

RESEARCH ON DERMATOLOGY ONTOLOGY CONSTRUCTION FOR DIAGNOSIS AND TREATMENT

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ABSTRACT. *With the rapid development of information technology in the medical field, the diagnosis and treatment of diseases is not only determined by the clinician's personal experience but also needs support of intelligent decision support systems as supporting modern technologies. Evidence-based medicine representatives have gradually become a research hotspot. At present, most of the medical knowledge models are relatively coarse-grained and do not build a knowledge model or ontology for a certain type of disease, and cannot effectively support the diagnosis and treatment of diseases. In view of this, this article describes the current state of the art, and proposes a method for the construction of dermatology ontology for diagnosis and treatment. By constructing the dermatology ontology, it is possible to improve the efficiency of the medical treatment of the doctor and the patient while accurately judging the diseases.*

Keywords: Dermatology, Diagnosis and treatment, Ontology

1. Introduction. Decision Support System (DSS) is a new type of management system that emerged in the late 1970s. It supports the decision-making of semi-structured decision-making problems in human-computer interaction. With the rapid development of information technology in the medical field, the diagnosis and treatment of diseases are not only determined by the clinician's personal experience but also needs support of intelligent decision support systems as supporting modern technologies. As a representative of supporting modern evidence-based medicine, Clinical Decision Support System (CDSS) has gradually become a research hotspot. The traditional centralized CDSS mainly consists of a medical knowledge base, a diagnosis and treatment decision model library, and a comprehensive database that forms a knowledge management environment. The system is composed of a rule analysis engine and a knowledge inference engine to support the operating environment. In CDSS, the most important part is the medical knowledge base. Due to the complexity of medical knowledge, most researchers focus on the description and representation of medical knowledge. At present, most of the medical knowledge models are relatively coarse-grained and do not build a knowledge model or ontology for a certain type of disease, and cannot effectively support the diagnosis and treatment of diseases. In view of this, this article describes the current research progress, proposes a method for the construction of dermatology ontology for diagnosis and treatment. By utilizing the ontology theory and technology to precisely describe the dermatology concepts, attributes and relations, a semantic network of dermatology is constructed and presented in a user-friendly system, which can help doctors to improve the efficiency in the diagnosis and treatment of dermatology diseases [1-3]. The rest of this paper is organized

as follows. Section 2 introduces the related work. Section 3 describes the dermatology ontology construction process. Section 4 describes the implementation and applications. Finally, a conclusion and future work are given in Section 5.

2. Related Work. In the field of medical knowledge, since the development of the Arden Syntax, the earliest medical knowledge expression standard in the 1990s, more than ten medical knowledge models such as EON, PRODIGY, SAGE and GLIF had been publicly released. The ontology-based medical knowledge models include EON, PRODIGY and SAGE, are commonly used medical knowledge models for modeling medical knowledge at this stage. There is also some research in the field of medical metadata and ontology. Medical metadata is a structured data used in the medical field to describe medical words in a standardized way. It is applicable to the sorting, multiplexing, publishing, and query of metadata in the medical and health field. Medical ontology is a standardized tool used to describe various concepts and relations of biomedicine in the biomedical field and is a representation technology of medical knowledge. According to the different areas involved, it can be divided into (1) medical comprehensive metadata; (2) clinical disease term metadata; (3) medical term medical metadata; (4) laboratory and clinical observation metadata; (5) nursing medical metadata.

UMLS: Unified Medical Language System, was first developed by the National Library of Medicine in the United States in 1986. Its goal is to establish an integrated biomedical vocabulary that enables the semantic integration of a large number of biomedical resources. Currently, UMLS connects more than 60 controlled vocabularies in the biomedical field, covering a wide range of concepts in the clinical medicine and life sciences fields. UMLS includes three sources of knowledge: Meta thesaurus, Semantic Network, and SPECIALIST Lexicon [4].

