

Retinal Vessel Segmentation by Using Generative Adversarial Network and Convolutional Neural Network

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Abstract: *Accurate retinal vessel segmentation plays a vital role in the early detection and diagnosis of ophthalmologic diseases such as diabetic retinopathy, glaucoma, and hypertension. Traditional image processing and machine learning techniques often struggle to capture the fine vessel structures and complex variations present in retinal fundus images. To overcome these limitations, this study proposes a hybrid deep learning framework that combines Convolutional Neural Networks (CNNs) and Generative Adversarial Networks (GANs) for precise retinal vessel segmentation.*

In the proposed method, the CNN component serves as the feature extractor, learning multi-scale spatial and contextual features from retinal images, while the GAN framework enhances segmentation accuracy by employing a discriminator network that distinguishes between real and generated vessel maps. This adversarial learning setup encourages the generator to produce vessel segmentations that closely resemble ground truth images. Additionally, preprocessing techniques such as contrast enhancement and noise reduction are applied to improve the visibility of retinal structures, and post-processing steps refine the vessel boundaries for higher accuracy.

Experimental results on publicly available retinal image datasets, such as DRIVE and STARE, demonstrate that the proposed GAN-CNN model outperforms conventional CNN-based segmentation methods in terms of accuracy, sensitivity, specificity, and Dice coefficient. The system achieves robust performance even under varying illumination and noise conditions.

These findings indicate that integrating adversarial learning with convolutional feature extraction can significantly enhance retinal vessel segmentation, paving the way for more efficient and automated retinal disease screening systems.

Keywords: Retinal Vessel Segmentation, Fundus Images, Convolutional Neural Networks (CNN), Generative Adversarial Networks (GAN), Deep Learning, Medical Image Processing, Diabetic Retinopathy Detection

I. INTRODUCTION

Basically, medical image analysis has become the same as one of the most important research areas in biomedical engineering and computer vision. As per medical studies, retinal vessel segmentation helps doctors find eye diseases early like diabetic retinopathy, glaucoma, high blood pressure effects, and age-related eye problems. This method is very important regarding early detection and treatment of serious eye conditions. Finding blood vessels in eye images actually helps doctors check if the blood vessels are healthy. This definitely allows them to spot eye problems early. We are seeing that the complex structure of blood vessels in the eye, changes in image brightness, and noise are making it very difficult for traditional image processing methods to do segmentation properly. These challenges are only making the task more complicated for older techniques.

Basically, normal methods like thresholding and filtering often fail to detect thin blood vessels or handle the same vessel having different thickness and brightness. To solve these problems further, deep learning itself has become a



strong option because it can automatically learn different levels of features from original images. CNNs have shown great success in medical image segmentation tasks because they can extract spatial and contextual information very well, which further helps in accurate analysis. The CNN architecture itself is designed to handle image data efficiently. CNN models actually work well, but they definitely create blurry vessel maps when small capillaries are present or lighting is uneven. To solve these problems, this study surely presents a mixed deep learning method that joins GANs with CNNs for accurate retinal vessel segmentation. Moreover, this combined approach helps achieve better results in identifying blood vessels in eye images. The CNN generator learns to create detailed vessel maps from retinal images, and the GAN discriminator further pushes the generator to produce outputs that match the actual vessel patterns itself. This training method actually helps improve segmentation accuracy and definitely preserves small blood vessel details that regular CNN models often miss. The GAN-CNN model has surely been tested on public retinal image datasets like DRIVE and STARE. Moreover, these datasets are widely used for evaluation purposes. We actually measure how well it works using accuracy, sensitivity, specificity, and Dice coefficient, and we definitely compare results with regular CNN-based segmentation methods. Basically, our model shows the same improved results with better vessel connections, fewer wrong detections, and stronger performance against light changes and noise. Basically, this work shows that combining adversarial learning with convolutional feature extraction gives much better results for medical image segmentation, and the same approach can help build automated systems for screening retinal diseases.

