

Equivalence, Variation, and Lacunarity of Diagnostic Nominations in the Russian and Uzbek Versions OF ICD-11: Linguocognitive and Pragmatic Mapping

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Abstract. ICD-11 is a multilingual digital classification in which a stable conceptual identifier is accompanied by language-specific diagnostic labels. This article argues that Russian-Uzbek ICD-11 comparison should be evaluated through three interrelated levels: conceptual preservation, nominative realization, and pragmatic suitability. A stratified exploratory sample of 148 Russian-Uzbek diagnostic pairs from the 2025-01 release was analysed through comparative, structural-semantic, componential, frame-based and register-oriented pragmatic procedures. Formally international correspondences constituted 55.4% of the sample; structural calques and mixed forms, 29.7%; conventional national forms, 8.1%; descriptive-explicative forms, 5.4%; and abbreviation transformations, 1.4%. Nine cases of variation and nine nominative lacunae were identified. Conceptual lacunae were not recorded within the sample because all compared pairs were aligned through the same ICD-11 entity. The proposed map links the ICD-11 identifier, preferred terms, variants, frame slots, register and patient-oriented explanation. It is presented as an analytical procedure rather than as a statistically universal typology.

Keywords: ICD-11, Diagnostic Nomination, Cross-Linguistic Equivalence, Terminological Variation, Lacunarity

1 Introduction

The International Classification of Diseases, Eleventh Revision (ICD-11) functions as a digital system in which a diagnostic rubric is linked to a stable identifier, a hierarchy, synonyms, and language representations. The Russian and Uzbek localizations of the 2025-01 release are available on the official ICD-11 platform and through the WHO documentation for supported classifications and languages [1-4].

The digital organization of ICD-11 fundamentally distinguishes it from a simple bilingual list. The concept preserves its identity when the language changes, whereas the name may change in morphemic composition, number of components, word order, and degree of semantic transparency. The ICD-11 architecture therefore makes it possible to compare not only terminological forms, but also the ways in which diagnostic knowledge is verbalized for different language communities [5].

In terminology studies, such discrepancies are explained by the distinction between a concept and its designation. ISO 704 treats a term as a designation of a special concept, while one concept in different languages may receive non-identical nominative forms [6]. In the communicative theory of terminology, M. T. Cabre also emphasizes that a term functions differently depending on the expert community, communicative situation, and textual genre [7].

The cognitive approach makes it possible to describe a diagnostic nomination through a frame in which an organ, pathological process, etiology, localization, severity, temporal parameter, and complication may be profiled. Semantic-cognitive analysis distinguishes the linguistic form from the structure of knowledge activated by that form [8]. Russian-language studies of medical discourse describe its institutional nature, terminological density, and the physician's speech strategies [9, 10]. Uzbek linguistics has developed classifications of medical discourse, its sociocultural parameters, and models of professional and patient-oriented communication [11-14].

The theoretical novelty of the present study does not consist in a general comparison of Russian and Uzbek medical terms. It consists in the proposed cognitive-pragmatic mapping of a diagnostic nomination as a multilayered unit: an ICD-11 conceptual identifier, a language-specific naming form, a frame-based semantic

configuration, and a register of use. This model advances ordinary bilingual equivalence analysis because it separates conceptual equivalence from nominative form and pragmatic accessibility. For example, a Greco-Latin internationalism may be fully adequate in specialist-specialist communication but insufficient in patient-oriented explanation without an additional descriptive layer.

The aim of the study is to establish the relationship between conceptual identity and linguistic variation in Russian and Uzbek diagnostic nominations and then to present the results as a linguocognitive and pragmatic map. The research question is formulated as follows: what types of formal and functional correspondence can be observed when the same ICD-11 diagnostic concept is expressed in Russian and Uzbek?

2 Materials and Methods

The material consisted of a stratified working sample of 148 paired names of diseases and pathological conditions. The pairs were formed on the basis of the Russian and Uzbek localizations of ICD-11 for mortality and morbidity statistics, release 2025-01 [1, 2]. The unit of analysis was not the code as such, but the pair of verbal designations attached to one ICD-11 entity.

