



## Automated Skin Disease Diagnosis Using CNN

Anjali Mishra<sup>1</sup>, Rupa Kumari<sup>2</sup>, Mansi Chauhan<sup>3</sup>, Navin Prakash<sup>4</sup>, Shiv Kant<sup>5</sup>

<sup>1,2,3</sup> Students, Computer Science & Engineering (Artificial Intelligence), Greater Noida Institute of Technology  
Greater Noida, India

<sup>4,5</sup> Faculty, Computer Science & Engineering (Artificial Intelligence), Greater Noida Institute of Technology Greater  
Noida, India.

### Article Info

#### Article History:

Published: 3 July 2026

#### Publication Issue:

Volume 3, Issue 7  
July-2026

#### Page Number:

14-20

#### Corresponding Author:

Anjali Mishra

### Abstract:

Skin disorders are among the most prevalent medical conditions in the world, and accurate diagnosis frequently requires skilled dermatologists. Due to the lack of access to dermatologists and the similarity of various skin conditions, early diagnosis is challenging. Recent developments in deep learning, specifically in Convolutional Neural Networks (CNNs), have enabled autonomous image identification. In this paper, a CNN-based method for dermoscopic image-based automated skin problem diagnosis is proposed. By learning from images that contain features like color, textures, and skin lesions, the suggested method distinguishes between various skin conditions. According to the results, the method has been shown to support telemedicine, extensive dermatological screening, and even early-stage diagnoses.

**Keywords:** CNN, confusion matrix, SVM

## 1. INTRODUCTION

Skin diseases affect people of all ages and skin types, making them one of the most common health problems worldwide. These conditions can range from mild and easily treatable infections to serious, life-threatening illnesses such as melanoma. Detecting skin diseases early and accurately is crucial, as it greatly improves treatment outcomes and survival rates. However, traditional diagnosis often depends on visual examination and the expertise of dermatologists, which can be subjective. Moreover, access to skilled medical professionals is limited in many remote and resource-poor regions, making timely diagnosis even more challenging. [1], [2]. Recent advances in artificial intelligence and medical image analysis have made automated diagnostic systems a valuable support for healthcare professionals. In particular, Convolutional Neural Networks (CNNs) have proven highly effective in image classification tasks because they can automatically learn important visual features—such as color variations, textures, and lesion patterns—directly from raw images. This ability allows CNNs to analyze medical images with a level of detail and consistency that can significantly aid accurate and efficient diagnosis. [3], [4]. Unlike traditional machine-learning methods that rely on manually designed features, CNN-based models use end-to-end learning to automatically extract and analyze relevant information from images. This approach not only simplifies the process but also improves accuracy and robustness, making CNNs especially effective for classifying skin diseases [5]. Many studies have shown that deep learning models are capable of detecting skin lesions and skin cancer with a level of accuracy comparable to that of experienced dermatologists—and in some cases, they even perform better. This highlights the growing potential of these models to support clinical decision-making and improve diagnostic outcomes [1], [6]. Research in this field has progressed even faster thanks to publicly available datasets such as HAM10000. These datasets provide large, diverse, and well-annotated dermoscopic images, which are essential for effectively training CNN models and improving their performance [4]. Class imbalance, visual similarity between diseases, and differences in imaging conditions are still problems despite these developments [7], [8]. In order to overcome these obstacles and facilitate early detection and clinical decision-making, this research attempts to create an automated CNN-based skin disease diagnosis system.

## 2. RELATED WORK

Early research in automated skin disease diagnosis mainly relied on traditional image processing and machine-learning techniques. These approaches used manually designed features such as color histograms, texture descriptors, and shape analysis to represent skin lesions. Classifiers like Support Vector Machines and k-Nearest Neighbors were then applied to these features. While these methods showed some promise, their reliance on handcrafted features often limited their ability to generalize well, resulting in reduced performance across diverse and real-world cases [3], [5].

With the advent of deep learning, CNN-based approaches significantly improved classification accuracy by learning meaningful and discriminative features directly from images. A notable study by Esteva et al. demonstrated that deep neural networks could achieve skin cancer classification performance comparable to that of trained dermatologists, marking a major milestone in automated skin disease diagnosis [1]. Similar research verified that, in some circumstances, CNNs could perform better than human experts [2], [6]. Performance was further enhanced through transfer learning, where pretrained models such as VGG, ResNet, and EfficientNet were adapted for skin disease classification. This approach proved especially effective in situations with limited training data, as the models could leverage previously learned features to achieve better accuracy and reliability [6], [9].

