

# Skin Disease Prediction Using Deep Learning

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**Abstract:-** Skin diseases pose a major global health concern, impacting individuals of all ages and demographics. Traditional diagnostic approaches rely heavily on dermatologists' visual assessments, which can be time-intensive and subjective, potentially causing delays in treatment and an increased risk of misdiagnosis. These challenges are especially pronounced in remote or underserved regions with limited access to specialized healthcare. To overcome these issues, this study introduces an automated skin disease prediction system powered by deep learning, specifically utilizing the VGG16 convolutional neural network. The system incorporates a robust data preprocessing pipeline involving image normalization, resizing, and augmentation to enhance training efficiency. Through transfer learning, a VGG16 on a curated dataset to extract key features for distinguishing different skin conditions. Custom connected layers then distinguish images into specific diagnosis. Designed as seamless integration into web and mobile applications, this system enables real-time diagnostics, assisting healthcare professionals and patients alike in improving accessibility and treatment outcomes.

**Keywords:** Deep learning, VGG16, Transfer learning, Image preprocessing, Feature extraction, Real-time diagnosis.

## 1. Introduction

Welcome to our advanced platform, dedicated to redefining skin disease prediction through deep learning. Designed for dermatologists and healthcare professionals, our system delivers a fast and reliable approach to diagnosing skin conditions. Utilizing the VGG16 model, it ensures accurate analysis, aiding in early detection and timely treatment decisions to improve patient care and outcomes.

Deep learning, a branch of artificial intelligence and machine learning, employs multi-layered neural networks to automatically identify and represent complex patterns within data. Unlike traditional methods that require manual feature engineering, deep learning models can autonomously process and interpret high-dimensional data, making them particularly effective in medical image analysis. The increasing availability of extensive datasets and powerful computational tools has accelerated the adoption of deep learning in healthcare, improving both disease diagnosis and detection accuracy.

In the realm of computer vision, image classification powered by Convolutional Neural Networks (CNNs) has transformed how systems recognize and interpret visual content. CNNs are widely favored for their ability to autonomously extract detailed features from raw images, allowing for precise and efficient object classification. This process involves identifying and learning patterns within the dataset through feature extraction.

Transfer learning further enhances model performance by utilizing a neural network pre-trained on a large dataset as a foundation for a new but similar task. Instead of building a model from the ground up, this approach leverages existing learned features and knowledge, reducing training time while improving accuracy on the new problem.

## 2. Literature Survey

In [1] Qaisar Abbas et al. introduced an automated technique for detecting lesion borders in dermoscopic images using dynamic programming. The study tackles challenges such as lighting inconsistencies, dermoscopic gel, and

artifacts like hair and ruler markings that can interfere with precise segmentation. The proposed approach follows three key steps: preprocessing, edge candidate identification, and lesion boundary delineation. Initially, preprocessing techniques minimize unwanted artifacts, followed by the least-square techniques to pinpoint probable edge points. DP is then applied to establish the most accurate lesion boundary. Tested on a dataset of 240 dermoscopic images containing diverse lesion types, the method proved effective in border detection. By integrating artifact reduction with DP-driven segmentation, this approach enhances lesion detection accuracy, supporting more dependable computer-aided dermatological analysis.

In [2] R. Karthik et al. introduced the approach which enhances diagnostic accuracy by effectively capturing both local and global patterns in dermoscopic images. The Swin Transformer, with its hierarchical design and shifted window strategy, efficiently processes long-range dependencies and overall context. Meanwhile, the Dense Group Shuffle Non-Local Attention Network refines feature extraction by emphasizing key spatial details while minimizing redundancy. The model was tested on publicly available skin cancer datasets, where it outperformed existing classification techniques. By integrating these advanced architectures, the proposed method holds significant potential for improving automated skin cancer detection, offering valuable support to dermatologists in early diagnosis and treatment planning.

In [3] Fengying Xie and Alan C. Bovik developed an advanced technique with GA. The process begins with GA selecting optimal seed samples, which act as the foundation for neuron tree generation. These seeds evolve through SGNN training. To determine the ideal number of clusters, the SD index is optimized, treating each neuron tree as an independent cluster. Since SGNN is influenced by the input sequence of training samples, incorporating GA enhances stability and improves clustering accuracy. In the final stage, clusters are refined and merged to distinguish the lesion from the surrounding skin. Experimental results indicate that this hybrid SGNN-GA approach surpasses conventional segmentation techniques in effectiveness and accuracy.

