Dermatology Eponyms – sign –Lexicon (P). Part 1

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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 (P) and other. The symptoms and their synonyms, and those who have described this symptom or phenomenon.

Key words: Eponyms; Skin diseases; Sign; Phenomenon

Paget’s Sign

An increase in the size of the skull, which leads to prominence of the forehead, there is also an increase in the thickness of the vault. Marked enlargement of the maxilla is also a classic presentation of the disease [1-3]. These are signs of Paget’s disease of bone, also known as osteitis deformans.

Paget’s Eczema Sign

Eczema of the areola as a sign preceding cancer of the breast [4]. Also known as Eczema sign.

Sir James Paget

English surgeon, 1814-1899 (Fig. 1). An outstanding diagnostician, surgeon, and physiologist, Paget also emerged as one of England’s finest pathologists. Paget’s training began at the age of 16, when he was apprenticed to Charles Costerton, a general practitioner in Yarmouth. During the 4½ years he spent with Costerton, Paget learned a great deal about bones and anatomy.

Paget also was a good artist and botanist. In 1834 (with his brother as a coauthor), Paget published a book entitled A Sketch of the Natural History of Yarmouth and Its Neighbourhood. This remarkable book contained the names of more than 700 insects and 1000 plants.

At the age of 20 years, Paget entered London’s St Bartholomew’s Hospital as a medical student. During his first year as a student at St. Bartholomew’s, he noted some white specks in the muscle of a cadaver he was dissecting. When examining them with a microscope he found them to be small, encapsulated worms, later named Trichina spiralis by the British anatomist and palaeontologist Richard Owen (1804-1892). This was the first demonstration of trichinosis in man.
James Paget served as surgeon extraordinary 1858-1877 at Bartholomew’s Hospital, sergeant surgeon extraordinary 1867-1877. He was demonstrator of anatomy and became professor of anatomy and surgery at the Royal College of Surgeons of England (1847-1852) and was elected fellow of the Royal Society in 1851, its vice president 1873-1874 and president in 1875. He was honorary vice chancellor of the University of London, and was named doctor of honour of law at the universities of Oxford, Cambridge and Edinburgh.

His article, “On Disease of the Mammary Areola Preceding Cancer of the Mammary Gland,” was published in St Bartholomew’s Hospital Reports in 1874 and refers to Paget disease of the nipple. His 1877 paper, “On a Form of Chronic Inflammation of the Bones” (osteitis deformans, Paget disease) was published in the Transactions of the Medico-Chirurgical Society and remains a classic today [5,6].

**Parrot Fever Sign**

Pneumonia and sepsis, that can mimic typhoid fever, caused by zoonotic psittacosis [7]. The culprit bacterium *Chlamydophila psittaci* can be found in parrots, pigeons, parakeets, as well some domestic poultry, ruminants, and opossums. According to the Centers for Disease Control and Prevention, there have been fewer than 50 confirmed cases per year in the United States since 1996, although many cases may have gone undiagnosed or unreported (CDC).

**Partridge’s Sign**

The penis drops off, after first drying up and turning black. A complication of typhus fever. Partridge Island, New Brunswick, just outside the main harbour of Saint John, was chosen as the location for a pest house and quarantine station as far back as 1785. In 1847, with a large influx of Irish migrants, the typhus epidemic quickly filled the fever shed with sick and dying. By the 1847 typhus season, 2115 people had died in New Brunswick, with 1196 dying at Partridge Island and in Saint John [8].

**Pastia’s Sign**

1. Hemorrhagic lines appearing in body creases, as in the antecubital fossae, inguinal areas, and the wrists, during scarlet fever; they are visible at the onset of the rash and persist after its desquamation [9]. 2. Associated with scarred fever (group A streptococcus or S. aureus rarely); confluent, finely punctate erythema (scarlatiform) on the lower trunk and thighs with petechiae having a linear configuration in the inguinal region [10,11].

Known as Thompson’s sign.

Sign was described by Constantin Chessec Pastia - Romanian physician (1883-1926) and Frederick Holland Thomson - British physician (1867-1938).

**Pathergy Sign**

Pathergy phenomenon is defined as a state of altered tissue reactivity that occurs in response to minor trauma (Fig. 2). This test is used as a criterion in most diagnostic criteria for Behcet’s disease e.g., Curth criteria, Japan criteria, Hubault and Hamza criteria, Cheng and Zhang criteria, Dilsen criteria, Japan revised criteria, International study group criteria, Iran traditional criteria, the Classification Tree, the Dilsen revised criteria, the Korean criteria, and the International Criteria for Behcet’s Disease.

The pathergy reaction is a unique feature of Behçet’s disease and, according to the International Criteria for Behcet’s Disease [12].

