97.9	96. 9	95.9	
al. 2021 [73]	for OD and OC using "VGG Image Annotator" (VIA)	 Identified ROI using "Region Proposal Network" 	location of OD and OC •Created Mask for OD and OC	OC	98.7	96.3	95.1	95. 7	97.1	ORIGA (650)

8. Glaucomatous Classification

Retinal funds Image classification is the backbone of this study because correctly classifying the images leads to an accurate diagnosis of glaucoma. There are multiple methods for classifying images (for glaucoma diagnosis). This study categorizes the classification methods according to the type of features used in the classification. The following subsections describe the classification methods: medical-based techniques; intensity-based techniques; deep-based techniques; and hybrid-based techniques.

8.1 Medical-Based Techniques

This section presents the first category of the Retinal Fund's image classification. The first category is the method that depends on the structural characteristics. The characteristics are used clinically in the diagnosis of glaucoma diseases, such as the Cup-to-Disc Ratio (CDR). The study will call this category a medicinal-based technique. Table 12 shows the articles in the first category.

Author/s	Preprocessing	Localization	Segmentation	Features Extraction for Classificati on	Measur e	Valu e%	Dataset
	Removing vessels,	●Intensity	•K-mean clustering		ACC	92	
Ayub et al. 2016 [74]	Sharping and Equalizing image	centroid	for L channel •Canny and ellipse	• CDR	SEN	93	Private (100)
	1 0 0	then cropped the ROI	fitting		SPE	88	
	After localization		•Reduce		SEN	92.3	
77'11 1	●L* a *b	•Circular	•CNN with Gentle		SPE	95.6	
2017 [75]	• Subtracted by mean • Division by standard deviation	Hough for Green ● Cropped ROI	AdaBoost •Graph cut algorithm •Convex hull	• CDR	ACC	94.1	RIM-ONE (159)
Arnay et al. 2017 [10]	Segmented vessels by thresholding & thinning		"Ant Colony Optimization" (ACO)	• CDR	AUC	79.57	RIM-ONE (159)
	Multiple sizes with		 M-Net CNN with 4 mechanism 		AUC	85.08	ORIGA (650)
Huazhu et al. 2018 [6]	polar transformation version images		• threshold, ellipse fitting for segmenting jointly OD and OC	• CDR • RDAR	AUC	89.97	Private (1676)
Nawaldgi et al. 2018 [12]			Thresholding and morphology operations •OD from Red •OC from Green	• CDR • ISNT rule	ACC	99	DRISHTI-GS1 (101)

Table 12-Overview of articles for glaucoma diagnosis (Medical-Based Techniques)

	 Selection channel 		• Superpixels based on "Simple Linear		AUC	91		
Mahamadat	• Noise removal		Iterative Clustering"		SEN	92.30		
al. 2019	Diffusion		•Extraction features by "Statistical Pixel-	• CDR • CDAR	SPE	97.60	RIM-ONE (166)	
[70]	• Corrected the illumination		•Support Vector Machine for OD&OC		AUC	98.63		
	• Estimated the		Fuzzy broad learning		AUC	90.6	RIM-ONE-r3 (159)	
Diaz at al	Size of OD	Tomplata	system		AUC	923	Private (566)	
2020 [77]	correction	matching	•Level-1(OD: Red) •Level-2(OC:	• CDR	AUC	97.21	REFUGE (1200)	
	augmentation		Green)		AUC	88.7	DRISHTI-GS (101)	
	 Reducing the 		• Encoder decoder		SEN	96.74		
	size of the images		based on Semantic		SPE	99.1		
Imtiaz et al.2021 [78]	• Augmenting data by contrast		Segmentation fine	• CDR	ACC	99.03	RIM-ONE-r3	
	variations and rotation		tuning VGG 16 CNN • Removing noise •Ellipse fitting	- CDR	DICE	85.94	(169)	

8.2 Intensity-based Techniques

The second category is the method that depends on pixels' features to classify the image. Statistical features are an example of them. Intensity-based techniques fall into the second category. The set of articles showing intensity features is in Table 13.

