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اكتشاف الأمراض الجلدية بالاعتماد على الذكاء الاصطناعي خالد خليفة سعيد، بلقاسم شيباني رحيمي ، سالم الصيد الأطرش <sup>2.1</sup> المدرسة الوطنية للمهندسين قابس، كلية تكنولوجيا المعلومات والاتصالات ، جامعة قابس، تونس. <sup>3</sup> قسم الحاسوب ، كلية العلوم، جامعة بني وليد ، ليبيا.

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# Skin Diseases Discover based On Artificial Intelligence

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# الملخص:

تركز الأبحاث الطبية بشكل متزايد على الذكاء الاصطناعي (AI). يستخدم مجال الأمراض الجلدية هذه الأداة المعاصرة أكثر فأكثر. وفي ممارسة الرعاية الصحية، سيؤثر هذا بلا شك ويساهم في المستقبل لكل من المرضى ومقدمي الخدمات. ومن الأهمية بمكان أن نفهم كيف ستتطور هذه التكنولوجيا. يعد تطبيق الذكاء الاصطناعي على الأمراض الجلدية تطورًا جديدًا نسبيًا. نظرًا لأن الأمراض الجلدية تنطوي على قدر كبير من البيانات والصور السريرية، يجب على أطباء الجلد فهم مفاهيم الذكاء الاصطناعي. قد يكون هذا هو الشيء الكبير عندما يتعلق الأمر باستخدام الذكاء الاصطناعي في الطب. وقد تم بالفعل الذكاء الاصطناعي. قد يكون هذا هو الشيء الكبير عندما يتعلق الأمر باستخدام الذكاء الاصطناعي في الطب. وقد تم بالفعل إجراء دراسات على الأمراض الجلدية مثل فطار الأظافر والصدفية والتهاب الجلد التأتبي وسرطان الجلد باستخدام الذكاء الاصطناعي. ويرد في هذه الورقة الخطوط العريضة للذكاء الاصطناعي والتطورات الحديثة في طب الأمراض الجلدية. ومن الأهمية بمكان النظر في إمكاناتها للمستقبل واستخداماتها الحالية. وينبغي دراسة مواقف المهنيين فيما يتعلق بالأهمية الاصطناعي لأنه يعتبر هدفا حاسما يجب تحقيقه.

الكلمات الدالة: الذكاء الاصطناعي، التعلم العميق، الأمراض الجلدية، ، سرطان الجلد.

## Abstract

Medical research is increasingly focusing on artificial intelligence (AI). The field of dermatology is using this contemporary instrument more and more often. In the practice of healthcare, this will undoubtedly influence and contribute to the future for both patients and providers. It's critical to comprehend how this technology will develop. The application of AI to dermatology is a relatively new development. Because skin diseases involve a wealth of clinical data and images, dermatologists must comprehend AI concepts. This might be the big thing when it comes

to using AI in medicine. Studies on skin conditions like onychomycosis, psoriasis, atopic dermatitis, and skin cancer have already been conducted using artificial intelligence. An outline of AI and recent advancements in dermatology is given in this paper. It is crucial to look into both its potential for the future and its current uses. Professionals' attitudes regarding artificial intelligence should be examined because it is recognized as a crucial objective that must be met.

Keywords: Artificial intelligence, Deep Learning, Dermatology, skin disease, melanoma.

#### 1– Introduction

Research on artificial intelligence (AI) is currently conducted at a generally high level across the globe. The medical applications that arise from this are extremely intriguing. The last ten years have seen a sharp increase in the use of AI in this significant field. Research into its possible application in dermatology is progressing, and many papers are currently in writing [1]. We are testing a number of different diagnostic algorithms. Waiting periods of several months and a scarcity of dermatologists have resulted from this. One perspective on enhancing access to healthcare through technological advancements is [2]. As a result of this technological advancement, it is possible to highlight here the most recent developments that define Radio Mobile Communications (RCM) networks. RCM networks are investors who have made good sized improvements possible. those developments promote better health. Dermatological practices and numerous practical needs need to be directly and accurately attended to. technique for figuring out and handling ailments. numerous prior fitness issues are resolved. We are able to mention here the ways wherein the improvement of new technology and innovations has caused tremendous adjustments in dermatological illnesses. Dermatologists can now diagnose illnesses greater accurately thanks to laptop algorithms, mainly with regards to illnesses like malignant melanoma. [3]. In the subset of artificial intelligence (AI) known as system getting to know, pc programs are taught to study robotically from revel in without the want for specific programming instructions. Dermatology has led the way in integrating artificial intelligence (AI) within the scientific domain because of its sizeable image database for medical, dermoscopic, and dermatopathological packages. consequently, the design and interpretation of medical research in this discipline will require a simple information of AI (true). it is vital to think about AI's viable application in dermatology exercise as a result. hence, our intention in this evaluation is to present a basic understanding of dermatology and how it is going to be used inside the near destiny. it is beneficial to describe the brand new technologies referred to as artificial intelligence and deep getting to know before shifting in addition. while we present the strategies and what benefits symbolize these innovative analysis strategies and technological tools, it is crucial to draw attention to the differences among classical and cutting-edge analysis techniques.