**Patrick Yesudian Sign (Palmar Melanotic Macules Sign)**

Palmar melanotic macules (palmar freckling) seen in type 1 neurofibromatosis This sign was first reported by Patrick Yesudian [13]. Multiple melanotic macules of varying sizes were present on the palmar surfaces of 42 of 50 consecutive South Indian patients with von Recklinghausen’s disease. The histologic characteristics of the macules showed localized areas of fingerlike prolongations of the rete ridges with increased
pigmentation of the basal cells. This epidermal change overlies a small neurofibroma accompanied by thick-walled blood vessels in the reticular dermis [14].

**Paullini’s Sign**

Chromhydrosis (grünengschweiß), perspiration with a leek-green color. Similar symptoms are: Bartholomus’s Sign [15], Lusitanus’s sign [16], Chojnowski’s sign [17]. Chromhydrosis, or colored sweat, is an interesting anomaly exemplified in numerous reports.

**Christian Franz Paullini**

German physician and theologian, (1643-1712) (Fig. 3). He studied theology and medicine in Gdańsk, Königsberg, Rostock, Lübeck, Kiel and Copenhagen, was Magister Artium in Wittenberg and received his MD in Leiden. Meanwhile he accomplished study stays and courses in Cambridge, Oxford, Sweden, Norway et Island. He was the Munster Bishop physician and later the Duke of Brunswick physician in Wolfenbüttel. He served as physician to the Bishop of Münster and the Court of Braunschweig, and as Herzoglichen Stadtpysikus (ducal state physician) in Eisenach.

He came back in Eisenach on 1685 and 1689 where he assumed the position of “Ducal Stadtpysicus” i.e. city doctor.

He focused on the therapeutic effect of feces in encyclopedic breadth, including all possible applications from head to foot, and his book went through many editions and reprints.

He was a member of numerous learned societies such as Fruitbearing Society, Pegnesischer Blumenorden and German Academy of Sciences Leopoldina. In his long life of approximately 70 years, he wrote 68 books of which several editions were printed.

He made extensive reference and resorted to both ancient and contemporary medical authorities and to folk medicine (sailors, farmers, common people). He wrote a treatise (Flagellum salutis) on the advantage of the whip for curative purpose in various disorders and a handbook on the toad’s therapeutic properties (Bufo juxta methodum et leges illustris Academiae Naturae curiosorum breviter descriptus). As a botanist, he gave his name to Paullinia cupana known as guarana, a climbing plant native to the Amazon basin and especially common in Brazil. As a zoologist, he described the kraken in 1706 after Francesco Negri in Animalia fabulosa [18,19].

**Pavithran’s Nose Sign**

It is seen in exfoliative dermatitis in which there is complete absence of erythema and scaling of the nose and perinasal areas. It is hypothesized that sparing of nose in exfoliative dermatitis could be due to greater sun-exposure of nose or it could be explained by the mechanism of island of normal skin [20]. The sign described by K Pavithran. Also known as nose sign.

**Paxton’s Sign**

Trichorrhexis nodosa is the most common hair shaft anomaly, caused by either physical or chemical trauma. It presents with minute grayish nodes along hair shaft and characteristic “thrust paint brushes” appearance on
microscopy. It may be congenital or acquired. Synonym: lepothrix, trichomycosis chromatica, trichomycosis nodosa, trichomycosis nodularis, trichomycosis palmellina, trichonocardiosis axillaris, trichonodosis, Hodara disease (sign) or Hodarsche disease [21,22].

**Periodic Sign**

Disease which recurs at regular intervals or at the same period in every year [23].

**Perry’s Sign**

Overdose of vitamin A often leading to death, caused by the consumption of polar bear liver, which can contain lethal concentrations of vitamin A. This condition which can present with findings of vision changes, headache, and altered consciousness includes the signs for pseudotumor cerebri [24].

**Pettigrew’s Sign**

Paternal hereditary ichthyosis, morbid development of the papillae and thickening of the epidermic lamellae. Also called Armadillo sign. Pettigrew mentions a man with warty elongations encasing his whole body. At the parts where friction occurred the points of the elongations were worn off. This man was called “the biped armadillo.” The females had normal skins. All the members of the well-known family of Lambert had the body covered with spines [25].

Described by Petigrew and Ascanius.

**Peutz-Jeghers Sign**

Melanin pigmentation as spots around the lips associated with the intestinal polyps of Peutz-Jeghers syndrome [26] (Figs. a and b). Peutz-Jeghers syndrome, first described by Peutz in 1921 and by Jegher in 1944, is characterised by hamartomatous polyps of the gastrointestinal tract (GIT) and mucocutaneous perioral pigmentation.

**Johannes Laurentius Augustinus Peutz**

Dutch physician, 1886-1957. He was began the study of medicine in 1905. After qualification in 1914 Peutz trained in internal medicine at clinics in Germany, Italy and Belgium.