Author/s	Preproces sing	Localizati on	Segmentati on	Features Extraction	Norm./ Selection	Classifica tion	Meas ure	Valu e%	C.	Dataset
Maheshw	Extracting			•Transforming into "Empirical Wavelet Transform" (EWT)	T-test/ z-	" Least Squares Support	ACC ACC	98.3 3 96.6 7	3- f. 10- f	Private (60)
ari et al. 2016 [14]	R, G, B, and gray			•Extracting 3 Correntropy	score	Machine "	ACC	81.3 2	3- f.	RIM- ONE
				features for each channel		SVM)	ACC	80.6 6	10- f	(505)
		●Kaiser	●Segmentin	● Transforming	Genetic,	Random forest	ACC	94.7 5		
		for getting	g OD by bit plane from	into first level Discrete wavelet	Evolution ary	Naïve Byes	ACC	89.4 8		
Singh et al. 2016		intensity	R channel •Removing	(DWT) •Extracting mean	Attribute	ANN	ACC	94.7 5		Private
[79]		Green	vessels by the in-	and energy using Haar, db3, Symlet3	z-score/ "Principal	SVM	ACC	94.7 5		(03)
		circular ROI	painting method	and Bi-orthogonal filters	Compone nt Analysis"	K-NN	ACC	94.7 5		
Kavya et al. 2017 [80]	enhance R by "Adaptive Histogram Equalizati on"		Hough Transformat ion for OD	 "Gray Level Co-occurrence Matrix" "Gaussian Markov Random Field" (MRF) 		"Support vector machine" (SVM)	ACC	86		DRISH TI- GS(101) , Private: (30)
Maheshw ari et al.	•Resized images			•Transforming into "Variational	Z-score/ Relief	"least squares	ACC	94.7 9	10- f.	Private(488)

Table 13	B-Overvie	w of	articles	for	glaucoma	diagnosis	(Intensity	/-based	Technie	ques)
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2017 [4]	• Enhanced by CLAHE			Mode Decomposition" (2D-VMD) • Extracting entropies and fractal dimensions		support vector machine" (LS- SVM)	SEN SPE ACC ACC	93.6 2 95.8 8 95.1 6 81.6 3 81.2 2	3- f. 10- f. 3- f.	RIM- ONE (505)
Arwa A. Gasm Elseid and Alnazier O. Hamza	•Resized the image •Smoothe d the Red channel •Remove d vessel		OD thresholding smoothed and constructed a circle from the Red channel. OC used	13 shape features from OD and OC	T-test	Ensemble RUSBOO STED tree classifier with SMOTE	SEN SPE	85.1 93.6	f.1 0	RIM- ONE (169)
2018 [81]	•Enhance d the contract		OD mask for thresholding and smoothed			method	AUC	91.3		
	•Cropped the image	thresholdi ng Red	Cropped	•Transforming into Daubechies4 wavelet			AUC ACC SPE SEN	92.2 89.4 90.9 87.9	5 f.	Glauco maDB (66)
Abdel- Hamid 2020 [82]	 Illuminatio n Red by subtractin g mean Smoothi ng and CLAHE 	detected manually the radius, center, and rectangula r for OD	rectangular boundary for OD for Green and Blue channels.	 Textural features Extracted "Gray- Level Co- occurrence Matrices" (GLCM) features Statistical features seven features 	Relief algorithm and Informatio n Gain	KNN classifier	AUC ACC SPE SEN	94.7 96.7 100 93.3	5 f.	HRF (30)
Padma et al. 2021 [83]	 Removin g noise by Median filter Removin g vessels by morpholog y operations 	directional match filters cropped ROI	"Local Region Recursive Segmentatio n" (LRRS)	•Transforming into Empirical Wavelet Transform" (EWT) •Extracting: local binary pattern, local vector pattern, and correntropy features	Z-score / T-test	Random forest	SEN ACC	89.2 9 89.7 1		RIM- ONE-r2 (455)
Shantham alar I	-	Localized OD by pixel	Cropped	•Converting into 9 color model and gray •Extracting:	Fisher filtering	"Random Tree"	ACC	96.8 3		DRISH TI-GS1 (101)
Jeslin 2021 [5]		density calculatio n	ONH	Statistical, "Gray Level Concurrence Matrix" and Histogram features	filtering and relief filtering	(RT) classifier	SEN	97.2 6		RIM- ONE-r1 (169)

* (Norm.) refers to normalization, (C.) refers to cross-validation and (f.) refers to k-fold.

