

# Reversible Fragile Medical Image Watermarking Scheme Resistant to Malicious Tampering Attacks

Victor Fedoseev<sup>1,2</sup><sup>a</sup> and Anna Denisova<sup>1,2</sup><sup>b</sup>

<sup>1</sup>Samara National Research University, Samara, Russia

<sup>2</sup>Image Processing Systems Institute, Branch of the Federal Scientific Research Centre “Crystallography and Photonics” of Russian Academy of Sciences, Samara, Russia

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**Abstract:** Paper is aimed to eliminate a significant drawback of existing schemes for protecting medical images from tampering using fragile watermarking: instability to “malicious tampering attacks”. In such attacks, an intruder, while tampering image content, keeps unchanged an inconspicuous additional component that contains a fragile watermark. In watermarking schemes based on least significant bit (LSB) embedding or quantization index modulation (QIM), such a component is the remainder of dividing pixel values by some number corresponding to embedding parameters. In this paper, we present a QIM-based fragile watermarking method resistant to malicious tampering due to variation in quantization steps. This fact is justified theoretically and confirmed experimentally. For use in real systems for processing and analyzing medical images, a reverse watermarking scheme based on this method is proposed. The reversibility property is achieved by the division of an image into a region of interest (ROI) and a region of noninterest (RONI) and dual watermarking.

## 1 INTRODUCTION

Digital medical images (CT, X-ray, MRI and other) stored as DICOM along with patient data are usually transmitted via unsafe networks and can be vulnerable to falsification and tampering (Memon, 2020). This could lead to misdiagnosis and have serious consequences. Hence, medical image protection from tampering is a crucial problem requiring modern solutions. Since the mid-2000s a significant number of watermarking methods have been developed for tampering detection and localization in medical images (Giakoumaki, 2006), Coatrieux, 2006), (Memon, 2008).

It is important to note that an essential feature of the use of watermarking methods for medical data is the inadmissibility of introducing distortions into image fragments significant for diagnostics. This limitation explains the fact that most of the existing watermarking schemes use image segmentation into the region of interest (ROI) – a part used for medical diagnostics – and the remaining region of noninterest

(RONI). We can specify the following classes of watermarking schemes for ROI protection against tampering:

1) Fragile reversible watermarking in ROI or whole image (Al-Qershi, 2011), (Liu, 2019).

2) Fragile watermarking in ROI along with robust watermarking in RONI. The robust watermark may contain data to recover the introduced ROI error (Mousavi, 2014), (Khor, 2017), (Memon, 2020).

3) Robust watermarking in RONI, where the watermark should contain some ROI data (its hash and/or hash of its parts) to detect tampering (Swaraja, 2018), (Alshanbari, 2021), (Balasamy, 2021).

All three classes have their pros and cons, as well as efficient implementations described in the literature. However, unfortunately, a significant vulnerability, which is a characteristic of classes 1-2 (which involve ROI watermarking), remains outside the scope of known research.

Our paper discusses this vulnerability in detail and proposes its own watermarking algorithm, and a specific scheme related to class 2, which is free from

<sup>a</sup> <https://orcid.org/0000-0003-1750-1920>

<sup>b</sup> <https://orcid.org/0000-0002-2297-758X>

this vulnerability. The rest of the paper includes three sections. Section 2 introduces us to the current state of research on this topic. Then Section 3 describes the proposed scheme. Finally, Section 4 provides some experimental results and gives a brief discussion.

## 2 RELATED WORK

First of all, let us take a closer look at a typical class 2 scheme. It involves dividing the image into ROI and RONI and further embedding digital watermarks of different content and purpose into each of them. In ROI, a fragile watermark for tampering localization is embedded. As a rule, this watermark does not carry any meaningful information and can be generated using a pseudo-random generator based on a secret key. Being fragile, this watermark is designed to break when the image changes and the positions of incorrectly extracted watermark bits allow us to estimate the local area of changes. Thus, the recipient of the image extracts the fragile watermark and compares it with the reference watermark data generated using the secret key known to him. The extraction procedure is usually computationally efficient since fragile watermarking uses simple algorithms in the spatial domain (or less often, a simple spatial data transformation is performed before embedding). If the extracted watermark is completely correct, then the image is considered suitable for further diagnostics. Otherwise, a distortion map is built to identify the nature of the distortion and investigate its causes.

Fragile watermarking usually does not cause significant distortion, but for medical images, it is advisable to exclude even the slightest possibility of misdiagnosis. Therefore, the error introduced into the ROI as a result of fragile watermarking is embedded in the RONI area as a separate watermark. This watermark is embedded using a robust method to protect this information from distortion, which can also be caused by random factors, such as noise in the data transmission channel. Thus, if the received image was found suitable for diagnosis as a result of checking the correctness of the extracted fragile watermark, the extraction of the ROI error from the robust watermark is performed. Then the ROI area is corrected, and the image is transferred to medical specialists. It is also worth noting that, in addition to the ROI error, the robust watermark may include patient data, other metadata, and data for image recovery after malicious distortion. Watermark robustness is provided by using DWT (Al-Qershi, 2011), DWT-SVD (Priyanka, 2017), (Alshanbari,

2021), block-DCT (Parah, 2017) or any other transform domain. In addition, error-correcting codes may also be used.