In 1917 he became principal physician to the hospital of St Joannes de Deo, a Catholic Hospital at The Hague, where he remained for 34 years, until his retirement in 1951. He is credited with the establishment of an independent department of internal medicine, and a laboratory with electro-cardiographic facilities built to his personal specifications. He also contributed to the establishment of a department of pathology and a serologic laboratory, which was directed by Karl Landsteiner. Peutz was a dedicated clinician with broad scientific interests and in 1921 he obtained a Ph.D. with a thesis entitled “Clinical and experimental contribution to the diagnosis of and internal therapy for pancreas disorders and with particular reference to diabetes mellitus” [27].

**Harold Joseph Jeghers**

American physician, 1904-1990 (Fig. 5). He got a BSc-degree in biology in 1928 at the Rensselaer Polytechnic Institute, Troy, New York, and received his basic medical education at the Case Western Reserve University Medical School, Cleveland, qualifying in 1932.

He then undertook postgraduate studies, training in internal medicine at the Evans Memorial Institute for Clinical Research in Boston and at the Boston City Hospital, Boston University School of medicine. He became consultant physician at the Boston City Hospital, where he held a teaching post from 1937 to 1946. In 1946 he was appointed professor of medicine and physician-in-chief at Georgetown University School of Medicine, Washington D.C., while at the same time serving as consultant of internal medicine at the Walter Reed Army Medical Center, Washington D.C., and the National Naval Medical Center in Bethesda, Maryland.

Jeghers was appointed professor of medicine at Tufts University Medical School in 1966 and took a special
interest in the techniques of medical education. He has written two books and more than 70 articles [27].

**Pfeiffer’s Fever Sign**

A rare disease marked by elevation of temperature lasting for a short time and by rapid enlargement of lymph-nodes in the neck [28].

**Emil Pfeiffer**

German physician and paediatrician, 1846-1921 (Fig. 6). He studied medicine at the universities of Bonn, Würzburg, and Berlin, where he received his doctorate in 1869. Emil Pfeiffer is considered one of the most important of German balneologists. He concerned himself very thoroughly and scientifically with the therapeutic qualities of various mineral waters, particularly those found in his native city. He also worked as a paediatrician, and in this field worked for the establishment of homes for children and day nurseries. Pfeiffer also worked on gout and its therapy, with immunisation against smallpox through vaccination and variolation and described the glandular fever which bears his name [29]. Glandular fever was described by Emil Pfeiffer in 1889.

**Phosphorus Sign**

Garlic taste, swelling of the tongue, vomiting bilious green, black, and pure blood with repeated fainting. An indication of acute phosphorus poisoning [30].


**Phossy Jaw Sign**

A chronic condition of extreme pain and grotesque disfigurement caused by poisoning from exposure to white phosphorus. Sufferers have a foul fetid discharge from the jaw with a strong garlic smell. Also known as Garlic Breath sign, the disease, the compo, and the flute [1,20].

**Physical Sign**

One that can be seen, heard, or felt by the diagnostician. Also known as Objective sign.

**Pigeon Nest Sign**

Meningitis associated with zoonotic cryptococcosis from exposure to pigeon nests [31].

**Pilomotor Skin Sign**

The production of goose flesh on stroking the skin; trichographism [32].

**Pimply Sign**

(fr. Fievre boutonneuse), a zoonotic Rickettsia bacterium African tick typhus. Principle animals are dogs and rodents [33].

**Pin Point Pupils Sign**

Small pupils seen in narcotic drug addiction or tabes dorsalis or Hashimoto’s encephalopathy and Nonketotic hyperglycinemia [34].
Pipe Smokers Sign

Nicotinic stomatitis. Nicotine stomatitis is characterized by the presence of white or gray lesions resembling cobblestones on the palatal mucosa. NS is most frequently related to pipe smoking, but mild cases of the disease can also develop secondary to cigar smoking or, rarely, from cigarette smoking. The palatal mucosa becomes thickened and hyperkeratotic.

Papular elevations with red centres, which represent the inflamed openings of the salivary gland ducts, often develop on the mucosal surface [35].

Pitaluga’s Sign

Acquired hypertrichosis of eyelashes due to Kala-azar is called as Pitaluga’s sign [36].

Pitres’ Sign


Jean Albert Pitres

French neurological physician, 1848-1927 (Fig. 7). He was born in Bordeaux and received his training in Paris, where he was the student of Jean Martin Charcot and Louis-Antoine Ranvier. He was the dean of the Faculty of Medicine of Bordeaux (appointed 1885). He began his medical studies in Bordeaux, later working as an interne to the hospitals of Paris (from 1872). In 1877 he defended his doctoral thesis, and during the following year received his agrégation with a dissertation titled “Les hypertrophies et les dilatations cardiaques indépendante des lésions valvulaires”. Later he returned to Bordeaux, where from 1881 to 1919, he was maître to the chair of pathology.

