

Dermatology Eponyms – sign –Lexicon (W)

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

Key words: Eponyms; Skin diseases; Sign; Phenomenon

WALCHEREN SIGN

Malarial fever in Holland [1].

WARTENBERG'S SIGN

In ulnar nerve paralysis due to leprosy, the little finger assumes the position of constant abduction secondary to paralysis of adductor digiti minimi and is considered the earliest sign of ulnar nerve affection [2].

WAX DOLI SIGN

Bagginess of the eyelids and bloated faces that give the patient an appearance of a wax doli. A sign of myxoedema. Also known as Marshalls sign [3-5].

GEOFFREY MARSHALL

British physician.

WEGENER'S SIGN

Invasive granulomatous lesion destroying the bridge of the nose and affecting the sinuses. Granulomatosis with polyangiitis is characterized by the main violation of the upper and lower respiratory tract and kidney AND Is considered a systemic vasculitis of medium-sized and small blood vessels [6,7].

FRIEDRICH RUDOLF GEORG WEGENER

German pathologist, 1907-1990 (Fig. 1). Friedrich Wegener worked in Breslau (Poland) when he first described the condition that carries his name.

After World War II Friedrich Wegener was suspected of being a war criminal. He was interned by the Allies but was later cleared of the charges and "denazified". As early as in 1932, eight months before Hitler came to power, he joined the S.A (Sturmabteilung) and became a member of the Nazi party on May 1, 1933. According

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to documents found by Alexander Woywodt in the Bundesarchiv, Wegener in 1938 became SA Sanitäts-Obersturmbannführer [8,9].

After the outbreak of the war, Wegener worked as a military pathologist in Lodz (Poland), where he also held a position in the Gesundheitsamt.

WEGNER'S SIGN

Growth arrest lines found in the upper extremities in an infant with congenital syphilis. Growth arrest lines show an enhanced zone of provisional calcification (radiopaque band) which is associated with osteoporosis immediately below the dense zone. The growth arrest line may be smooth or serrated [10]. A serrated appearance is known as Wegner's sign.

WEIL'S SIGN

Severe leptospirosis (Figs. 2a and 2b); also called Landouzy's sign and Fiedler's sign. Leptospirosis is an infectious disease caused by the pathogenic spirochete *Leptospira interrogans*. There is a large range of clinical manifestations in leptospirosis, and infected people can present with asymptomatic illness, self-limited systemic infection or severe and potentially fatal disease [11-14]. The severe form is characterized by jaundice, acute kidney injury (AKI) and hemorrhage, and is mainly caused by the serovars Icterohaemorrhagiae, Copenhageni and Lai. There are also severe forms of the disease that occur without jaundice or renal failure, such as hemorrhagic pneumonitis.

ADOLF WEIL

German physician, 1848-1916 (Fig. 3). Adolf Weil studied at Heidelberg, receiving his doctorate in 1871, and completed his education in Berlin under Ludwig Traube and Friedrich Theodor von Frerichs, and at Vienna under Ferdinand von Hebra, Moriz Kaposi and Leopold von Schrötter-Kristelli. From 1872 to 1876 he was Frerichs' assistant, and was habilitated for internal medicine, becoming ausserordentlicher professor in 1876. In 1886 he was called to Dorpat as ordentlicher professor of clinical medicine. Already in 1887 he had to resign from his teaching duties because of tuberculosis of the larynx, also abandoning his scientific activities. For some years he practiced in the winter in Ospedaletti and San Remo, in the summer in Badenweiler, and in 1893 settled Wiesbaden, where he died in 1916.

He was professor of medicine at Tartu, Estonia, and Berlin. He described four cases of the disease which he had observed in Heidelberg [15].

WEIR-MITCHELL'S SIGN

The term erythromelalgia (Fig. 4), specific to the myeloproliferative disorders, refers to the occlusion of



Figure 1: Friedrich Rudolf Georg Wegener.

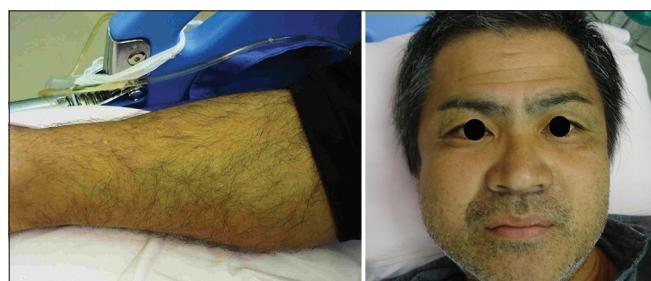


Figure 2: Weil's sign.