## 2- Artificial intelligence and deep learning

A subfield of computer science called synthetic intelligence (AI) ambitions to duplicate human intelligence via pc applications [5]. in the intervening time, gadget learning, a department of artificial intelligence, looks for patterns in facts to teach computers to solve troubles on their own. numerous techniques, such as neural networks, are hired to perform this purpose. There is a possibility for this form of learning to be self-directed with some guidance or completely guided [2,6]. At present the most commonly employed method in machine learning is neural networks particularly in the shape of convolutional and deep learning networks. Adaptable mathematical frameworks known as neural networks utilize diverse algorithms such as input hidden and output layers to reveal intricate relationships within extensive datasets. [7].

The initial layer transfers information into concealed multi-layered computational procedures which manipulate and reveal the data before revealing it in the resulting layer. Within a fundamental artificial neural network there exists one or multiple node layers between the input and output layers. However with advancements in computing capabilities the number of hidden layers can expand indefinitely heightening the device's acuity and precision. Deep learning involves predicting outcomes using numerous covert layers that are proficient in recognizing specific details within the database. [5]. Deep studying extracts and analyzes facts the use of this multi-layered cascade of nonlinear processing units. Deep mastering has aided within the exploration of the effects of effective graphics processing, elevated use of digital images, and deep studying. (8).

**Convolutional neural networks** (CNNs) are a subset of neural networks that utilize an iterative process of passing inputs through multiple hidden layers for image analysis. By breaking down an image into individual pixels each node or 'neuron' is assigned unique characteristics such as color size and shape. Eventually the output is produced [9]. A prime example of a convolutional neural network is the region-based convolutional neural network (R-CNN) which specializes in identifying specific objects within an image. In the field of dermatology R-CNNs have proven capable of accurately determining the location of cutaneous lesions through various algorithms [10]. Given their ability to independently extract complex features and make predictions without human intervention CNNs may be deemed a valuable asset in the realm of dermatopathology.

## 3- Artificial intelligence in dermatopathology

In the field of dermatopathology the concept of artificial intelligence has been around since 1987. This was first introduced through a computer program named TEGUMENT which operated through text-based commands. The main objective of this program was to detect and identify 986 histopathological diagnoses from light microscopic images. It exhibited a 91.8% accuracy rate when compared to a certified dermatopathologist. A small percentage of cases (4% and 3% respectively) showed conflicting and indeterminate diagnoses [11]. Nevertheless incorporating computer-assisted human diagnosis as a standard practice required reorganizing the traditional medical data used by the system rather than relying solely on machine analysis. Initially capturing entire slide images was not technologically feasible making the idea of independent image analysis by machines seem unattainable. However recent advancements have made it possible to achieve reliable classification of routine diagnoses with the aid of machines [12].

#### 4- Artificial intelligence in diagnostic dermatopathology

Deep learning algorithms were created in one study model to identify nodular basal cell carcinomas, seborrheic keratoses, and dermal nevus on entire slides [8]. The data was examined after the images' pixels were divided up. Deep learning algorithms were 100 percent accurate for seborrheic keratosis, 99 point five percent accurate for nodular basal cell carcinoma, and 99 point three percent accurate for dermal nevus when compared to the diagnostic accuracy of light microscopy performed by a pathologist. Ianni along with others. created a deep learning algorithm for pathology that categorized whole slide hematoxylin and eosin-stained images into four diagnostic classes: melanocytic, squamoid, basaloid, and others [13].

