

HHS Public Access

JAm Acad Dermatol. Author manuscript; available in PMC 2020 November 10.

Published in final edited form as:

Author manuscript

JAm Acad Dermatol. 2019 June ; 80(6): 1564–1584. doi:10.1016/j.jaad.2018.08.035.

Developing an international standard for classification of surface anatomical location for use in clinical practice and epidemiological research

Katherine A. Kenneweg, MD, MSBS^a, Allan C. Halpern, MD, MSc^b, Robert J.G. Chalmers, MB, FRCP^c, H. Peter Soyer, MD, FACD^d, Matthew Molenda, MD, MBA^e

^aDepartment of Dermatology, University of Minnesota, Minneapolis, Minnesota, USA ^bDermatology Service, Memorial Sloan Kettering Cancer Center, New York, New York, USA ^cUniversity of Manchester, Manchester, United Kingdom; Medical and Scientific Advisory Committee, ICD Revision Project, WHO, Geneva, Switzerland ^dDermatology Research Centre, The University of Queensland, The University of Queensland Diamantina Institute, Brisbane, Australia ^eBravia Dermatology, Toledo, Ohio, USA

Abstract

Background: There is currently no universally adopted terminology for defining human surface anatomical location. The lack of precision, accuracy and reliability of terms used by healthcare providers, in particular dermatologic surgeons, is unsatisfactory both for epidemiological research and for high quality patient care.

Objective: To create a clinically relevant yet concise surface anatomy terminology for international use including the International Classification of Diseases and to map it to existing disparate terminologies.

Methods: Widely used surface anatomy terminology data sets and diagrams were reviewed. A Delphi consensus convened to create a novel surface anatomy terminology. The new terminology was hierarchically mapped to SNOMED terms and NYU Numbers and physically mapped to 2D anatomical diagrams for clarity and reproducibility.

Results: The final terminology data set contains 512 discrete terms arranged in a 9 level hierarchy and has been adopted by the World Health Organization for ICD-11.

Limitations: Terms lack laterality and fine granularity for large sites.

Corresponding Author: Matthew Molenda, MD, FAAD, MBA, Address: 2000 Regency Ct, Suite 201, Toledo, OH 43623, Phone number: 614-948-3376, Fax number: 419-665-3632, Drmolenda@gmail.com.

Conflict of Interest:

Matthew Molenda is the developer and owner of Anatomymapper.com referenced in this manuscript.

Peter Soyer is a Shareholder and Consultant for e-derm GmbH, a Shareholder and Consultant for MoleMap by Dermatologists Pty Ltd. and a Consultant for Canfield Scientific.

Allan Halpern is an Advisory Board Member for Syneos Health.

Publisher's Disclaimer: This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

Conclusion: Consistent use of precise and accurate surface anatomy terms is crucial to the practice of dermatology, particularly procedural dermatology. The proposed terminology is designed to form the basis for evolution of a universally adoptable terminology set to improve patient care, interprovider communication and epidemiological tracking.

Graphical Abstract



Figure 1. Demonstration of the hierarchical nature of the term set for the face with nine hierarchical levels beginning with Head and Neck and terminating in Superior Lacrimal Punctum. See Table II for corresponding term synonyms and crosslinking to SNOMED terms and NYU Numbers.

Keywords

surface topography; dermatology; surface anatomy; anatomical nomenclature

Introduction

There is currently no internationally accepted set of anatomical terms for use by dermatologists and other health care providers to enable recording of surface anatomy locations on the human body accurately and consistently. This lack of consensus results in errors of accuracy and precision that have clinical and research consequences. Clinically, inconsistent anatomic site terminology can lead to unnecessary biopsies, mistaken clinical/pathologic correlation, and wrong site surgery. These risks grow with the number of providers involved in the care of the patient, the number of biopsies/treatments the patient has had, and the length of follow up. For research purposes, detailed and consistent application of surface anatomy terminology provides a key stratification variable for epidemiology research, quality monitoring, recurrence monitoring, and study of the natural history of cutaneous processes. While digital photography is becoming ubiquitous and presents many advantages for anatomic site documentation, photo-documentation is currently not the norm and the consequences of inconsistent text-based terminology are magnified in the era of electronic medical records and 'big data' analyses.

Even if a consistent set of widely accepted terms were available, rising clinical volumes and increasing regulatory and reimbursement demands for documentation contribute to time pressure for clinicians that can undermine the precision and granularity of anatomic labeling. Lengthy free-text descriptions of precise anatomic labels are both inefficient and prone to

errors. As a result, an exhaustive and precise set of anatomical terms would be best applied through automated linkage to anatomic drawings or clinical photographs.

Here we provide a synopsis and comparison of the major extant systems for anatomic labeling along with a proposed system that automatically links a consensus set of terms derived from these systems to a set of anatomic drawings.

Current terminology systems

There are currently a number of readily available surface anatomy maps and term sets, but each has weaknesses for routine application in dermatology practice and research.