Figure 3: Adolf Weil.

the microcirculation by platelets and is characterized by redness, congestion, and painful burning sensations of the extremities. Symptoms are characteristically relieved by cold or elevation of the extremity [3,16-18].

SILAS WEIR MITCHELL

American neurologist and writer known for his discovery of causalgia, 1829-1914 (Fig. 5). He studied at the University of Pennsylvania in that city, and received the degree of M.D. at Jefferson Medical College in 1850. During the Civil War he had charge of nervous injuries and maladies at Turners Lane Hospital, Philadelphia, and at the close of the war became a specialist in neurology. In this field Mitchell's name became prominently associated with his introduction of the rest cure, subsequently taken up by the medical world, for nervous diseases, particularly neurasthenia and hysteria. His medical texts include *Injuries of Nerves and Their Consequences* (1872) and *Fat and Blood* (1877). Mitchell's disease (erythromelalgia) is named after him. He also coined the term phantom limb during his study of an amputee. Silas Weir Mitchell discovered and treated causalgia (today known as CRPS/RSD), a condition most often encountered by hand surgeons. He is considered the father of neurology as well as an early pioneer in scientific medicine. He was also a psychiatrist, toxicologist, author, poet, and a celebrity in America and Europe. His many skills and interests led his contemporaries to consider him a genius on par with Benjamin Franklin. His contributions to medicine and particularly hand surgery continue to resonate today [3].

WEREWOLF SIGN

Individuals are completely covered in hair except for their palms and soles. A sign of congenital hypertrichosis lanuginosa [19,20].

WERLHOF'S SIGN

Purpura haemorrhagica [3,21,22]. Also known as Werlhoff's sign.

PAUL GOTTLIEB WERLHOF

German physician, 1699-1767 (Fig. 6). He studied medicine at the University of Helmstedt under Lorenz Heister and Brandanus Meibom, who was the son of

Heinrich Meibom. After completing his studies, he practiced medicine in Peine for four years, and in 1725 moved to Hannover, where he became one of the more influential physicians in Europe. In 1740 was appointed



Figure 4: Weir-Mitchell's sign.

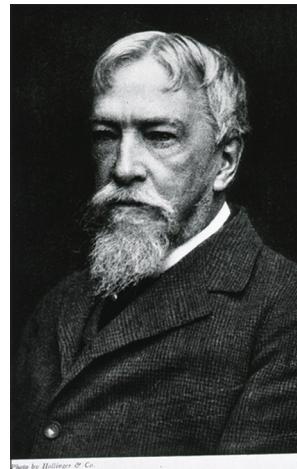


Figure 5: Silas Weir Mitchell.



Figure 6: Paul Gottlieb Werlhof.

Königlicher Leibarzt, physician to Hannover royalty. In 1735, Werlhof presented the first description of idiopathic thrombocytopenic purpura (ITP), a bleeding disorder. In addition to his reputation as a physician, Werlhof was highly regarded as a poet, and was a good friend of anatomist Albrecht von Haller, who was also an accomplished poet. Werlhof composed his poems and hymns in German, while his medical treatises were written in Latin. Among his written works were a 1732 treatise on fevers called *Observationes de febribus*, and a collection of poetry titled *Gedichte* [23].

WESSELSBRON SIGN

Muscle pain, fever, super sensitive skin with possible maculopapular rash. Caused by the mosquito-borne zoonotic Wesselsbron fever flavivirus [24].

WEST NILE SIGN

Fever and rash, with respiratory and flaccid paresis caused by brain swelling. Caused by the zoonotic West Nile fever flavivirus. Can be mosquito or food borne, and has also been associated with transplants of fluids and tissues [25].

WESTBERG'S SIGN

White spot disease, morphea alba (Fig. 7) [26,27].

FREDRICH WESTBERG

19th century German physician.

WET LEAVES SIGN

The odor of Mycobacterium tuberculosis [28-30].

MIKHAIL AFANASICVICH BULGAKOV

Russian physician, 1891-1940 (Fig. 8). Writer whose doctor stories are based on his experience as a rural physician in a small village called Nikolskoye in the province of Smolensk. Nikolskoye was his first assignment after studying medicine at Kiev University. After 18 months in Nikolskoye, he went on to specialize in venereology in Kiev. Shortly thereafter, he gave up a career in medicine for writing. All his life he was sceptical to the Soviet system and used his satire against the regime. He worked on his main work, *The Master*



Figure 7: Westberg's sign.



Figure 8: Mikhail Afanasicvich Bulgakov.

and Margarita, from 1928 until his death. The novel was not published in his lifetime [31].

