

Integration of AI-Generated Images in Clinical Otolaryngology

Ramin Javan ¹, Jamie Cole ², Sabrina Hsiao ¹, Brennan Cronquist ¹, Ashkan Monfared ²

Review began 08/25/2024

Review ended 08/29/2024

Published 08/31/2024

© Copyright 2024

Javan et al. This is an open access article distributed under the terms of the Creative Commons Attribution License CC-BY 4.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

DOI: 10.7759/cureus.68313

1. Department of Radiology, George Washington University School of Medicine and Health Sciences, Washington, USA

2. Department of Otolaryngology – Head and Neck Surgery, George Washington University School of Medicine and Health Sciences, Washington, USA

Corresponding author: Ramin Javan, rjavan@mfa.gwu.edu

Abstract

Recent advances in generative artificial intelligence (AI) have enabled remarkable capabilities in generating images, audio, and videos from textual descriptions. Tools like *Midjourney* and *DALL-E 3* can produce striking visualizations from simple prompts, while services like *Kaiber.ai* and *RunwayML Gen-2* can generate short video clips. These technologies offer intriguing possibilities for clinical and educational applications in otolaryngology. Visualizing symptoms like vertigo or tinnitus could bolster patient-provider understanding, especially for those with communication challenges. One can envision patients selecting images to complement chief complaints, with AI-generated differential diagnoses. However, inaccuracies and biases necessitate caution. Images must serve to enrich, not replace, clinical judgment. While not a substitute for healthcare professionals, text-to-image and text-to-video generation could become valuable complementary diagnostic tools. Harnessed judiciously, generative AI offers new ways to enhance clinical dialogues. However, education on proper, equitable usage is paramount as these rapidly evolving technologies make their way into medicine.

Categories: Medical Education, Otolaryngology, Healthcare Technology

Keywords: technology-enhanced education, ai-generated images, artificial intelligence in medicine, ai-assisted clinical diagnosis, image generation, text-to-image, clinical otolaryngology, generative artificial intelligence, dall-e 3, midjourney

Editorial

While the use of artificial intelligence (AI) across the medical field has made significant progress, AI-powered image and video generators have yet to be explored as useful tools. Midjourney and DALL-E 3 are two of several newly developed AI programs. Familiarity with visual arts can enhance observational skills, allowing clinicians to detect subtle changes in patient presentations, and recent studies have explored the use of AI-generated art in medicine [1]. Moreover, art encourages empathy and cultural sensitivity, enabling better patient-clinician communication [2]. Furthermore, medical illustrations and visual aids simplify complex concepts, facilitating clearer understanding and informed decision-making [3]. Thus, art can serve as a bridge between the scientific and humanistic aspects of patient care.

For this submission, Midjourney v5.2 was accessed through the Discord platform, where after adding the Midjourney server, images could be generated on any of the #general server channels by using the “/imagine” command in the text prompts. There are parameters that can be added to the end of a prompt following two dashes “--” in order to customize the generated images (Table 1). It is possible to provide an initial image as a starting point to be combined with the text prompt. Midjourney 6 has since become available with a more user friendly interface directly on its website. DALL-E 3, released in early October 2023, is accessible through ChatGPT. It has a simple user interface and images can be interactively modified by simply conversing with the chatbot.

How to cite this article

Javan R, Cole J, Hsiao S, et al. (August 31, 2024) Integration of AI-Generated Images in Clinical Otolaryngology. Cureus 16(8): e68313. DOI 10.7759/cureus.68313

Table with 3 columns: Parameter, Command, Function. Rows include Aspect Ratio, Image Weight, Exclude, Realistic Style, Seed, Chaos, and Repeat.

TABLE 1: Useful parameters in Midjourney v5.2

Initially, the outer, middle, and inner ear images were generated in the style of renowned artists of the past (Figures 1A-1F, 2A-2F, 3A-3F). To illustrate subjective clinical otolaryngology symptoms, the symptom alone was provided as a text prompt to both Midjourney and DALL-E 3 (Figures 4A-4F, 5A-5F, 6A-6F). When needed, more literal, descriptive, and specific terms were added. When text-only prompts were ineffective, such as for the generation of the middle ear, Midjourney was provided with an initial sketch of the ossicles (Figures 2A-2F). A sample very short video clip with sound representing tinnitus (Video 1) was also created for demonstrative purposes from an initial AI-generated image in Midjourney within a web-based video generator called Kaiber.ai. The audio was acquired separately from an online repository of sounds, Pixabay.