8.3 Deep-Based Techniques

The third category is the methods that depend on the deep features extracted through the Convolution Neural Network (CNN) to classify images. Table 14 shows a set of methods for deep-based techniques.

Author/s	Preprocessing	Localizati	Segmentati	Features Extraction/ Classification	Measu re	Valu	C.	Dataset
Abbas 2017 [18]		High intensity of Green channel	Croup the ROI	 Pre-trained CNN Optimized by the fine- tuning deep-belief network (DBN) 	SEN SPE ACC PRE	84.5 98.0 1 99 84	10- f.	 DRIONS- DB(110) HRF (30) sjchoi86- HRF(401) private (659)
Li et al. 2018 [84]	•Normalize •Reduced size •Subtracted mean • Augmentation			Glaucomatous Optic Neuropathy" (GON) consisted of 11 Inception- v3 CNN	AUC SEN SPE AUC	98.6 95.6 92 98.6		Private (48116)
Fu et al.	• The stream of polar		CNN like	•DENet with several streams based on fine-	AUC SEN SPE	91.8 3 84.7 8 83.8 0		private: SCES(1676)
2018 [85]	transformation work as data augmentation		the U-Net	Global Image, ONH, ONH polar, optic disc •Ensemble Networks	AUC SEN	81.7 3 78.7 6 71.1		private: SINDI(5783)
Christop her et al. 2018 [86]	• Augmentation •Reducing the size of the image	 Manually Learning model 	Cropped the square around OD manually	Native ResNet50 Transfer learning ResNet50	AUC AUC	5 89 91	10- f.	Private (7411)
Raghave ndra et al. 2018 [87]	Reducing size image to 64*64 pixels			New CNN with 18 layers	ACC SEN SPE PRE	98.1 3 98. 98.3 98.7 9	5- f.	Private (1426)
Ahn et al. 2018 [16]	•Cropped the optic nerve •Data augmentation			Transfer learning of GoogleNet Inception New Convolutional Neural Network	ACC AUC ACC AUC	93 84.5 87.9 94		HARVARD (1542)
Diaz et al. 2019 [15]	•Subtracted the average •Resized images •data augmentation	Fine-tune VGG + thresholdin g	Croup the ROI	Fine-tuned Xception	AUC ACC SPE SEN DICE	96.0 5 89.7 7 85.8 93.4 6 90.5 1	10- f.	•ACRIMA (705) •DRISHTI- GS1(101) •sjchoi86-HRF (401) • HRF (45) •RIM-ONE (455)
Li et al. 2019 [22]	Resized images to 224 × 224	"Pathologi cal Area Localizatio n Subnet"		"Attention-based CNN for Glaucoma detection" AG- CNN: three stages "Attention Prediction	ACC SEN SPE AUC	95.3 95.4 95.2 97.5		LAG(5824)

	110	•	c	1 C	1	1 1	. 1 .	. 1	1
I able	14-0	verview	of arti	cles to	r deep	-based	techniques	to detect	glaucoma
					1		1		0