An important practical issue in the implementation of the described scheme is how to segment the image into ROI and RONI. In some studies focusing on a particular type of medical data (e.g., ultrasound data), the ROI and RONI areas are considered deterministic and do not change for different images (Khor, 2017), (Alshanbari, 2021). A number of papers propose automatic ROI extraction algorithms based on image analysis or machine learning technologies, such as edge detection, active contours and others. Examples of such algorithms can be found in (Memon, 2008), (Memon, 2020), (Balasamy, 2021). Other papers (Al-Qershi, 2011), (Eswaraiah, 2015), (Priyanka, 2017), (Golea, 2019) indicate that ROI/RONI segmentation should be carried out by a physician before the embedding procedure. Finally, some authors do not address this issue at all (Liu, 2019). In our study, we also do not consider it necessary to choose any specific segmentation method, believing that a specific solution should be chosen in practice from the options described above based on the specifics of the particular medical images.

In this paper, we want to draw attention to an important vulnerability of the currently existing algorithms of the considered class. It is related to the fact that for fragile watermarking, researchers use solutions based on least significant bit (LSB) watermarking or quantization index modulation (QIM). For example, papers (Memon, 2008), (Memon, 2009), (Memon, 2020) present dual watermarking schemes where fragile watermarking is based on LSB embedding into ROI (region of interest). (Eswaraiah, 2014) proposes an LSB-based fragile watermarking technique. In (Priyanka, 2017) two LSBs of ROI are replaced at the protection stage by some bits. (Liu, 2019) uses a QIM-based reversible watermarking. More examples of LSB and QIM based watermarking for tamper localization can be found in (PhadiKar, 2012), (Shehab, 2018), (Su, 2020) and other papers.

The vulnerability mentioned above is that LSB and QIM may be a subject of "malicious tampering attacks". In such attacks, an intruder, while tampering image content, keeps unchanged an inconspicuous additional component that contains a fragile watermark. In watermarking schemes based on LSB and QIM watermarking, such a component is a matrix of remainders of dividing pixel values by some number depending on the quantization step value

used at watermark embedding. If data is embedded in the first LSB, this value equals 2.

Unfortunately, in the literature on fragile watermarking for medical image protection, this vulnerability is not considered at all, despite its obviousness and vivid consequences. This was the reason for conducting the present study. In our paper, we propose a new QIM based fragile watermarking method resistant to the malicious tampering attack, and specify a medical image protection scheme based on dual watermarking in ROI and RONI.

### 3 PROPOSED WATERMARKING SCHEME

In this section, we define a new fragile watermarking algorithm based on scalar QIM watermarking and a complete medical protection scheme that uses this algorithm. In addition to fragile watermarking, this scheme contains RONI watermarking as any other class 2 implementation (see Introduction).

The main feature of our fragile watermarking approach is that it uses a range of quantization steps when embedding watermark bits into ROI pixels. The value of the quantization step for each particular pixel is generated using a pseudorandom number generator using a secret key unknown to an intruder. The number of possible quantization step values is limited due to the requirement of watermark imperceptibility. Nevertheless, it is very hard for the intruder to save the residue of pixel brightness on several quantization steps and at the same time meaningfully modify an image region.

#### 3.1 Main Features

Let  $S_{ROI}$  be the ROI area and  $S_{RONI}$  be the RONI area. The sum of  $S_{ROI}$  and  $S_{RONI}$  is equal to  $N_1N_2$ , where  $N_1$  is a height and  $N_2$  is a width of the image. We denote a number of bits per pixel (pixel depth) as  $D$ . For DICOM images, pixel depth can take values from a set  $D \in \{8,10,12,14,16\}$ , depending on image type. For example,  $D = 16$  is usual for computer tomography and  $D = 12$  is used for digital radiography (Mildenberger, 2002).

The fractions of pixels belonging to ROI and RONI are

$$k_{ROI} = \frac{S_{ROI}}{N_1N_2}, k_{RONI} = \frac{S_{RONI}}{N_1N_2}, \quad (1)$$

$$k_{ROI} + k_{RONI} = 1.$$

Thus, ROI capacity can be calculated as  $I_{ROI} = S_{ROI}D$ . Similarly, RONI capacity  $I_{RONI} = S_{RONI}D$ . As mentioned below, we do not specify how to separate ROI and RONI. However, we supply that both ROI and RONI are defined on an  $r \times r$  block grid. In practice, it is reasonable to use  $r \leq 8$ .

The same grid of pixel blocks is used to localize tampering. If at least one pixel in an  $r \times r$  block is found as tampered then we decide the whole block is tampered. To solve the authentication problem, we embed  $c$  pseudorandom watermark bits into  $c$  pixels of each block. The bigger value of  $c$  is used the lower probability of skipping a tampered block is achieved. The distorted block may not be identified if the extracted watermark bits occasionally match to the embedded sequence. This situation is possible with the probability  $1/2^c$ . On the other hand, the bigger  $c$  corresponds to the bigger distortions in the watermarked image.

