

Dermatology Eponyms – sign –Lexicon (O)

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ABSTRACT

Eponyms are used almost daily in the clinical practice of dermatology. And yet, information about the person behind the eponyms is difficult to find. Indeed, who is? What is this person's nationality? Is this person alive or dead? How can one find the paper in which this person first described the disease? Eponyms are used to describe not only disease, but also clinical signs, surgical procedures, staining techniques, pharmacological formulations, and even pieces of equipment. In this article we present the symptoms starting with (O) and other. The symptoms and their synonyms, and those who have described this symptom or phenomenon.

Key words: Eponyms; skin diseases; sign; phenomenon

OBLATEN SIGN (THE LAST HÄUTSCHEN SIGN)

In Psoriasis. Last little piece of skin. If all scale is removed, a most, thin, translucent layer of skin covering the lesion is revealed. The lesion remains dry until this last level is reached [1].

OIL DROP (SPOT) SIGN

Nails with pitting, onycholysis, subungual hyperkeratosis, irregular and brown nail bed discoloration in Psoriasis [2].

Psoriasis can affect the nails and produces a variety of changes in the appearance of finger and toe nails. These changes include pitting of the nails (pinhead-sized depressions in the nail is seen in 70% with nail psoriasis), whitening of the nail, small areas of bleeding from capillaries under the nail, yellow-reddish discoloration of the nails known as the oil drop or

salmon spot, thickening of the skin under the nail (subungual hyperkeratosis), loosening and separation of the nail (onycholysis), and crumbling of the nail [3,4].

OMNIBUS SIGN

Eyebrow alopecia in secondary syphilis (Fig. 1)- this phenomenon was known to French syphilologists at the turn of the century as Pautrier's signed'omnibus, "the omnibus sign," or the sign which could be seen by a glance at a patient in an omnibus— from the sidewalk [5].

LUCIEN-MARIE PAUTRIER

French dermatologist, 1876-1959 (Fig. 2). He commenced his medical studies in Marseille but transferred to Paris where he was influenced towards dermatology by Emile Leredde and became a

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dermatologist with Louis-Anne-Jean Brocq at the Hôpital Saint-Louis.

His thesis in 1903 on “Atypical Cutaneous Tuberculosis,” an imposing 350 page document, attracted the attention of Ferdinand-Jean Darier with Pautrier’s demonstrations and clear patient presentation.

He joined the army at the outbreak of the first World War and became a medical officer to a field artillery regiment. He was awarded the Croix de Guerre for bravery under fire and became a Chevalier de la Légion d’Honneur in 1916, finally becoming Grand Officer. Towards the end of the war he established a centre for investigation of skin and venereal disease in Bourges, in the département Cher in Central France.

When the war ended and the Alsace once more became a part of France, he was appointed professor of dermatology at Strasbourg and there rapidly built up a national and worldwide reputation which attracted students from all over the world. When the second World War commenced he was repatriated to Claive in the Dordogne, but in 1942 he was invited to take the chair of dermatology in Lausanne, Switzerland, when professor Edwin Ramel died.

At the end of the war he returned to Strasbourg, but two years later retired, occupying himself with his great loves of art and music. He was a close friend of the Romanian violinist Georges Enesco, known for his interpretation of Bach and his work in Romanian style. He founded a society of the Friends of Music in Strasbourg and was largely responsible for the 21st Festival of Music in that city. He founded the Society of Friends of the avant-garde cinema and finally whilst he was president of the Friendly Society of the University of Strasbourg he managed to find the necessary funds to create a centre for research in experimental surgery [6,7].

JEAN ALFRED FOURNIER

French dermatologist, 1832-1914 (Fig. 3). He specialized in the study of venereal disease. As a young man he served as an interne at the Hôpital du Midi as an understudy to Philippe Ricord. In 1863 he became médecine des hôpitaux, and from 1867 worked with Augustin Grisolles at the Hôtel-Dieu de Paris. In 1876 he was appointed chef de service at the Hôpital Saint-Louis, later becoming a member of the Académie de Médecine (1880).