This system incorporates three distinct convolutional neuronal networks that operate in a sequential manner to determine the most probable diagnosis. Prior to the final network processing and diagnosing the image based on histological traits the initial convolutional networks assist with image adjustment and then identify the specific region of interest. However the scope of this system is restricted to categorizing the images into four groups. Surprisingly

even in scenarios where artifacts are present the system is still able to accurately diagnose routine images despite their varied pathological indicators or inadequate staining. The primary challenge lies in the availability of adequate digital computing resources. Nevertheless the use of smartphones can circumvent this obstacle showcasing the potential of implementing artificial intelligence in resource–limited areas with high incidence or prevalence of skin cancer [14].

### 5- Current Status of AI Application in Dermatology

Inside the last ten or so years, AI has been gradually gaining traction in a number of dermatological fields, which include psoriasis, eczema, cancer, onychomycosis, and pores and skin cancer. on the way to advantage extra know-how, we will speak applications that address this situation.

#### 5–1 Application of AI in skin cancer

Scholars have examined the capability of synthetic intelligence (AI) to enhance or supplement current screening protocols for non-melanoma skin most cancers (NMSC) and cancer skin most cancers (MSC). Nasr-Esfahani together with others. were the primary to train a neural network for cancer detection; their counseled technique had a sensitivity of zero.81 and a specificity of 0.80, correspondingly. [15] A have a look at on deep getting to know of pores and skin tumors turned into posted with the aid of Stanford college in 2017. They supplied the stop-to-end training of a single convolutional neural community on images, utilizing just pixels and disorder labels as inputs, for the purpose of classifying skin lesions. A convolutional neural network turned into trained using a dataset comprising 129,450 medical pix pertaining to two,032 awesome sicknesses.

using biopsy-verified scientific pics with two important binary classifications of instances—malignant melanomas as opposed to benign nevi and keratinocyte carcinomas as opposed to benign seborrheic keratoses—they tested its efficacy towards 21 board-licensed dermatologists. in the first case, the maximum standard cancers were diagnosed; within the 2nd, the maximum lethal pores and skin most cancers became identified. In phrases of detecting and categorizing pores and skin cancer, the device changed into located to be equally talented to dermatologists with board certification. [3] This was a novel utility of synthetic intelligence in dermatology. but, because their studies left out demographic statistics, its external validity is controversial. every other take a look at limitation become that, even as it was thought that the use of deep mastering era to categorise skin cancer may want to potentially boom the sensitivity and specificity of skin most cancers screening, it changed into well known that a totally large variety of instances would be needed to train the device with education snap shots.

Fujisawa et al. [16] lately (2019) released a paper detailing their investigation into the viability of using deep learning era to create an powerful skin most cancers class device from a relatively small dataset of medical pictures. the usage of a dataset of 4867 scientific photos from 1842 sufferers at Tsukuba university clinic who were recognized with pores and skin tumors between 2003 and 2016, they trained a deep convolutional neural community (DCNN).

Fourteen conditions were identified through the images encompassing both harmless and harmful cases. Nine apprentices specializing in skin disorders and thirteen certified dermatologists assessed his performance. The trained deep convolutional neural network (DCNN)'s overall accuracy in categorizing was 76.5%. The DCNN achieved a high sensitivity of 96.3% and an equally impressive specificity of 89.5%. However the accuracy of the dermatology trainees in classifying cases as either benign or malignant (74.4%  $\pm$  6.8% and 85.3%  $\pm$  3.7% P < 0.01) was significantly lower than that of the certified dermatologists. In comparison the DCNN scored an

impressive 92 points  $4\% \pm 2$  points 1% (P < 0.001). [16] In the previous year Han and his team investigated the use of a deep learning algorithm to categorize 12 distinct skin conditions including cancer through clinical images. The average sensitivity and specificity for all conditions when evaluated on the validation image set were 85.1% and 81.3% respectively with an area under the receiver operating characteristic curve (AUROC) of 0.89. [17].

It was discovered that the tested algorithm's performance was on par with 16 dermatologists. But as Navarrete– Dechent et al. point out, this program's external validity is still somewhat restricted. A different patient population was used to test the program externally, and the results showed much lower sensitivity—only 29 out of 100 lesions had the correct histopathological diagnosis. [18] Brinker et al. conducted a recent study in 2019. showed for the first time that board-certified and junior dermatologists were significantly inferior to automated dermoscopic melanoma image classification (P < 0.001). Dermatologists from nine German university hospitals were randomly assigned to review 804 more biopsy–proven dermoscopic images of melanomas and nevi (1:1) for the experiment. They evaluated each image's quality and recommended a course of treatment (19,296 recommendations in total).