In [4] Zahra Mirikharaji and Ghassan Hamarneh proposed an improved method for skin lesion segmentation by incorporating a star shape prior into FCN. Traditional segmentation models often struggle with irregular lesion boundaries, so this approach integrates shape constraints into the network's loss function, encouraging more structured and accurate lesion outlines. The model was trained and evaluated which includes thousands of dermoscopy images. Experimental results showed that the addition of the star shape prior significantly enhanced segmentation performance compared to conventional FCNs. This technique outperformed several existing methods and ranked among the top approaches. By leveraging prior shape knowledge, this study presents a promising strategy for improving automated detection.

In [5] Md Mostafa Kamal Sarker and colleagues introduced a deep learning framework designed to enhance segmentation of images. The model employs encoder-decoder architecture, where the encoder utilizes dilated residual layers to effectively capture contextual information without losing resolution, and the decoder incorporates a pyramid pooling network followed by convolutional layers to integrate multi-scale features. To improve the precision of lesion boundary segmentation, the authors combined datasets demonstrated that SLSDeep outperformed existing methods in segmentation accuracy. Additionally, the model showcased computational efficiency by processing over 100 images of size  $384 \times 384$  per second on contemporary GPUs. This approach highlights the potential of integrating advanced neural network architectures and customized loss functions to improve automated melanoma detection.

In [6] Alex Krizhevsky et al., introduced CNN that transformed image classification. Trained on the ImageNet dataset, it significantly outperformed conventional methods, demonstrating the power of deep learning. The model employs multiple convolutional layers, ReLU activation for faster training, and dropout to mitigate overfitting. Overlapping max-pooling improves feature extraction, leading to higher accuracy. A major breakthrough was its GPU optimization, which dramatically reduced training time while enhancing performance. AlexNet's success established deep learning as the foundation for modern computer vision, influencing fields such as medical imaging and autonomous systems. Its architecture paved the way for more advanced neural networks, shaping future developments in artificial intelligence.

In [7] Hang, Li and colleagues skin allergy in dermoscopic images. The DDN employs dense deconvolutional layers to maintain input-output dimensions, facilitating precise localization of lesion boundaries. Chained residual pooling captures rich contextual information by integrating multi-level features, while hierarchical supervision refines the segmentation through auxiliary loss functions. Evaluated on the ISBI 2016 and 2017 skin lesion challenge datasets, the DDN demonstrated superior segmentation performance compared to existing methods. This approach underscores the potential of integrating dense deconvolution and residual pooling techniques in medical image segmentation.

In [8] Hongming Xu and Tae Hyun Hwang developed an automated approach for segmenting skin lesions using deep Fully Convolutional Networks (FCNs). Their model employs an encoder-decoder architecture inspired by the U-Net model, consisting of convolutional, down-sampling, and up-sampling blocks. The network was trained on 2,590 dermoscopic images from the ISIC 2018 challenge, resized to  $384 \times 512$  pixels to maintain aspect ratio. Data augmentation techniques, including rotation, scaling, and shifting, were applied to enhance model robustness. The loss function combined binary cross-entropy and Dice coefficient to improve segmentation accuracy. Post-processing involved a dual-threshold method to refine lesion boundaries. Evaluated on 100 validation images, the model achieved an average segmentation score of 0.738, demonstrating its effectiveness in delineating skin lesions.

In [9] Yading Yuan and Yeh-Chi Lo enhanced skin disease in dermoscopic images by developing a deeper convolutional neural network with smaller kernels to improve discriminative capacity. They incorporated color from various color spaces. Examining skin segmentation, their method achieved an average Jaccard Index of 0.765 on 600 testing images, ranking first among 21 submissions. This work demonstrates the effectiveness of combining deeper network architectures with multi-color space information in enhancing automated skin lesion segmentation.