The web-based terminology database SNOMED CT (Systematized Nomenclature of Medicine - Clinical Terms) is a detailed and extensive clinical terminology including but not limited to anatomic, pathologic, procedural, event, and demographic terms. It is owned, maintained, and distributed by the International Health Terminology Standards Development Organisation (IHTSDO).¹ SNOMED CT was originally created by the College of American Pathologists and now contains over 320,000 concepts, each with its own SCTID (SNOMED CT Identifier) code. Its weakness, however, lies in its incomplete coverage of detailed surface anatomy, and the large number of options with many overlapping terms for the same location, each with its own SCTID code. Thus, two lesions occurring in exactly the same location could be coded and later analyzed differently. For example, nape of the neck correlates to "Entire posterior portion of neck", "Entire skin of nuchal region", "Entire surface region of back of neck" and "Structure of surface region of back of neck".

The Foundational Model of Anatomy ontology (FMA), created by the Structural Informatics Group at the University of Washington, is a system of internal and surface anatomy which is entirely online.² It was aligned with SNOMED-CT and Galen and adopted by the European Committee for Standardization. Its design is purely ontological (i.e. a conceptual model) with text labels (and associated FMA ID numbers) without a coordinated graphic location, requiring the user to have a fairly detailed anatomical knowledge. Although the system is multi-axial, it is no longer possible to view the full hierarchy satisfactorily since the withdrawal of the Foundational Model Explorer (FME), which previously enabled the hierarchy to be visualized in its entirely through a series of drop-down options. Despite these issues, it is a thorough system and includes laterality.

The third edition of the World Health Organization's International Classification of Diseases for Oncology (ICD-O-3) is another web-based terminology set with associated codes which has historically been used by tumor and cancer registries.³ It utilizes a dual classification scheme consisting of a morphologic code and a topographic code. Only the morphology component was incorporated into SNOMED. The topography component was derived from the Neoplasms chapter of ICD-10. While the pairing of diagnosis and location, and the integration with other systems is desirable, ICD-O is geared more towards internal malignancies rather than disorders of the skin and the terms and corresponding topography codes are far too broad for finer epidemiological tracking and analysis for dermatologic conditions, for which less than ten locations are available (e.g "skin of trunk" and "skin of upper limb and shoulder").

Kenneweg et al.

Each of these terminologies has its own weaknesses, with most systems being too specific, not specific enough, or too inclusive. While the United States has only recently transitioned to ICD-10, many countries have been using ICD-10 for well over a decade and are now making preparations for the recently released eleventh revision (ICD-11). ICD-11 will enable disorders to be linked to precise anatomical locations including laterality and surface topography, a provisional new classification of which was drawn up and agreed by members of the ICD-11 Dermatology Topic Advisory Group and co-opted experts at an international workshop held in Manchester, UK, in January 2014. This ad hoc Dermatology Anatomy Terminology Working Group was informed by existing classifications from the British Association of Dermatologists and the US Anatomy Mapper project.³ An important issue considered at the workshop was the appropriate granularity to be incorporated, with recognition that creating a system that is too finely granular may inhibit adoption. The Group was able to achieve consensus (Table 1). The proposed surface topography classification (ICD-ST) has been accepted by WHO for incorporation into ICD-11 (ICD-ST). It has subsequently been agreed at the International Skin Imaging Collaboration (ISIC) meeting held in 2017 in New York City, USA, that ICD-ST should be used as the foundation for a Delphi Consensus study on classification of surface topography. ICD-ST represents a strong starting point for a future internationally standardized surface anatomy terminology.

To further expand our ICD-ST proposal, we are recommending adoption of the system of post-coordination built into ICD-11, which enables a set of "extensions" including location to be appended to stem concepts. Extensions allow for more specific data to be captured without an explosion in the number of codes required to achieve this, thus promising higher accuracy and precision than is currently available. The hierarchical nature of the proposed system with the facility to qualify enables different levels of anatomic detail to be recorded appropriately, ranging from large areas, for example "Head and Neck", all the way down to the smallest areas, e.g., "Perionyhcium of the left fifth toe". Extensions to surface topography terms such as laterality, directional additions, histologic subtype, and Boolean values can transform "squamous cell carcinoma of nose" to "recurrent, previously irradiated, invasive squamous cell carcinoma of the left posterosuperior lateral sidewall of nose," for example.

Anatomy Mapping

The need for standardized anatomical terms is clear, but accurate use of terms is partly dependent on the user, as knowledge of anatomy is required, particularly in areas with nondiscrete borders. A potential solution to this issue is computerized anatomic mapping. With visual maps, an accurate term can be easily generated with a single click. With the increasing sophistication of computer graphics and their incorporation into electronic health record systems via computers, tablets, smartphones, smart cameras enabled with DICOM (Digital Imaging COmmunication in Medicine) functionality or other means, there is opportunity for increasingly precise, accurate and thorough documentation, which may become a requirement for full reimbursement in the future in many countries. With a potential shift to value-based payments, it is important that dermatologists thoroughly document the treatments they perform in order to illustrate the value and extent of the services they provide in a given encounter, a focus of the American Academy of Dermatology's DataDerm initiative.⁵ An appropriately designed user interface with

Kenneweg et al.

standardized clickable body surface graphics incorporated into the electronic health record will enable this to be done in an accurate and reliable manner. In very busy practices or when technical difficulties such as a crashed server occur, historical, established maps or the maps presented on anatomymapper.com can be printed and sites manually marked by providers for later documentation by medical assistants. In addition to being fast and easy, maps may serve as an educational tool to assist staff and medical trainees learn terminology themselves.