#### 3.2 Embedding and Extraction Formulae

The embedding and extraction formulae for a pixel  $(n_1, n_2)$  are written as follows:

$$C^W(n_1, n_2) = \left\lfloor \frac{C(n_1, n_2)}{2\Delta_{n_1, n_2}} \right\rfloor \cdot 2\Delta_{n_1, n_2} + W(n_1, n_2) \cdot \Delta_{n_1, n_2} + C(n_1, n_2) \pmod{\Delta_{n_1, n_2}}, \quad (2)$$

$$W^R(n_1, n_2) = \left\lfloor \frac{C^W(n_1, n_2)}{\Delta_{n_1, n_2}} \right\rfloor \pmod{2}. \quad (3)$$

where  $C(n_1, n_2)$  is the original image pixel,  $W(n_1, n_2)$  is the bit of watermark,  $\Delta_{n_1, n_2}$  is the quantization step varying from 1 to  $\Delta_{max}$ ,  $a \pmod{b}$  calculates the remainder from division of  $a$  on  $b$ ,  $\lfloor a \rfloor$  is the closest integer value less than  $a$ ,  $C^W(n_1, n_2)$  is the watermarked image pixel,  $W^R(n_1, n_2)$  is the extracted watermark bit.

Equation (2) describes a supervised scalar quantization of matrix  $C(n_1, n_2)$  with quantization step  $2\Delta_{n_1, n_2}$ , which varies depending on the pixel coordinates  $(n_1, n_2)$  according to the secret key. As a result, the distortion of each particular pixel is equal to 0 or  $\pm\Delta_{n_1, n_2}$ . Watermark extraction is performed according formula (3).

### 3.3 Resistance to Malicious Tampering Attacks: Theoretical Analysis

The main goal of tampering attacks on medical images is to obstruct making a correct diagnosis. Common methods include image slicing, image retouching, copy-move etc. In research papers (see, for example, (Kaur, 2016)), tampering attacks are usually modeled using common image processing operations like average or median filtering, noise addition, JPEG compression and others. However, they model a blind intruder who does not know the image protection scheme and does not make any efforts to preserve a fragile watermark that may be embedded into the image.

Since most tamper protection schemes for medical images are based on fragile LSB or QIM watermarking as shown in Introduction, an intruder can try to implement a malicious tampering scenario: both change the image contents and preserve the watermark. For this purpose, he needs to allocate an imperceptible signal component containing a watermark, to make changes into the visible component and then to re-add the allocated component containing the watermark. In classical LSB or QIM schemes, this component is the remainder of a division each pixel value by  $2\Delta$ , where  $\Delta$  has the same meaning as in (2)-(3) but does not change for different pixel positions. We will call as the *simple malicious tampering attack* this kind of attack where  $\Delta$  is supposed to be guessed by an intruder and equal to the real value used for image protection (if it is a constant value).

This attack has common features with a vector quantization (VQ) attack described in (Holliman, 2000) and later used in many papers on tamper detection (Su, 2020). In VQ, entire image blocks are replaced using samples from protected images in order to save the watermark.

Since in (2)-(3) we see  $\Delta_{n_1, n_2}$  instead of constant  $\Delta$ , theoretically, this attack should be ineffective for our method. To adopt the attack, the intruder has to keep unchanged  $C^W(n_1, n_2) \pmod{2\Delta_{n_1, n_2}}$  for all possible values of  $\Delta_{n_1, n_2}$  from 1 to  $\Delta_{max}$ . One way to do that is to find least common multiple of the numbers from 2 to  $2\Delta_{max}$ :  $LCM(2, \dots, 2\Delta_{max})$  and then use it instead of the constant  $2\Delta$ . We call this version of attack as the *advanced malicious tampering attack*.

Table 1 shows the  $LCM$  values for each particular  $\Delta_{max}$  and corresponding bit lengths to store them. Based on the values given in Table 1, we can estimate the value of  $\Delta_{max}$ , which is sufficient to protect the

image from the advanced attack: corresponding  $LCM$  should be comparable with  $2^D$ . More precisely, we can recognize the attack as not applicable in practice if  $LCM(\dots) > 2^{D-2}$ . This empirical rule leads to the estimations of safe  $\Delta_{max}$  values shown in Table 2.

Table 1: Adequate dividers to perform a malicious attack on the proposed watermarking method.

$\Delta_{max}$	$LCM(2, \dots, 2\Delta_{max})$	$\Delta_{max}$	$LCM(2, \dots, 2\Delta_{max})$
1	2	7	840
2	4	8	1680
3	12	9	5040
4	24	10	5040
5	120	11	55440
6	120	12	55440

Table 2: Adequate  $\Delta_{max}$  values for different  $D$ .