The primary goal changed into to examine the CNN take a look at run outcomes in phrases of sensitivity, specificity, and overall correctness the use of three McNemar exams. The dermatologists' lesion class had a 67.2 percent sensitivity and a 62.2 percentage specificity (95 percent self-assurance interval [CI]: 62.6 percentage–71.7 percentage) and 66.9 percentage sensitivity and specificity, respectively. as compared to the untrained CNN, the skilled model validated a greater sensitivity of 82.3% (ninety five percentage confidence c language: 78.3%–85.7%) and a better specificity of 77.9% (ninety five percentage self-assurance c language: 73.8%–81.8%). In 2 × 2 tables, all three McNemar checks acquired a significance level of P < 0.001. For each subgroups, this level of significance held genuine. [19] They produced findings that had been similar in in advance 2019 research. [20,21]. additionally, Brinker et al. furthermore, [19] promoted the creation of a melanoma class benchmark based totally on their findings to be used in destiny analyses. according to their benchmark, dermatologists could stumble on melanoma with an average sensitivity of 89.4% and a specificity of 64.4%. [22].

Smartphone apps for diagnosing melanoma have become more widely available and user-friendly in recent years. If successful, they might offer a quick risk assessment of the possibility of cancer, encouraging the appropriate individuals to visit a doctor for additional care and a more thorough evaluation of the lesion. However, if the user is reassured that the risk of their lesion is low, there is a chance that they will miss melanomas and postpone treatment. These applications' sensitivity and specificity varied from 7% to 73% and 37% to 94%, respectively. They came to the conclusion that these apps, as they stand, might not detect melanomas and could even be harmful because they could deceive users into thinking they are safe. [23].

In the area of dermatopathology artificial intelligence (AI) might also have potential in assisting with the detection and prognosis of skin cancer. In a observe performed by Hekler and co-workers they analyzed a complete of 695 skin lesions along with 345 melanomas and 350 nevi which were evaluated through an skilled dermatopathologist following modern-day pointers. thru the use of a convolutional neural community (CNN) 595 of the final images were applied for education. The last 100 histopathological sections had been used to examine the CNN's results with those of eleven different expert dermatopathologists. to assess the significance of the findings 3 mixed McNemar exams have been performed with a predetermined threshold of P < zero.05 examining the sensitivity specificity and accuracy of the CNN's effects. Following 11 different test runs the CNN displayed an average sensitivity specificity and accuracy of 76% 60% and 68% respectively. In comparison the average performance of the 11 pathologists was 51.8% 66.5% and 59.2% respectively. This led to the conclusion that the CNN has the ability to classify melanoma histopathological images more effectively than the 11 histopathologists showing potential for assisting in diagnosing human melanomas. [24] Despite being in its early stages the integration of artificial intelligence into the interpretation of clinical dermoscopic and histopathological images for skin cancer diagnosis appears to hold great promise.

### 5-2 Application of AI in melanoma diagnosis

Making the distinction among benign and malignant lesions is crucial for dermatopathologists because it affects the therapeutic picks that follow. which will differentiate nevus from cancer, Hekler et al. 18 identified 695 melanocytic neoplasms as both cancer or nevus. every degree of melanoma as well as every kind of nevi, along with congenital, junctional, and compound nevi, had been represented. the use of this image database, a convolutional neural network changed into educated on all scanned sections stained with hematoxylin and eosin. in this examine, the accuracy of the histopathological prognosis of nevi and cancer became notably higher for convolutional neural networks than for pathologists (P – zero.016).

In 19% of cases there was a difference of opinion between artificial intelligence and a skin specialist regarding diagnosis. This disagreement was also observed in 18% of melanoma cases and 20% of nevi cases. This is consistent with the 25–26% discordance among skin specialists that has been recorded.[25]. In simpler terms deep learning programs when trained by proficient skin specialists have the ability to rectify misdiagnosis of Spitz nevi [26].