The sample was designed as an exploratory stratified sample rather than as a statistically representative sample of the whole ICD-11. Selection was guided by five criteria: diagnostic relevance, availability of both Russian and Uzbek labels, inclusion of different pathological domains, structural diversity of the nomination, and the presence of clinically interpretable pathological or diagnostic content. The sample therefore allows recurrent mechanisms to be described, but the percentages reported below should not be extrapolated to the entire ICD-11 terminology.

Three conditions were observed during selection. First, the Russian and Uzbek forms had to refer to the same conceptual node. Second, the analysis included nominations that made it possible to compare different ways of linguistic packaging: internationalism, calque, national name, descriptive construction, and abbreviation. Third, Uzbek forms were checked against A. Qosimov’s medical dictionary when a lexicographic comparison was necessary [15]. The dictionary was used as a norm-oriented reference point, not as proof of actual clinical usage.

The analysis was conducted in four stages. First, the conceptual correspondence of each pair was established through the shared ICD-11 entity. Second, the morphemic composition, number of words, component order, and degree of preservation of the Greco-Latin base were compared. Third, the frame slots directly expressed in the name were recorded. Fourth, the pair was interpreted in relation to three analytical registers: specialist-specialist, educational, and physician-patient communication.

Each pair received one main class according to the dominant linguistic mechanism. The classification did not treat mixed forms intuitively: if the international stem remained the dominant naming mechanism, the pair was assigned to the formally international type; if a translated component reorganized the term, it was assigned to the structural calque or mixed type; if an established motivated national form was used, it was treated as a conventional national equivalent; and if the target nomination expanded a compressed term through an analytical explanation, it was classified as descriptive-explicative.

Table 1. Operational Criteria for the Classification of Correspondence Types

Category	Operational Criterion	Decision Rule in Mixed Cases	Example
Formally international equivalent	Both forms preserve the same Greco-Latin base with only language-specific adaptation.	Assigned here when the international stem remains the dominant naming mechanism.	бронхит - bronxit
Structural calque / mixed form	The concept is reproduced through translated components or through a combination of international and native elements.	Assigned here when a translated component changes the structure of the nomination.	эмфизема лёгких - о‘пка emfizemasi
Conventional national equivalent	A stable national form differs from the international structure but denotes the same concept.	Assigned here when the motivated national name is conventional and not merely explanatory.	ожирение - semizlik
Descriptive-explicative form	The target nomination expands a compressed term by naming organ,	Assigned here only when the target form is analytical and explanatory.	протеинурия - siydikda oqsil chiqishi

Abbreviation transformation	process, substance, or clinical condition. The correspondence is built through national abbreviation rather than direct letter transfer.	Assigned here when the shortened form depends on the national full name.	ВИЧ - OIV
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Conceptual and nominative lacunarity were distinguished operationally. Conceptual lacunarity was understood as the absence of a corresponding medical concept in one of the compared language versions. It was checked through the shared ICD-11 identifier: if the Russian and Uzbek labels referred to the same entity, conceptual equivalence was considered preserved. Nominative lacunarity was recorded when the concept was present, but one language lacked a stable, compact, or conventionally fixed naming form and used an analytical expression instead.

Frame elements were identified through componential decomposition of the diagnostic nomination. Each pair was coded for the presence or absence of recurrent semantic slots: affected organ or system, pathological process, etiology, localization, severity, complication, and diagnostic evidence. Coding was performed at the level of lexical components and their medical interpretation. No formal inter-rater reliability coefficient was calculated at this stage; this is acknowledged below as a limitation.