An anatomic numbering system (hereby referred to as "NYU Numbers") was created under the direction of Dr. Alfred W. Kopf for The New York University Melanoma Cooperative Group in 1972 and has been used at a number of well-respected institutions throughout the years including New York University, Memorial Sloan Kettering Cancer Center, Cleveland Clinic and Mayo Clinic.⁶ The NYU Numbers have distinctly bordered surface regions labeled with numbers rather than text-based terms. This map has sometimes arbitrary borders on areas such as the scalp, which has a single defined area that most would regard as including both the parietal and occipital scalp regions. Furthermore, the NYU Numbers do not have a standardized or widely used legend correlating the numbers with anatomic topography terms and thus it does not assist in the generation of descriptive anatomical terms for documentation.

Anatomy MapperTM is an easy-to-use web-based interactive map, created by one of the authors, which displays a precise anatomic term on hovering over a specific body location, enabling its text descriptor to be exported with a mouse click.⁷ There are many advantages to this type of system which pairs terms with a map: these include increased accuracy, increased efficiency and improved inter-operator agreement. While this system efficiently generates text-based documentation, it does not yet have a publicly available image markup facility.

Finally, there are commercial dermatology-specific EHR systems with and without maps that enable fast, accurate documentation. Some systems function in 2D while others provide 3D maps for notation of lesions. While 3D maps facilitate precise documentation of lesions on curved body areas, increased time in mouse clicks and model rotations causes decreased overall efficiency. While 2D maps can be printed and notated in times of technology failure or to increase the speed of documentation, the same cannot be said for 3D maps. Therefore, while there are obvious advantages to 3D models they are not without their drawbacks. There are clear advantages to the even more advanced systems that incorporate photo documentation superimposed on a map or assist in coding of location and/or diagnosis. All of these dermatology-specific systems are, however, generally very expensive and unlikely to be accessible to primary care physicians, non-dermatologists or physician extenders, all of whom are performing more and more dermatologic evaluations and biopsies. Additionally, the need for a publicly available standardized terminology set that can be adopted by the international community is not being met by these proprietary systems.

DICOM began as a radiology initiative in 1993 to establish standards for formatting, storage, printing and secure transmission of medical images and has since crossed over into a number of specialties including dermatology.^{8,9} Photographs encoded as DICOM images that can be

Kenneweg et al.

uploaded to PACS are becoming increasingly common, especially since the advent of DICOM cameras and smartphone applications. While these photographs are immensely useful for tracking lesions over time and sharing among providers, the "Body Part Examined" DICOM terminology set used to identify the photographed lesion location is very weak, consisting of only 25 location terms, with a laterality notation.⁹ With such a minimal number of surface topography terms available, when photographs are taken close-up it may be difficult to discern the true location of the lesion(s) imaged, particularly if only close-up views are available. Thus, even the gold standard in medical photography has significant room for improvement.

Although we do not claim that we have presented an exhaustive list of available maps and/or topographic term lexicons, we have attempted to illustrate the advantages and pitfalls of each and to propose a system which avoids the dangers we have highlighted by combining standardized terms with detailed anatomic surface maps.

While standardized anatomic maps are promising tools, they should be considered an adjunct to, rather than a replacement for photo-documentation. Photographs are the best way to record the precise location of a lesion in a given individual and are especially important for those occurring at the borders of anatomic regions (e.g., posterior shoulder v. back) where no clear boundaries exist.

Proposal for a Hierarchical Terminology System Cross-linking ICD Topography to SNOMED CT and NYU Numbers

In this paper we have described a new detailed surface anatomy terminology classification which will be a component part of the recently released ICD-11. Terms have been arranged in a hierarchical format for ease of use with 9 levels of granularity. There exist 5 level 1 terms, 20 level 2 terms, 68 level 3 terms, 79 level 4 terms, 170 level 5 terms, 134 level 6 terms, 27 level 7 terms, 7 level 8 terms, and 2 level 9 terms (Table I). Approximately 2000 SNOMED terms with SCTID codes and 310 NYU Numbers were then cross-linked back to the 512 standardized terms. A representation of the heirarchical format of the terms is demonstrated in the graphical abstract and corresponding Table II showing linkage to SNOMED and NYU Numbers. In correlating anatomic locations across systems, a larger standardized data pool is created for retrospective analysis and prospective tracking of topographic data from NYU Numbers and SNOMED. Though not a part of the original 512 terms, we propose the addition of 32 optional qualifiers, such as "posterolateral", "superomedial", etc., for optional further subdivision of larger areas. These qualifiers were in some cases included in SNOMED terms but never in NYU Numbers. Our cross-linking of SNOMED/SCTID and NYU Numbers can be accessed online at http://anatomymapper.com/ terms.¹⁰ Two very important sites for dermatologic oncology are the ear and nose, which are poorly represented in existing classifications. Examples of the granularity of the proposed terminology set crosslinked to SNOMED/SCTID and NYU Numbers for the ear and nose can be seen in Tables III and IV.

