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A Systematic Review of Brain Tumor Detection and Segmentation Methods in MRI Imaging

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ABSTRACT: Brain tumor detection and segmentation from Magnetic Resonance Imaging (MRI) play a critical role in early diagnosis, treatment planning, and patient prognosis. Over the years, numerous techniques have been developed to automate this process, ranging from traditional image processing methods to advanced machine learning and deep learning approaches. This paper presents a systematic review of various brain tumor detection and segmentation techniques applied to MRI images, highlighting their methodologies, advantages, and limitations. The review begins with classical image processing techniques, including preprocessing, thresholding, edge detection, and morphological operations, that provide simple, computationally efficient solutions. It then explores machine learning methods that rely on feature extraction and classification algorithms, such as Support Vector Machines (SVMs) and K-Nearest Neighbors (KNNs). Furthermore, the paper examines recent advancements in deep learning, particularly Convolutional Neural Networks (CNN) and U-Net architectures, which have demonstrated superior performance in handling complex medical imaging tasks. A comparative analysis of these approaches is presented based on parameters such as accuracy, computational complexity, dataset requirements, and robustness to noise and intensity variations. The review also discusses key challenges in brain tumor detection, including variability in MRI data, similarity between tumor and normal tissues, and the need for large annotated datasets.

KEYWORDS: Brain Tumor Detection, MRI Imaging, Image Segmentation

I. INTRODUCTION

Brain tumors are among the most critical neurological disorders, characterized by the abnormal growth of cells within the brain, which can significantly affect cognitive and motor functions. Early and accurate detection of brain tumors is essential for effective diagnosis, treatment planning, and improving patient survival rates. Magnetic Resonance Imaging (MRI) has emerged as a highly reliable, non-invasive imaging modality for visualizing brain structures, thanks to its superior soft-tissue contrast and detailed representation of anatomical features [5]. However, manual analysis of MRI scans by radiologists is time-consuming, subjective, and prone to variability, especially when dealing with large volumes of medical data.

To overcome these challenges, automated brain tumor detection systems have gained considerable attention in recent years. Traditional image processing techniques, such as filtering, thresholding, and morphological operations, have been widely used for tumor detection due to their simplicity and computational efficiency. For instance, methods incorporating anisotropic diffusion and morphological operations have shown improved segmentation accuracy by enhancing image quality and reducing noise [2]. Similarly, region-based approaches, such as region-growing and merging techniques, have been proposed to achieve more precise segmentation of tumor regions [3]. A broader overview of segmentation techniques, including their challenges and trends, highlights the importance of selecting appropriate methods for accurate tumor identification [4].

In addition to classical approaches, machine learning techniques have been increasingly applied to brain tumor detection and classification. These methods rely on extracting meaningful features from MRI images and using classifiers such as SVMs and KNNs to distinguish tumor from non-tumor regions. Studies have demonstrated that machine learning models can significantly improve detection accuracy while reducing human intervention [1], [8]. Furthermore, publicly available datasets, such as the Kaggle brain MRI dataset, have facilitated the development and evaluation of such automated systems [7].



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More recently, deep learning techniques, particularly CNNs and advanced architectures such as U-Net, have revolutionized medical image analysis. These models are capable of automatically learning hierarchical features from raw image data, leading to superior performance in tumor detection and segmentation tasks. Deep learning-based approaches have achieved state-of-the-art results in terms of accuracy and robustness, even in complex imaging conditions [10]. Additionally, the integration of deep learning with emerging technologies such as IoT and adaptive optimization algorithms has further enhanced the efficiency and scalability of brain tumor detection systems [9].

Despite these advancements, several challenges remain, including variability in MRI data, similarity between tumor and normal tissues, and the need for large annotated datasets for training robust models. Therefore, a comprehensive understanding of existing techniques is essential for identifying gaps and guiding future research. This paper presents a systematic review of brain tumor detection and segmentation methods for MRI images, covering classical image processing, machine learning, and deep learning. The study aims to provide a comparative analysis of these techniques and highlight their strengths, limitations, and potential future directions in the field of medical image analysis.