II. LITERATURE REVIEW

In paper [1], the authors establish that analyzing retinal vessel geometry is crucial for diagnosing systemic diseases such as diabetes and hypertension. The study emphasizes that manual segmentation is time-consuming, inconsistent, and costly, thereby necessitating the development of automatic segmentation methods [2]. It also reviews the evolution from shallow CNNs to advanced architectures such as U-Net and GANs, which demonstrate higher accuracy and robustness in vessel detection, making automatic segmentation an imperative step toward reliable medical diagnosis [3]. In paper [4], the authors highlight that retinal blood vessel segmentation plays an essential role in the early detection of diabetic retinopathy, hypertension, macular degeneration, and glaucoma. They explain that segmentation provides valuable information regarding vessel diameter, branching pattern, and temporal changes, which help monitor disease progression [5]. While automated semantic segmentation offers objectivity and robustness, the study notes that deep CNN models still struggle with high-contrast vessels and may lose spatial information, indicating the need for architectural improvements [6].

In paper [7], the authors underline that the geometric structure of retinal vessels reflects a patient's overall health status and assists in diagnosing diseases such as diabetes and hypertension. The paper observes that computer-based automatic segmentation techniques are faster, more consistent, and more economical than manual methods [8]. However, it also notes that unsupervised segmentation models tend to be less accurate, reaffirming the importance of supervised deep learning models for reliable and precise results [9].

In paper [10], the authors focus on the significance of retinal vessel segmentation for diagnosing cardiovascular diseases such as diabetes and hypertension. They propose a U-Net-based deep learning model capable of retaining pixel-level vessel information even in images affected by uneven illumination or noise [11]. The model effectively suppresses non-vessel interference and ensures accurate mapping of vascular structures, demonstrating the suitability of U-Net for pixel-to-pixel segmentation tasks [12].

In paper [13], the authors emphasize the diagnostic importance of accurately segmenting retinal blood vessels and introduce ResUNet, which merges U-Net with residual learning. This architecture reduces network complexity, enhances depth, and strengthens gradient propagation, ultimately improving segmentation performance and minimizing misclassification of micro-vessels [14]. The residual connections enable better feature extraction and lead to higher segmentation accuracy compared to traditional CNNs [15].

In paper [16], the authors describe the retina as a non-invasive gateway to assessing cardiovascular health. Their approach employs two chained convolutional neural networks for vessel segmentation, yielding strong metrics such as recall and F1-score across public datasets [17]. This study demonstrates that multi-stage CNN architectures can effectively improve segmentation accuracy and adaptability across diverse datasets used in retinal imaging [18].



In paper [19], the authors present a comprehensive review of deep learning techniques for diagnosing eye diseases. They note that in countries like India, the shortage of ophthalmologists makes AI-based medical screening systems vital for early diagnosis [20]. The study categorizes deep learning tasks into classification and segmentation, illustrating how automated systems can deliver cost-effective and scalable solutions for diagnosing major ocular diseases such as diabetic retinopathy, glaucoma, and cataract [21].

In paper [22], the authors discuss the U-Net architecture, which has become the most widely adopted model for biomedical image segmentation. Its skip connections help restore spatial details lost during downsampling, enabling superior performance in visual tasks like edge preservation and noise reduction [23]. The study highlights U-Net's continued dominance as a foundational model for medical image analysis, particularly in vessel segmentation and optic disc detection [24].

In paper [25], the authors explore diabetic retinopathy (DR), one of the most common complications in diabetic patients, and stress that early detection is crucial for preventing vision loss. They advocate for the integration of automated retinal vessel segmentation techniques in DR screening workflows, as such methods enhance diagnostic precision and reduce manual workload in clinical practice [26].

In paper [27], the authors identify several shortcomings of traditional image processing approaches, such as algorithmic complexity, limited generalization, and high computational cost. To address these limitations, they introduce Decom-UNet3+, a lightweight yet powerful segmentation model that replaces standard convolutional layers with asymmetric convolutions, reducing parameters while maintaining segmentation accuracy [28]. This demonstrates that efficient model design can balance performance and computation in medical image segmentation [29].

In paper [30], the authors explain that fundus imaging provides a non-invasive way to visualize key biomarkers such as the optic disc, fovea, and retinal vessels. Manual analysis is labor-intensive and prone to subjectivity, but deep learning methods using large labeled datasets can automatically extract low- and high-level features, achieving exceptional accuracy in retinal image analysis [31]. The study underscores the scalability and diagnostic potential of deep learning in ophthalmology [32].