To complement our cross-mapping and for historical reference, we have generated an interactive NYU Numbers map with the most precise anatomical terms possible linked to each of the numbered and bordered regions, which can be accessed at http://

anatomymapper.com/nyu.¹⁰ Also included on this site are the best match anatomical descriptors for all NYU Numbers: as previously noted, not all NYU Numbers have clearly defined or anatomically correct borders. Terms were generated to best describe the NYU Number regions and thus they are not identical to the proposed 512 proposed terms.

Conclusion

The need for a standardized, widely utilized surface anatomy terminology is evident. None of the currently available terminologies is ideally suited for universal adoption. In creating a more complete, precise, yet concise set of surface anatomy terms, we have sought to create a language to facilitate improved inter-provider communication, generation of a rich dataset which may be used for clinical and epidemiological research, quality monitoring, recurrence monitoring and to assure correct treatment site. The proposed terminology set of 512 non-lateralized terms incorporates the strengths of existing systems while avoiding excessive granularity, a factor which could inhibit adoption. We recognize that this proposed set of terms will require further validation and consensus building to achieve universal adoption. We further anticipate that more granularity, including lateralization, will be added as electronic documentation becomes ubiquitous, making such granularity broadly practical.

The fact that ICD-ST has been accepted by the World Health Organization and is incorporated into the recently released Eleventh Revision of The International Classification of Diseases (ICD-11) should prove a spur to its wider adoption by clinicians. Furthermore, by crosslinking the NYU Numbers map and SNOMED-CT terms to our terminology, we hope to facilitate the transition to ICD-ST for institutions using NYU Numbers and SNOMED-CT-based systems. Finally, the proposed terminology set is freely available for open access online in the public domain in the hopes of promoting adoption and providing a foundation for the generation of increasingly practical systems of accurate, consistent, and precise anatomic labeling.

Acknowledgments

The research presented in this manuscript has not previously been published or presented.

Funding is provided by the P30 Cancer Center Support Grant (CCSG) (P30 CA008748).

References

- The IHTSDO SNOMED CT Browser. The International Health Terminology Standards Development Organisation. http://browser.ihtsdotools.org. Published 2015. Accessed November 2017.
- 2. FMA browser. Structural Informatics Group at the University of Washington. http://xiphoid.biostr.washington.edu/fma/fmabrowser-hierarchy.html. Published 2008. Accessed February 2, 2018.
- World Health Organization, International Agency for Research on Cancer. International Classification of Diseases for Oncology ICD-O-3 online. http://codes.iarc.fr. Published September 2011. Updated 2013 Accessed February 2, 2018.
- Chalmers RJG, Molenda M, Soyer HP, Weichenthal M. Surface Topography Workshop Manchester January 2014, University of Manchester, Manchester, UK 1 13–16, 2014.

- 5. About DataDerm. https://www.aad.org/practicecenter/quality/dataderm/about-dataderm. Published 2016. Accessed February 3, 2018.
- 6. Kopf A. NYU Numbers. New York City, New York: The New York University Melanoma Cooperative Group; 1972.
- 7. Molenda M, Palmer M, Sachdeva K, Kenneweg K. Human Surface Anatomy Labeling System. http://www.anatomymapper.com. Published August 1, 2015. Accessed February 2, 2018.
- Gueld MO, Kohnen M, Keysers D et al. Quality of DICOM header information for image categorization Medical Imaging 2002: PACS and Integrated Medical Information Systems: Design and Evaluation 2002: 4685.
- 9. Pianykh OS. Digital imaging and communication in medicine (DICOM): A practical introduction and survival guide. (2nd ed.). Berlin: Springer; 2012.
- Molenda M, Kenneweg K. Online NYU Labeling System. http://www.anatomymapper.com/nyu/# Published March 2016. Updated 2017 Accessed February 2, 2018

Capsule summary

• There is no standardized universal surface topography term set available.

- We propose a hierarchically arranged set of 512 surface anatomy terms as an initial step toward international adoption.
- It is vital that anatomic sites in dermatology are precise and accurate for correct site treatment, epidemiological tracking and interprovider communication

Table I.