Figure 1 provides a comprehensive overview of the brain tumor detection problem and the major methods used to solve it, starting from input MRI images to the final detection output. At the top-left, the diagram begins with a brain MRI image (input), representing the raw medical image acquired during scanning. This image is then passed to the central block labeled “Brain Tumor Detection Problem.” This section highlights key challenges in tumor detection, including low contrast between tumor and normal tissues, variation in tumor size and shape, presence of noise and imaging artifacts, and differences in interpretation among radiologists. These challenges make accurate and reliable tumor detection a complex task. From this problem block, the process moves toward the goal (output) shown on the top-right, where the tumor is successfully detected and highlighted on the MRI image. This represents the desired outcome of any detection system.

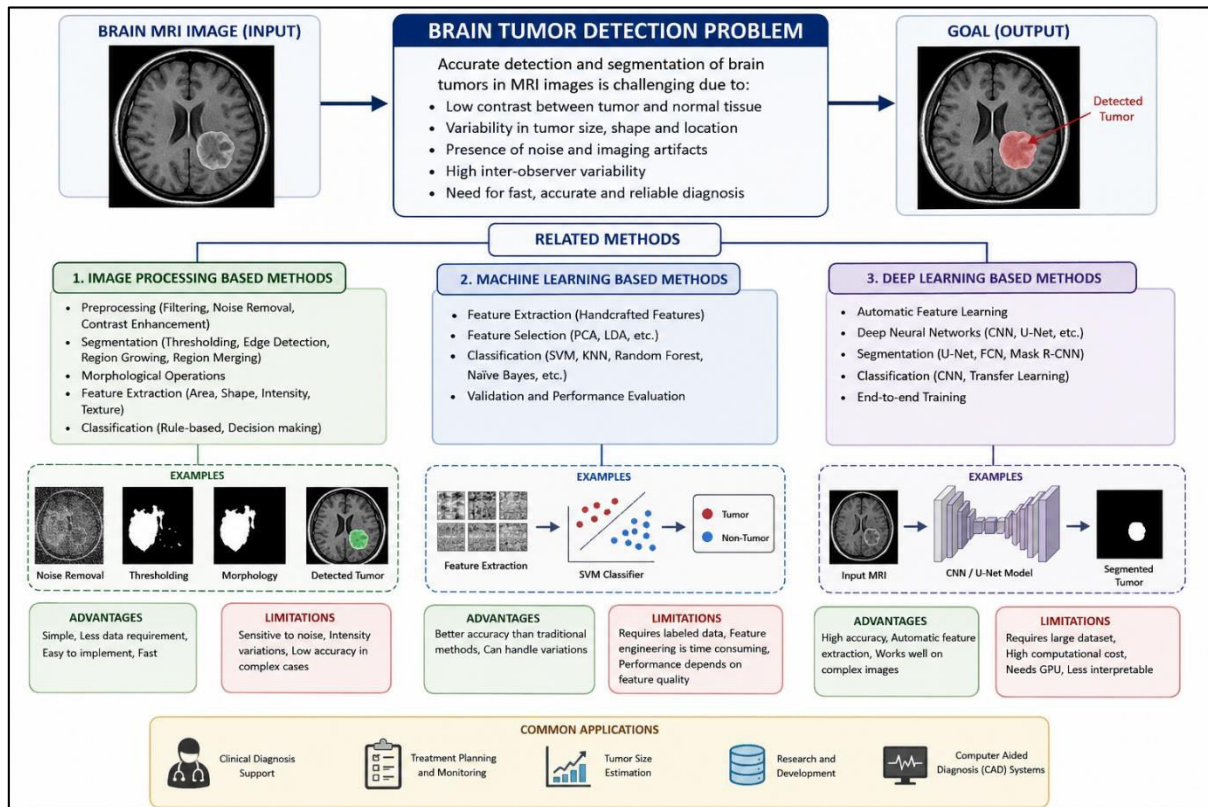


Figure 1: Brain Tumor Detection Problem



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II. RESEARCH BACKGROUND

Recent advancements in brain tumor detection and classification have been largely driven by the integration of artificial intelligence, particularly deep learning techniques, with medical imaging modalities such as MRI. Deep learning-based approaches have demonstrated remarkable improvements in accuracy and robustness compared to traditional methods. For instance, DACBT: Deep learning approach for classification of brain tumors using MRI data in IoT healthcare environment [10] proposed a deep learning framework integrated with IoT for efficient tumor classification, highlighting the potential of combining intelligent models with healthcare systems for real-time diagnosis. Similarly, Multi-Class classification of brain tumor images using data augmentation with a deep neural network [11] explored the use of data augmentation techniques to enhance the performance of deep neural networks in multi-class tumor classification, emphasizing the importance of dataset expansion in improving model generalization.

Artificial intelligence-based classification methods have also been explored extensively. Multiclass magnetic resonance imaging brain tumor classification using an artificial intelligence paradigm [12] presented a comprehensive AI-based approach for multi-class classification of brain tumors using MRI images, demonstrating improved classification accuracy through advanced feature learning techniques. In another study, Brain tumor classification using deep CNN features via transfer learning [13] used pre-trained convolutional neural networks to extract deep features, significantly reducing training time while maintaining high classification performance.