Figure 1: Omnibus sign

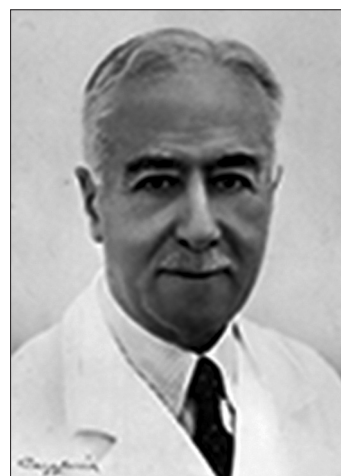


Figure 2: Lucien-Marie Pautrier

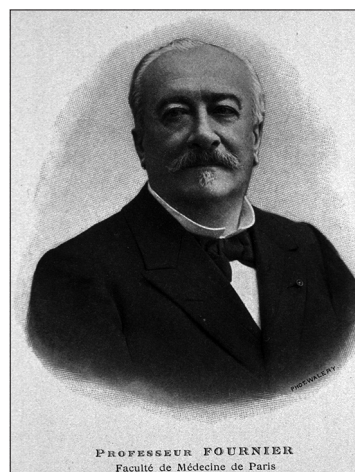


Figure 3: Jean Alfred Fournier

His main contribution to medical science was the study of congenital syphilis, of which he provided a description of in 1883. In his numerous publications he stressed the importance of syphilis being the cause

of degenerative diseases. In addition, he founded an organization called the Société Française de Prophylaxie Sanitaire et Morale.

His name is associated with the following three medical terms:

Fournier's gangrene: Gangrene caused by infection of the scrotum and usually associated with diabetes. Although the condition is named after Fournier, it was first described by a physician named Baurienne in 1764.

Fournier's sign: Scars on the mouth following the healing of lesions in congenital syphilis.

Fournier's tibia: Fusiform thickening and anterior bowing of the tibia in congenital syphilis.

Along with his study of venereal disease, Fournier was also a medical historian, republishing works by erstwhile physicians that included Girolamo Fracastoro, Giovanni de Vigo and Jacques de Béthencourt. [6,8].

ORKIN SIGN

Cerebriform dermal nevus in pseudocutis verticis gyrata [9,10]. The possible malignant degeneration of this disease, which can also be described as "cerebriform intradermal nevus".

OSLER'S SIGN

1. Blue black pigmentation in the sclera near insertion of rectus muscle in patients who have Alkaptonuria (Endogenous ochronosis) [11].
2. Small, painful, erythematous swellings in the skin of the hands and feet in malignant endocarditis (Figs 4a and b). Also known as Osler's nodes [12].

SIR WILLIAM OSLER, BARONET

Canadian physician, 1849-1919 (Fig. 5). He played a key role in transforming the organization and curriculum of medical education, emphasizing the importance of clinical experience.

He began to study arts at Trinity College, Toronto, but decided that the church was not for him and entered the Toronto Medical School in 1868. He subsequently

transferred to McGill University in Montreal, Quebec, where he took his medical degree in 1872. During the following two years he visited medical centres in London, Berlin, Leipzig, and Vienna, spending the longest period at University College, London, in the physiology laboratory of John Burdon-Sanderson, who was making experimental physiology pre-eminent in medical education.

Osler returned to Canada and began general practice in Dundas, Ontario, but was soon appointed lecturer in the institutes of medicine at McGill University, Montreal. He became professor there in 1875. A year later he became pathologist to the Montreal General Hospital and in 1878 physician to that hospital.

In 1888 Osler accepted an invitation to be the first professor of medicine in the new Johns Hopkins University Medical School in Baltimore. It was here that he established himself as the most outstanding medical educator of his time, and commenced the modern era as we know it today.