Proposed Hierarchy of 512 Surface Topography Terms



Surface Topography Sorting Index	Hierarchical level	Surface Topography Hierarchical Classification	Surface Topography Sorting Index	Hierarchical level	Surface	Topography Hierarchical Classification
259 260	23	Axilla Anterior axillary fold	384 385	23	Thigh	Anterior surface of thigh
261	3	Apex of axilla	386	3		Lateral surface of thigh
263	2	Upper arm	388	3		Posterior surface of thigh
264	3	Anterior surface of upper arm	389	3		Medial surface of thigh
266	3	Posterior surface of upper arm	391	2	Knee	opport income on origin
267 268	32	Medial surface of upper arm Elbow	392 393	33		Patellar region Lateral surface of knee
269	3	Antecubital fossa	394	3		Popliteal fossa
271	33	Elbow tip	395	2	Lower leg	Medial surface of knee
272	3	Medial condylar surface of elbow	397	3		Anterior surface of lower leg
274	3	Anterior surface of forearm	399	3		Posterior surface of lower leg
275	3	Lateral surface of forearm	400	3	Ankin	Medial surface of lower leg
277	3	Medial surface of forearm	402	3	10.000	Anterior surface of ankle
278	2	Wrist Volar surface of wrist	403	3		Lateral surface of ankle
280	3	Lateral surface of wrist	405	3		Posterior surface of ankle
281	3	Dorsal surface of wrist Medial surface of wrist	406	3		Medial surface of ankle Medial mallecture
283	2	Hand	408	2	Foot	
284 285	3	Dorsum of hand Knuckles	409	3		Exercised Exerci
286	4	First metacarpophalangeal joint	411	4		Dorsal surface of forefoot
287 288	4	Second metacarpophalangeal joint Third metacarpophalangeal joint	412	4 5		Metatarsophalangeal joints First metatarsophalangeal joint
289	4	Fourth metacarpophalangeal joint	414	5		Second metatarsophalangeal joint
290	4 3	Fifth metacarpophalangeal joint Interdicital web spaces of hand	415	5		Third metatarsophalangeal joint Eourth metatarsophalangeal joint
292	4	First interdigital web space of hand	417	5		Fifth metatarsophalangeal joint
293	4	Second interdigital web space of hand Third interdigital web space of hand	418	4 5		First interdigital web spaces of foot
295	4	Fourth interdigital web space of hand	420	5		Second interdigital web space of foot
205	34	Paim of hand Proximal	421 422	5		Fourth interdigital web space of foot
298	5	Thenar eminence	423	4		Plantar surface of forefoot
300	5 4	Central paim	424 425	3		Heel
301	4	Distal palm	426	4		Lateral surface of heel
303	4	Fingers and thumo Thum	428	2		Medial surface of heel
304	5	Proximal phalarux of thumb	429	4		Plantar surface of heel
305	5	Distal phalanx of thumb	430	4		Lateral border of sole of foot
307	5	Perionychium of thumb	432	4		Medial surface of sole of foot
309	6	Eponychium of thumb	434	3		Toes
310	6	Lateral nail fold of thumb	435	4		Great toe Browing at chalance of great too
312	5	Thumbhail	430	5		Interphalangeal joint of great toe
313	6	Lunula of thumb	438	5		Distal phalanx of great toe
315	6	Nail plate of thumb	440	6		Proximal nail fold of great toe
316	5	Pad of Index finner	441	6		Eponychium of great toe
318	5	Proximal phalanx of index finger	443	6		Hyponychium of great toe
319 320	5	Proximal interphatangeal joint of index Middle phalanx of index finger	444	5		Great toenail Lunula of creat toe
321	5	Distal interphalangeal joint of index finger	446	6		Nail bed of great toe
322	5	Distal phalanx of index finger Perionychium of index finger	447	5		Nail pate of great toe Pad of oreat toe
324	6	Proximal nail fold of index finger	449	4		Second toe
325	6	Lateral nail fold of index finger	450	5		Proximal phalanx of second toe Proximal interphalangeal joint of
327	6	Hyponychium of index finger	452	5		Middle phalanx of second toe
329	6	Lunula of index finger	454	5		Distal phalanx of second toe
330	6	Nail bed of index finger Nail plate of index finger	455	5		Perionychium of second toe Proximal pail fold of second
332	5	Pad of index finger	457	6		Eponychium of second toe
333	4	Middle tinger Proximal phalanx of middle finger	458	6		Lateral nail fold of second toe Hyponychium of second toe
335	5	Proximal interphatangeal joint of middle	460	5		Second toenail
336	5	Middle phalanx of middle finger Distal interphalangeal joint of middle finger	461 462	6		Lunula of second toe Nail bed of second toe
338	5	Distal phalanx of middle finger	463	6		Nail plate of second toe
339	6	Penonychium of ring tinger Proximal nail fold of middle finger	464	5 4		Pad of second toe Third toe
341	6	Eponychium of middle finger	466	5		Proximal phalanx of third toe
343	6	Hyponychium of middle finger	468	5		Middle phalanx of third toe
344	5	Middle fingernall	469	5		Distal interphalangeal joint of third too
346	6	Nail bed of middle finger	471	5		Perionychium of third toe
347 348	65	Nail plate of middle finger Pad of middle finger	472	6		Proximal nail fold of third toe Eponychium of third toe
349	4	Ring finger	474	6		Lateral nail fold of third toe
350 351	5	Proximal phatanx of ring tinger Proximal interphalangeal joint of ring finger	475	5		Hyponychium of third toe Third toenail
352	5	Middle phalanx of ring finger	477	6		Lunula of third toe
353	5	Distal interphatangeal joint of ring finger Distal phalanx of ring finger	478	6		Nail bed of third toe Nail plate of third toe
355	5	Perionychium of ring finger	480	5		Pad of third toe
357	é	Eponychium of ring finger	482	5		Proximal phalanx of fourth toe
358	6	Lateral nail fold of ning finger	483	5		Proximal interphalangeal joint of
360	5	Ring	485	5		Distal interphalangeal joint of fourth
361	6	Lunula of ring finger	486	5		Distal phalanx of fourth toe
363	6	Nail plate of ring finger	488	6		Proximal nail fold of fourth toe
364	5	Pad of ring finger	489	6		Eponychium of fourth toe
366	5	Proximal phalanx of little finger	491	6		Hyponychium of fourth toe
367	5	Proximal interphalangeal joint of little finger Middle chalanced little finger	492	5		Fourth toenail
369	5	Distal interphalangeal joint of little finger	494	6		Nail bed of fourth toe
370	5	Distal phalanx of little finger Periopychium of little finger	495	6		Nail plate of fourth toe Pad of fourth toe
372	6	Proximal nail fold of little finger	497	4		Fifth toe
373	6	Eponychium of little finger Lateral fold of little finger	498	5		Proximal phalanx of fifth toe Proximal interphalangeal joint of fifth
375	6	Hyponychium of little finger	500	5		Middle phalanx of fifth toe
376	6	Lunula of little finger	502	5		Distal phalanx of fifth toe
378	6	Nail bed of little finger	503	5		Perionychium of fifth toe
379	5	Pad of little finger	505	6		Proximal hail fold of fifth toe Eponychium of fifth toe
000		Lower extremity	506	6		Lateral nail fold of fifth toe
381	2	Buttock	6/57			The second se
381 382 383	23	Buttock Gluteal fold	507 508	5		Fifth toenail
381 382 383	23	Buttock Giuteal fold	507 508 509 510	6 6		Fifth toenal Lunula of fifth toe