Lessons that Pitres gave in the amphitheater on the following subjects were compiled and published: hysteria and hypnotism (1891), amnesic aphasia (1897), paraphasia (1898) and physical signs associated with pleural effusions (1902). His studies of peripheral neuritis were published in Volume XXXVI of Gilbert and Carnot’s “Nouveau traité de médecine et de thérapeutique”[2]. With Leo Testut (1849-1925), he was co-author of “Les nerfs en schémas, anatomie et physiopathologie” (1925). His name became associated with pleural effusion and with tabes dorsalis [38].

Pitted Nails Sign

Psoriasis affecting the nail matrix [39,40] (Figs 8a – 8c).

Platysmal Eye Sign

The act of nipping the platysmamyoides contracts the pupil [41].

Plumbism Sign (Pierre Francès)

A blue line occurring at the gingival border with teeth (Fig. 9). A sign of chronic lead poisoning. Also known as Burton’s line and sign [42].

Henry Burton

English physician (1799–1849). He describing the Burton line in 1840. He was born in London, attended Tonbridge School and studied medicine at Caius
College, Cambridge where he qualified in 1826. He was a physician at St. Thomas’ Hospital in London from 1828, and became a Censor at the Royal College of Physicians in 1838. [43].

**Pneumatic Sign**

In the labyrinthitis of congenital syphilis, compression of the air in the external auditory canal produces a rotatory nystagmus to the diseased side; rarefaction of the air in the canal produces a nystagmus to the opposite side [23]. Also known as Hennebert’s sign or test.

**Camille Hennebert**

Belgian otologist, 1867-1954 (Fig. 10). His year of death is also given as 1958. Camille Hennebert was affiliated with the Université Libre de Bruxelles. He published extensively. His name is associated with: Hennebert’s fistula syndrome, Hennebert’s syndrome [23].

**Polish Sign**

A thick tangling of the hair with a sticky secretion that has a viscid smell of spoiled vinegar, mice, and garlic. The nails are spongy and blackish. Known in Cracow, Poland as weichselzopf, also called by the term plica polonica. If the hair was matted together so as to resemble ropes it is called plica multiformis and if these masses united together to form one single club of hair, like the tail of a horse, it is known as plica caudiformis, plica neuropathica [44]. Psychological disturbance is a risk factor for plica formation.

Plica first appeared in Poland in 1288 during the reign of Leszek II the Black (High Duke of Poland since 1279).

**Perzyna Ludwik** (1742-1800), a Polish doctor, monk, writer - popularizer of medical knowledge. In his medical books Perzyna conscious of the need for hygiene, traffic and moderation in eating and drinking. Proposed the introduction of regulations limiting the right to exercise the profession of pharmacist and physician to people ending their specialized schools. He demanded universal liquidation of the plica.

**Józef Dietl** (1804-1878) (Fig. 11). He was an Austrian-Polish physician. He studied medicine in Lviv and Vienna. He was a pioneer in balneology, and a professor of Jagiellonian University, elected as its rector in 1861. Dietl described the kidney ailment known as “Dietl’s Crisis” as well as its treatment. He described about plica in 1858.
Henryk Franciszek Dobrzycki (1841-1914), Polish physician, philanthropist, musicologist and composer. A pioneer in the field of climate and sanatorium treatment in Poland. He described plica in 1877.

Ercole Sassonia, also known as Hercules de Saxonia, Hercules Saxonia Patavinus, or Hercules of Saxony (1551-1607) (Fig. 12), Italian physician. He was one of the great Italian clinicians of the Renaissance. He was educated in his hometown, and graduated with a degree in medicine from the University of Padua. In 1575 he became the professor of medical practice at the University. Becoming famous as a teacher, he was invited to Vienna by Emperor Maximilian II, where he remained until 1600. His chief scientific works were in the fields of diagnostics, skin diseases, and venereal diseases. Together with Thomas Minadous described plica in 1610.

But in 6900-6300 BC, in Israel, the Neolithic cave named ‘Nahal Hemar,’ which is 14C dated to 6900-6300 BC, contained a mummy with matted hair and lice eggs [45].

Porcupine Sign

Ichthyosis, morbid development of the papillae and thickening of the epidermic lamellae [46]. Also called Steinhausen’s sign

Porphyria Sign

Urine that darkens on standing to a port wine colour and fluoresces in ultra-violet light. A sign of porphyria [47].

ACKNOWLEDGEMENT

Steven Lehrer, M.D. from Fermata Pharma Inc, New York, New York, USA. Dr Ana Nogueira from Department of Dermatology and Venereology, Hospital S João, EPE, Porto, Portugal

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