In 1873 Osler demonstrated that hitherto unidentified bodies in the blood were in fact the third kind of

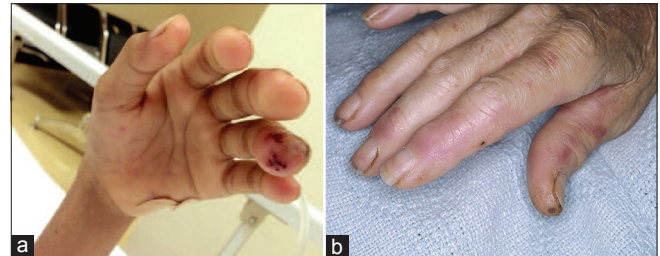


Figure 4: (a) Osler's sign. From Dr Chiam Keng Hoong z Hospital Sultanah Bahiyah Alor Setar, Malaysia (b) Osler's sign

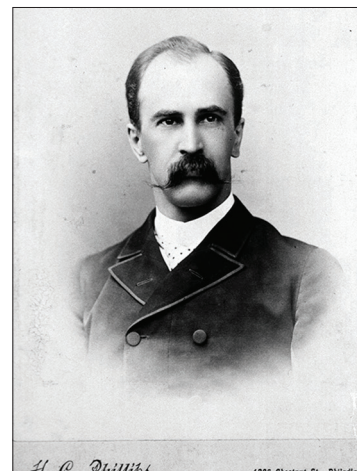


Figure 5: Sir William Osler, Baronet

blood corpuscles, which were later named the blood platelets. These corpuscles had been observed before, but no one before Osler had studied them so thoroughly [13,14].

Osler lent his name to a number of diseases, signs and symptoms, as well as to a number of buildings that have been named for him.

Osler's sign; Osler's nodes; Rendu-Osler-Weber disease (also known as hereditary hemorrhagic telangiectasia); Osler-Vaquez disease (also known as Polycythemia vera); Osler-Libman-Sacks syndrome; Osler's filaria; Osler's manoeuvre; Osler's rule; Osler's syndrome; Osler's triad: association of pneumonia, endocarditis, and meningitis; *Sphryanura osleri*.

OCCULTA HAIR SIGN

The tuft of hair found over a spina bifida (Figs 6 – 7a, b) [15].

OGLE'S SIGN

Decrease in the sense of smell as leukoderma spreads [16]. Also called anosmia.

WILLIAM OGLE

British physician, and lecturer on physiology at St. George's Hospital, 1827-1912 [17].

OIL FEVER SIGN

Fever and encephalitis caused by the mosquito-borne zoonotic Bunyaviridae viral Tahyna fever [18].

OMSK SIGN, [RUSSIA]

Flu symptoms, then encephalitis including deafness. Caused by the tick-borne zoonotic Omsk hemorrhagic fever virus [19].

OPALESCENT SIGN

Violet colored teeth that have an opalescent iridescence (Fig. 8a-d). A sign of dentinogenesis imperfecta. This sign when found in a patient with blue sclerae indicates the presence of osteogenesis imperfecta. Also known as brittle bone disease [20].



Figure 6: Occulta Hair sign. Courtesy dr. Stefano Boriani, Unit of Oncologic and Degenerative Spine Surgery, from the archives of Rizzoli Institute, Bologna, Italy

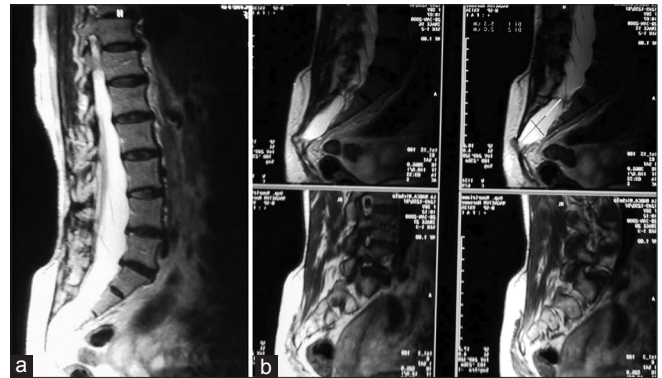


Figure 7: (a) Occulta Hair sign. Courtesy dr. Stefano Boriani, Unit of Oncologic and Degenerative Spine Surgery, from the archives of Rizzoli Institute, Bologna, Italy (b) Occulta Hair sign. Courtesy dr. Stefano Boriani, Unit of Oncologic and Degenerative Spine Surgery, from the archives of Rizzoli Institute, Bologna, Italy