Table II.

Demonstrating the hierarchical terminology structure depicted in the graphical abstract with correlated SNOMED terms and associated SCTIDs and NYU numbers. TMTL= too many to list where a single number is not available and aggregate numbers for entire region are too numerous. No matches = no available NYU Number corresponding to the new term.

Surface Topography Sorting Index	Hierarchical	Surface Topography Hierarchical Classification	Synonym	Closest SNOMED Term Match	Closest SNOMED Match SCTID	Other SNOMED Term Matches	Other SNOMED Match SCTIDs	Left NYU Best Match	Left NYU Overlapping Matches	Right NYU Best Match	Right NYU Overlapping Matches
1	1	Head and Neck	Head and neck	Entire skin of head and neck (body structure)	244067007	Entire head and neck (body structure) Entire skin of head and neck (body structure) Head and neck structure (body structure) Skin structure of head and neck Skin of part of head and neck (body structure)	361355005 774007 58308009 281707000		TMTL		TMTL
2	2	Head	Head	Entire skin of head (body structure)	181484006	Skin structure of head (body structure) Skin of part of head (body structure) Enline skin and subcutaneous lissue of head (body structure) Skin AND subcutaneous lissue structure of head (body structure)	70762009 281708005 731863002 389074000		TMTL		TMTL
37	3	Face	Face	Entire face (body structure)	302549007	Face structure (body structure) Region of face (body structure) Entire skin of face (body structure) Skin structure of face (body structure)	89545001 123853000 361703006 73897004		TMTL		TMTL
44	4	Orbital region	Orbital area	Entire orbital region (body structure)	181143004	Entire orbital margin (body structure) Eye region structure (body structure)	362641009 371398005		TMTL		TMTL
49	5	Eyelid and coular surface	Eyelid and ocular surface	Entine conjunctiva (body structure)	181161008	Engle sociale to day and used at [Experimentation of the social s	306933001 902400705 54190000 30976000 32976000 1830000 24450000 721992000 721992000 721992000 721992000 30465000 306853001 10703002 306853001		105 107 113 115 109 111		104 105 112 114 108 110
50	6	Eyelds	Eyelid	Entire eyelid (body structure)	265782007	Eyelid structure (body structure) Eyebrow and/or eyelid structures (body structure) Entre skin of eyelid (body structure) Skin structure of eyelid (body structure) Entre antenior aspect aspect of eyelids (body structure) Skin structure of eyelid and periocular area (body structure)	305083001 80243003 245947005 51360009 368785008 22824006 399996007		105 107 113 115		104 106 112 114
51	7	Upper eyelid	Eyelid - upper	Entire upper eyelid (body structure)	244499008	Upper eyelid structure (body structure) [] Entire skin of upper eyelid (body structure) [] Skin structure of upper eyelid (body structure) [] Skin of part of eyelid (body structure) [] Entire anterior lamella of upper eyelid (body structure)	38934000 245948000 41310005 360576009 363540007	105		104	
52	8	Upper eyelid margin	Eyelid - upper - margin	Entire free margin of eyelid (body structure)	362527007	Entire skin of palpebral margins (body structure) Structure of free margin of eyelid (body structure) Skin structure of palpebral margins (body structure)	368770001 77024004 19701007	107		105	
53	9	Superior lacrimal punctum	Eyelid - superior lacrimal punctum	Entire upper lacrimal punctum (body structure)	728533002	Upper laorimal punctum (body structure)	263345002		No Matches		No Matches

Table III.

Example of proposed hierarch with correlated SNOMED terms with associated SCTIDs and NYU numbers for the ear. TMTL= too many to list where a single number is not available and aggregate numbers for entire region are too numerous. No matches = no available NYU Number corresponding to the new term.