MESH: a biomedical topic vocabulary prepared by the U.S. National Library of Medicine, covers 719,171 terms, 313,772 concepts, 83 sub-subject word concepts, and 177,000 entrance terms. According to the semantic types, MeSH is currently divided into 15 major categories such as A – ANATOMY, B – ORGANISMS, C – DISEASES, D – CHEMICALS AND DRUGS [5,6].

In summary, most of the existing medical models are applied to the structural research of medical knowledge and the acquisition of medical knowledge based on semantics, but the scope of application is also relatively narrow, and it cannot support the underlying clinical diagnosis and treatment decision support system.

3. Construction Process.

3.1. Dermatology classification structure construction. By referring to dermatology subject vocabularies, encyclopedias, teaching materials and other materials, 21 dermatological-related conceptual classification structures were established, including diseases, anatomy, biological genetics and physiology and pathology immunology, pharmacology, skin histopathology, physical factors, chemical factors, social factors, epidemiology, routes of infection, symptoms, analytical diagnostic tests, chemicals and drugs, treatment techniques and equipment, organisms, seasons, population, geography, metabolic disorders and nutritional disorders, lesions, characteristics and types of skin erythema. There are totally 4516 concepts in this dermatology classification structure.

3.2. Dermatology attributes and relations construction. By referring to dermatology-related encyclopedias, teaching materials, and other materials, 21 dermatological related conceptual classification structures were described by attribute relations. And the description of disease attributes includes: alias, definition, English name, clinical manifestations, pathogenesis, complications, examination, treatment, etiology, skin lesion characteristics, related diseases, histopathology, drugs, diagnostic points, and so on. There