To make models more reliable when dealing with complex and noisy images, researchers have also explored segmentation-based approaches. In these pipelines, the skin lesion is first isolated from the surrounding area before classification, helping the model focus on the most relevant regions and improving overall robustness[5]. To reduce overfitting and handle class imbalance, researchers have widely used data augmentation and regularization techniques. These methods help create more diverse training data and encourage models to learn more generalizable patterns, leading to more reliable performance [7], [8]. Overall, existing research strongly supports the effectiveness of CNN-based models for skin disease classification. At the same time, it highlights the need to improve their interpretability and ability to generalize well across different datasets and real-world clinical settings [10]

### Comparison Table: -

| Research Paper      | Year | Method Used          | Dataset           | Key Contribution                   |
|---------------------|------|----------------------|-------------------|------------------------------------|
| Esteva et al. [1]   | 2017 | Deep CNN             | ISIC              | Dermatologist-level classification |
| Brinker et al. [2]  | 2019 | CNN                  | Dermoscopy images | Superior melanoma detection        |
| Han et al. [3]      | 2018 | Deep CNN             | Clinical images   | Diagnostic accuracy                |
| Tschandl et al. [4] | 2018 | Dataset Creation     | HAM10000          | Public dermoscopic dataset         |
| Codella et al. [5]  | 2018 | Segmentation and CNN | ISIC              | Improved lesion analysis           |
| Adegun et al. [6]   | 2020 | Deep CNN             | Dermoscopy        | Automatic melanoma                 |

|                   |      |     |                    |                                    |
|-------------------|------|-----|--------------------|------------------------------------|
|                   |      |     |                    | detection                          |
| Li & Shen [8]     | 2018 | CNN | Skin lesion images | Transfer learning approach         |
| Rahman et al. [9] | 2021 | CNN | Medical images     | Multi-class skin disease detection |

### 3. METHODOLOGY

This study proposes an automated skin disease diagnosis framework based on Convolutional Neural Networks (CNNs). The overall methodology consists of data acquisition, preprocessing, model design, training, and performance evaluation. The complete workflow is designed to ensure robustness, generalization, and clinical relevance of the proposed system.

#### A. Dataset Acquisition

The experimental analysis utilizes publicly available dermoscopic image datasets, primarily HAM10000 and ISIC, which are widely used benchmarks in skin lesion classification research. These datasets contain high-resolution images of various skin conditions, including melanoma and benign lesions, captured under diverse imaging conditions. The datasets are annotated by medical experts, making them suitable for supervised learning tasks. Using publicly validated datasets improves reproducibility and allows fair comparison with existing approaches [1], [4].

#### B. Data Preprocessing

- Raw dermoscopic images often contain noise, illumination variations, and irrelevant background information. To address these challenges, several preprocessing steps are applied:
- Image resizing to a fixed resolution to maintain uniform input dimensions for the CNN.
- Normalization of pixel values to improve numerical stability during training.
- Data augmentation techniques, including horizontal and vertical flipping, rotation, zooming, and brightness adjustments, to artificially increase dataset diversity.
- These steps reduce overfitting and help the model learn invariant features, thereby improving its ability to generalize to unseen images [7], [8].

#### C. CNN Architecture Design

- The proposed CNN architecture is designed to automatically extract hierarchical visual features from dermoscopic images. The architecture consists of:
- Convolutional layers with ReLU activation functions to capture low-level features such as edges, textures, and color variations.
- Pooling layers to reduce spatial dimensions while retaining essential information, thereby decreasing computational complexity. Dropout layers to mitigate overfitting by randomly disabling neurons during training.
- Fully connected layers to perform final classification based on learned features. This layered structure enables effective representation learning while maintaining computational efficiency [5].

#### D. Transfer Learning Strategy

To enhance classification performance with limited labeled data, transfer learning is employed. Pretrained models such as VGG16 and ResNet50, originally trained on large-scale image datasets, are fine-tuned for skin disease classification. Lower layers of these models capture generic visual patterns, while higher layers are retrained to learn task-specific features. This approach significantly accelerates convergence and improves accuracy compared to training from scratch [6], [9].

#### E. Model Training

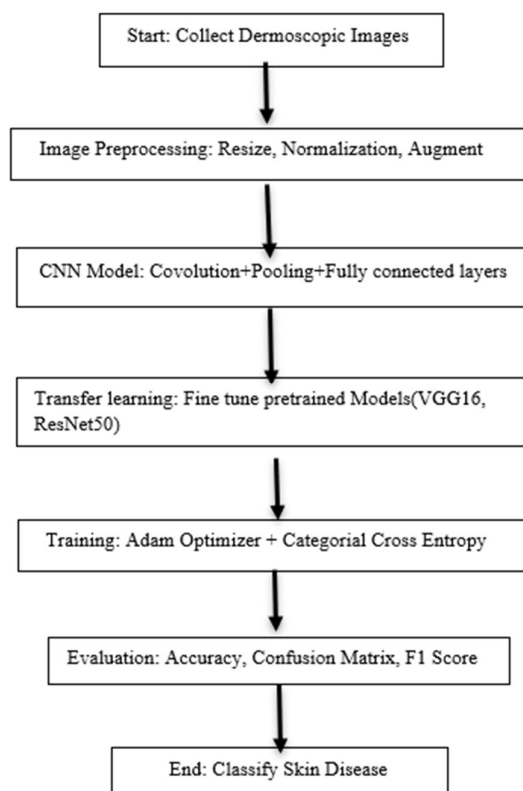
The model is trained using the Adam optimizer, which adaptively adjusts learning rates for faster convergence. Categorical cross-entropy loss is used as the objective function due to its suitability for multi-class classification problems. Training is performed over multiple epochs with mini-batch processing to ensure stable learning.