The skills of these neural networks make bigger to estimating the chance of survival in early stages of melanoma and predicting the recurrence charge of distant metastases. consistent with a study by way of Logu et al. they have developed an artificial intelligence platform which can identify cutaneous melanomas in histopathological images [28]. Their evaluation of the diagnostic sensitivity specificity and accuracy of convolutional neural networks used 791 samples of healthy pores and skin and 1122 samples of pathological tissue. The results had been in comparison to the expertise of skilled dermatopathologists and the deep gaining knowledge of system trained to come across melanoma outperformed the human specialists with a 91.4 percent accuracy rate. moreover the consequences showed an excellent common diagnostic accuracy of 96.5 percent with a sensitivity of 95.7 percent and a specificity of 97 percent.

#### 5–3 Application of AI in Atopic dermatitis

In 2017 Gustafson and his colleagues aimed to perceive patients with atopic dermatitis for the motive of incorporating them into genome-extensive affiliation research. To reap this they evolved a system learning-based totally algorithm for phenotyping which applied information from each come upon notes and coded facts saved in the electronic health file (EHR). by using using these features in a lasso logistic regression their algorithm exceeded preceding techniques with low sensitivity and accomplished a wonderful fine predictive cost and sensitivity. those results display the capacity of utilizing system learning and herbal language processing for EHR-based totally phenotyping. [29].

Guzman et al. created an artificial neural network (ANN) that uses data from images to identify atopic dermatitis by comparing it to skin that is not affected. They discovered that models with several hidden node levels would be more resilient to overfitting and more stable. However, because this model was created experimentally to identify

the best AI processes, comparatively small sample sizes were employed. AI systems might take into account contextual information in order to increase the accuracy of the research that is currently being done. [4.30].

#### 5-4 Application of AI in Psoriasis

Al for psoriasis can assist with medical assessment, customized remedy protocol choice, and outcome forecasting. Guo et al. supplied one of the maximum captivating and early uses of Al in treating psoriasis. whose psoriasis became expected via an Al software. datasets, GSE14905 and GSE13355, were utilized by this device to gain microarray-primarily based gene expression profiles. to be able to pick out 21 capabilities from 18 genes as ability markers, this take a look at combined the understanding of three characteristic choice algorithms.

Simplest three capabilities from the two distinct genes, IGFL1 and C10orf99, are used in the very last psoriasis classification version, which become built the usage of the novel incremental characteristic choice set of rules. The version has validated to have extraordinarily dependable prediction accuracy, averaging ninety nine.eighty one percent throughout three separate validation strategies. [31].

Moreover, Shrivastava et al. created nine distinct psoriasis chance evaluation systems (pRAS) by combining the important thing blocks in diverse approaches. these nine pRAS structures make use of 3 function selection strategies (Fisher Discriminant Ratio (FDR), principal component analysis (PCA), and Mutual information (MI)) as well as 3 classifiers (support Vector machine (SVM), decision Tree (DT), and Neural network (NN).

Using these 9 systems, the first experiments were carried out: (i) determining the optimal system aggregate based on type accuracy and (ii) determining the reliability of the system. As a result, we calculate the reliability index, aggregate feature impact and feature retention performance, similar to more traditional features such as accuracy, sensitivity and specificity.

Making use of the cross-validation approach the fusion of SVM and FDR proved to be the simplest pRAS model achieving a awesome ninety nine.84% accuracy when tested on a dataset of 670 psoriasis pictures applied in this research. additionally the SVM-FDR machine's cross-validation approach verified an outstanding reliability of 99.ninety nine%. thru evaluation of routinely and manually segmented lesions with equivalent talent the pRAS machine turned into confirmed. [32].

#### 5-5 Application of Al in Onychomycosis

In a study conducted by Han et al. in 2018 it was found that deep learning proved to be more effective than the majority of dermatologists when diagnosing onychomycosis. This success can be attributed to its training on a dataset consisting of 49 567 images. The validation datasets showed a sensitivity and specificity range of 82.7% to 96.7% with an AUROC of 0.82 to 0.98 according to sources [33].

#### 6- Attitude of dermatopathologists towards artificial intelligence

A examine carried out with the aid of Polesie and co-workers found out that dermatopathologists are hopeful approximately the potential of AI of their area. After undertaking an nameless online survey the researchers located out that there is a pressing call for for education on the use of AI in dermatopathology. extensively AI is properly-appropriate for complicated responsibilities that are susceptible to mistakes including accurately figuring out the expression of human epidermal growth issue receptor 2 through immunohistochemistry. The use of convolutional neural networks in training has yielded similar sensitivity and specificity levels as experienced dermatologists and dermatopathologists in distinguishing between melanomas and seborrheic keratoses both visually and under the microscope. This highlights the vital role of artificial intelligence in diagnostic dermatopathology providing pathologists with advanced tools to streamline their workflow. By analyzing slides more efficiently these AI systems

alleviate some of the workload for pathologists and enhance their accuracy in detecting both benign and malignant skin lesions ultimately improving diagnostic precision and reducing errors.