$D$	$\Delta_{max}$	Free bits available for an intruder	Distortions in watermarked pixels
8	5	1	{0, $\pm 5$ }
10	7	0	{0, $\pm 7$ }
12	8	1	{0, $\pm 8$ }
16	11	0	{0, $\pm 11$ }

### 3.4 Reversibility of ROI

Table 2 demonstrates that we may use relatively small  $\Delta_{max}$  to prevent the described attacks and guarantee watermark invisibility. Nevertheless, even small changes in ROI should be removed before medical diagnostics. To restore the original image, we use the second part of our scheme: RONI watermarking, where the difference between original ROI and ROI of the watermarked image is used as the second watermark. For each pixel, this difference equals zero or  $\pm \Delta_{n_1, n_2}$  (and we unambiguously define the sign of nonzero difference). Thus, to restore the original pixel value, we need only one bit meaning that the pixel value is changed. As a result, the volume of the restoration watermark equals

$$I_R = k_{ROI} N_1 N_2 \cdot \frac{c}{r^2} \text{ bits.} \quad (4)$$

The ratio of RONI capacity to  $I_R$  is

$$\frac{I_{RONI}}{I_R} = \frac{k_{RONI} N_1 N_2 D}{k_{ROI} N_1 N_2 \cdot \frac{c}{r^2}} = \frac{r^2}{c} \left( \frac{1}{k_{ROI}} - 1 \right) D. \quad (5)$$

Let us analyze this product. The first multiplier is not less than one. Table 3 presents typical values of the second multiplier. Finally,  $D \in \{8, 10, 12, 14, 16\}$ . Thereby it is evident that the capacity of RONI is enough to store the second watermark for ROI

restoration. For example, if  $r = 2$ ,  $c = 1$ ,  $k_{ROI} = 1/4$  then the watermark can be stored 12 times in one LSB plane of RONI.

Table 3: Typical values of the second multiplier in (4).

$k_{ROI}$	$1/k_{ROI} - 1$
1/10	9
1/5	4
1/4	3
1/3	2
1/2	1

### 3.5 RONI Watermarking Method

To determine the second watermarking method for RONI, we need to analyze possible attacks on RONI. Intuitively, we may suppose that we need a robust watermarking method. However, what is the aim of attacking RONI? If an intruder attacked ROI and we identified and localized tampering by means of ROI watermarking then ROI restoring becomes unnecessary. Otherwise, if tampering is not detected, then the attacker does not need to make changes in RONI to keep tampering unknown. Thus, RONI tampering in combination with ROI tampering has no sense.

In the case of RONI tampering without distorting ROI, the attacker's goal is to leave the ROI noisy and simply complicate the doctor's work without "pushing" him to misdiagnose with meaningful changes. But it is obvious that the potential danger of such an attack is not so significant.

Thus, we come to the conclusion that we do not need a robust RONI watermarking and can use even LSB watermarking with a shuffle. In practice, we set a number of bit planes  $P$  used for RONI watermarking equal to 2 for  $D = 8$ , 3 for  $D \in \{10,12\}$  and 4 for  $D \in \{14,16\}$ .

### 3.6 Pixel Selection for ROI Watermarking

Although the changes in ROI caused by watermark embedding are reversible, this does not entail the acceptability of significant changes in the ROI. Such distortions can be seen visually and misinterpreted by participants in the data transfer process. Moreover, significant distortions may help an attacker to reveal the quantization steps for particular pixels. Therefore, the ROI should not contain obvious artifacts. Further, we consider the question how to select watermarked pixel positions to reduce ROI distortions.

The first approach to select  $c$  pixel positions is random selection using a secret key. This approach is very simple. However, it is not the best choice in terms of visual quality because it does not take into account original pixel values. If the pixel has low value and corresponding  $\Delta_{n_1, n_2}$  is high then the pixel has a high distortion relative to other pixels.

To reduce such distortions, we propose a second approach. Its key point is to define positions for embedding as pixels with the smallest  $\Delta_{n_1, n_2}$  among all pixels in a block  $r \times r$ . It is possible to achieve the uniqueness of determining such points in each block when we generate the whole matrix  $\Delta_{n_1, n_2}$ . This approach requires big enough values of  $c$  and  $r$  to prevent a possible artificial decrease in  $\Delta_{max}$ .

## 4 EXPERIMENTAL RESEARCH

In this section, we describe the results of three experiments. The first two ones investigate tampered area localization quality in two tampering scenarios, while the third one researches visual quality after ROI watermark embedding. The RONI watermarking procedure is quite clear so we did not investigate it numerically.

As test data, we used four DICOM images from a dataset presented in (Rutherford, 2021). Table 4 specifies the key characteristics of these images. The first two letters in the image name stand for image modality: CR is Computed Radiography, DX is Digital X-ray and CT is Computed Tomography. Table 5 shows ROI parameters for these images ( $y_0, x_0$  are the coordinates of the left-upper corner of the ROI and  $h, w$  denote height and width of the ROI).

Table 4: Test image parameters.

Name	Image size	D	Body Part
CR PHI-001-1.dcm	1760×2140	10	Chest
DX PHI-002-4.dcm	2022×2022	14	Chest
CR PHI-006-1.dcm	1760×1760	12	Uterus
CT PHI-014-2.dcm	1211×888	16	Bladder

Table 5: ROI parameters.