Surface Topography Sorting Index	Hierarchical lovel	Surface Topography Hierarchical Classification	Synonym	Closest SNOMED Term Match	Closest SNOMED Match SCTID	Other SNOMED Term Matches	Other SNOMED Match SCTIDs	Left NYU Best Match	Left NYU Overlapping Matches	Right NYU Best Match	Right NYU Overlapping Matches
14	3	External ear	Outer ear	Entire external ear (body structure)	420893000	External ear structure (body structure) II Skin structure of ear (body structure)	28347008 1902009		TMTL		TMTL
15	4	Pinna	Auricle	Pinna structure (body structure)	113327001	Entire skin of ear (body structure) Entire pinna (body structure) Skin structure of pinna (body structure)	244073008 421159007 44737009		TMTL		TMTL
16	5	Helix of pinna	External ear - helix	Entire helix of ear (body structure)	279607004	Helix structure (body structure) Entire skin of helix (body structure)	86153000 358505001	119	117 133 135	118	116 132 134
17	6	Crus of helix	External ear - heix - crus	Entire crus of helix (body structure)	362547004	Structure of crus of helix (body structure) Skin structure of crus of helix (body structure) Entire skin of crus of helix (body structure)	78743007 57726007 368605002	117		116	
18	6	Apex of helix	External ear - helix - apex Apex of pinna	No Matches	No Matches	No Matches	No Matches	119	117 133 135	118	116 132 134
19	6	Spine of helix	External ear - helix - spine	Entire spine of helix (body structure)	362535005	Structure of spine of helix (body structure) Skin structure of spine of helix (body structure) Entire skin of spine of helix (body structure)	78389002 25987008 368602004	119	117 133 135	118	116 132 134
20	6	Tail of helix	External ear - helix - tail	Entire tail of helix (body structure)	362536006	Structure of tail of helix (body structure) Skin structure of tail of helix (body structure) Entire skin of tail of helix (body structure)	55418004 89342002 368603009	119	117 133 135	118	116 132 134
21	5	Antihelix of pinna	External ear - antihelix	Entire antihelix (body structure)	279612003	Anthelix structure (body structure) Entire skin of anthelix (body structure) Skin structure of anthelix (body structure)	55881008 368608000 33294007	121	123	120	122
22	6	Crura of antihelix	External ear - antihelix - crura	Entire crura of antihelix (body structure)	362539004	Entire skin of crura of antihelix (body structure) Structure of crura of antihelix (body structure)	368607005 113328006	121		120	
23	6	Scaphoid fossa of pinna	External ear - scaphoid fossa	Entire scaphoid fossa (body structure)	362540002	Scaphold fossa structure (body structure) Entire skin of scaphold fossa of external ear (body structure) Skin structure of scaphold fossa of external ear (body structure)	82024001 368610003 20166000	121		120	
24	5	Concha	External ear - concha	Entire skin of concha (body structure)	368615008	Concha of ear structure (body structure) Skin structure of concha (body structure) Entire concha of ear (body structure) Skin of part of concha (body structure)	52678007 21439001 361669004 360590007	125		124	
25	6	Cybma conchae	External ear - cymba conchae	Entire skin of cymba conchae (body structure)	368613001	Cymba conchae structure (body structure) Skin structure of cymba conchae (body structure) Entire cymba conchae (body structure)	68530009 44767003 362545007	125		124	
26	6	Conchal bowl of pinna	External ear - conchail bowl	Entire skin of cavity of concha (body structure)	368614007	Structure of cavity of concha (body structure) Skin structure of cavity of concha (body structure) Entire cavity of concha (body structure) Entire cavity of concha (body structure) Entire cavity of concha (body	42407000 51098001 362545007 362546008	125		124	
27	5	Triangular fossa of pinna	External ear - triangular fossa	Entire fossa triangularis of ear (body structure)	362538007	Structure of fossa triangularis of ear (body structure) Entire skin of fossa triangularis of ear (body structure) Skin structure of fossa triangularis of ear (body structure)	31136007 368609008 82858008	121		120	
28	5	Tragus of pinna	External ear - tragus	Entire tragus (body structure)	362541003	Tragus structure (body structure) Entire skin of tragus (body structure) Skin structure of tragus (body structure)	59581006 244076000 79502000	127		126	
29	5	Intertragic notch of pinna	External ear - intertragic notch	Entire intertragal incisure (body structure)	362542005	Intertragal incisure structure (body structure) Skin structure of intertragal incisure (body structure) Entire skin of intertragal incisure (body structure)	3362007 45591000 368611004	129		128	
30	5	Lobule of pinna	External ear - lobule Earlobe	Entire ear lobule (body structure)	362544006	Ear lobule structure (body structure) Entire skin of ear lobule (body structure) Skin structure of ear lobule (body structure)	48800003 244077009 2059009	131	141	130	140
31	5	Antitragus of pinna	External ear - antitragus	Entire antitragus (body structure)	362543000	Antitragus structure (body structure) Skin structure of antitragus (body structure) Entire skin of antitragus (body structure)	24264001 38407007 368612006	123		124	
32	5	Posterior surface of pinna	External ear - posterior surface	No Matches	No Matches	Structure of eminentia conchae (body structure) Entire eminentia conchae (body structure)	87789006 368638006	137 139	133 135	136 138	132 134
33	5	Retroauricular sulcus	External ear - retroauricular sulcus postauricular sulcus	Entire postauricular region (body structure)	362623001	Entere skin of postauricular region (body structure) Skin structure of postauricular region (body structure) Postauricular region structure (body structure)	244080005 24483006 81124000	10		9	
34	4	External auditory canal	External ear - auditory canal	Entire external auditory canal (body structure)	181178004	External auditory canal structure (body structure) Skin of external auditory canal (body structure) Entire skin of external auditory canal (body structure)	84301002 86409001 361704000	No Matches		No Matches	
35	5	External auditory meatus	External ear - auditory canal opening Meatus of external auditory canal	Entire external auditory canal opening (body structure)	279654000	Structure of external auditory canal opening (body structure)	67283004	No Matches		No Matches	
36	5	Tympanic membrane	Eardrum	Entire tympanic membrane (body structure)	181180005	Tympanic membrane structure (body structure) Region of tympanic membrane (body structure)	42859004 272648000	No Matches		No Matches	