### 7- Limitations

While artificial intelligence holds ability inside the realm of dermatopathology its usage for the clinicopathological prognosis of various pores and skin conditions remains restrained by way of a restrictive categorization system. [35] This hinders the effectiveness of AI in precisely figuring out various dermatoses. even as dermatopathologists own understanding in spotting and ruling out a huge spectrum of differential diagnoses a majority of convolutional neural networks are currently best able to figuring out if an photograph is indicative or no longer of a selected disease.

Furthermore pathologists experience a great deal of diversity in their observations making it difficult for artificial intelligence to be effectively trained. Additionally limited image sharing among various sources and a deficient photo database hinder the capabilities of AI. The enhancement of eco-friendly algorithms to enhance workflow efficiency in AI requires collaboration across disciplines and a significant technical aspect. Since patients can present with a variety of pathological features and clinical manifestations, diagnosis can be difficult because artificial intelligence is currently only capable of detecting a relatively small number of specific conditions. Artificial intelligence in dermatology has been trained to recognize only one type of dermatoses or a subset of specific dermatoses. However, patients may occasionally present with multiple dermatoses as well as unusual manifestations of a typical dermatosis that the AI is not yet trained to recognize. Therefore, in order for artificial intelligence to fully analyze the data and thereby play a bigger role in disease diagnosis, decision-making, and prognosis, imaging data and patient information must be integrated. It is imperative that numerous legal, ethical, and data protection concerns be adequately addressed in order to preserve the anonymity of the slides. In the end, artificial intelligence cannot guarantee comprehensive patient care and cannot take the place of doctor-patient communication.

### 8- The Future of Dermatology with AI: Opportunities and Challenges

Numerous international locations have installed strategic plans for the advancement of artificial intelligence. The country wide approach Plan for AI research and improvement became launched through the USA. the United Kingdom released a booklet titled "growing the AI industry in the united kingdom.". "The Age of AI: towards a european strategy for Human–Centric Machines" was launched via the EU. [36] nevertheless, there are issues with AI in dermatology that have to also be resolved.

At the moment there is a dearth of image data pertaining to a wide range of skin ailments and these are not adequately shared among different sources. Furthermore the quality of skin images varies significantly. In light of this it is imperative to adopt an interdisciplinary approach that encompasses computer science biomedicine and medical sciences due to the diverse backgrounds of researchers in the fields of medicine and artificial intelligence. Despite the multitude of dermatological conditions the capacity of dermatological AI to detect certain skin diseases remains limited. The successful recognition and classification of a wide spectrum of dermal afflictions with varying clinical manifestations will pose significant challenges for AI. It is essential to establish clear guidelines regarding the legal ethical and data privacy implications of utilizing AI for diagnostics. Distinguishing and classifying skin diseases require careful consideration of several factors such as age gender and medical history of the patient along with visible symptoms. Therefore it is crucial to incorporate this crucial information into future clinical data integration processes.

Al for dermatology is about to enter an exciting new era, especially for the diagnosis of melanoma. Important next steps will be to think carefully about how to use these automated systems in practice, how to better understand them, and how to widely implement them in various clinical settings. In the hands of doctors, prospective studies would yield fascinating details about how we can use and interpret these cutting–edge tools most effectively to better serve our patients.

## Conclusion

Dermatology has seen a rapid establishment of synthetic intelligence. patient care can be revolutionized via it. that is specifically beneficial for enhancing the sensitivity and precision of pores and skin lesion screening, which includes cancer screening. however, scientific and photographic data from all skin kinds are wished for AI research, and better international collaboration in pores and skin imaging is wanted to generate the records wanted for complicated studies. AI is proficient in dermatopathology's basic binary category, which includes the prognosis of cancer. however, it's far extra challenging to diagnose non-cancer pores and skin cancers with complicated classifications and tremendous similarities and variations between training. artificial intelligence has the potential to diagnose skin most cancers and different dermatoses more appropriately than dermatologists and pathologists, thanks to advancements in studies, expanding information sets, and a multidisciplinary approach. In end, medical specialists shouldn't view artificial intelligence (AI) as a likely danger to their knowledge due to the fact, inside the destiny, it is able to without a doubt decorate scientific exercise. Dermatologists in practice will be able to offer better skin care in the event that they comprehend AI concepts.