Name	$[y_0, x_0, h, w]$
CR PHI-001-1.dcm	[200,200,1023,1023]
DX PHI-002-4.dcm	[400,400,1023,1023]
CR PHI-006-1.dcm	[300,300,1023,1023]
CT PHI-014-2.dcm	[150,150,1023,511]

To estimate the quality of tampered area localization, we use a true positive rate (TPR) measure defined as follows:

$$TPR = \frac{Q_{dt}}{Q_{total}}, \quad (6)$$

where  $Q_{dt}$  is the number of blocks correctly determined as tampered,  $Q_{total}$  is the total number of changed blocks. To estimate the visual quality of images after embedding, we compute mean square error (MSE).

### 4.1 Localization of the Simple Tampering

In our first experiment, we model the attack described in Section 2.3. We suppose that an intruder modifies a specific number of pixels in each block. The modification consists in replacing  $C^W(n_1, n_2)$  with  $x$  which has the same remainder from the division on  $2\Delta$ :

$$x \pmod{2\Delta} = C^W(n_1, n_2) \pmod{2\Delta}. \quad (7)$$

In this experiment,  $\Delta$  is fixed for the whole image and acts as a parameter varying from 1 to  $\Delta_{max}$ . Thus, we consider a scenario in which the intruder tries to save the remainder of a division by  $2\Delta$  and does not know the valid quantization step values used at the embedding procedure and the positions of protected pixels.

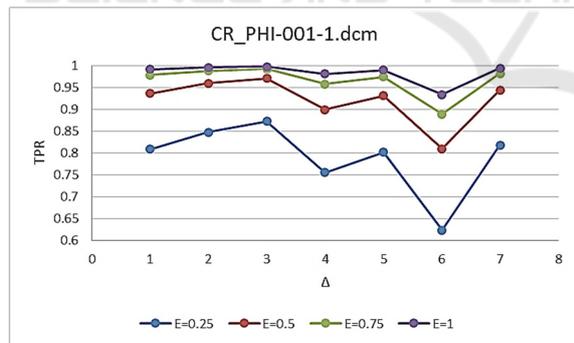


Figure 1: Tamper localization quality for CR\_PHI-001-1.dcm,  $MR = 0.5$ .

We tested our method for  $MR = \{0.5, 0.75\}$  (number of modified pixels divided by the total number of pixels),  $r = \{4, 8\}$  and  $E = \{0.25, 0.5, 0.75, 1\}$ , where  $E = c/r^2$ . The average results for different images and different  $MR$  values are shown in Figures 1-4. These figures demonstrate that more than 90% of tampered blocks are detected if we embed watermark bits into half pixels of each block or more. The worst result (60-90% of correctly

identified blocks) corresponds to the case of  $E = 0.25$  for CR\_PHI-001-1.dcm. As a result, we recommend to use  $E$  greater than 0.5.

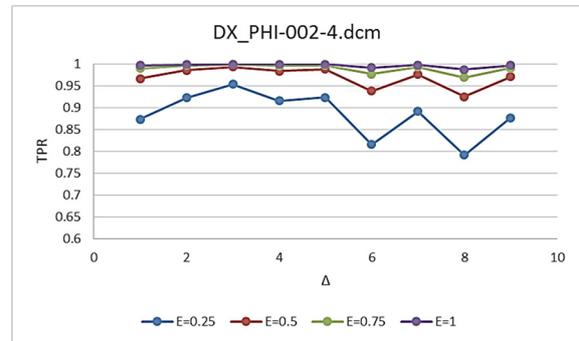


Figure 2: Tamper localization quality for DX\_PHI-002-4.dcm,  $MR = 0.75$ .

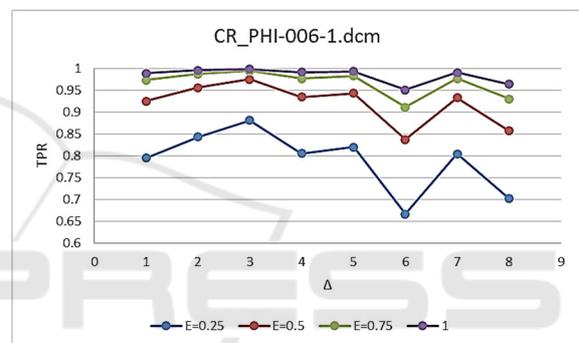


Figure 3: Tamper localization quality for CR\_PHI-006-1.dcm,  $MR = 0.5$ .

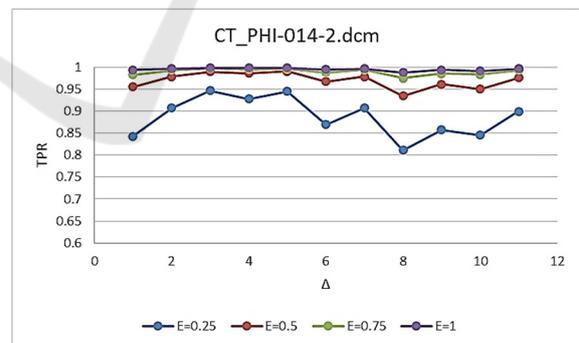


Figure 4: Tamper localization quality for CT\_PHI-014-2.dcm,  $MR = 0.75$ .