Further improvements in classification accuracy have been achieved through advanced network architectures. Three-class brain tumor classification using deep dense inception residual network [14] proposed a hybrid deep learning model combining dense, inception, and residual networks, achieving superior performance in multi-class tumor classification tasks. Likewise, Classification of brain tumors from MR images using deep transfer learning [15] demonstrated the effectiveness of transfer learning in handling limited medical datasets, enabling accurate tumor classification with reduced computational complexity.

In addition to MRI-based approaches, other imaging modalities, such as Positron Emission Tomography (PET) and Computed Tomography (CT), have been studied. PET imaging in oncology [16] highlighted its role of PET imaging in cancer diagnosis and monitoring, while Computed tomography—an increasing source of radiation exposure [17]—discussed the widespread use of CT imaging along with concerns about radiation exposure. These studies underscore the importance of selecting safe and effective imaging modalities, with MRI preferred for its non-ionizing nature.

Segmentation of brain tumors has also been an active area of research. Brain tumor segmentation based on local independent projection-based classification [18] introduced a method based on local projection techniques that improved the delineation of the tumor boundary. Accurate segmentation is essential for reliable tumor analysis, as it directly impacts measurement and classification outcomes. Beyond technical aspects, the clinical implications of brain tumors have also been explored. Measuring self-reported cancer-related cognitive impairment: recommendations from the cancer neuroscience initiative working group [19] emphasized the cognitive impact of cancer and the importance of accurate diagnosis and monitoring in improving patient outcomes.

1. Image Processing-Based Techniques

Traditional image processing techniques are widely used for brain tumor detection due to their simplicity and ease of implementation. These methods typically involve preprocessing steps such as noise removal, contrast enhancement, and filtering, followed by segmentation techniques like thresholding (e.g., Otsu's method), edge detection, and morphological operations. The methodology relies on analyzing differences in pixel intensities to separate tumor regions from normal brain tissue. The main advantage of these techniques is that they are computationally efficient, require no training data, and are easy to implement in environments like MATLAB. However, their major limitation is their high sensitivity to noise, intensity variations, and image quality. They often fail in complex cases where tumor and normal tissues have similar intensity values, leading to inaccurate segmentation.