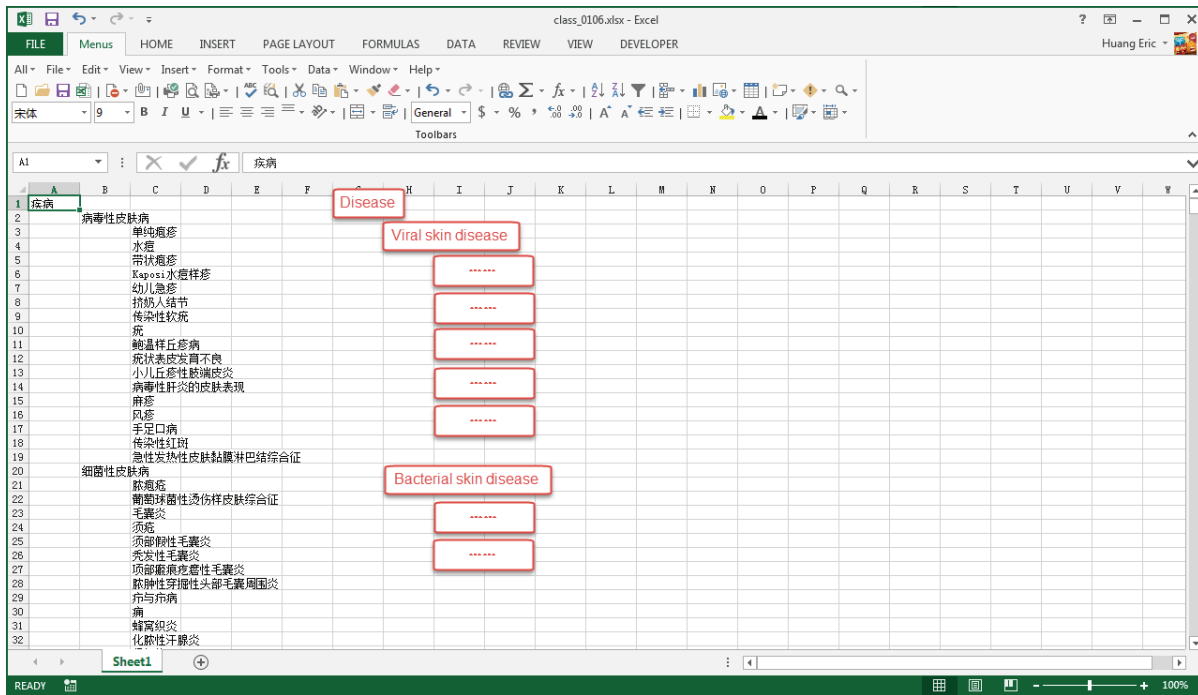


FIGURE 1. Dermatology classification structure construction

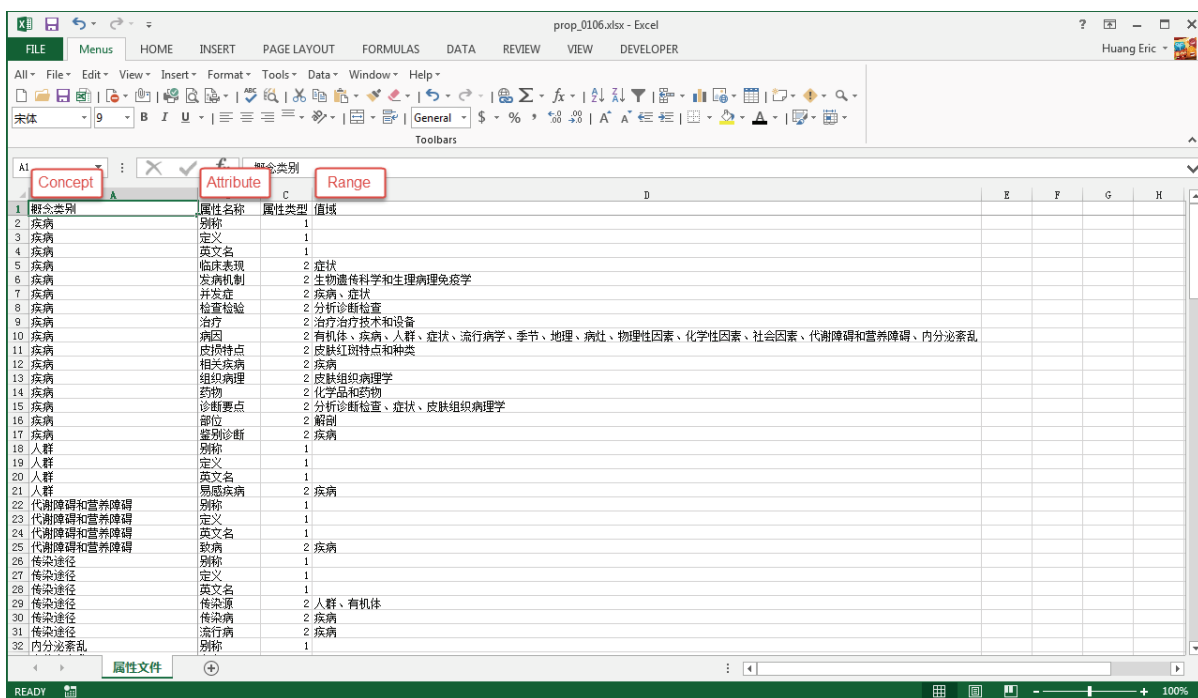


FIGURE 2. Dermatology attributes and relations construction

are totally 136 attributes to describe the dermatology concepts and relations between them.

3.3. Dermatology data processing. Some widely used in clinical practice books on dermatology are chosen as dermatological related linguistic materials, such as China Clinical Dermatology and Routine Medical Diagnosis and Treatment, Routine Diagnosis and Treatment of Department of Dermatology. Those materials are structured and processed to form a standardized XML document, which supports detailed analysis respectively in chapter, section, paragraph, and sentence levels according to semantic units.

3.4. Dermatology ontology construction. Based on our previous research results [7-9], these resources are uploaded and imported into the domain ontology construction platform as the raw materials, to automatically construct an ontology. The formed dermatology ontology is shown as Figure 3.