		(PALS)		Subnet", "Pathological	ACC	85.2		
				Area Localization Subnet"	SEN	84.8		RIM-ONE-r1
				and "Glaucoma	SPE	85.5		(169)
				classification subnet"	AUC	91.6		
Conto ot		Crowh		Three parallel fine-tuned	AUC	94		
	Data	Graph	Threshold	CNNs AlexNet8	ACC	88		
al. 2020	Data	saliency	cropped	ResNet-50 and -152	SEN	86		(1542)
[00]	augmentation	detection	around OD	• Sum of the Maximal Probabilities" (SMP)	SPE	90		(1342)
	 Cropped 				AUC	99.5		
Hemelin	square			 Transfer learning 	SEN	98.0		
gs 2020	•Resize image			ResNet-50/ new layers				Private (1035)
et al.	 Gaussian 			 Active learning and 	CDE	01		1 11vate (4955)
[89]	 Augmentatio 			Saliency maps	SPE	91		
	n							
Joshi et	●Data		Drew a		ACC.	93.7	_	•DRISHTI-GS
al. 2020	augmentation		bounding	Transfer Learning of	SEN	89.1	5-	(101)
[90]			box	YOLO-v3	SPE	95.8	f.	• REFUGE (400)
			manually			5		• private (256)
Alghamd				"Semi-supervised	ACC	93.8		• RIM-ONE-r2
i et al.	Data			Convolutional Neural	SEN	98.9		(455)
2021	augmentation			Network model with	SPE	90.5		• RIGA (750)
[91]				Autoencoder"	AUC	95		· · · ·
				"Self-Adaptive Transfer	ACC	74		
Bao et al.	Resized of			Learning" (SATL)	SEN	71.3		LAG (4854)
2021	images			integrated the VGG and		8		private (1881)
[92]	U			"Variational Auto-	PRE	59.5		REFUGE-2 (400)
				Encoder" (VAE)	DICE	5		
					DICE	57.1		

*(C.) refers to cross-validation and (f.) refers to k-fold

8.4 Hybrid-Based Techniques

The fourth category is the methods that depend on more than one type of feature. They combine more than one type of category. This type we will call the hybrid-based technique. The study presents two groups for this category: hybrid-based (Intensity + Medical) techniques in Table 15 and hybrid-based (Intensity + Deep) techniques in Table 16.

Table	15-Overview	of	articles	for	hybrid-based	(Intensity	+	Medical)	techniques	to	detect
glauco	ma										

Author/s	Preprocessi	Segmentation	Features Extraction	Classificati	Measu	Valu	C.	Dataset
1144110175	ng	Segmentation		on	re	e%		Dutuset
Chakravart	illumination	Template match by Hough to Crop square ROI	"Texture of Projection" (ToP) and "Bag of Words" (BoW)	"Support	ACC	76.7 7	5- f.	DRISHTI- GS1 (101)
y et al.	acreation	OD and OC by	evertical CDP and rim to diag	Vector Machina"	AUC	78		
2016 [8]	contection	the estimated depth and	area ratio, major axis length	(SVM)	ACC	73.2 8	5-	Private
		"Markov Random Field"	horizontal to vertical CDR		AUC	79	f.	(1103)
	●Increased	OD (R channel)	Hybrid Structural Feature-set	"Support	SPE	88		
Whall at al	the resolution	OC (B channel) •thresholding	• CDR • Rim to Disc Ratio (RDR)	Vector Machine"	SEN	77	10- f.	GlaucomaD B (100)
Khalil et al. 2017 [11]	by the bilinear	• Opening •Convex hull	•"Hausdorff's Fractal Dimension" (HFD)	(SVM)	ACC	83		
	interpolatio n method	•Cropping the region of OD	Hybrid Texture Feature-set • OD(GLCM, 2D Discrete	==	SPE	92	==	==

	•Scaled image	• Segmenting vessels in the	Wavelet Transform", Grey- level run length, Fractal,		SEN	96		
	 Increased the contrast of the image Cropped ROI 	Gabor, multilayered thresholding	 Brightness, Super-pixels, mean and standard deviation Rim vessels (Area, Mean, Kurtosis, Standard deviation, Variance Skew) 		ACC	94		
		OD: Prewitt	• Medical features (CDR,		SPE	91.2 1		
Pathan et	Removed the blood	filter, applied the circle finder	RAR, and ISNT rule), ●Color features (entropy,	"Support	SEN	93.4 7		(300)
al. 2021 [2]	vessels	operation	mean, skewness, energy,	Vector Mashina"	ACC	90		
	Green	tree	variance)	(SVM)	SPE	92.6 8	10	DRISHTI-
	channel	UC: к-mean	• rexture reatures "Grey Level Co-occurrence Matrix"		SEN	100	f.	GS1 (101)
					ACC	95		

*(C.) refers to cross-validation and (f.) refers to k-fold, ("==") refers to the same procedures or materials (as above).

