

T2ID-CAS: Diffusion Model and Class Aware Sampling to Mitigate Class Imbalance in Neck Ultrasound Anatomical Landmark Detection

Introduction

- Neck ultrasound (NUS)** is widely used for real-time, non-invasive assessment of airway structures, supporting procedures.
- Deep learning (DL)-based object detection models** can automate anatomical landmark identification in US images, improving speed and consistency.
- Class imbalance** hinders detection of critical but underrepresented structures like tracheal rings and vocal folds.

Hypothesis

Combining text-to-image diffusion and class-aware sampling can significantly improve detection of underrepresented anatomical classes in ultrasound.

Dataset Description

- The research was approved by the Institutional Review Board (IRB).
- NUS was collected from **10 adults** (3 Male/ 7 Female, Average Age 52.6 ± 14.5) using a Terason uSmart 3200t ultrasound device.
- Multiple **10-second** transverse cine-loops per subject were recorded covering key airway regions.
- There are **6 classes**: Thyroid cartilage, cricoid cartilage, strap muscles, thyroid lobes, vocal folds, tracheal rings.
- Fig. 1 shows the class imbalance of the dataset resembling long-tailed distribution.
- 7,464 frames** were resized to **320×320 pixels** for model training.

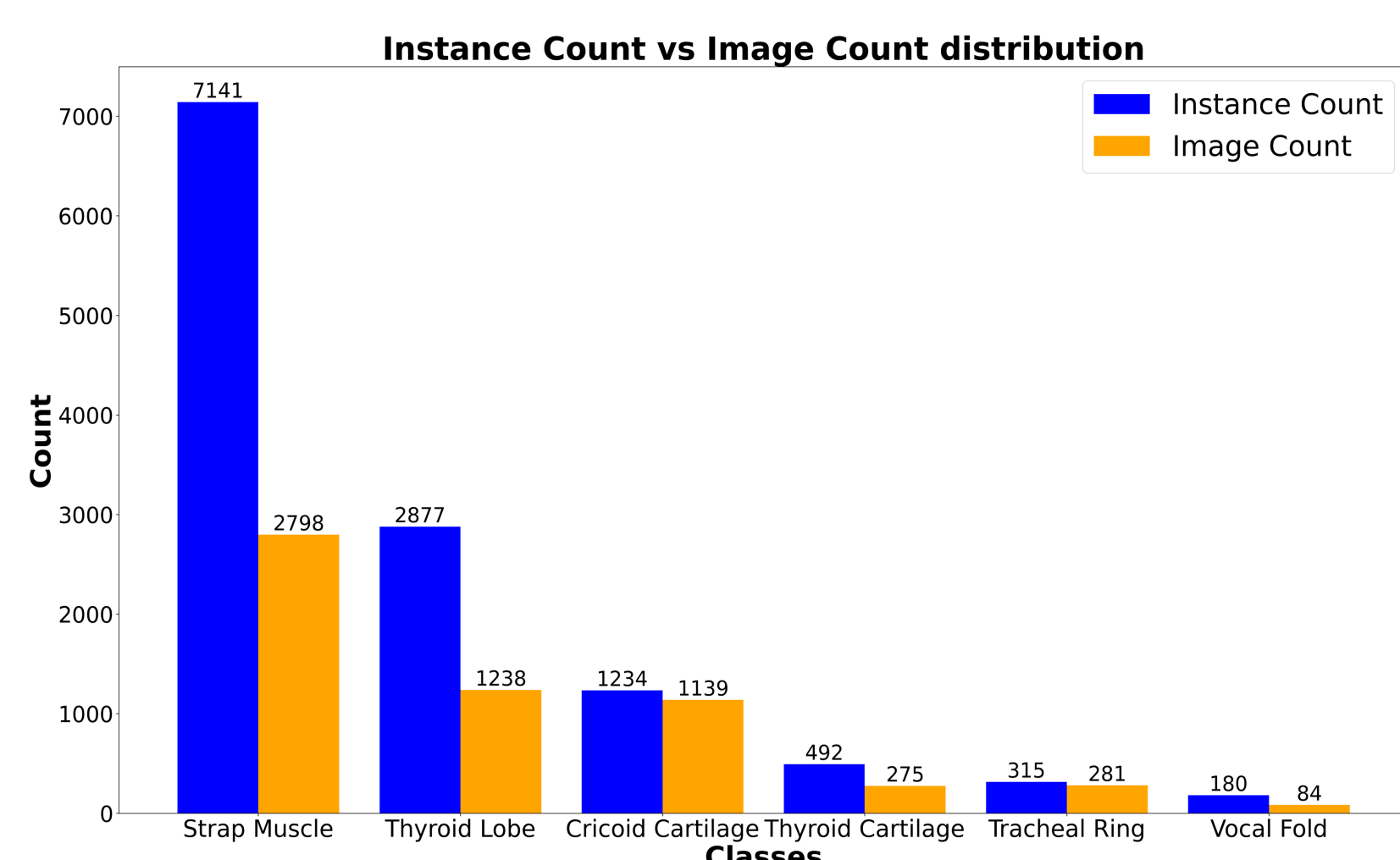


Fig. 1: Long-tailed distribution of instance and image counts per class in the neck US dataset.