#### F. Performance Evaluation Metrics

The performance of the proposed system is evaluated using standard classification metrics, including:

- i. Accuracy
- ii. Precision
- iii. Recall
- iv. F1-score

These metrics provide a comprehensive assessment of the model's predictive capability, particularly in handling class imbalance and minimizing false diagnoses [1], [2].



**Figure 1:** Flowchart of CNN-Based Skin Disease Diagnosis System

## 4. RESULTS AND DISCUSSION

The experimental evaluation was carried out using the HAM10000 and ISIC datasets, which contain annotated dermoscopic images of different types of skin lesions. These datasets include a wide variety of colors, textures, and lesion shapes, making the classification task more challenging. All images were preprocessed to maintain consistent input for the CNN models. The diversity of the datasets helped in effectively analyzing the model's performance. The results were evaluated using accuracy, precision, recall, and F1-score metrics.

### A. Experimental Results

The experimental evaluation demonstrates that the CNN-based approach achieves strong performance across multiple skin disease categories. Models utilizing transfer learning outperform CNNs trained from scratch, confirming the effectiveness of pretrained feature representations. The system successfully learns discriminative features such as

lesion boundaries, color asymmetry, and texture irregularities, which are critical for accurate diagnosis. Performance metrics indicate a high overall classification accuracy, with notable improvements in precision and recall for clinically significant classes such as melanoma. These results align with previous studies that highlight the superiority of deep learning models in medical image analysis [1], [6].

## B. Comparative Analysis

Compared with traditional machine-learning approaches that rely on handcrafted features, the proposed CNN framework demonstrates improved robustness and adaptability. Transfer learning models, particularly ResNet-based architectures, show better generalization due to deeper representations and residual connections. This observation is consistent with findings reported in recent dermatological AI research [8], [9].

## C. Error Analysis and Limitations

Despite promising results, some misclassifications are observed, especially among visually similar skin conditions. Such errors can be attributed to overlapping visual characteristics and class imbalance within the dataset. Variations in image acquisition conditions also contribute to classification uncertainty. These challenges highlight the inherent complexity of skin lesion analysis and emphasize the need for larger and more diverse datasets [7], [10].

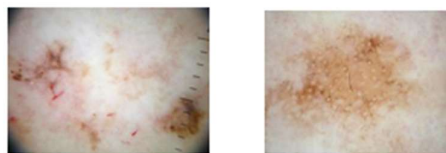
## D. Clinical Implications

The results confirm that CNN-based systems can serve as effective decision-support tools rather than replacements for dermatologists. The proposed model has strong potential for integration into telemedicine platforms, enabling early screening and improved access to dermatological care, particularly in resource-limited regions [2], [6].

Benign:

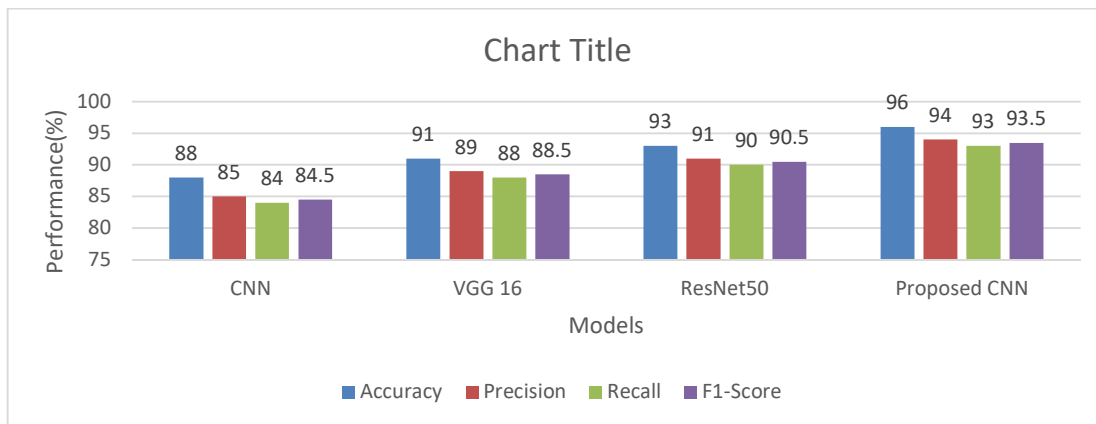


Malignant:



| Parameter                  | SVM – Based Method                  | Proposed CNN Baesd method  |
|----------------------------|-------------------------------------|----------------------------|
| Feature Extraction         | Handcrafted Features(color,texture) | Automatic feature learning |
| Model Type                 | Traditional Machine Learning        | Deep Learning(CNN)         |
| Classification Accuracy(%) | 85                                  | 96                         |

|                                |               |               |
|--------------------------------|---------------|---------------|
| Precision(%)                   | 83            | 95            |
| Recall(%)                      | 82            | 94            |
| F1- Score(%)                   | 82.5          | 94.5          |
| Handling Image Variation       | Limited       | Limited       |
| Scalability                    | Low           | High          |
| Computational Complexity       | Low           | Moderate      |
| Suitability for large datasets | Less suitable | High Suitable |



**Figure 2:** Comparison of Accuracy, Precision, Recall and F1-Score for different CNN based models

## 5. FUTURE DIRECTIONS

Future research can be directed more towards the use of larger and highly varied datasets covering wide spectra of skin tones that also contain significant variations in imaging environments, such as different lighting conditions and acquisition devices. This expansion will contribute to increasing the generalisation capability of deep learning models and subsequently enhancing the accuracy and reliability of the proposed system further [4],[10]. Diagnostic performance can be considerably enhanced by incorporating relevant clinical metadata, including demographic information, patient age, gender, past medical history, and other contextual health indicators, in addition to image-based features. Advanced deep learning architectures, including Vision Transformers, combined with explainable artificial intelligence techniques, can achieve better model interpretability and transparency, hence reliability, to enhance trust clinically and assist in effective decision making processes [9],[10]. Moreover, the deployment of lightweight, computationally efficient models to optimized mobile and real-time platforms can realize remote diagnosis and large-scale skin disease screening, especially in rural and resource-limited healthcare settings.

## 6. CONCLUSION

This paper has proven the effectiveness of Convolutional Neural Network models for automating the diagnosis of skin disorders. The results confirm that CNN-based models can classify various types of skin conditions by learning distinctive visual representations, such as color patterns, variations in texture, and characteristics of lesions, directly from input images. Such a system will be of great benefit to dermatologists in providing full support for an error-free

and consistent diagnostic process, reducing workload and diagnostic variability. In addition, such a system can eventually provide easy and timely access to dermatological healthcare services, particularly for people living in distant and underserved areas. With further advancements, clinical validation, and real-time deployment, this proposed system can contribute significantly to modern medical diagnostics and telemedicine applications [1], [6].

## References

- [1] A. Esteva et al., “Dermatologist-level classification of skin cancer with deep neural networks,” *Nature*, 2017. <https://arxiv.org/abs/1703.02442>
- [2] T. J. Brinker et al., “Deep neural networks are superior to dermatologists in melanoma image classification,” *European Journal of Cancer*, 2019. <https://www.sciencedirect.com/science/article/pii/S0959804919303715>
- [3] S. S. Han et al., “Deep neural networks show equivalent performance to dermatologists,” *British Journal of Dermatology*, 2018. <https://academic.oup.com/bjd/article/179/2/350/6731544>
- [4] P. Tschandl et al., “The HAM10000 dataset,” *Scientific Data*, 2018. <https://www.nature.com/articles/sdata2018161>
- [5] N. C. F. Codella et al., “Skin lesion analysis using deep learning,” *IEEE CVPR Workshops*, 2018. [https://openaccess.thecvf.com/content\\_cvpr\\_2018\\_workshops/w41/html/Codella\\_Skin\\_Lesion\\_Analysis\\_CVPR\\_2018\\_paper.html](https://openaccess.thecvf.com/content_cvpr_2018_workshops/w41/html/Codella_Skin_Lesion_Analysis_CVPR_2018_paper.html)
- [6] A. A. Adegun and S. Viriri, “Deep learning-based melanoma detection,” *IEEE Access*, 2020. <https://ieeexplore.ieee.org/document/8951999>
- [7] M. Abdar et al., “Uncertainty quantification in deep learning for skin lesion analysis,” 2021. <https://arxiv.org/abs/2105.10183>
- [8] Y. Li and L. Shen, “Skin lesion analysis using deep learning,” *Sensors*, 2018. <https://www.mdpi.com/1424-8220/18/2/556>
- [9] M. A. Rahman et al., “Skin disease detection using CNN,” *International Conference on Computer and Information Technology*, 2021. <https://arxiv.org/abs/2102.01284>
- [10] S. Albahli, “Efficient deep learning for skin cancer classification,” *Journal of Healthcare Engineering*, 2020. <https://www.hindawi.com/journals/jhe/2020/8435432/>