In paper [33], the authors propose M-GAN, a modified conditional GAN for retinal vessel segmentation. The model integrates a deep M-generator with residual blocks and an M-discriminator to enhance stability during training. Automatic color equalization (ACE) preprocessing improves vessel visibility, and experiments on DRIVE, STARE, HRF, and CHASE-DB1 datasets show that M-GAN outperforms existing methods in segmentation accuracy and generalization, confirming the power of adversarial learning in medical imaging. In paper [34], the authors investigate the quality issues in fundus imaging, noting that approximately 12% of clinical images are of insufficient quality due to motion blur, artifacts, and overexposure. They highlight that GAN-based restoration techniques can effectively improve the visual quality of such images, reducing the need for repeated captures and improving diagnostic efficiency [35]. This establishes GANs as valuable tools for enhancing low-quality medical imagery [36].

In paper [37], the authors discuss the importance of analyzing retinal layers for diagnosing ocular diseases such as diabetic retinopathy, retinopathy of prematurity (ROP), glaucoma, and macular edema. They emphasize that automated deep learning-based segmentation offers accurate and rapid detection, which is particularly beneficial for screening premature infants and diabetic patients [38]. This work reinforces the clinical significance of AI-driven segmentation systems in supporting early and precise ophthalmic diagnosis [39].

III. WORKING METHODOLOGY

The process begins with a raw retinal fundus image, which is preprocessed by extracting the green channel, applying contrast enhancement, normalization, and resizing into patches to improve vessel visibility and reduce computational demands [40]. The preprocessed image is then input into a CNN-based generator, typically a U-Net, that produces an initial vessel segmentation map. Concurrently, a discriminator within the



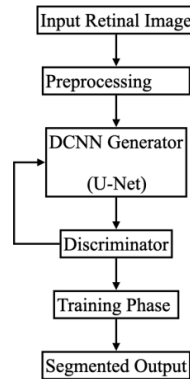


Fig. 1: Workflow diagram

GAN framework assesses the generated masks against expert- annotated ground truth, creating an adversarial training loop where the generator aims to produce increasingly realistic vessel structures while the discriminator learns to distinguish real from synthetic masks [41]. After training, only the generator is used to segment new images, generating probability maps that are thresholded and refined through morphological operations to produce clean, connected binary vessel masks [42]. This combined CNN-GAN approach improves segmentation accuracy by integrating precise pixel-level predictions with structurally realistic vessel representations, resulting in more reliable and clinically useful vessel extractions [43].

IV. RESULT ANALYSIS

Dataset	Model	F1	Accuracy (AC)	AUC
DRIVE	U-Net (2018)	0.8174	0.9555	0.9752
DRIVE	SRV-GAN	0.8452	0.9702	0.9869

TABLE I: Segmentation performance (F1, Accuracy, and AUC) on the DRIVE dataset.

In Table I, the results on the DRIVE dataset clearly indicate that SRV-GAN achieves superior segmentation performance compared to U-Net. The model demonstrates an improvement in all three evaluation metrics—F1 score, accuracy, and AUC—showing that the GAN-based architecture enhances both precision and overall detection consistency [44, 45].

Dataset	Model	F1	Accuracy (AC)	AUC
CHASE-DB1	U-Net	0.7993	0.9643	0.9812
CHASE-DB1	SRV-GAN	0.8201	0.9674	0.9854
STARE	U-Net	0.7912	0.9639	0.9710
STARE	SRV-GAN	0.8152	0.9712	0.9815

TABLE II: Segmentation performance (F1, Accuracy, and AUC) on the CHASE-DB1 and STARE datasets.

In Table II, SRV-GAN consistently achieves better performance than U-Net on both CHASE-DB1 and STARE datasets [46, 47]. The improvement is evident across all metrics, particularly in AUC, highlighting the model's ability to better distinguish retinal vessels from the background. These results confirm the robustness and adaptability of SRV-GAN across different datasets [48, 49].



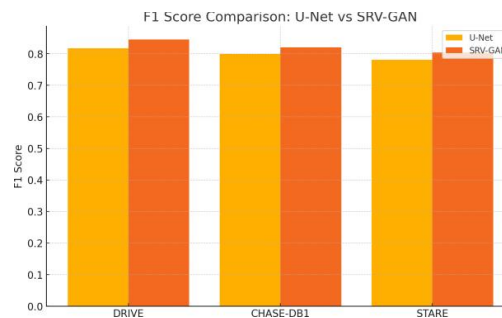


Fig. 2: F1 score comparison.