Method

T2ID-CAS integrates three strategies (Fig. 2) to mitigate class imbalance in NUS.

1. Text-to-Image Latent Diffusion + LoRA

- Fine-tuned Stable Diffusion XL (SDXL) using Low Range Adaptation (LoRA) on **840** annotated ultrasound images of vocal folds and tracheal rings
- Generated **600** synthetic images (512×512) using class-specific text prompts
- Evaluated using **FID** (Fréchet Inception Distance), **IS** (Inception Score), and **CLIP Score** (Contrastive Language-Image Pretraining).

2. Data Sampling and Augmentation

- Mosaic + Mixup**: Combines multiple images and blends image-label pairs.
- Repeat Factor Sampling (RFS)**: Increases sampling frequency of rare classes by duplicating images based on inverse class frequency.
- Class-Aware Sampling (CAS)**: Ensures balanced training by sampling each class equally during mini-batch construction.

3. Detection Model – YOLOv9s

- Used lightweight YOLOv9-small model for fast and efficient anatomical landmark detection.
- Trained under multiple setups: baseline, data augmentations, CAS, and CAS + synthetic data (T2ID-CAS).

All experiments were conducted on an NVIDIA H100 GPU with 81GB memory.

Results

A. Image Generation (SDXL)

Table 1: Evaluation of the synthetic images

Model	Class	FID ↓	IS ↑	CLIP Score ↑
SD v1-4	Vocal Fold	9.55	17.13	26.31
SDXL-LoRA	Vocal Fold	5.54	17.62	29.81
SD v1-4	Tracheal Ring	18.12	11.04	28.66
SDXL-LoRA	Tracheal Ring	16.11	18.18	30.40