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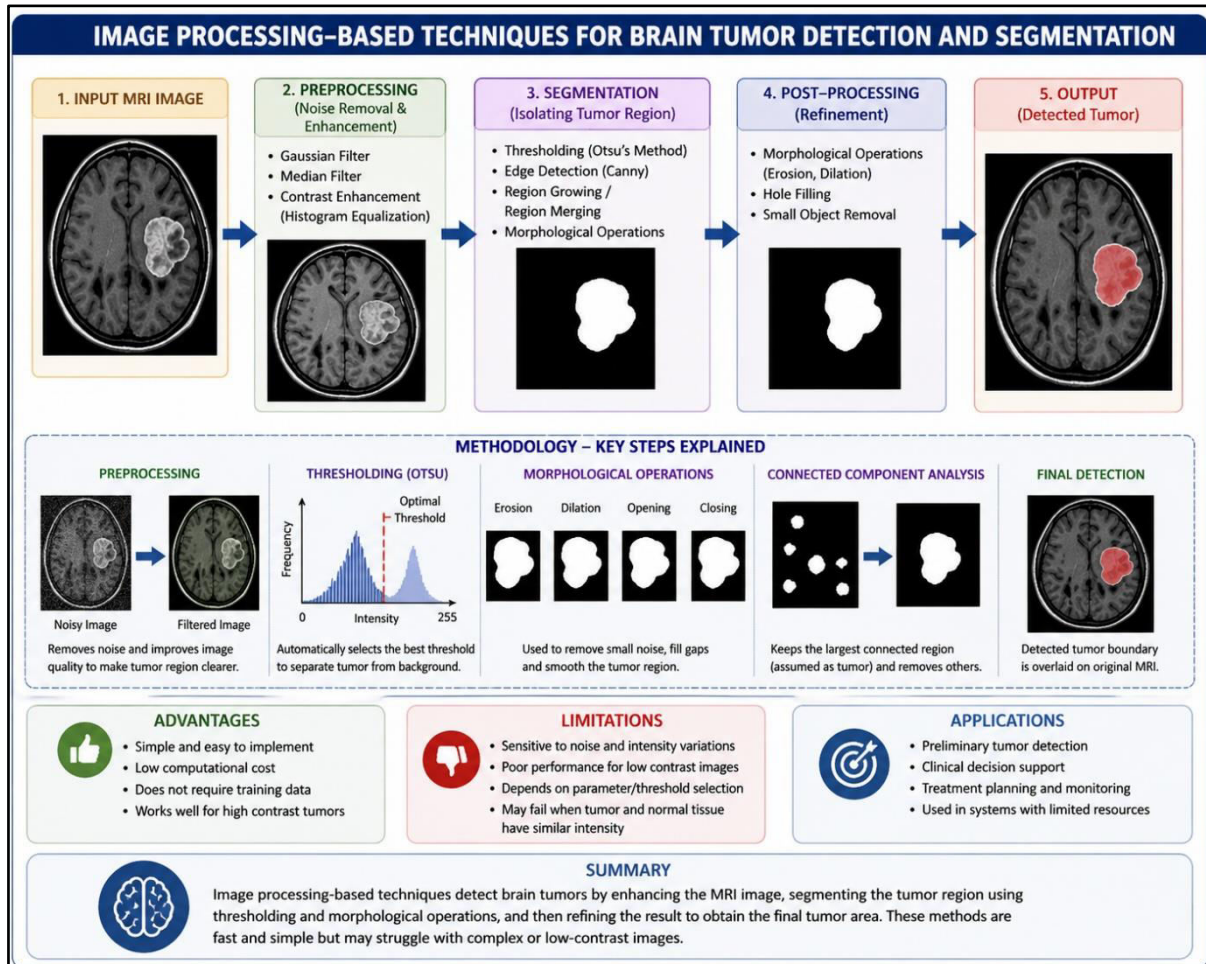


Figure 2: Image Processing Method Overview

2. Region-Based Segmentation Techniques: Region-based methods, such as region growing and region merging, focus on grouping pixels with similar characteristics to form meaningful regions. These techniques start from seed points and expand the region based on similarity criteria such as intensity or texture. The advantage of this approach is that it can provide more accurate, continuous tumor boundaries than simple thresholding methods. However, the effectiveness of region-based methods depends heavily on the selection of seed points and the choice of similarity thresholds. Incorrect initialization can lead to over-segmentation or under-segmentation, making these methods less robust in fully automated systems.

