

The logo for RADemics, featuring the text "RADemics" in white on a blue arrow-shaped background pointing to the right. The arrow is part of a larger blue horizontal bar that is attached to a dark blue vertical bar on the left side of the slide.

RADemics

Integrating Convolutional Neural Networks and Support Vector Machines for Medical Image Classification

A decorative graphic consisting of several thin, curved lines in shades of blue and grey, originating from the bottom left and extending upwards and to the right, resembling stylized grass or reeds.

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Integrating Convolutional Neural Networks and Support Vector Machines for Medical Image Classification

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Abstract

The increasing demand for accurate and automated medical image classification has driven the development of hybrid artificial intelligence models that combine the strengths of deep learning and traditional machine learning techniques. Convolutional Neural Networks (CNNs) have proven highly effective in extracting deep spatial and semantic features from complex imaging data, while Support Vector Machines (SVMs) are renowned for their robustness in classification tasks, particularly in high-dimensional and limited-data environments. Integrating CNNs as feature extractors with SVMs as decision-making classifiers presents a promising paradigm for enhancing diagnostic performance in clinical settings. This chapter provides a comprehensive examination of CNN–SVM hybrid architectures, addressing key design principles, integration strategies, and their application across various medical imaging modalities including CT, MRI, and chest X-rays. Particular emphasis is placed on COVID-19 and lung disease classification, where rapid and precise image interpretation is critical. The study further explores technical challenges such as dimensionality reduction, model complexity, lack of standardization, and the need for interpretability in clinical environments. Empirical evidence from recent studies is analyzed to demonstrate the effectiveness of the hybrid approach in improving accuracy, sensitivity, and generalization. The chapter concludes with future research directions aimed at advancing the clinical translation of hybrid models for intelligent, scalable, and trustworthy medical imaging systems.

Keywords:

Medical Image Classification, Convolutional Neural Networks, Support Vector Machines, Hybrid Models, COVID-19 Detection, Deep Learning Integration

Introduction

The role of medical imaging in clinical diagnosis and decision-making has become increasingly critical with the advancement of radiological technologies [1]. Modalities such as computed

tomography (CT), magnetic resonance imaging (MRI), ultrasound, and X-rays generate vast volumes of image data that require precise and timely interpretation [2]. The traditional reliance on manual analysis by radiologists, although effective, is both time-consuming and susceptible to variability in interpretation [3]. As a result, the integration of artificial intelligence (AI) into medical image classification systems has become a growing area of interest in both research and clinical domains. Among AI techniques, deep learning—particularly Convolutional Neural Networks (CNNs)—has demonstrated state-of-the-art performance in extracting hierarchical features from imaging data, facilitating the automation of classification tasks with high accuracy [4]. Their performance advantages, CNNs also face limitations, especially in scenarios with limited annotated data or overlapping class distributions, where conventional classification layers may not yield optimal decision boundaries [5].

Support Vector Machines (SVMs) have long been regarded as powerful classifiers within the machine learning paradigm, known for their generalization ability in high-dimensional feature spaces and their effectiveness with smaller datasets [6]. SVMs utilize a margin-based optimization approach to distinguish between classes, offering precise boundary definitions that are especially advantageous in medical contexts where misclassification can have serious clinical consequences [7]. SVMs lack the capacity to automatically extract features from raw image data, thus necessitating their combination with other methods for optimal performance [8]. This makes them an ideal candidate for hybrid modeling in conjunction with CNNs, where deep networks serve as feature extractors and SVMs operate as final-stage classifiers [9]. This complementary integration provides a strategic solution for enhancing classification accuracy, particularly in heterogeneous or data-scarce medical imaging applications [10].

The hybridization of CNNs and SVMs is increasingly being recognized as a robust solution to overcome the limitations associated with standalone models [11]. CNNs are adept at learning spatial hierarchies and abstract patterns in image data but may be vulnerable to issues like overfitting or convergence instability when operating with insufficient training samples [12]. SVMs, on the other hand, do not require large training datasets to function effectively, making them suitable for domains where data annotation is both labor-intensive and subject to clinical expertise [13]. In a hybrid model, CNNs are typically trained to extract deep features from imaging data, which are then flattened and used as input to SVM classifiers [14]. The output decision boundaries of the SVM tend to be more generalizable, especially in cases where the medical imaging task involves subtle visual distinctions, such as early-stage disease detection or multi-class classification with overlapping characteristics [15].