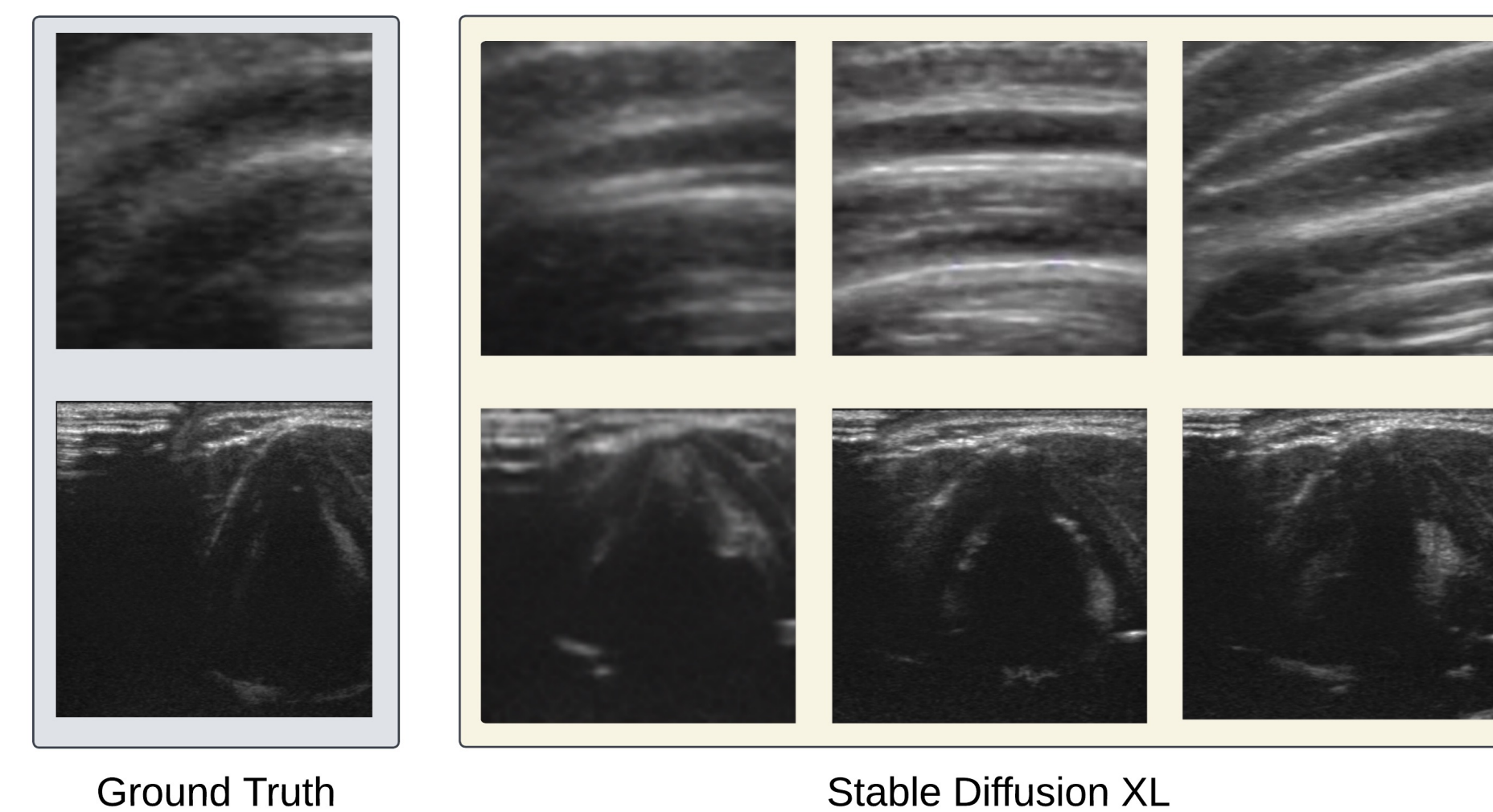


Fig. 3: Comparison between original images and synthetic images by SDXL. The synthetic images show close resemblance to the ground truth ones.

B. Object Detection

Table 2: Performance metrics of different strategies evaluated on YOLOv9s

Strategy	Overall	Tracheal Ring	Vocal Fold
Baseline	66.0%	38.5%	75.6%
Mosaic + Mixup	66.5%	36.9%	74.2%
Repeat Factor Sampling (RFS)	65.7%	37.1%	74.9%
Class-Aware Sampling (CAS)	84.3%	63.4%	95.0%
Baseline + SDXL	75.2%	82.1%	94.6%
RFS + SDXL	74.9%	81.0%	94.7%
T2ID-CAS (Ours)	88.2%	90.5%	98.2%

Conclusion

- T2ID-CAS** mitigates class imbalance using SDXL-generated images and CAS.
- It achieved over **22%** accuracy gain, specially for tracheal rings and vocal folds.
- It has the potential to enhance the precision and safety in ultrasound-guided airway management.
- In the future, we plan to test on larger datasets and explore text prompt optimization for improved synthetic image generation.

References

- D. Podell, Z. English, K. Lacey, A. Blattmann, T. Dockhorn, J. Müller, J. Penna, and R. Rombach, “SDXL: Improving latent diffusion models for high-resolution image synthesis,” *arXiv preprint arXiv:2307.01952*, 2023.
- A. Osman and K. M. Sum, “Role of upper airway ultrasound in airway management,” *Journal of Intensive Care*, vol. 4, no. 1, p. 52, 2016.

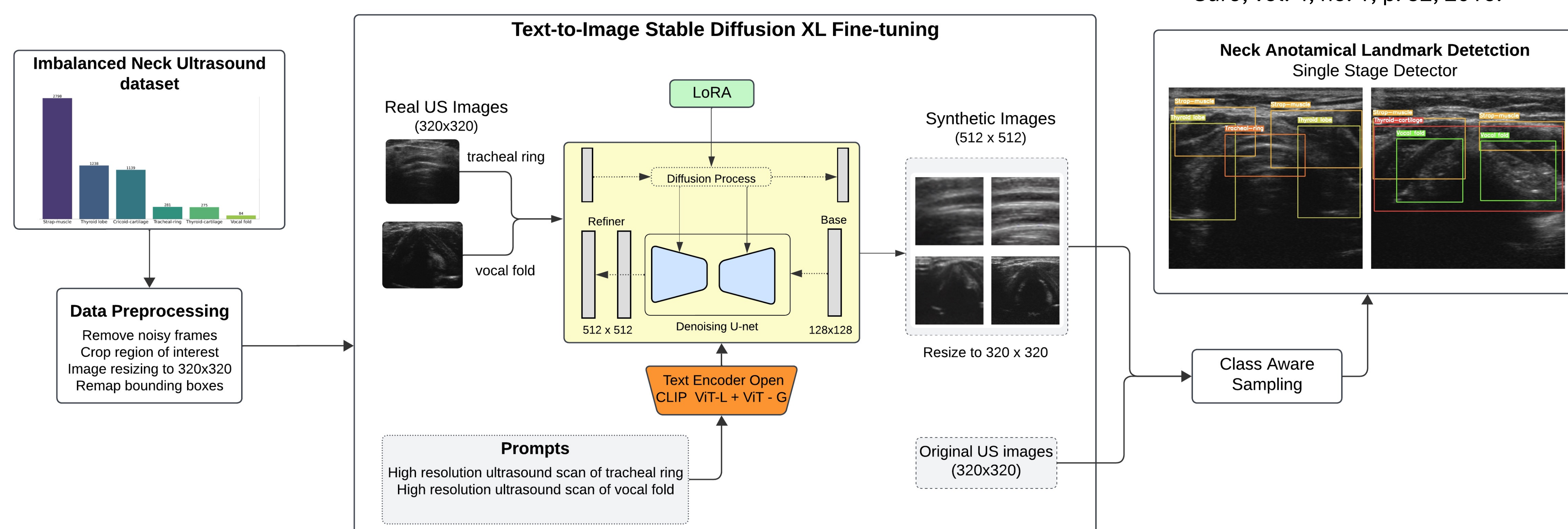


Fig. 2: Overview of the proposed T2ID-CAS framework.