Table 16-Overview of articles for hybrid-based (Intensity + Deep) techniques to detect glaucoma

Author/	Preprocessi	Features Extraction	selection	Classificat	Measu	Valu	C.	Dataset
S	ng			ion	re	e%		2
Claro et al. 2019 [19]	Used five channels RGB and HS	•Morphology : Area, Perimeter, Convex Area,	gain ratio	Random forest (RF)	ACC	93.3 5	10- f	RIM-ONE-r1 (158) RIM-ONE-r2 (455)
		 Diameter, and Extension Texture: LBP, GLCM, HOG, Tamura and GLRLM 			AUC	98		RIM-ONE-r3 (159) DRISHTI-GS1 (101)
		• Deep features: using CNNs (CaffeNet, Vgg-f, Vgg-m, Vgg-			ACC	93.6 1	10- f	HRF (30) ISIEC (67)
		s, VGG-19, AlexNet and Vgg- 16)			AUC	97.5		ACRIMA (705)
Chaudh ary et al. 2021[93]	•Extracted	"Two Dimensional Fourier- Bessel Series Expansion based	min-max/ "Principal Compone nt Analysis" (PCA) / T-Test	SVM	ACC	90		RIM-ONE-r2 (455)
	Green	Empirical Wavelet Transform"		random forest (RF)	ACC	95.5		RIM-ONE-r1 (169)
	channel	to obtain sub-images				1		RIM-ONE-r2 (455)
	•Enhanced contrast by CLAHE	•Extracted features by utilizing "Gray Level Co-occurrence Matrix" (GLCM), chip histogram, and moment invariance		Random forest (RF)	ACC	98.2 1		RIM-ONE-r1 (169)
	•Reduced		S	Soft-max classifier	ACC	91	_	RIM-ONE-r1 (169) RIM-ONE-r2 (455) RIM-ONE-r3 (159) ORIGA (650) DRISHTI-GS1 (101)
	size of	"Two Dimensional Fourier-			SPE	83		
	Green	Bessel Series Expansion based			SEN	94		
	•Enhanced by CLAHE •Augmente d	 Empirical wavelet Transform to obtain sub-images Extracted deep features by transfer learning of ResNet-50 			AUC	96		

*(C.) refers to cross-validation and (f.) refers to k-fold

9. Discussion and Analysis

• Dataset

The retinal fundus image has many datasets. Depending on the ground truth, each dataset can be used to solve a specific problem. Figure 3 shows the datasets that were used in this review.



Figure 3-Categories of datasets used based on the presented articles.

•Enhancement: The enhancement image step is part of the preprocessing step. It includes correcting contrast/luminosity and de-noising. Several techniques such as CLAHE, gamma correlation, bilinear interpolation, subtracting mean, and CNN are utilized for adjusting contrast and luminosity, but CLAHE is the most widely used. De-noising can be done by using Gaussian, median, and anisotropic filters. The Gaussian filter is the most commonly used.

•Localization: The localization step of an optic disc (OD) is different from the OD segmentation step, but in many methods, the two steps overlap because the segmentation step initially needs to be localized. The localization step involves some tasks. The first task is to select a suitable channel, either using the Shannon information or the red channel, because it is the most common choice. The second task determines the work area, which is ONH or called ROI. The third task determines the center of the OD and sometimes its radius to be ready for segmenting. Notably, the Optic Cup does not need a localization step because the location of the OC is inside the OD and is usually identified by using the green channel.

•Segmentation: Segmentation is considered the most significant challenge in diagnosing glaucoma, especially when using classification methods based on medical features, because it requires very high precision segmentation. The purpose of segmentation is to extract OD and OC. Cup segmentation is the most difficult challenge in the diagnosis of glaucoma due to the overlap of the Cup with the Disc, the presence of blood vessels, and changes associated with glaucoma.

•Classification

• **Medical-based technique**: This type is the most important kind of classification because it uses the medical indicators for diagnosing glaucoma, such as the CDR and ISTR rules.

• Intensity-based technique: This type of classification has proven its worth, especially since it does not require precise segmentation. It extracts the features of the parts of the raw image or the converted version of the image (wavelet widely used) and afterwards classifies the features by one of the machine learning techniques (SVM widely used).