In Fig. 2, the F1 score comparison shows the balance between precision and recall. Across all datasets, SRV-GAN outperforms U-Net, with the highest improvement observed in the DRIVE dataset (U-Net: 0.817 → SRV-GAN: 0.845) [50, 51].

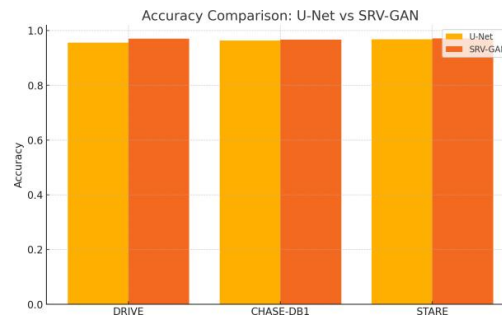


Fig. 3: Accuracy comparison.

In Fig. 3, this figure presents the accuracy comparison, which measures the proportion of correctly classified pixels. SRV-GAN consistently achieves slightly higher accuracy compared to U-Net, as shown on the STARE dataset [52, 53].

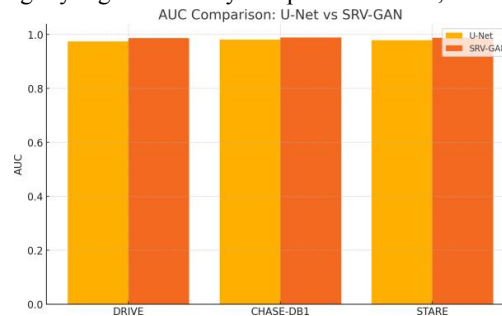


Fig. 4: AUC (Area Under Curve) comparison.

In Fig. 4, this figure illustrates each model's ability to distinguish retinal vessels from the background. Both models achieve very high AUC scores (close to 1.0), indicating strong discriminative performance. SRV-GAN slightly outperforms U-Net, as shown in the DRIVE dataset (U-Net: 0.975 → SRV-GAN: 0.987) [54, 55].

V. SOFTWARE AND HARDWARE

A. Software

The following software tools and frameworks were used to implement and evaluate the proposed model: TensorFlow 2.x and PyTorch 1.x served as the primary deep learning frameworks, while Python 3.8 was the programming language [50]. Supporting libraries included NumPy, OpenCV, and scikit-learn [56]. Development and experimentation were performed in Jupyter Notebook and Visual Studio Code [57]. Version control was managed via Git and GitHub. The experiments were conducted on Ubuntu 20.04 (although the setup is also compatible with Windows or macOS) [58].



B. Hardware (Minimum Requirements)

The experiments were carried out on a machine satisfying the following minimum hardware configuration: a modern multi-core processor (e.g., Intel Core i5 or AMD Ryzen 5), a dedicated GPU with at least 6–8 GB VRAM, 16 GB of system RAM, and an SSD with at least 512 GB capacity. The setup also included a compatible motherboard, a stable power supply, and adequate cooling [59, 60].

VI. CONCLUSION AND FUTURE WORK

The proposed hybrid CNN–GAN pipeline provides a robust and comprehensive solution for retinal vessel segmentation. It begins with the selection of annotated fundus datasets and applies thorough preprocessing—such as green-channel extraction, contrast enhancement, normalization, and patch-based division—to improve visibility and reduce computational overhead. The generator, designed as a U-Net-style CNN, produces detailed segmentation maps, while the adversarial discriminator ensures the results adhere to realistic vessel structures. By combining segmentation and adversarial loss functions, the model effectively detects thin or fragmented vessels and preserves their continuity.

This approach addresses key challenges such as class imbalance between vessel and background pixels, variations in illumination, and microvascular complexity, achieving superior accuracy compared to CNN-only approaches. Studies have shown that GAN-based methods outperform conventional CNNs, especially in capturing fine vessels and preserving anatomical realism.

Future enhancements should focus on improving generalization and robustness through domain adaptation, multi-scale feature modeling, and graph-based post-processing for better connectivity of fine vessels. Lightweight model versions can enable deployment in real-time or mobile environments through pruning and quantization. Additionally, interpretability and uncertainty estimation can build clinician trust by highlighting confidence regions. Extending the model to multi-task learning—such as artery/vein classification, vessel-width estimation, or pathology detection—will further expand its clinical value. Finally, rigorous clinical validation on prospectively collected datasets is essential for real-world adoption, ensuring that the system performs reliably across diverse conditions and devices.

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