

Clinical Finding and Disorder Naming Conventions

A Clinical finding/Disorder concept's fully specified name (FSN) must be specific, though the preferred term (PT) can be a more clinician-friendly, word-order variant.

The FSN must conform to a specific pattern of "Disease of x" where a specific body structure is involved. For the preferred term, end users can choose the desired description that conforms to common clinical usage.

For example,

FSN: Disease of kidney (disorder)

PT: Can be either 'Kidney disease' or 'Renal disease'

The use of *-opathy* is to be used in the preferred term, because the FSN is to be specific and explicit, and there are often various interpretations of *-opathy*. A term containing the suffix *-opathy* can only be used in the FSN if a definition is applied via the DEF description.

For example,

FSN: Disorder of macula of retina (disorder)

PT: Can be either 'Disorder of macula of retina' or 'Maculopathy'

The morphologic abnormality is named before naming the anatomical site.

For example,

- In 399525009 | Inflammation of ampulla of Vater (disorder) |, *Inflammation* is the morphologic abnormality and *Ampulla of Vater* is the finding site.

While the general naming convention for findings and disorders is *<Morphology> of <x body structure>*, there are some exceptions:

- Disorders with a well recognized name that represents the morphology; e.g. pneumonia is the well established clinical name for inflammation and infection of the lung
- Disorders where the meaning is not equivalent to *<morphology> of <x> site* convention; e.g. *inflammatory bowel disease* has a more specific meaning than *inflammation of bowel*
- Disorders which are not described by an anatomical site; e.g. metabolic disease, hereditary disease, bacterial disease



Please see documented naming patterns:

- Completed or in review - [Precoordination Naming Pattern Project](#)
- Proposed for future review - [Unreviewed Naming Patterns by Hierarchy](#)

Descriptions that include body structures

Descriptions for Clinical findings and Disorders should follow the naming guidelines for Body structures if they are to be used within the Clinical finding/disorder concept.

Concepts describing limbs are abundant, and the use of *limb* in the FSN and the synonyms of upper/lower extremity, arm/leg should be followed.

For example,

- 249945007 | Monoparesis of lower limb (disorder) |

Because the finding site is 61685007 | Lower limb structure (body structure) |, which follows the anatomical guidelines, the disorder concept reflects *lower limb* in the FSN, while using synonyms of *Monoparesis of leg* and *Monoparesis of lower extremity*.

The term *cerebral* is used in clinical language to mean both *cerebrum*, and more broadly, *brain*.

- If the condition is limited to the cerebrum, the FSN, PT, and finding site will reflect the cerebrum. A synonym will remain with the term *cerebral*.

- If the condition refers more broadly to the brain, the FSN, PT, and finding site will reflect the brain – unless the proper name of the condition uses the term *cerebral*, as in *Cerebral palsy*. A synonym will remain with the term *cerebral* if it is commonly used to refer to the condition.

The term Disorder

The word *disorder* should be singular, so *Disorder of nose*, not *Disorders of nose*.



Exceptions

Plurals may be used:

- As synonyms for grouper concepts, e.g. *disorders* or *diseases*
- In bilateral concepts, e.g. Disorder of bilateral eyes, Disorder of both eyes (see also *Lateralized Disorder Naming Conventions*)

- When the concept is a general grouping of disorders of a body system, body site, or other broad category, the word *disorder* is preferred over the word *disease* for the FSN, e.g. *Disorder of reproductive system*, not *Disease of reproductive system*. This does not apply at the leaf level.

For example,

- 417683006 | Sick cell-hemoglobin C disease without crisis (disorder)|

For naming conventions concerning *surgical complications*, *sequelae*, and *late effects*; see this section at [Complication and Sequela Modeling](#).

Disorder X without Disorder Y

The vast majority of existing X without Y concepts originated from ICD-9 with the specific meaning of "X disorder *without mention of* Y disorder". As the phraseology indicates a lack of data about disorder Y as opposed to a specific exclusion, this type of concept has not been included in ICD-10, nor proposed for ICD-11, except in the case of "Traumatic brain injury without open intracranial wound".