We should also stress that the quality of the resulting mask of unauthorized tampering can be additionally improved by post processing. In this procedure, we applied morphological closing with a square structural element of size  $3r \times 3r$ . Our experiments showed that average  $TPR$  value obtained in the worst case ( $E = 0.25$ ,  $CR = 0.5$  for

image CR\_PHI-001-1.dcm) rose to 0.98. To sum up, the proposed method in combination with post processing provides  $TPR \geq 0.98$ .

## 4.2 Localization of the Advanced Tampering

In our second experiment, we modeled a more advanced tampering attack when an intruder substitutes a pixel  $C^W(n_1, n_2)(\text{mod } \delta)$  with  $x$  such as

$$x \pmod{\delta} = C^W(n_1, n_2) \pmod{\delta}, \quad (8)$$

where  $\delta = \text{LCM}(2, 4, \dots, 2k)$  and  $k$  varies from 1 to  $\Delta_{max}$ . Some of  $k$  values were not considered because the resulting LCM was too big and changes exceeded the dynamic range of the image.

For this experiment, we decided to use post processing for all  $\delta$  values. The other parameters of the method are:  $MR = \{0.5, 0.75\}$ ,  $r = \{4, 8\}$  and  $E = \{0.25, 0.5, 0.75\}$ . Figures 5-8 show the results for our four DICOM images. They demonstrate that our watermark remains resistant to the second attack.  $TPR$  starts to degrade only for  $k$  more than 7. However, in this case the changes made by the intruder became visible because the  $\text{LCM}(2, 4, \dots, 2k)$  value become too big (more than 840) and an authorized user can detect the changes visually.

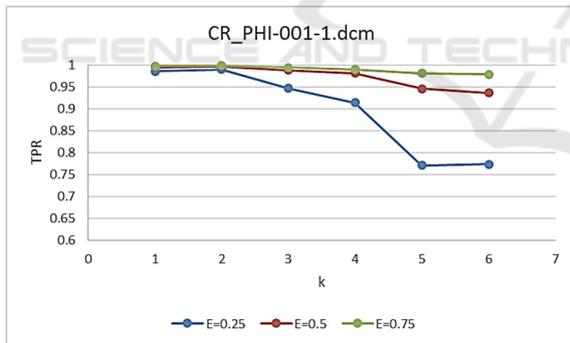


Figure 5: Tamper localization quality for CR\_PHI-001-1.dcm,  $MR = 0.5$ , for different  $k$ , after post processing.

## 4.3 Visual Quality Examination

In our third experiment, we assessed visual degradation of images after watermarking. In Section 2.6, we presented two approaches to select positions for embedding. The first one is random, while the second one embeds watermark bits in pixels with the smallest  $\Delta_{n_1, n_2}$  values in the block.

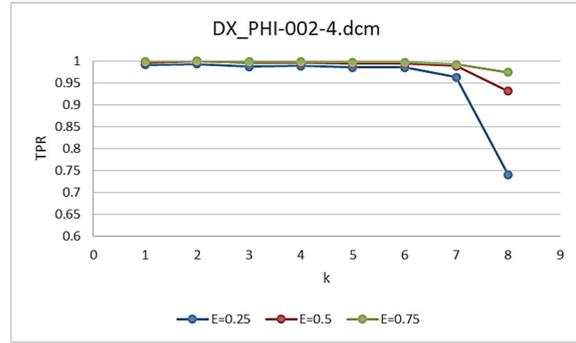


Figure 6: Tamper localization quality for DX\_PHI-002-4.dcm,  $MR = 0.75$ , for different  $k$ , after post processing.

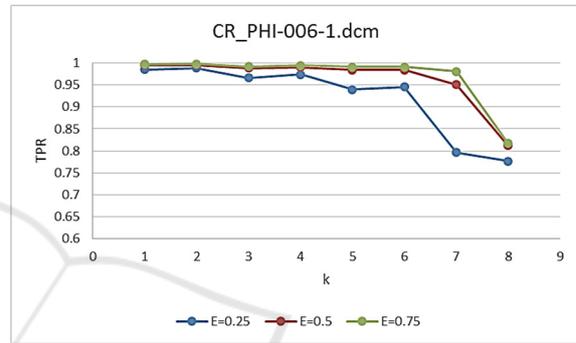


Figure 7: Tamper localization quality for CR\_PHI-006-1.dcm,  $MR = 0.5$ , for different  $k$ , after post processing.

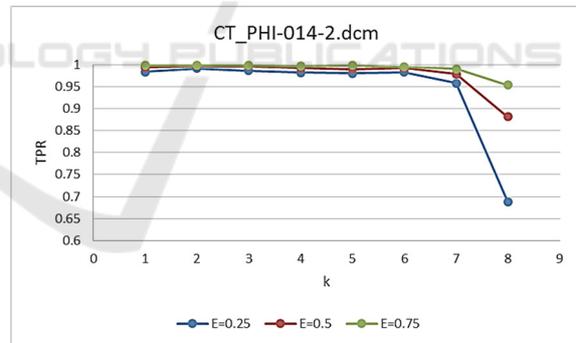


Figure 8: Tamper localization quality for CT\_PHI-014-2.dcm,  $MR = 0.75$ , for different  $k$ , after post processing.

