

Motivation

For medical image segmentation:

1. Medical Data sources can also come from the language modality (e.g., medical text report) in addition to visual images. 2. Rising use of Vision Transformer (ViT) while Convolutional Neural Network (CNN) remains the state-of-the-art.

3. Urgent need to reduce the model's dependency on annotated medical image-mask pairs.

Example visual image input and text input

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Bilateral pulmonary infection, two infected areas, all left lung and all right lung. Unilateral pulmonary infection, one infected area, middle left lung. The nuclei density in the left is high.

Contribution

We pioneer a semi-supervised framework that harnesses the power of textual information to support fused ViT-CNN networks for medical image segmentation:

- A novel Multi-scale Text-aware ViT-CNN Fusion methodology to boost segmentation accuracy.
- A Multi-Axis Consistency Learning module that capitalizes on consistency regularizations for semi-supervised learning.



Multi-dimensional Fusion and Consistency for Semi-supervised **Medical Image Segmentation**

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Proposed Framework

1. Multi-scale Text-aware ViT-CNN Fusion

We present an architectural design named Multi-scale Text aware ViT-CNN Fusion:

- Dense Vision-Language Alignment module: Fuse dense features from both data source modalities.
- Multi-scale ViT-CNN Fusion module: Fuse dense features from both model architectures.



a) Dense Vision-Language Alignment module

2. Multi-Axis Consistency Framework

We propose the Multi-Axis Consistency framework:

- generate pseudo-label for supervision.



a) Multi-Axis Consistency Soft-Hard Label Generation Module.

Q: How to learn? Sol: Leveraging multi-dimensional predictions and consistency!

b) Multi-scale ViT-CNN Fusion module

Soft-Hard Label Generation Module: Post-process model predictions. • Voting Mechanism: Aggregate predictions from different sources to





Experiments • Quantitative Results

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Method	MoNuSeg		QaTa-COV19		(c.g., a)			
	Dice $(\%)$	mIoU (%)	Dice $(\%)$	mIoU (%)				
Unet	76.45	62.86	79.02	69.46				
Unet++	77.01	63.04	79.62	70.25	Setting Labels (07) MoNuSeg			
AttUnet	76.67	63.74	79.31	70.04	Setting	Labers (%)	$\overline{\text{Dice}(\%)}$	mIoU (%)
nnUnet	80.06	66.87	80.42	70.81	A	25	78 59	64 99
MedT	77.46	63.37	77.47	67.51	\mathbf{PF}	20		04.00
TransUnet	78.53	65.05	78.63	69.13		50	78.85	65.36
GTUnet	79.26	65.94	79.17	69.65		100	79.91	66.74
$\mathbf{Swin-Unet}$	77.69	63.77	78.07	68.34	NPF	25	78.47	64.88
UCTransNet	79.87	66.68	79.15	69.60		50	70.26	65.04
Ours+PF	79.91	66.74	82.29	72.87		50	19.20	00.94
Ours+NPF	80.60	67.66	82.03	72.80		100	80.16	<u>67.06</u>
Ours+NPF	80.60	67.66	82.03	72.80		100	00.10	01.00

Fully-supervised setting

* PF and NPF represents Parametric fusion and Non-Parametric Fusion, respectively.

• Qualitative Results











Conclusion

In this paper, we propose a novel semi-supervised learning framework for medical image segmentation. In our work, a Text-aware ViT-CNN Fusion scheme is proposed to take advantages of both pretrained ViTs and CNNs as well as extracting both abstract features and medical domain specific features. Besides, a novel Multi-Axis Consistency framework is proposed to vote for pseudo label to encourage semi-supervised training. Experiments on several widely used datasets have demonstrated the effectiveness of our method.





Please also see our paper for more experimental analysis

Semi-supervised setting

* See our paper for the baseline setting.