Figure 3 presents an overview of region-based segmentation techniques used for brain tumor detection in MRI images. It explains how pixels with similar properties, such as intensity and texture, are grouped into meaningful regions, which helps isolate the tumor area from the brain image. The process begins with the input MRI brain image, followed by a preprocessing stage that includes noise removal, bias field correction, contrast enhancement, and skull stripping. These steps improve image quality and make the tumor region more distinguishable for segmentation. The methodology is divided into two main approaches: region growing and region merging. In region growing, the process starts by selecting a seed point inside the suspected tumor region. The algorithm then expands this region by adding neighboring pixels that have similar intensity values. This continues until no more similar pixels can be added, resulting in a homogeneous region that represents the tumor. Finally, the boundary of this region is extracted to clearly outline the tumor.

In region merging, the image is first divided into many small regions (over-segmentation). Then, a similarity check is performed between neighboring regions based on properties like intensity or texture. Regions that satisfy the similarity



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criteria are merged together to form a larger, meaningful region corresponding to the tumor. This process continues until the final tumor region is obtained. The output of these methods includes the segmented tumor region and its binary mask, which can be further refined using post-processing techniques, such as small-object removal, hole filling, and smoothing. The figure also highlights key ideas, such as grouping pixels based on similarity and producing continuous tumor boundaries. The advantages of region-based methods include better boundary detection, the ability to handle intensity variations, and the generation of connected tumor regions. However, there are limitations, including sensitivity to seed selection, high computational cost for large images, and difficulty when tumor and normal tissues have similar intensity values.