The embedding method was tested under the following parameters:  $MR = 0.5$ ,  $r = \{4, 8\}$  and  $E = \{0.25, 0.5, 0.75\}$ . MSE values obtained for both approaches are shown in Tables 4 and 5. The tables show that the second approach produces less MSE error than the first one. Specifically, the second approach reduces the RMSE value in 1.81 times in average.

Table 6: MSE of watermarked images (first pixel selection approach).

Image	E=0.25	E=0.5	E=0.75
CR_PHI-001-1.dcm	2.97	4.20	5.14
CR_PHI-006-1.dcm	3.39	4.80	5.87
CT_PHI-014-2.dcm	4.38	6.21	7.61
DX_PHI-002-4.dcm	3.68	5.21	6.38

Table 7: MSE of watermarked images (second pixel selection approach).

Image	E=0.25	E=0.5	E=0.75
CR_PHI-001-1.dcm	1.25	2.60	4.11
CR_PHI-006-1.dcm	1.36	2.86	4.64
CT_PHI-014-2.dcm	1.64	3.65	6.04
DX_PHI-002-4.dcm	1.45	3.12	5.10

As the experiment showed, due to the wide dynamic range of the images, the embedded watermark is imperceptible. Examples of a source image, a corresponding watermarked image and their difference shown in Figure 9 illustrate that watermark traces are very hard to locate visually. Moreover, we should not forget (according to Section 2.5) that the watermarking method is reversible, and the watermark can be removed from the image after its detection.

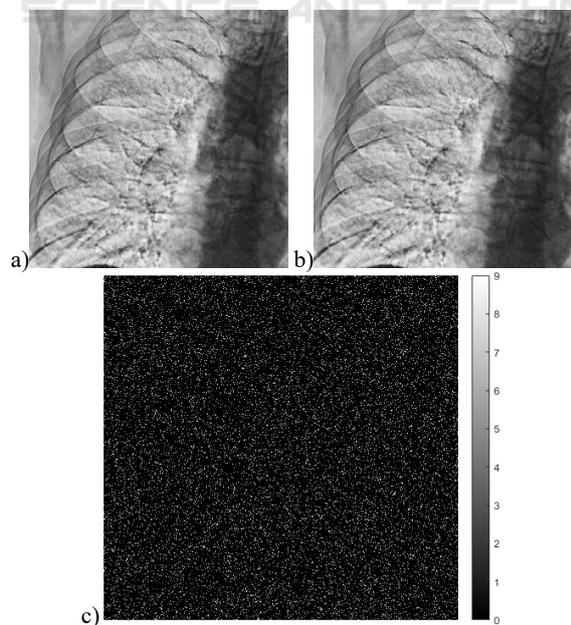


Figure 9: Watermark embedding effect for DX\_PHI-002-4.dcm: (a) source image, (b) watermarked image, (c) absolute value of their difference.

Figure 10 illustrates an example of tampering localization for the same image. Although the tampered area is imperceptible by human eye, our algorithm gives a good approximation of this area. Moreover, a post-processing morphological closing procedure let us improve this approximation (we used a 9×9 window in this example).

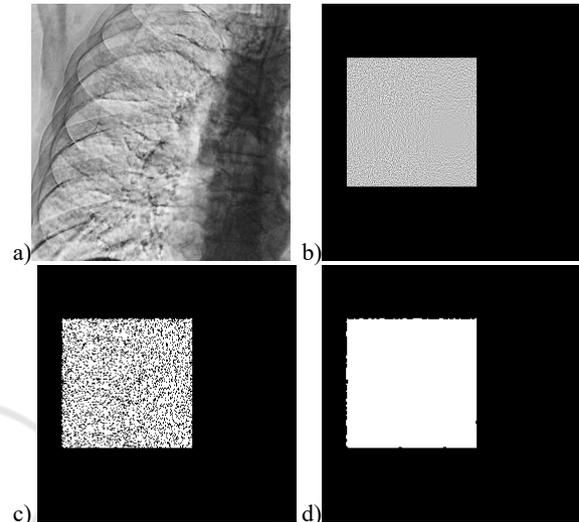


Figure 10: Tampering localization for DX\_PHI-002-4.dcm: a) tampered image, b) correct map of tampered values, c) map of tampered values estimated by our algorithm, d) estimated map after post-processing.

## 5 CONCLUSION

In this paper, we have addressed the issue of the vulnerability of the known fragile watermarking methods for medical images to malicious tampering. To fix this issue, we have proposed a new QIM-based fragile digital watermarking method. This method embeds a digital watermark into ROI. The method is based on random generation of the quantization steps for each pixel of the ROI using a secret key. The variation of quantization steps protects the image from malicious tampering when an intruder tries to keep unchanged the invisible image component containing the watermark. To make the scheme reversible, the embedding error is stored in RONI.

The experimental results approved the efficiency of the proposed approach to malicious tampering and demonstrated visual imperceptibility of the watermark.