Table IV.

Example of proposed hierarchy with correlated SNOMED terms with associated SCTIDs and NYU numbers for the nose. TMTL= too many to list where a single NYU Number is not available and aggregate numbers for entire region are too numerous. No matches = no available NYU Number corresponding to the new term.

Surface Topography Sorting Index	Hierarchical level	Surface Topography Hierarchical Classification	Synonym	Closest SNOMED Term Match	Closest SNOMED Match SCTID	Other SNOMED Term Matches	Other SNOMED Match SCTIDs	Left NYU Best Match	Left NYU Overlapping Matches	Right NYU Best Match	Right NYU Overlapping Matches
77	4	Nose	Nose	Entire nose (body structure)	181195007	Entire external nose (body structure) Nose (surface region) (body structure) Nasa structure (body structure) Shin structure of nose (body structure) Enternal nose structure (body structure) Enternal nose (body structure) Region of external nose (body structure) Region of external nose (body structure)	265785009 182324007 45206002 113179006 244085000 244032009 279542008 24551006 314742005		15 17 19 21 23		16 18 20 22 24
78	5	Root of nose	Nose - root	Entire root of nose (body structure)	1825009	Structure of root of nose (body structure) Entire skin of root of nose (body structure) Skin structure of root of nose (body structure)	368121008 399987007 400033007	19	7	20	8
79	5	Dorsum of nose	Nose - dorsum	Entire dorsum of nose (body structure)	368114008	Structure of dorsum of nose (body structure)	84047001	19		20	
80	6	Supratip of nose	Nose - supratip	Entire supratip of nose (body structure)	399896008	Structure of supratip of nose (body structure) Entire skin of supratip of nose (body structure) Skin structure of supratip of nose (body structure)	400205004 400041007 400203006	21		22	
81	5	Lateral side wall of nose	Nose - lateral side wall	Skin of lateral nose structure (body structure)	314395006	Skin of side of nose (body structure) Skin of part of nose (body structure) Skin of lateral nose structure (body structure)	244089006 281714003 314395006	17	15	18	16
82	5	Tip of nose	Nose - tip	Entire apex of nose (body structure)	361926005	Structure of apex of nose (body structure) Skin structure of tip of nose (body structure) Entire skin of tip of nose (body structure)	81001005 79283007 244090002	21		22	
83	6	Infratip lobule of nose	Nose - infratip lobule	No Matches	No Matches	No Matches	No Matches	21	23	22	24
84	5	Ala nasi	Nose - ala	Entire ala nasi (body structure)	361345006	Entire skin of ala nasi (body structure) Alar structure (body structure) Skin structure of ala nasi (body structure)	244087008 61913009 68598004	23		24	
85	6	Side wall of ala nasi	Nose - alar sidewall	No Specific Matches	No Specific Matches	Skin of side of nose (body structure) Skin of part of nose (body structure) Alar structure (body structure)	244089006 281714003 61913009	23		24	
86	6	Alar groove	Nose - alar groove	No Specific Matches	No Specific Matches	Skin of part of nose (body structure) Alar structure (body structure)	281714003 61913009	No Specific Match	23 17 15	No Specific Match	24 18 16
87	6	Alar rim	Nose - alar rim	No Specific Matches	No Specific Matches	Skin of part of nose (body structure) Alar structure (body structure)	281714003 61913009	23		24	
88	5	Nostril	Nare	Both anterior nares (body structure)	244506005	Structure of anterior naris (body structure) Entire left anterior naris (body structure) Entire right anterior naris (body structure)	1797002 421652004 421814002	No Matches		No Matches	
89	6	Sill of nostril	Nose - sill of nostril	No Matches	No Matches	No Matches	No Matches	No Specific Match	23	No Specific Match	24
90	6	Columella	Nose - columella	Entire columella (body structure)	361930008	Columella structure (body structure) Skin structure of lower margin of nasal septum (body structure)	113249009 40021003	No Specific Match	23	No Specific Match	24