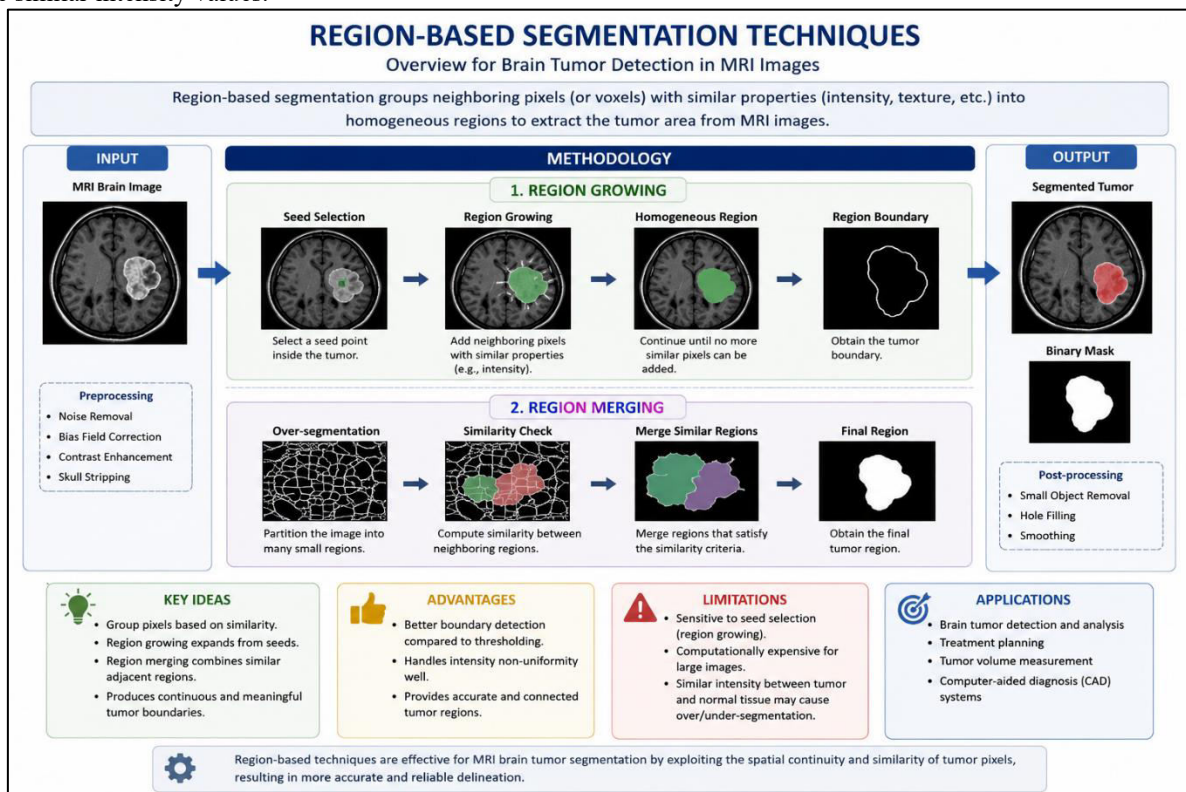


Figure 3: Region-Based Segmentation

3. Machine Learning-Based Techniques: Machine learning approaches improve tumor detection by learning patterns from data rather than relying solely on pixel intensity. These methods involve feature extraction (e.g., texture, shape, and intensity features) followed by classification using algorithms such as SVMs, KNNs, or Random Forests. The main advantage of machine learning techniques is their ability to handle variability in MRI images and achieve higher accuracy compared to traditional methods. They can distinguish between tumor and non-tumor regions more effectively. However, these methods require labeled datasets for training, and their performance depends on the quality of extracted features. Feature engineering can be time-consuming and requires domain expertise.

4. Hybrid Techniques

Hybrid approaches combine traditional image processing with machine learning or deep learning techniques to improve performance. For example, preprocessing and segmentation may be performed using image processing methods, while classification is carried out using machine learning models. These methods aim to leverage the strengths of multiple approaches to achieve better accuracy and robustness. The advantage of hybrid techniques is improved performance compared to individual methods. However, they increase system complexity and may require careful integration and parameter tuning.

Figure 4 illustrates a comprehensive overview of machine learning-based techniques used for brain tumor detection and classification from MRI images. The process begins with the input MRI image, which serves as the raw data for



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analysis. This image then undergoes preprocessing steps, including noise removal, bias field correction, intensity normalization, skull stripping, and contrast enhancement, to improve image quality and make tumor regions more distinguishable. After preprocessing, the system performs feature extraction, converting important characteristics of the image's important characteristics into numerical data. These features include intensity, texture (such as GLCM-based features), shape, statistical measures, wavelet features, and histogram-based information.

Following feature extraction, feature selection techniques are applied to reduce dimensionality and eliminate redundant or irrelevant features. Methods such as Principal Component Analysis (PCA), Linear Discriminant Analysis (LDA), and other statistical approaches are used to retain only the most significant features, thereby improving the efficiency and accuracy of the model.

The selected features are then fed into machine learning classifiers such as Support Vector Machines (SVM), K-Nearest Neighbors (KNN), Random Forest, Naïve Bayes, Decision Trees, and Artificial Neural Networks (ANN), which learn patterns from the data and classify the MRI images into different tumor categories or distinguish between tumor and non-tumor cases. The figure also highlights the typical machine learning pipeline, which includes dataset preparation (training, validation, and testing), model training, validation, testing, and final prediction. Additionally, it provides examples of different feature types used in classification and emphasizes the importance of proper feature engineering. The advantages of machine learning methods include moderate computational cost, good performance with smaller datasets, and interpretable results. However, the limitations include reliance on handcrafted features, the need of domain expertise, and a reduced ability to capture complex patterns compared to deep learning methods. Overall, the figure demonstrates how machine learning techniques provide an effective, structured approach to brain tumor detection and classification in medical imaging.