Addition of new X without Y concepts may only be made under the following conditions:

- The request for new content must be accompanied by a rationale as to the difference between "X disorder without Y disorder" and "X disorder"
- Approval of addition by the Chief Terminologist

For the most part, existing X *without* Y concepts will be inactivated as AMBIGUOUS with a historical MAY BE relationship to "X disorder". Exceptions to inactivation will be made on a case-by-case basis.

Requires [procedure/drug] (finding)

SNOMED international is no longer accepting new requests for concepts of the type – Requires [procedure/drug] (finding). These are administrative statuses rather than clinical findings, and this status should be represented outside of the terminology in the information model. The only exceptions relate to legacy content, and requests for subtypes of 723620004 |Requires vaccination (finding)| will continue to be accepted.

Region

If the 363698007 | Finding site (attribute)| value of a concept is a body structure with "region" in its FSN, then the description of the finding site within the clinical finding concept's FSN should also include "region".

For example, 274205003 | Burn of eye region (disorder)| has a finding site of 371398005 | Eye region structure (body structure)| .

- FSN: Burn of eye region (disorder)
- PT: Burn of eye region

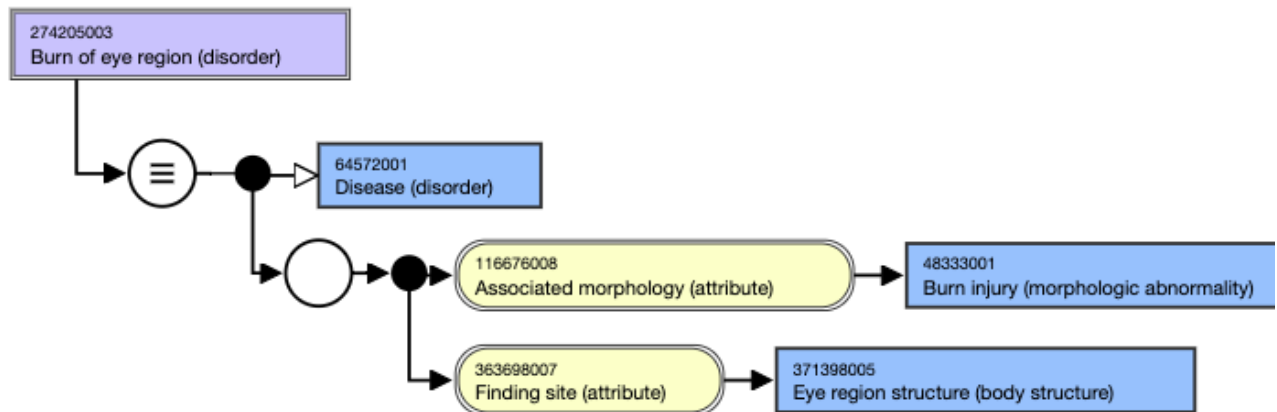


Figure 1: Stated view of [Burn of eye region (disorder)]

Allergy to substances, multiple substances

Previously, allergies caused by multiple substances were modeled by multiple causative agents suggesting that the allergy is caused by all those substances. However, when multiple substances are noted in the FSN, the intended clinical meaning is that a patient might be affected by one or more of these substances (or products containing them). To convey this meaning, these types of concepts should be modeled GCIs to represent the disjunctive meaning. e.g. 870731003 [Allergy to carbidopa and/or levodopa (finding)]



Information

The modeling approach for multiple-ingredient concepts is a temporary solution. It incorrectly asserts an allergy/adverse reaction to each, rather than to one, agent. The use of concepts from the Pharmaceutical/biologic product hierarchy is being considered as a final solution, but further work is required to determine if this would be a viable solution.

Allergic and nonallergic hypersensitivity (pseudoallergic) *dispositions*

Allergic and nonallergic hypersensitivity (pseudoallergic) dispositions are the propensity to develop adverse allergic or nonallergic hypersensitivity (pseudoallergic) disorders. A description for any concept that names a substance or an organism should be consistent with the corresponding hierarchy description rules.