#### References

- 1. Cartron AM, Aldana PC, Khachemoune A. Pediatric teledermatology: A review of the literature. Pediatr Dermatol 2021; 38:39–44.
- Havele SA, Fathy R, McMahon P, Murthy AS. Pediatric teledermatology: A retrospective review of 1199 encounters during the COVID-19 pandemic. J Am Acad Dermatol 2022; 87:678-
- 3. Esteva A, Kuprel B, Novoa RA, Ko J, Swetter SM, Blau HM, et al. Dermatologist-level classification of skin cancer with deep neural networks. Nature. 2017; 542:115–8. [PMC free article]
- 4. Alpaydin E. Introduction to Machine Learning. Cambridge, MA: MIT Press; 2014.
- 5.Gomolin A, Netchiporouk E, Gniadecki R, Litvinov IV. Artificial intelligence applications in dermatology: Where do we stand? Front Med (Lausanne) 2020; 7:100.
- Yu K, Syed MN, Bernardis E, Gelfand JM. Machine learning application in the evaluation and management of psoriasis: A systematic review. J Psoriasis Psoriatic Arthritis 2020; 5:147–59.
- 7. Eapen BR. 'Neural network' algorithm to predict severity in epidermolysis bullosa simplex. Indian J Dermatol Venereol Leprol2005; 71:106–8.
- Olsen TG, Jackson BH, Feeser TA, Kent MN, Moad JC, Krishnamurthy S, et al. Diagnostic performance of deep learning algorithms applied to three common diagnoses in dermatopathology. J Pathol Inform 2018; 9:32.
- 9. Nichols JA, Herbert Chan HW, Baker MAB. Machine learning: Applications of artificial intelligence to imaging and diagnosis. Biophys Rev 2019; 11:111–8.

- 10. Chan S, Reddy V, Myers B, Thibodeaux Q, Brownstone N, Liao W. Machine learning in dermatology: Current applications, opportunities, and limitations. Dermatol Ther (Heidelb) 2020; 10:365–
- 11. Potter B, Ronan SG. Computerized dermatopathologic diagnosis. Acad Dermatol 1987; 17:119-31.
- 12. Wells A, Patel S, Lee JB, Motaparthi K. Artificial intelligence in dermatopathology: Diagnosis, education, and research. J Cutan Pathol2021; 48:1061–8.
- 13.Ianni JD, Soans RE, Sankarapandian S, Chamarthi RV, Ayyagari D, Olsen TG, et al. Tailored for real- world: A whole slide image classification system validated on uncurated multi-site data emulating the prospective pathology workload. Sci Rep 2020; 10:3217.
- 14. Jiang Y, Yang M, Wang S, Li X, Sun Y. Emerging role of deep learning-based artificial intelligence in tumor pathology. Cancer Commun (Lond) 2020; 40:154–66.
- Nasr-Esfahani E, Samavi S, Karimi N, Soroushmehr SMR, Jafari MH, Ward K, et al. Melanoma detection by analysis of clinical images using convolutional neural network. Conf Proc IEEE Eng Med Biol Soc. 2016; 2016:1373–6.
- 16. Fujisawa Y, Otomo Y, Ogata Y, Nakamura Y, Fujita R, Ishitsuka Y, et al. Deep-learning-based, computeraided classiier developed with a small dataset of clinical images surpasses board-certiled dermatologists in skin tumour diagnosis. Br J Dermatol. 2019; 180:373–81.
- 17. Han SS, Kim MS, Lim W, Park GH, Park I, Chang SE. Classification of the clinical images for benign and malignant cutaneous tumors using a deep learning algorithm. J Invest Dermatol. 2018; 138:1529–38.
- Navarrete-Dechent C, Dusza SW, Liopyris K, Marghoob AA, Halpern AC, Marchetti MA. Automated dermatological diagnosis: Hype or reality? J Invest Dermatol. 2018; 138:2277–9. [PMC free article]
- 19. Brinker TJ, Hekler A, Enk AH, Berking C, Haferkamp S, Hauschild A, et al. Deep neural networks are superior to dermatologists in melanoma image classification. Eur J Cancer. 2019; 119:11–7.
- 20. Brinker TJ, Hekler A, Enk AH, Klode J, Hauschild A, Berking C, et al. A convolutional neural network trained with dermoscopic images performed on par with 145 dermatologists in a clinical melanoma image classification task. Eur J Cancer. 2019; 111:148–54.
- Brinker TJ, Hekler A, Enk AH, Klode J, Hauschild A, Berking C, et al. Deep learning outperformed 136 of 157 dermatologists in a head-to-head dermoscopic melanoma image classification task. Eur J Cancer. 2019; 113:47–54.
- 22. Brinker TJ, Hekler A, Hauschild A, Berking C, Schilling B, Enk AH, et al. Comparing artiicial intelligence algorithms to 157 German dermatologists: The melanoma classification benchmark. Eur J Cancer. 2019; 111:30–7.
- Chuchu N, Takwoingi Y, Dinnes J, Matin RN, Bassett O, Moreau JF, et al. Smartphone applications for triaging adults with skin lesions that are suspicious for melanoma. Cochrane Database Syst Rev. 2018;2018:CD013192. [PMC free article]