Concept classification structure	Attributes and relations
<ul style="list-style-type: none"> THINGS <ul style="list-style-type: none"> 皮肤红肿特点和种类 代谢障碍和营养障碍 治疗技术和设备 传染途径 化学性因素 社会因素 化学剂和药物 生物遗传学和生理病理免疫学 分析诊断检查 流行病学 鉴别 人群 症状 有叮咬 药理学 地理 疾病 <ul style="list-style-type: none"> 真菌性皮肤病 物理性皮肤病 性传播疾病 感染性皮肤病 结缔组织病 大疱与疱疹性皮肤病 红斑鳞屑性皮肤病 内分泌、营养和代谢性疾病 皮肤附属器疾病 病毒性皮肤病 <ul style="list-style-type: none"> 传染性红斑 麻疹 小儿丘疹性脓疱皮炎 幼年麻疹 急性发热性皮肤黏膜淋巴结综合征 手足口病 单纯疱疹 带状疱疹 传染性软疣 	<p>相关疾病: ["book_chapter_sec11_sec2_para": "三叉神经受累时可合并角膜炎、结膜炎,甚至全眼球炎。", "book_chapter_sec11_sec2_para": "2 病损累及皮肤神经节可影响运动及感觉神经纤维,可引起面瘫、耳痛及外耳道疱疹三联征。"]</p> <p>相关疾病2: 疾病 0.14</p> <p>相关疾病3:</p> <p>病因: ["book_article_section_section_section_p_idProperties": "8", "book_article_section_section_section_p": "目前其确切病因尚不明确。一般认为面部受凉是其重要病因。贝尔麻痹常在面部受冷风吹或感冒后发生,故可能是因受凉引起血管神经的血管痉挛,导致神经的缺血和毛细胞血管的阻塞,而发生水肿,水肿进一步加重神经受压和阻碍淋巴与血液的流通,形成恶性循环导致麻痹。也有因病毒性神经炎、受凉、血液酸碱平衡失调等。", "book_article_section_section_"]</p> <p>病因2: 水痘带状疱疹病毒 0.07 病毒 0.07</p> <p>病因3:</p> <p>鉴别诊断: ["book_chapter_sec11_sec2_para": "水痘由水痘带状疱疹病毒引起的急性病毒性传染病。发病前有传染源接触史。发病前有发热史。以皮肤黏膜上分批出现水疱且伴有全身症状为特征。", "book_chapter_sec11_sec2_para": "2 传染性软疣由传染性软疣病毒引起的病毒性皮肤病。皮损为2~4mm直径的有脐状光泽的珍珠状丘疹,顶端凹陷,能挤出乳酪状软疣小体。", "book_chapter_sec11_sec2_para": "带状疱疹由水痘带状疱疹病毒引起的急性病毒性皮肤病。本病常突然发生,表现为成群的深黄色小水疱,沿一侧周围神经作带状分布,常伴"]</p> <p>鉴别诊断2: 变态反应性皮肤病 0.07 物理性皮肤病 0.07 荨麻疹 0.07 梅毒 0.07</p> <p>鉴别诊断3:</p> <p>治疗: ["book_article_section_section_section_p_idProperties": "15", "book_article_section_section_section_p": "改善局部血液循环,减轻神经水肿,缓解神经受压,促使功能恢复是本病的治疗原则。", "book_article_section_section_section_p_idProperties": "16", "book_article_section_section_section_p": "1 急性期应尽早使用糖皮质激素,可用泼尼松30mg 口服,1次/天,或地塞米松10mg/d,疗程1周后"]</p> <p>治疗2: 氟丁酸 0.07 电疗 0.07 阿昔洛韦 0.14 炉甘石 0.07 伐昔洛韦 0.07 物理治疗 0.07 免疫调节剂 0.07 泛昔洛韦 0.07 紫萘酚 0.07 丙种球蛋白 0.07</p> <p>治疗3:</p>

FIGURE 3. The formed dermatology ontology

4. Applications. The dermatology ontology offers a professional knowledge for diagnosis and treatment process of dermatosis which can help doctors obtain useful information accordingly, mutual relations and potential connections of a variety of information can help doctors to reduce the subjective bias and improve the level and accuracy of diagnosis and treatment of dermatosis. Based on the technologies and resources above, we design and develop the Dermatology Diagnosis and Treatment System. The main steps and features are shown as follows.