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## REFERENCES

- Al-Qershi, O. M., & Khoo, B. E. (2011). Authentication and Data Hiding Using a Hybrid ROI-Based Watermarking Scheme for DICOM Images. *Journal of Digital Imaging*, 24(1), 114–125.
- Alshanbari, H. S. (2021). Medical image watermarking for ownership & tamper detection. *Multimedia Tools and Applications*, 80(11), 16549–16564.
- Balasamy, K., & Suganyadevi, S. (2021). A fuzzy based ROI selection for encryption and watermarking in medical image using DWT and SVD. *Multimedia Tools and Applications*, 80(5), 7167–7186.
- Cotrioux, G., Lecornu, L., Sankur, B., & Roux, Ch. (2006). A Review of Image Watermarking Applications in Healthcare. 2006 International Conference of the IEEE Engineering in Medicine and Biology Society, 4691–4694.
- Eswaraiah, R., & Reddy, E. S. (2014). A Fragile ROI-Based Medical Image Watermarking Technique with Tamper Detection and Recovery. 2014 Fourth International Conference on Communication Systems and Network Technologies, 896–899.
- Eswaraiah, R., & Sreenivasa Reddy, E. (2015). Robust medical image watermarking technique for accurate detection of tampers inside region of interest and recovering original region of interest. *IET Image Processing*, 9(8), 615–625.
- Giakoumaki, A., Pavlopoulos, S., & Koutsouris, D. (2006). Multiple Image Watermarking Applied to Health Information Management. *IEEE Transactions on Information Technology in Biomedicine*, 10(4), 722–732.
- Golea, N. E. H., & Melkemi, K. (2019). ROI-based fragile watermarking for medical image tamper detection. *International Journal of High Performance Computing and Networking*, 13, 199.
- Holliman, M., & Memon, N. (2000). Counterfeiting attacks on oblivious block-wise independent invisible watermarking schemes. *IEEE Transactions on Image Processing*, 9(3), 432–441.
- Kaur, A., & Rani, J. (2016). Digital Image Forgery and Techniques of Forgery Detection: A brief review. *International Journal of Technical Research & Science*, 1(4), 18–24.
- Khor, H. L., Liew, S.-C., & Zain, J. Mohd. (2017). Region of Interest-Based Tamper Detection and Lossless Recovery Watermarking Scheme (ROI-DR) on Ultrasound Medical Images. *Journal of Digital Imaging*, 30(3), 328–349.
- Liu, X., Lou, J., Fang, H., Chen, Y., Ouyang, P., Wang, Y., Zou, B., & Wang, L. (2019). A Novel Robust Reversible Watermarking Scheme for Protecting Authenticity and Integrity of Medical Images. *IEEE Access*, 7, 76580–76598.
- Memon, N. A., & Gilani, S. A. M. (2008). NROI watermarking of medical images for content authentication. 2008 IEEE International Multitopic Conference, 106–110.
- Memon, N. A., Gilani, S. A. M., & Qayoom, S. (2009). Multiple watermarking of medical images for content authentication and recovery. 2009 IEEE 13th International Multitopic Conference, 1–6.
- Memon, N. A., & Alzahrani, A. (2020). Prediction-Based Reversible Watermarking of CT Scan Images for Content Authentication and Copyright Protection. *IEEE Access*, 8, 75448–75462.
- Mildenberger, P., Eichelberg, M., Martin, E. (2002). Introduction to the DICOM standard. *European radiology*, 12(4), 920-927.
- Mousavi, S. M., Naghsh, A., & Abu-Bakar, S. A. R. (2014). Watermarking Techniques used in Medical Images: a Survey. *J Digit Imaging*, 27, 714-729.
- Parah, S. A., Sheikh, J. A., Ahad, F., Loan, N. A., & Bhat, G. M. (2017). Information hiding in medical images: A robust medical image watermarking system for E-healthcare. *Multimedia Tools and Applications*, 76(8), 10599–10633.
- Phadikar, A., Maity, S. P., & Mandal, M. (2012). Novel wavelet-based QIM data hiding technique for tamper detection and correction of digital images. *Journal of Visual Communication and Image Representation*, 23(3), 454–466.
- Priyanka, & Maheshkar, S. (2017). Region-based hybrid medical image watermarking for secure telemedicine applications. *Multimedia Tools and Applications*, 76(3), 3617–3647.
- Rutherford, M., Mun, S. K., Levine, B., Bennett, W., Smith, K., Farmer, P., Jarosz, Q., Wagner, U., Freyman, J., Blake, G., Tarbox, L., Farahani, K., Prior, F. (2021). A DICOM dataset for evaluation of medical image de-identification. *Scientific Data*, 8(1), 1-8.
- Shehab, A., Elhoseny, M., Muhammad, K., Sangaiyah, A. K., Yang, P., Huang, H., & Hou, G. (2018). Secure and Robust Fragile Watermarking Scheme for Medical Images. *IEEE Access*, 6, 10269–10278.
- Su, G.-D., Chang, C.-C., & Lin, C.-C. (2020). Effective Self-Recovery and Tampering Localization Fragile Watermarking for Medical Images. *IEEE Access*, 8, 160840–160857.
- Swaraja K. (2018). Medical image region based watermarking for secured telemedicine. *Multimedia Tools and Applications*, 77(21), 28249–28280.