- 24. Hekler A, Utikal JS, Enk AH, Berking C, Klode J, Schadendorf D, et networks. Eur J Cancer. 2019; 115:79–
  83. [PubMed] [Google Scholar] al. Pathologist–level classification of histopathological melanoma images with deep neural
- 25. Hekler A, Utikal JS, Enk AH, Berking C, Klode J, Schadendorf D, et al. Pathologist-level classification of histopathological melanoma images with deep neural networks. Eur J Cancer 2019; 115:79–83.
- 26.. Hart SN, Flotte W, Norgan AP, Shah KK, Buchan ZR, Mounajjed T, et al. Classification of melanocytic lesions in selected and whole–slide images via convolutional neural networks. J Pathol Inform 2019; 10:5.
- 27. Kulkarni PM, Robinson EJ, Pradhan JS, Gartrell–Corrado RD, Rohr BR, Trager MH, et al. Deep learning based on standard H&E images of primary melanoma tumors identifies patients at risk for visceral recurrence and death. Clin Cancer Res 2020 ;26 :1126–34.
- 28. De Logu F, Ugolini F, Maio V, Simi S, Cossu A, Massi D, et al. Recognition of cutaneous melanoma on digitized histopathological slides via artificial intelligence algorithm. Front Oncol 2020; 10:1559.
- 29. Gustafson E, Pacheco J, Wehbe F, Silverberg J, Thompson W. A Machine learning algorithm for identifying atopic dermatitis in adults from electronic health records2017 IEEE International Conference on Healthcare Informatics (ICHI) 2017:83–90. [PMC free article]
- 30. De Guzman LCD, Maglaque RPC, Torres VMB, Zapido SPA, Cordel MO. Design and evaluation of a multimodel, multi-level artiicial neural network for eczema skin lesion detection 2015 3rd International conference on artiicial intelligence, modelling and simulation (AIMS) 2015:42–7.
- 31. Guo P, Luo Y, Mai G, Zhang M, Wang G, Zhao M, et al. Gene expression proile based classification models of psoriasis. Genomics. 2014; 103:48–55. [PubMed] [Google Scholar]
- 32. Shrivastava VK, Londhe ND, Sonawane RS, Suri JS. A novel and robust Bayesian approach for segmentation of psoriasis lesions and its risk stratilication. Comput Methods Programs Biomed. 2017; 150:9–22.
- 33. Han SS, Park GH, Lim W, Kim MS, Na JI, Park I, et al. Deep neural networks show an equivalent and often superior performance to dermatologists in onychomycosis diagnosis: Automatic construction of onychomycosis datasets by region-based convolutional deep neural network. PLoS One. 2018;13: e0191493. [PMC free article]
- 34 Polesie S, McKee PH, Gardner JM, Gillstedt M, Siarov J, Neittaanmäki N, et al. Attitudes towards artificial intelligence within dermatopathology: An international online survey. Front. Med 2020; 7:591952.
- 35. Li CX, Shen CB, Xue K, Shen X, Jing Y, Wang ZY, et al. Artificial intelligence in dermatology: Past, present, and future. Chin Med J(Engl) 2019; 132:2017–20.
- 36. Li CX, Shen CB, Xue K, Shen X, Jing Y, Wang ZY, et al. Artiicial intelligence in dermatology: Past, present, and future. Chin Med J. 2019; 132:2017–20. [PMC free article]