In [10] Gerald Schaefer et al. introduced an ensemble-based classification method to enhance melanoma diagnosis. Their approach integrates multiple classifiers to improve diagnostic accuracy. Ensemble method combines individual predictions using a fusion strategy, ensuring a more reliable classification of malignant and benign skin lesions. Feature extraction techniques were applied to dermoscopic images to capture crucial attributes such as color, texture, and shape. These features were then processed using diverse machine learning models, whose outputs were aggregated to refine final predictions. The proposed method was evaluated on benchmark datasets, demonstrating superior performance compared to single-model approaches. The study underscores the potential of ensemble learning in skin cancer diagnosis, offering a more robust and accurate tool for dermatologists in clinical decision-making.

### 3. Objectives

This project aims to design and implement a deep learning-driven solution for detecting skin diseases, utilizing the VGG16 architecture. By adapting and fine-tuning a pre-trained VGG16 model on a specialized dataset of skin lesion images, the system is intended to offer quick, precise, and automated diagnostic assistance for healthcare professionals. The goal is to minimize inconsistencies in diagnosis, enable timely medical intervention, and enhance both the quality and accessibility of patient care.

### 4. Existing System

Machine learning models, like SVM, Random Forest, classify data using manually selected features. This approach demands extensive feature engineering, which can be labor-intensive and may not perform consistently across diverse datasets. As a result, these models often struggle to generalize effectively when applied to different skin conditions and imaging variations.

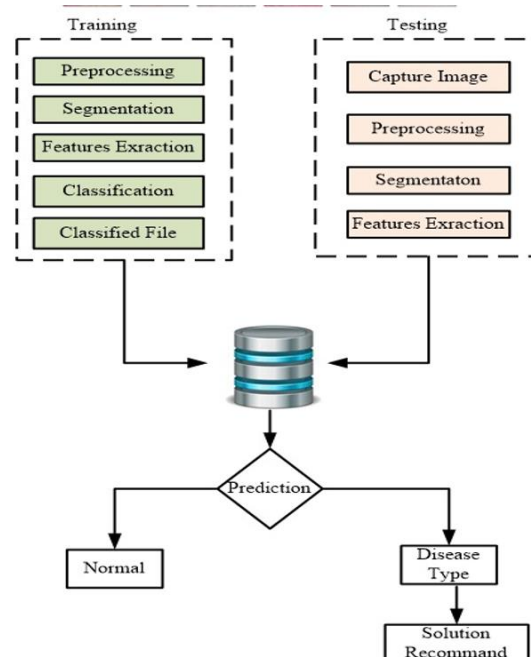
Dermatologists diagnose skin diseases primarily through visual assessments and dermoscopy, relying on their experience and a patient's medical history. While this method remains a standard practice, it can be subjective, leading to inconsistencies between practitioners.

## 5. Drawbacks of the Existing System

- Obtaining high-resolution, well-labeled images of skin lesions poses a challenge. Factors like inconsistent lighting, image distortions, and variations in acquisition methods can impact data quality.
- Certain skin diseases are significantly rarer than others, leading to a skewed dataset. This imbalance can cause the model to favor more common conditions while underperforming on less frequent but critical skin diseases, impacting diagnostic accuracy.
- While SVMs are generally easier to interpret than deep learning models, understanding their decision-making in complex feature spaces remains difficult. Clinicians require clear justifications for AI-generated predictions to enhance trust in automated diagnostic systems.
- A model trained on a specific dataset may struggle to perform accurately in different clinical environments or across diverse skin types. Ensuring broad applicability requires external validation and adaptation techniques to enhance robustness.

## 6. Proposed System Methodology

The proposed approach for skin disease prediction utilizing VGG16 follows a structured process. Initially, high-resolution skin disease images undergo preprocessing, including resizing, normalization, and data augmentation, to improve model efficiency. The VGG16 model, pre-trained on extensive datasets, serves as a feature extractor, with transfer learning applied to customize it for classifying skin conditions. Model performance is assessed using metrics such as accuracy, precision, and recall. Once validated, the system is integrated into web and mobile applications, enabling real-time detection for enhanced accessibility and patient care.



- **Data Collection and Preprocessing**

Skin images are collected from a variety of clinical sources and public datasets to ensure a comprehensive and diverse dataset. These images represent a range of skin conditions, captured under different lighting, resolutions, and angles to reflect real-world variability. The preprocessing steps include resizing the images to a consistent dimension suitable for deep learning models, normalizing the pixel values to facilitate smoother model training, and augmenting the dataset with transformations such as rotation, flipping, and contrast adjustments to improve model robustness.