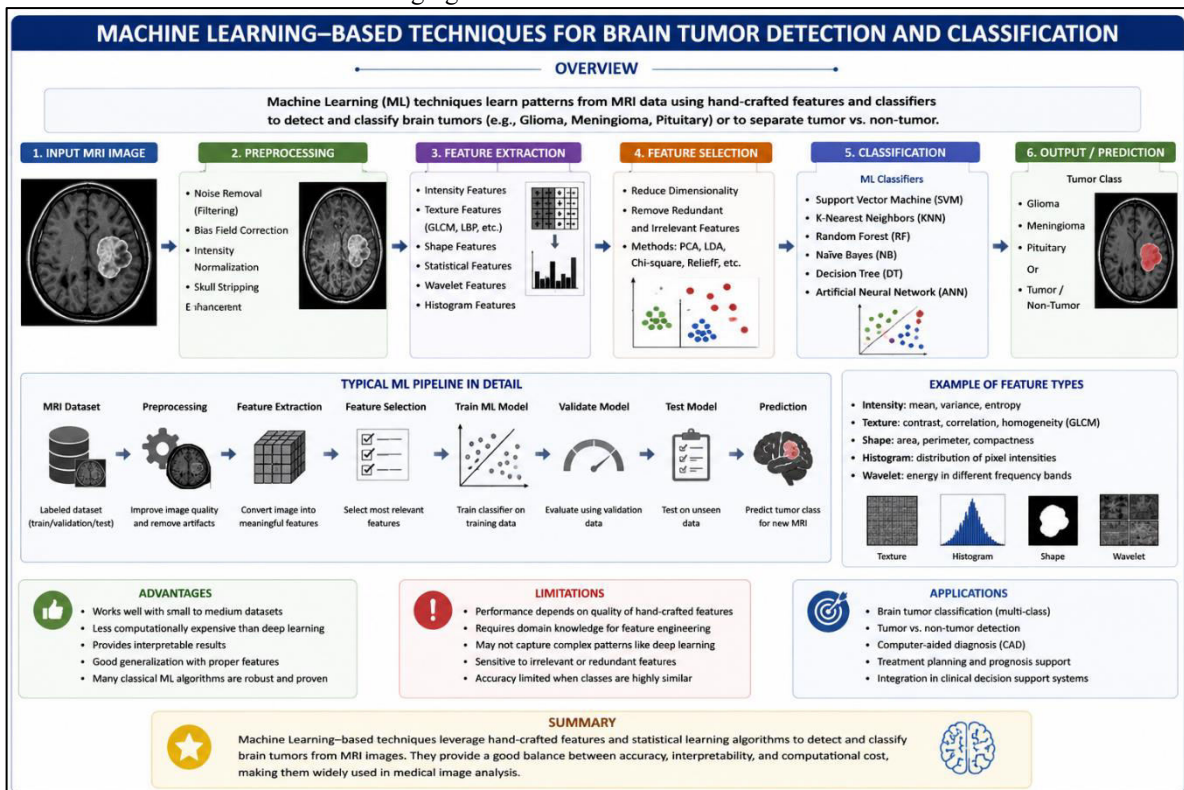


Figure 4: Machine Learning-Based Tumor Detection

Table 1: Comparison of Brain Tumor Detection Approaches

Parameter	Image Processing-Based Techniques	Machine Learning-Based Techniques	Deep Learning-Based Techniques
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Accuracy	Medium – depends on image quality and thresholding	High – improves with good feature selection	Very High – state-of-the-art performance
Computational Complexity	Low – simple operations (thresholding, morphology)	Medium – feature extraction + model training	High – complex neural networks and training
Dataset Requirement	Not required	Requires a labeled dataset	Requires a large annotated dataset
Robustness to Noise	Low – sensitive to noise and artifacts	Medium – better than traditional methods	High – learns noise-invariant features
Robustness to Intensity Variations	Low – struggles with low contrast images	Medium – depends on features used	High – handles variations effectively
Training Requirement	No training needed	Training required	Extensive training required
Feature Extraction	Manual (intensity, shape, area)	Manual (engineered features)	Automatic (learned features)
Processing Speed	Fast	Moderate	Slow (training), fast (inference)
Implementation Difficulty	Easy	Moderate	Complex
Generalization Ability	Low	Medium	High