FIGURE 1: Outer ear art (images generated by Midjourney)

From top left to bottom right: the ossicles in the style of A) Salvador Dali, B) Picasso, C) Leonardo Da Vinci, D) Claude Monet, E) Van Gogh's Starry Night, and F) Rembrandt.



FIGURE 2: Middle ear art (images generated by Midjourney)

From top left to bottom right: the ossicles in the style of A) Salvador Dali, B) Picasso, C) Leonardo Da Vinci, D) Claude Monet, E) Van Gogh's *Starry Night*, and F) Rembrandt. An initial sketch of the middle ear ossicles was provided to Midjourney for proper results.

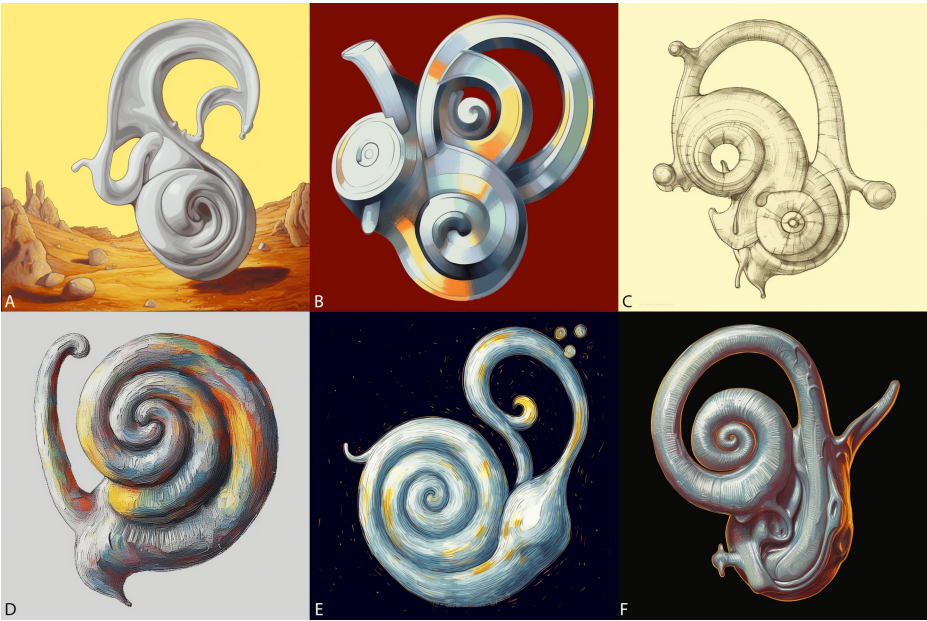


FIGURE 3: Inner ear art (images generated by Midjourney)

From top left to bottom right: the inner ear in the style of A) Salvador Dali, B) Picasso, C) Leonardo Da Vinci, D) Claude Monet, E) Van Gogh's *Starry Night*, and F) Rembrandt. An initial sketch of the inner ear structures including the cochlea and semicircular canals were provided to Midjourney.



FIGURE 4: Head and neck symptoms (images generated by Midjourney)
A) tinnitus, B) migraine headache, C) sinus pressure, D) mal de débarquement, E) vertigo, and F) sea sickness.



FIGURE 5: Head and neck symptoms (images generated by Midjourney)
A) Dysgeusia (metallic taste), B) xerostomia (dry mouth), C) odynophagia (sore throat), D) dizziness, E) bloodshot eyes with thunderclap headache (worst headache of life), and F) seasonal allergies.



FIGURE 6: Head and neck symptoms (images generated by DALL-E 3)

A) Vertigo, B) headache, C) tinnitus, D) dizziness, E) sea sickness, and F) mal de débarquement (feeling of rocking in a boat).

VIDEO 1: Tinnitus

A video created using Kaiber.ai with an AI-generated image from Midjourney v5.2 using the prompt "a man screaming in discomfort because of ringing sound in ears, hands on ears, mouth wide open silently screaming, forehead frown lines, in the style of realism" combined with audio from Pixabay.

View video here: <https://vimeo.com/995570640>

Potential applications in clinical settings

Improved Patient Communication

AI-generated images using such descriptions may help patients who struggle to describe accurate narratives of their experiences including those with cognitive impairments, language barriers, cognitive deficits, cultural differences, or overall, difficulty expressing their subjective experiences and perceptions. Toddlers and children may also have difficulty describing their symptoms. When not addressed effectively, communication barriers may contribute to disproportionately negative clinical outcomes and healthcare inequities affecting minority populations [4].