Table 2. Frame Slots Used in Diagnostic Nomination Analysis

Frame slot	Definition	Linguistic indicator	Example
Organ / system	The anatomical site profiled by the nomination.	An organ name or anatomical root.	печень / jigar in hepatomegaly explanation
Pathological process	The change, inflammation, enlargement, obstruction, or degeneration named by the term.	Suffix, root, or explanatory component.	-it, -osis, kattalashuv, yallig‘lanish
Etiology	The causal component, if explicitly named.	Viral, bacterial, toxic, ischemic or other causal marker.	ишемическая болезнь сердца
Localization	The exact location within an organ or system.	Attributive or genitive component.	лёгких / о‘пка
Severity / stage	Degree, chronicity, or clinical stage.	Adjectives or temporal markers.	хронический / surunkali
Complication / outcome	Named consequence or complication of the process.	Resultative component in the term.	insufficiency, failure, rupture
Diagnostic evidence	The sign, test finding, or measured substance encoded in the nomination.	Laboratory or imaging-related component.	proteinuria / siydikda oqsil chiqishi

The pragmatic assessment was also limited in scope. It was based on register-oriented linguistic interpretation rather than experimental validation with clinicians, translators, educators, or patients. The categories specialist-specialist, educational, and physician-patient communication were used to estimate terminological transparency and explanatory need. They should not be read as evidence of validated patient comprehension.

The quantitative indicators reflect the structure of this selected sample. The study is not an official examination of localization and does not evaluate coding correctness. Codes, postcoordination, inclusions, exclusions, and the full synonym index were not the object of the present analysis.

3 Results and Discussion

3.1 Results

3.1.1 Types of Cross-Linguistic Equivalence

The distribution of the material shows that the common international medical base remains the leading mechanism of Russian-Uzbek correspondence. The formally international type includes 82 pairs (55.4%). This group includes бронхит - bronxit, атеросклероз - aterosklerozi, миокардит - miokardit, and карцинома -

karsinoma. In such cases, the two languages share a terminological stem and differ mainly in graphic and phonetic adaptation.

Structural-calqued and mixed correspondences are represented by 44 pairs (29.7%). In them, the shared conceptual frame is preserved, but its components are reorganized according to the norms of Uzbek: эмфизема лёгких - o'pka emfizemasi, инфаркт миокарда - miokard infarkti, and ишемическая болезнь сердца - yurak ishemik kasalligi. The relation is neither pure borrowing nor free description; it combines the international component with national syntactic ordering.

Conventional national equivalents account for 12 pairs (8.1%): ожирение - semizlik, зоб - buqoq, желтуха - sariqlik, and крапивница - eshakemi. These forms have high motivational transparency for speakers of Uzbek and may be functionally preferable in primary consultation. Descriptive-explicative forms include eight pairs (5.4%): гепатомегалия - jigar kattalashuvi, спленомегалия - taloq kattalashuvi, протеинурия - siydikda oqsil chiqishi, and перелом - suyak sinishi. Two pairs (1.4%) form abbreviation transformations: ВИЧ-инфекция - OIV infektsiyasi and СПИД - OITS.

Table 3. Types of Correspondence in the Working Sample (n = 148)

Type of correspondence	Number	Share, %
Formally international	82	55.4
Structural calque / mixed	44	29.7
Conventional national	12	8.1
Descriptive-explicative	8	5.4
Abbreviation transformation	2	1.4
Total	148	100.0

3.1.2 Variation and Lacunarity

Explicit variation was noted in nine pairs (6.1%). It appears as the coexistence of an international and a national form or as the distribution of designations across professional and common registers: пневмония - zotiljam (pnevmoniya), туберкулёз - sil kasalligi (tuberkulyoz), анемия - kamqonlik (anemiya), and нефролитиаз / почечнокаменная болезнь - buyrak toshi kasalligi. In such cases, the term and the variant do not simply duplicate each other; they profile different aspects of the same concept.

From a cognitive perspective, variants profile different aspects of one concept. An internationalism activates the professional category as a ready-made block, whereas a motivated form foregrounds the organ, observable feature, or result of the process. In the pair анемия - kamqonlik (anemiya), the Uzbek national form explicitly foregrounds blood deficiency, while the international form preserves compatibility with professional documentation.

A nominative lacuna was found in nine cases where a Russian one-word unit corresponds to an Uzbek analytical construction. The examples гематурия - siydikda qon bo'lishi and протеинурия - siydikda oqsil chiqishi show that the medical concept is fully preserved but does not receive an equally compact naming form. There is therefore no conceptual lacuna within the analysed sample; the problem lies in nominative compression and register distribution.