(1) Automatic screening. According to the basic information entered by the doctor, to draw some of the disease range, the left is the disease after screening related symptoms

自动筛选 修改

请输入患者病情情况

自选对比 Disease comparison 查询 导入病例/文档/主诉

疾病名称 Disease 疾病对比/确诊 Disease confirmation

临床选项 Clinical features 临床选项内容 Clinical details

疾病列表:

- 嗜酸性粒细胞增多综合征
- 荨麻疹
- 丘疹性荨麻疹
- 癣菌疹
- 类丹毒
- 革螨皮炎
- 系统性红斑狼疮
- 皮炎炎
- 硬皮病
- 拟青霉病
- 线状IgA大疱性皮病
- 获得性大疱性表皮松懈症
- 连续性肢端皮炎
- 肢端青紫症
- 马歇尔-怀特综合征
- 红斑性肢痛病
- 副肿瘤性肢端角质化症
- 进行性对称性红斑角皮症

临床选项:

- 临床表现
- 部位
- 检查检验
- 物理化学性因素
- 季节
- 人群
- 地理
- 代谢障碍和营养障碍
- 病灶
- 皮损特点
- 组织病理学
- 流行和传染途径
- 并发症
- 相关疾病

临床选项内容:

- 皮肤损害
 - 原发性损害
 - 丘疹
 - 风团
 - 红斑

FIGURE 4. Automatic screening of disease

or performance, the right green area is the clinical option attributes of these diseases, according to the need, and click on the various options, the right side will show the specific content of this option.

(2) Disease Wikipedia. During the screening process, the range of diseases on the left side will gradually decrease. At this time, if necessary, doctors can click on the disease name to view the encyclopedia of the disease. Click on the name of the disease, the Wikipedia page comes out, and you can also search for encyclopedias of other content on the Wikipedia page.



FIGURE 5. Disease Wikipedia

(3) Diagnosis and comparison. After screening some conditions, several diseases remain. The doctor can check the diseases that they want to diagnose and compare to determine the next step.

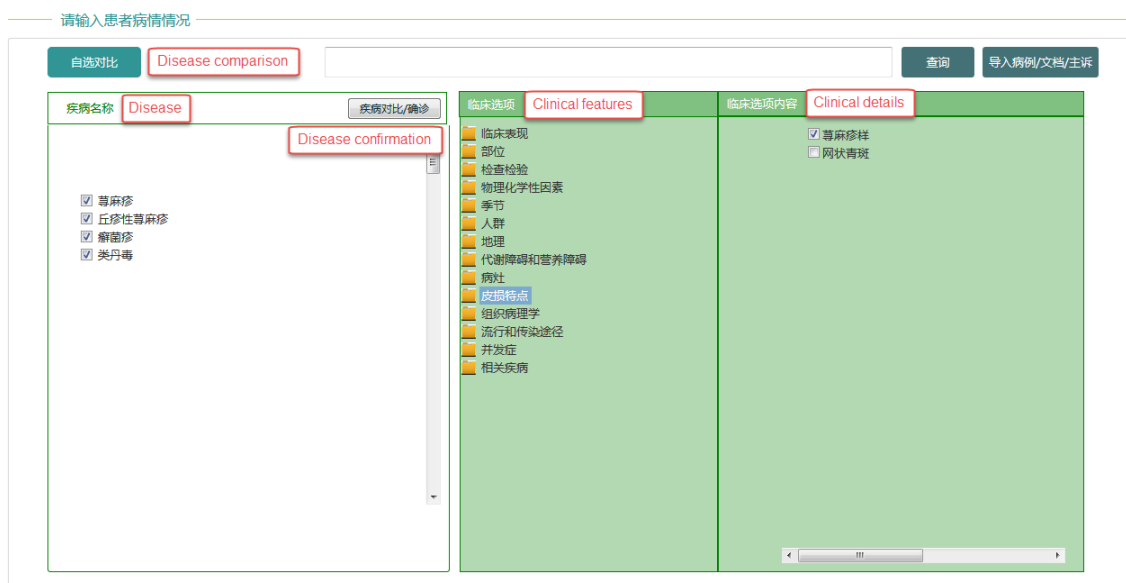


FIGURE 6. Diagnosis and comparison of diseases

(4) Diagnosis confirm. After comparing the content of these diseases, select the disease that meets the patient's condition and confirms the diagnosis.