Clinical Diagnosis

Text-to-image programs may be particularly useful for transforming poorly understood subjective symptoms that are characterized by varying descriptions into vibrant illustrations that can be physically or digitally presented to the patient. Such symptoms, for instance, in the otologic setting may include tinnitus and vertigo.

Algorithmic AI Diagnostic Assistant Tool

Ultimately, a patient may choose a multitude of images combined with text that may be representative of their symptoms and an AI algorithm can suggest a set of differential diagnoses to the clinical team [5]. In conjunction with generative AI models such as LLMS, this can help detect unique diseases and more effectively guide clinical outcomes.

Enhanced Patient Education and Compliance

AI image generators can revolutionize patient-clinician interactions by producing tailored visual aids that resonate with individual patients. By visualizing complex medical concepts or conditions, these tools can

bridge communication gaps, ensuring patients have a clear understanding of their health status and the proposed interventions, fostering trust and collaboration in the care process and potentially improving compliance and adherence to medical advice [3].

Patient Expression, Support, and Coping

Beyond the clinical domain, AI image generators can be therapeutic tools for patients. By allowing patients to visually express their feelings, fears, or experiences, these tools may offer patients emotional comfort and catharsis. Visual representations can also be used in support groups, helping patients relate to and cope with shared experiences, fostering a sense of community and understanding [2].

Future directions and challenges

As these tools improve in their ability to create more accurate human anatomy, they become more valuable in illustrating pathophysiology, surgical and procedural techniques, disease progression and treatment response. Even more impactful will be AI-generated videos for interactive medical education of trainees and patients.

When using AI-generated images in clinical settings, implicit biases relating to gender, race, body type, and other factors must be considered thoughtfully. While images may enrich dialogues, they cannot replace clinical judgment. Copyright and source acknowledgement remain evolving areas, with services like DALL-E 3 allowing opt-outs. Training the models on medically vetted images could drastically improve accuracy and realism. As video generation advances, ethical concerns around deepfakes and misinformation intensify. Awareness of generative AI's remarkable capabilities and limitations is vital for responsible usage and a collaborative effort among regulators, ethicists, artists, clinicians, and technologists is needed to ensure responsible, equitable usage as these technologies progress rapidly. The potential is immense, but education and oversight are imperative.

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Concept and design: Ramin Javan, Jamie Cole, Ashkan Monfared, Sabrina Hsiao, Brennan Cronquist

Acquisition, analysis, or interpretation of data: Ramin Javan, Jamie Cole, Ashkan Monfared

Drafting of the manuscript: Ramin Javan, Jamie Cole, Ashkan Monfared, Sabrina Hsiao, Brennan Cronquist

Critical review of the manuscript for important intellectual content: Ramin Javan, Jamie Cole, Ashkan Monfared, Sabrina Hsiao, Brennan Cronquist

Supervision: Ramin Javan

Disclosures

Conflicts of interest: In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

References

1. Alberto Mazzoli C, Semeraro F, Gamberini L: Enhancing cardiac arrest education: exploring the potential use of MidJourney. *Resuscitation*. 2023, 189:109893. [10.1016/j.resuscitation.2023.109893](https://doi.org/10.1016/j.resuscitation.2023.109893)
2. Hildebrandt M, Richardson RN, Scanlon J: Activating empathy through art in cancer communities. *AMA J Ethics*. 2022, 24:E590-598. [10.1001/amajethics.2022.590](https://doi.org/10.1001/amajethics.2022.590)
3. Alkhaifi M, Clayton A, Kangasjarvi E, Kishibe T, Simpson JS: Visual art-based training in undergraduate medical education: a systematic review. *Med Teach*. 2022, 44:500-9. [10.1080/0142159X.2021.2004304](https://doi.org/10.1080/0142159X.2021.2004304)
4. Meuter RF, Gallois C, Segalowitz NS, Ryder AG, Hocking J: Overcoming language barriers in healthcare: a protocol for investigating safe and effective communication when patients or clinicians use a second language. *BMC Health Serv Res*. 2015, 15:371. [10.1186/s12913-015-1024-8](https://doi.org/10.1186/s12913-015-1024-8)
5. Lamanna C, Byrne L: Should artificial intelligence augment medical decision making? The case for an autonomy algorithm. *AMA J Ethics*. 2018, 20:E902-910. [10.1001/amajethics.2018.902](https://doi.org/10.1001/amajethics.2018.902)