III. KEY CHALLENGES IN BRAIN TUMOR DETECTION

- **Variability in MRI data:** Brain tumor detection using MRI images faces several critical challenges that directly impact the accuracy and reliability of automated systems. One of the major challenges is the variability in MRI data. MRI images can differ significantly due to variations in imaging protocols, scanner types, resolution, contrast settings, and patient-specific factors. These variations lead to inconsistencies in intensity distribution and image appearance, making it difficult for algorithms to generalize across different datasets. As a result, a method that performs well on one dataset may not achieve similar accuracy on another, limiting its practical applicability.
- **Similarity between tumor and normal brain tissues:** Another significant challenge is the similarity between tumor and normal brain tissues. In many cases, the intensity values of tumor regions overlap with those of healthy tissues such as gray matter or white matter. This makes it difficult for segmentation techniques, especially those based on thresholding or intensity analysis, to clearly distinguish tumor boundaries. Additionally, tumors can have irregular shapes, heterogeneous structures, and varying contrast levels, further complicating accurate detection and segmentation. These factors often lead to issues such as over-segmentation or under-segmentation.
- **Presence of noise and imaging artifacts:** The presence of noise and imaging artifacts in MRI images also affects detection performance. Noise can arise from the imaging process itself, while artifacts may be caused by patient movement or hardware limitations. These distortions can obscure important features of the tumor or introduce false regions, reducing the effectiveness of both traditional and advanced methods.
- **Requirement for large annotated datasets:** Another important challenge is the requirement for large annotated datasets, especially for machine learning and deep learning approaches. High-quality labeled data, where tumor regions are accurately marked by medical experts, is essential for training robust models. However, obtaining such datasets is time-consuming, expensive, and often limited due to privacy concerns. The lack of sufficient annotated data can lead to overfitting and reduced generalization capability of models.
- **Computational complexity and resource requirements:** It poses additional challenges, particularly for deep learning techniques. Training advanced models requires significant computational power, often involving GPUs and large amounts of memory, which may not be available in all settings.

IV. CONCLUSION

This survey paper presents a comprehensive review of brain tumor detection and segmentation techniques for MRI images, covering classical image processing methods, region-based approaches, machine learning, and recent deep learning advancements. The study highlights how the field has evolved from simple intensity-based segmentation methods to more sophisticated data-driven approaches capable of handling complex medical imaging challenges.



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Traditional image processing techniques offer simplicity, low computational cost, and ease of implementation, making them suitable for preliminary analysis and resource-constrained environments. However, their performance is limited in handling noise, intensity variations, and complex tumor structures. Region-based methods improve boundary detection but depend heavily on parameter selection and initialization. Machine learning approaches achieve higher accuracy and adaptability by learning patterns from data, though they require careful feature extraction and labeled datasets. In contrast, deep learning techniques, particularly convolutional neural networks and U-Net architectures, have achieved state-of-the-art performance by automatically learning hierarchical features, enabling highly accurate tumor detection and segmentation.

Despite significant progress, several challenges remain, including variability in MRI data, similarity between tumor and normal tissues, limited availability of annotated datasets, and high computational requirements for advanced models. These challenges highlight the need for robust, efficient, and scalable solutions that can generalize well across diverse datasets and clinical conditions. Overall, this survey emphasizes that no single method is universally optimal, and the choice of technique depends on application requirements, dataset availability, and computational resources. Future research should focus on hybrid approaches that combine the strengths of multiple techniques, the use of 3D MRI data for improved analysis, and the development of lightweight yet accurate models for real-time clinical applications. The findings of this survey provide valuable insights for researchers and practitioners working in medical image analysis and contribute to the advancement of intelligent healthcare systems for brain tumor diagnosis.

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