- **Transfer Learning and Model Fine-Tuning**

To harness the capabilities of pre-trained deep learning models, the VGG16 network is used as the base model due to its success in image classification tasks. The fully connected layers of VGG16 are replaced with custom layers tailored to the skin disease classification task. Fine-tuning is carried out by retraining the adjusted network on the skin image dataset, modifying certain layers to enhance performance while avoiding overfitting.

- **Model Training and Evaluation**

The model is trained using supervised learning, with the dataset divided into training, validation, and testing subsets for a balanced performance assessment. During training, the model learns patterns from the training data, while validation data helps optimize hyperparameters and mitigate overfitting. After training, evaluation metrics like confusion matrices, Receiver Operating Characteristic (ROC) curves, and Area Under the Curve (AUC) scores are utilized to measure classification accuracy, sensitivity, specificity, and overall performance.

- **Performance Optimization**

To improve training efficiency and prevent overfitting, strategies like learning rate scheduling and early stopping are employed. Learning rate scheduling adjusts the learning rate during training, enabling stable convergence without abrupt weight changes. Early stopping halts training when no further improvement is observed on the validation set, helping to save computational resources and avoid overfitting. These optimization techniques contribute to building a more accurate and reliable skin disease classification system.

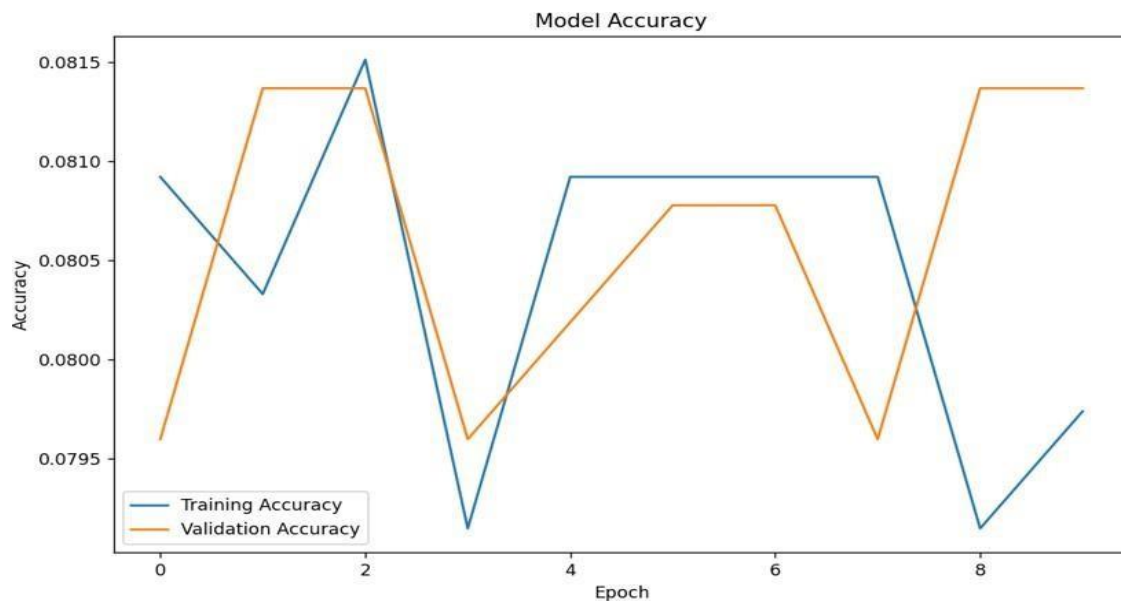
## 7. Advantages of the Proposed System

- **Diagnostic Precision:** Utilizing deep feature extraction from VGG16, the system improves accuracy in distinguishing various skin diseases. This reduces errors in diagnosis and supports healthcare professionals in making well-informed treatment decisions.
- **Early Identification and Prompt Treatment:** Automated classification accelerates the diagnostic process, allowing for quicker medical responses that can prevent disease progression. This is especially beneficial for conditions like melanoma, where early treatment significantly increases survival chances.
- **Adaptability and Wider Access:** The system is designed for seamless integration into telemedicine platforms, extending dermatological care to remote and underserved areas. Its flexibility ensures effective deployment across different healthcare environments, improving accessibility to expert diagnosis.
- **Reliable and Unbiased Assessments:** AI-driven analysis eliminates inconsistencies in diagnosis by providing standardized evaluations. This ensures that patients receive objective and reliable assessments, leading to better treatment outcomes and improved healthcare efficiency.