A register lacuna is possible even when a close professional equivalent exists. The form gepatomegaliya is understandable to a specialist, but in a conversation with a patient it often requires the explanation jigar kattalashuvi. In this case, translational equivalence has been achieved, whereas pragmatic equivalence requires an additional explanatory layer. Abbreviation lacunae are caused by the dependence of a shortened form on the language of its expansion: Russian ВИЧ and СПИД do not coincide with Uzbek OIV and OITS, although they denote the same concepts.

Table 4. Representative Cases of Variation and Lacunarity

Phenomenon	Russian form	Uzbek form	Interpretation
International equivalent	бронхит	bronxit	Shared terminological stem
Mixed model	эмфизема лёгких	o'pka emfizemasi	International component retained with reordered constituents
National equivalent	ожирение	semizlik	Motivated national nomination

Descriptive explication	гепатомегалия	jigar kattalashuvi	Explicit rendering of hidden frame components
Variation	пневмония	zotiljam (pnevmoniya)	Coexistence of national and international forms
Variation	анемия	kamqonlik (anemiya)	Register-based distribution of forms
Nominative lacuna	протеинурия	siydikda oqsil chiqishi	A one-word term is rendered by a phrase
Abbreviation transformation	ВИЧ-инфекция	OIV infeksiyasi	The abbreviation is rebuilt from the national expansion
Abbreviation transformation	СПИД	OITS	The abbreviated form is language-dependent

3.1.3 Linguocognitive and Pragmatic Mapping

A linear scheme of term - translation is insufficient for describing the relationships obtained. The proposed map is built around the stable ICD-11 identifier and separates linguistic, cognitive, and pragmatic parameters. Its required fields include the Russian and Uzbek preferred names, acceptable variants, correspondence type, frame schema, register, and patient-oriented explanation.

For the concept гепатомегалия, the professional record may preserve the Russian form гепатомегалия and the Uzbek form gepatomegaliya, whereas the explanatory layer records enlargement of the liver - jigar kattalashuvi. The cognitive schema includes the slots organ: liver and change: enlargement. For the pair нефролитиаз / почечнокаменная болезнь - buyrak toshi kasalligi, the map stores the professional doublet and the motivated name as forms of one concept. A search by any variant should lead to one entity.

The pragmatic layer of the map distinguishes three modes. In specialist-specialist communication, unambiguity, compactness, and compatibility with the classification are prioritized. In teaching, the term should be accompanied by morphemic or frame decomposition. In physician-patient communication, a standard diagnostic name may need an accessible explanation without replacing the medical term itself. This layer is interpretive and requires empirical validation in future clinical communication studies.

Table 5. Structure of a Bilingual Mapping Record

Field	Content	Function
ICD-11 identifier	URI and/or category code	Links language forms to one concept
Russian nomination	Preferred term and variants	Supports retrieval and professional coding
Uzbek nomination	Preferred term and variants	Supports national localization
Correspondence type	One of five classes	Describes the translation relation
Frame schema	Organ, process, etiology, location, outcome	Shows explicit and implicit knowledge components
Register	Specialist, teaching, patient	Records pragmatic suitability
Patient-oriented explanation	Short non-metaphorical wording	Supports understanding without replacing the standard term

3.2 Discussion

The distribution obtained confirms the high level of international unification in medical vocabulary, but at the same time shows the limits of formal similarity. Separating the classification concept from its linguistic designation is consistent with the conclusion of S. V. Grinev-Griniewicz, E. A. Sorokina, and M. M. Molchanova that a term is not reducible to a word form but is embedded in a specialized conceptual system [17].

The revised contribution of the study can be formulated more precisely than in a general terminology comparison. The model distinguishes conceptual equivalence, nominative realization, and pragmatic suitability. Conceptual equivalence is secured by the shared ICD-11 entity; nominative realization is reflected in the choice between internationalism, calque, national name, description, or abbreviation; pragmatic suitability concerns whether the form can function in professional, educational, or patient-oriented registers without additional explanation.

Almost one third of the material is represented by calques and mixed models. O. I. Maksimenko and S. V. Shuripa, describing Korean medical terminology, identify semantic calquing as a productive method of forming specialized vocabulary [19]. The Russian-Uzbek pairs эмфизема лёгких - о'пка emfizemasi and ишемическая болезнь сердца - yurak ishemik kasalligi show a similar mechanism: the concept is preserved, but the internal syntax of the name becomes language-specific.