Figure 8: (a-d) Opalescent sign. A sign of dentinogenesis imperfecta

OPERCULUM SIGN

Acute inflammation of the gingival tissue partially covering an incompletely erupted tooth. Often involves

trismus and severe pain. Operculum is Latin for little lid as it correctly describes the flap of tissue. Also known as acute pericoronitis [21].

ORANGE-PEEL SIGN

A sign for distinguishing lipoma: on compressing the tumor between the thumb and forefinger, it will be perceived that the skin overlying the mass is irregularly dimpled by the downward traction of the vertical trabeculae [22]. Also used to determine breast inflammation. Called also *signe de peau d'orange* [23].

ORF SIGN

“Orf” is name given to a skin condition in humans caused by the same parapoxvirus. The infection in humans is named orf; alternative synonymns are contagious ecthyma or contagious pustular dermatitis (Figs 9a - c).

Chronic (weeks to months), poorly healing exudative papules, develop most commonly on the hands and arms.

The virus is acquired by direct contact with exudates from sheep or goats with clinical lesions [24,25].

ORIENTAL EYEWORM SIGN

Conjunctivitis caused by the zoonotic *Thelazia* roundworm infecting the orbital cavities and associated tissues [26].



Figure 9: (a-c) Orf sign

LOUIS-JOSEPH ALCIDE RAILLIET

French veterinarian and helminthologist, 1852-1930. Professor at the Veterinary School of Alfort, he received the Legion of Honor. He is considered one of the founders of modern parasitology. He chaired the Zoological Society of France in 1891. He was a member of the Academy of Medicine.

Railliet’s name is honoured by several genera: *Raillietia* (Acari), *Raillietina* (Cestodes), *Raillietascaris*, *Raillietnema* and *Raillietstrongylus* (Nematodes), *Raillietiella* (Pentastomida), et the Acari family *Raillietiidae*.

Numerous species were named after Railliet, such as *Amidostomum raillieti*, *Angiocaulus raillieti*, *Aspidodera raillieti*, *Conoweberia raillieti*, *Eucoleus raillieti*, *Haemostrongylus raillieti*, *Henryella raillieti*, *Onchocerca raillieti*, *Protostrongylus raillieti*, *Quasiamidostomum raillieti*, and *Thominx raillieti* (Nematodes), *Coccidium raillieti* and *Eimeria raillieti* (Coccidia), *Dibothriocephalus raillieti*, *Hilmylepis raillieti*, *Ichthyotoenia raillieti*, *Sparganum raillieti*, and *Synthetocaulus raillieti* (Cestodes).

All these animals are parasites, named in honour of Railliet by other parasitologists [27].

ALBERT-JOSEPH-LUCIEN HENRY

Ouch-ouch sign

Chills, muscle aches, the loss of the ability to smell, headache, fever, skeletal damage, with respiratory and renal failure. Indications of cadmium poisoning. Can be associated with mining, industrial wastes, fertilizers, smoking cigarettes, and smoking marijuana that has been grow in soils containing high levels of the soft toxic metal. Known as the cadmium blues and in Japan as the itai-itai disease [28].

Oxalic sign

Burning pains in mouth and throat with vomit containing white lumps of mucous and altered brown or black blood. Stains on skin and mucous membranes appear white or brown and stains clothing brown or orange. A sign of poisoning with oxalic acid. Also known as Lemon Salt sign and Sorrel Salt sign [29].

Oyster blister sign

Bullous skin lesions, severe diarrhea and dehydration, with high mortality rate. Caused by the zoonotic vibriosis diseases contained in raw oysters, mussels, crabs, and shrimp [30].

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