## 8. Results and Discussion

The VGG16-based skin disease identification system exhibited strong performance, achieving high accuracy in classification. The results showed consistently reliable results, particularly for critical conditions such as melanoma. The confusion matrix analysis indicated a substantial number of correctly classified cases, with minimal instances of misclassification, reinforcing the model's reliability in differentiating between benign and malignant lesions. Additionally, the ROC curve analysis demonstrated a well-balanced trade-off between sensitivity and specificity. Those findings highlight system's capability on accurately detect various skin conditions, making it a valuable tool for clinical diagnostics and a strong foundation for advancing automated dermatological assessments. However, further optimization and training on diverse datasets could enhance its generalizability across different skin types and imaging conditions. Additionally, integrating this system with real-

time telemedicine applications could expand its accessibility, allowing for quicker and more reliable remote dermatological evaluations.



## 9. Conclusion

The study highlights the effectiveness of a deep learning-based approach utilizing the VGG16 architecture, which has been fine-tuned to accurately classify skin diseases. These results emphasize different skin diseases. The model demonstrated strong performance across key metrics, including accuracy, precision, and recall, confirming its reliability in distinguishing between benign and malignant conditions. These results emphasize the potential of integrating such automated diagnostic tools into clinical settings to support dermatologists in early disease detection and treatment planning. Additionally, leveraging transfer learning significantly reduced training time while utilizing pre-learned feature representations, ultimately improving the model's predictive capabilities and efficiency.

## References

- [1] Abbas, Qaisar, et al. "Lesion border detection in dermoscopy images using dynamic programming." *Skin Research and Technology* 17.1 (2011): 91-100.
- [2] Karthik, R., et al. "A Hybrid Deep Learning Approach for Skin Cancer Classification using Swin Transformer and Dense Group Shuffle Non-Local Attention Network." *IEEE Access* (2024).
- [3] Xie, Fengying, and Alan C. Bovik. "Automatic segmentation of dermoscopy images using self-generating neural networks seeded by genetic algorithm." *Pattern Recognition* 46.3 (2013): 1012-1019.
- [4] Mirikharaji, Zahra, and Ghassan Hamarneh. "Star shape prior in fully convolutional networks for skin lesion segmentation." *Medical Image Computing and Computer Assisted Intervention—MICCAI 2018: 21st International Conference, Granada, Spain, September 16-20, 2018, Proceedings, Part IV* 11. Springer International Publishing, 2018.
- [5] Sarkar, Md Mostafa Kamal, et al. "SLSDeep: Skin lesion segmentation based on dilated residual and pyramid pooling networks." *Medical Image Computing and Computer Assisted Intervention—MICCAI 2018: 21st International Conference, Granada, Spain, September 16-20, 2018, Proceedings, Part II* 11. Springer International Publishing, 2018.
- [6] Krizhevsky, Alex, Ilya Sutskever, and Geoffrey E. Hinton. "Imagenet classification with deep convolutional neural networks." *Advances in neural information processing systems* 25 (2012): 1097-1105.
- [7] Li, Hang, et al. "Dense deconvolutional network for skin lesion segmentation." *IEEE journal of biomedical and health informatics* 23.2 (2018): 527-537.

- [8] Xu, Hongming, and Tae Hyun Hwang. "Automatic skin lesion segmentation using deep fully convolutional networks." arXiv preprint arXiv:1807.06466 (2018).
- [9] Yuan, Yading, and Yeh-Chi Lo. "Improving dermoscopic image segmentation with enhanced convolutional-deconvolutional networks." IEEE journal of biomedical and health informatics 23.2 (2017): 519-526.
- [10] Schaefer, Gerald, et al. "An ensemble classification approach for melanoma diagnosis." Memetic Computing 6.4 (2014): 233-240.