National and descriptive forms are especially valuable for patient-oriented discourse. V. V. Kabakchi and Z. G. Proshina connect the choice of an interlingual correlate with context, background knowledge, and pragmatic adaptation of a unit in a new linguistic environment [21]. This position explains why semizlik, sariqlik, or jigar kattalashuvi cannot be evaluated only as departures from international terminology; in certain contexts, they increase interpretability.

The representativeness of the sample must be understood cautiously. The 148 pairs were selected to include different semantic fields and structural types, but they do not represent all ICD-11 rubrics. Consequently, the numerical values should be read as tendencies within the selected material. The methodological value of the sample lies in its ability to test the mapping procedure on a heterogeneous but controlled set of diagnostic nominations.

The criteria used for mixed cases also require explicit interpretation. A pair was not assigned to a category by counting surface similarities, but by identifying the dominant naming mechanism. Thus, a partially international Uzbek form with a translated organ component was treated as mixed, whereas a compact Uzbek word with national motivation was treated as conventional. This decision rule reduces overlap between categories, although borderline cases remain possible.

The distinction between conceptual and nominative lacunarity is central to the findings. Since every compared pair was aligned with the same ICD-11 entity, the study did not identify a missing medical concept. What it did identify was the absence of equally compact and stable naming forms in several Uzbek equivalents. Therefore, lacunarity in the sample is mainly nominative and register-related rather than conceptual.

The pragmatic evaluation should not be overinterpreted. The present study did not include a survey of clinicians, translators, medical educators, or patients. The classification of registers is a linguistic hypothesis based on terminological transparency and explanatory need. Future research should test this hypothesis through expert review and comprehension studies. Similarly, the Uzbek dictionary was used as a normative lexicographic checkpoint, while actual clinical usage may require verification in medical records, national guidelines, and educational texts.

Frame analysis was carried out by author coding of explicit lexical components. No inter-rater reliability coefficient was calculated. This limits the reproducibility of the frame coding and should be addressed in the next stage by independent coders. The model is also transferable only as a procedure, not as a ready-made typology. Language pairs with different scripts, morphology, and degrees of Greco-Latin internationalization will require recalibration of categories.

Table 6. Scope and Limitations of the Study

Issue	Current approach	Limitation	Future validation
Sample size	148 stratified pairs	Not statistically representative of all ICD-11	Larger export from ICD-11 API
Pragmatic assessment	Register-oriented linguistic interpretation	No patient or clinician testing	Expert panels and comprehension studies
Dictionary verification	Norm-oriented Uzbek medical dictionary	May differ from current clinical usage	Clinical corpus and national guidelines
Frame coding	Author-based componential coding	No formal inter-rater coefficient	Independent coders and reliability test
Transferability	Russian-Uzbek pair	No universal typology is claimed	Testing on structurally different language pairs

4 Conclusion

The Russian and Uzbek versions of ICD-11 preserve conceptual identity at the level of the classification entity, but this identity is realized through different linguistic mechanisms. Within the analysed sample, the most frequent type is the formally international equivalent, followed by structural calques and mixed constructions. National and descriptive forms are less numerous, but they are important for educational and patient-oriented registers.

The findings show that equivalence in medical localization should be evaluated at three levels. The first level is conceptual: both nominations must refer to the same diagnostic entity. The second level is nominative: the form may be international, calqued, national, descriptive, or abbreviated. The third level is pragmatic: the nomination

must be suitable for the communicative setting in which it is used. Formal similarity alone does not guarantee communicative equivalence.

The proposed mapping model links the ICD-11 identifier, Russian and Uzbek nominations, variants, correspondence type, frame components, register, and patient-oriented explanation. It can serve as a basis for a bilingual terminological resource, but its normative application requires a complete data export, clinical-corpus verification, expert validation, and testing with users. The study should therefore be read as a methodological contribution to Russian-Uzbek medical terminology rather than as a final description of all ICD-11 localization patterns.

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