返回上一步

修改对比标签顺序		English name	Synonym	Etiology	Pathogenesis	Crowd	Age	Gender	Family history	更多条目>>
Disease	英文名称	别名	病因	发病机制	好发人群	年龄	性别	家族史		
Urticaria 荨麻疹			(一) 病因 荨麻疹病因复杂, 约3/4的患者不能找到原因, 尤其是慢性荨麻疹。 1. 食物及食物添加剂 主要是动物蛋白性食物, 如鱼、虾、蟹、肉类、蛋(或已变质)等; 植物性食物如茄子、竹笋、菠菜、苹果及李子等蔬菜和水果。食物中加入的色素、调味品、防腐剂、酵母、水杨酸、柠檬酸、偶氮样四氮唑和安息香酸衍化物等中的天然或合成物质。 2. 吸入物 如花粉、动物皮屑、羽毛、真菌孢子、灰尘、甲醛、丙烯醛、蓖麻粉、除虫菊、气体等吸入均可发生荨麻疹, 且这些患者常伴呼吸道症状。 3. 感染 各种急性慢性感染因素均可引起本病, 包括: ①细菌性感染, 如急性扁桃体炎、咽炎、脓疱病、疖、胆囊炎、阑尾炎、胰腺炎、鼻窦炎等。有报道幽门螺杆菌可间接引起自身抗体的产生而与慢性荨麻疹有一定关系。②病毒, 如病毒性肝炎的前驱期或黄疸期多见。柯萨奇病毒感染与传染性单核细胞增多症同荨麻疹的发生有直接关系。③寄生虫, 如疟原虫、蛔虫、钩虫、蛲虫、溶组织阿米巴、旋毛虫、蓝氏贾第鞭毛虫等肠道寄生虫, 以及血吸虫、丝虫、包虫等。							<input type="checkbox"/> 确诊 <input type="checkbox"/> 排除
Papular urticaria 丘疹性荨麻疹			本病与昆虫叮咬有关, 如臭虫、跳蚤、虱、螨、蚊、狗疥虫、米恙虫、鸡刺皮螨、蠹虫类昆虫等叮咬所致的过敏反应。昆虫的种类随地区而异。个体素质对昆虫叮咬反应也不同。Bazex及Rook等均认为本病是由节肢动物类叮咬而引起的外因性过敏反应。节肢动物叮咬皮肤后注入唾液, 使对这些物质过敏的儿童产生本病。							<input type="checkbox"/> 确诊 <input type="checkbox"/> 排除
Sputum rash 癣菌疹			是由于原发真菌感染灶(头癣、足癣等)释放的真菌抗原经血流带至皮肤							<input type="checkbox"/> 确诊 <input type="checkbox"/> 排除
Erysipelas 类丹毒			人类可因接触带菌的动物或其制品而感染, 故本病主要见于经营家畜、鱼类、禽鸟的人或屠宰工人、制革工人及兽医等, 主要经外伤的皮肤感染致病。有时发生于洗鱼、切肉时, 手被刺伤或刀切伤引起感染。							<input type="checkbox"/> 确诊 <input type="checkbox"/> 排除

FIGURE 7. Diagnosis confirm

5. Conclusions. In this paper, we describe the current state of the art, and propose a method for the construction of dermatology ontology for diagnosis and treatment. By utilizing the ontology theory and technology to precisely describe the dermatology concepts, attributes and relations, a semantic network of dermatology is constructed and presented in a user-friendly system. With the dermatology ontology, it can help doctors to improve the efficiency in the diagnosis and treatment of dermatology diseases. It is necessary to select the method suitable for the construction of the specific ontology according to the existing methods and applicable scopes. In the future, we intend to proceed along two lines in parallel: on the one hand, to integrate other dermatology materials such as medical records into the system; on the other hand, to broader its applications.

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