Drug allergies

Allergic and nonallergic hypersensitivity (pseudoallergic) concepts include drug allergies.

Patterns:

FSN: Allergy to X (finding)

PT: Allergy to X

For example,

- FSN: Allergy to abacavir (finding)
- PT: Allergy to abacavir
- FSN: Allergy to Artemisia vulgaris pollen (finding)
- PT: Allergy to mugwort pollen

FSN: Allergy to X and Y (finding)

PT: Allergy to X and Y

- X and Y in alphabetical order for concepts representing multiple substances

Allergic and nonallergic hypersensitivity (pseudoallergic) *disorders*

These disorders represent manifestations of pathologic processes that may result in abnormal structures (e.g., allergic rhinitis).

Disorder	Patterns and examples
FSN	Patterns: <ul style="list-style-type: none">• FSN: Allergic disease X (disorder)• FSN: Allergic disease X (caused by Y) (disorder) For example, <ul style="list-style-type: none">• Allergic rhinitis (disorder)• Allergic conjunctivitis (disorder)• Allergic rhinitis caused by grass pollen (disorder)• Allergic rhinitis caused by house dust mite (disorder)
PT	Patterns: <ul style="list-style-type: none">• Allergic disease X• Allergic disease X (caused by Y) For example, <ul style="list-style-type: none">• Allergic rhinitis• Allergic conjunctivitis• Allergic rhinitis caused by grass pollen• Allergic rhinitis caused by house dust mite

Allergic and nonallergic hypersensitivity (pseudoallergic) *reactions*

These disorders represent pathological processes that are defined as adverse reactions and allergic conditions with a pathological process of allergic or nonallergic hypersensitivity (pseudoallergic) process.

Reaction	Patterns and examples
FSN	Patterns: <ul style="list-style-type: none">• Allergic reaction (caused by X) (disorder)• Anaphylactic reaction (caused by X) (disorder)• Anaphylactoid reaction (caused by X) (disorder) For example, <ul style="list-style-type: none">• Allergic reaction caused by dye (disorder)• Allergic reaction caused by pollen (disorder)
PT	Patterns: <ul style="list-style-type: none">• Allergic reaction caused by X For example, <ul style="list-style-type: none">• Allergic reaction caused by dye• Allergic reaction caused by pollen

Contact hypersensitivity

Contact hypersensitivity represents a response elicited by contact of the skin or mucous membranes with a substance. The response may be immune mediated (allergic) or nonimmune (irritant) using the pathological process *contact hypersensitivity process (qualifier value)*.

For example,

- Contact dermatitis (disorder)

- Irritant contact dermatitis (disorder)

Intolerance to substances

An intolerance is the propensity to develop an adverse reaction to a substance. The nature of the adverse reaction can represent a variety of pathological processes but specifically excludes hypersensitivity (allergic and nonallergic hypersensitivity (pseudoallergic) reactions).

Due to the difficulty in precisely defining an intolerance pathological process, it is problematic to apply the model for hypersensitivity dispositions to defining intolerance to substance. For this reason, as well as the difficulty in associating a material agent with a disposition, substances are related to the intolerance disposition with the *associated with* attribute.

Intolerance	Patterns and examples
FSN	Pattern: <ul style="list-style-type: none"> • Intolerance to X (finding) Example, <ul style="list-style-type: none"> • Intolerance to milk (finding)
PT	Pattern: <ul style="list-style-type: none"> • Intolerance to X Example, <ul style="list-style-type: none"> • Intolerance to milk

Inadequate and excessive intake of energy and nutrients

Identification of findings of inadequate or excessive intake of nutrients inconsistent with nutrient requirements and established reference standards includes nutrients with a variety of forms where applicable.

For example, 870465001 | Excessive intake of vitamin A and vitamin A derivative (finding)|

FSN: Excessive intake of vitamin A and vitamin A derivative (finding)

PT: Excessive intake of vitamin A and vitamin A derivative