• **Deep-based technique:** The CNN net contains two stages: feature extraction (convolution layer and pooling layer) and a fully connected layer (classification). Practically, there are several kinds of CNN nets. First, the new CNN net (newly implemented) is built and trained from scratch. Second, the transfer learning net uses the pre-trained net and keeps the

architecture and weights of the old net but makes a change in the fully connected layer (as retraining the weights and reducing the number of outputs). Third, the fine-tuning net uses the pre-trained net and retrains the weights (for any part of the net) or modifies any layer or parameter for the pre-trained net. Some methods use more than one kind (hybrid, transfer learning, and fine-tuning). However, in recent years, more methods that rely on CNN have achieved highly accurate results.

• Hybrid-based techniques: This type is comprehensive and extracts various features.

The hybrid-based (Intensity + Deep) technique archives good results.

10. Articles Gap

Datasets

Methods using private datasets have a drawback because it is difficult to compare results with other methods and it is impossible to determine if the results are accurate. Some methods use inappropriate datasets with the target of the pepper consequence that the authors create private ground truth.

•Enhancement:

The enhancement must be precise because some methods generate blocky effects.

Localization

Localizing the OD using only the principle that the OD is the bright circular region in the retinal fundus image is not accurate because the retinal fundus images contain a lot of bright areas. Some methods are not fully automatic, such as specifying the disc area and radius manually.

•Segmentation: Generally, if OD and OC are segmented by the same method, the segmentation results for OC will not be as pleasing. Most methods ignore the relationship between the parts of the retina.

Classification

• **Medical-based technique:** It depends very heavily on the accuracy of separating the cup, disc, and the rest of the retina. However, there are several parameters associated with the features used in this type of classification. Most methods used one or two parameters and ignored the rest.

• **Intensity-based technique:** This type of work consumes a lot of time and effort. There are many extracted features, but the classification stage does not use all of them.

• **Deep-based technique:** It needs large datasets. Unfortunately, these are not available for glaucoma patients, as they consume a lot of time during training.

• **Hybrid-based techniques:** According to the best of our knowledge, no method combines the three kinds of features.

11. Conclusion and Guideline for Diagnosing Glaucoma

Analyzing the retina requires several major steps. The steps involve analyzing the retina based on the objective of the research and the techniques used by the researcher. The research goals are enhancement, localization, segmentation (several kinds), or classification. Classification usually has more steps than other applications. However, enhancement, localization, and segmentation are often implicit steps to achieve the goal of classification.

In glaucoma diagnosis, feature extraction and classification are indispensable steps, while the rest are used optionally depending on the methodology used in the algorithm. Figure 4 shows a summary of the main steps and useful notes required for glaucoma diagnosis.

Gathering Data	It depends on the ground truth. For example, if a method requires segmentation, it will need information about OD and OC masks.
Preprocessing	Enhancing contrast and luminosity, Remove noise, choosing Channel, Resized image, Removing vessels, data augmentation to increase data for avoiding possible over-fitting, image fusion Other steps as needed
Localization	Selecting channel (for OD red channel is the most common), determining ONH, determining the centralize of the OD
Segmentation	In general, the first step determines the ONH and the centralize of the OD. Second step segments the OD region then the OC is segmented from the OD region.
Features Extraction	Three types •Medical features, Table-1. This type requires precise segmentation. •Intensity features such as statistical and texture. They can be extracted without segmentation or at least identifying the area of the ONH •Deep features are extracted automatically by the CNN network, usually do not need to segment the image and run on the ONH area.
Features Selection	It statistical step to exclude features, that do not affect the differentiation process. It usually comes with an Intensity-based technique.
Cross-validation	It is a necessary task in the testing step to avoid possible over-fitting because most datasets are small. In general, methods based on the learning process (CNN and machine learning techniques) require cross-validation.
Classification	It depends on features used • Medical-based techniques: There is no need for a classification because it depends on the few parameter values,(one or two)•Deep-based techniques, generally implicitly, contain a classification method, the Soft-max.• Intensity-based and hybrid-based techniques: both require a classification method (SVM is more common).

Figure 4-Guideline /Steps for diagnosing Glaucoma

12. References

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