WHALE'S FLIPPER SIGN

Obliteration of the concavity of the palm which makes the large hand look like a whale's flipper. A sign of middle palmar space infections [32].

WHITE HAIRY TONGUE SIGN

The tongue and oral mucous membranes are covered in a white fur or plaque. An indication of an oropharyngeal infection with *Candida albicans* [5,33].

WHITE LEPROSY SIGN

Leukoderma, a pathologic process with the result of a deficiency in the normal pigmentation of the skin (Fig. 9). Also known by many colloquial appellations

in the Indian subcontinent as *sufaid-korh*, *cham ba*, *phoolyree*, *buras*, *cabbore*, *kuf tam*, and leopard pattern [34,35].

WHITE'S SKIN SIGN

Keratosis follicularis (Fig. 10). Also known as Darier disease, Darier–White disease, Dyskeratosis follicularis [36-38].

JAMES CLARKE WHITE

American dermatologist, 1833-1916 (Fig. 11). At the age of 16 he entered Harvard and in 1853 began his medical education at Tremont Medical School which had a semi-official connection with Harvard. He served a term as house pupil at the Massachusetts General Hospital, and received his M.D. in 1855. A European postgraduate tour, during which he worked under Oppolzer, Sigmund, and Hebra, was completed in 1857.



Figure 9: White Leprosy sign.



Figure 10: White's skin sign.

After an early interest in toxicology and chemistry, White turned to dermatology exclusively, and in 1863 became Professor of Dermatology at Harvard. He was the first President of the American Dermatological Association, and the first to describe keratosis follicularis, also known as “Darier-White Disease” [36].

WHITE-SPOT SIGN

Degeneration of the papillary and reticular layers of the skin marked by the formation of white bead-like spots; morphea guttata. Also known as Westberg's sign.

WICKHAM SIGN

Also known as Wickham's striae (Fig. 12). There are delicate white or grey lines that course the surface of a papule of lichen planus [39]. The lines may be seen only at the periphery of a papule, but usually they form a network across the entire papule. They are most pronounced in fully developed lesions that tend to be aggregated.

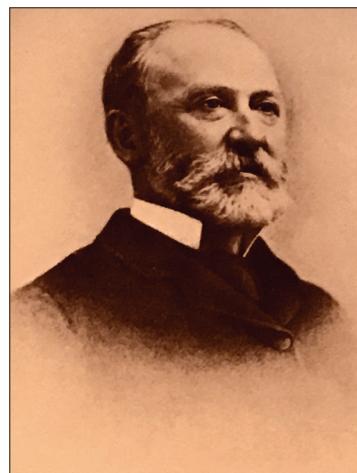


Figure 11: James Clarke White.



Figure 12: Wickham sign.

LOUIS FRÉDÉRIC WICKHAM

French physician and pathologist (1861-1913), (Fig. 13). In 1895, Louis-Fédéric Wickham described whitish streaks, now known as Wickham's striae, on the surface of lichen planus papules [40]. He received his education at Paris and obtained his doctorate in 1890. He then turned to the study of dermatology, worked several years at the Hôpital Saint-Louis, and in 1897 became Médecin at the Hôpital Saint Lazare. From 1905 he concerned himself with radium research, and occasioned the establishment of the Laboratoire Biologique du Radium. His work concerns the treatment of angiomas, celoids, carcinomas of the skin, and other dermatoses, and on the effect of radium on visceral carcinoses. In 1888 he was commissioned to report on the methods of teaching dermatology in England. He designed a multibladed knife for scarification treatment of lupus vulgaris.

WIDY SIGN

Hairs that showed a deposit of melanin pigment at its distal end [41].

WILLAN'S SIGN

Psoriasis circinate [42,43]. Also called Willan's lepra. When in psoriasis the eruption involves only a limited extent of space, the epidermic scales may become loosened and fall off, leaving bright-red, slight elevated spots or we notice only a partial desquamation especially in the middle of single circular patches, giving rise to psoriasis orbicularis (lepra Willani or psoriasis laepreformis) [44].

ROBERT WILLAN

English physician, 1757-1812 (Figs. 14 and 15). A 1780 graduate in medicine from the University of Edinburgh, spent most of his professional life in London. He worked at the Carey Street Public Dispensary, which was also staffed mainly by such graduates from Edinburgh as Thomas Bateman, Richard Bright, and Thomas Addison. Willan's major dermatology works can be categorized into two groups: an introduction of the first classification of skin diseases, and the correct clinical descriptions of many diseases. Both were based predominantly on morphologic features rather than on the etiologic

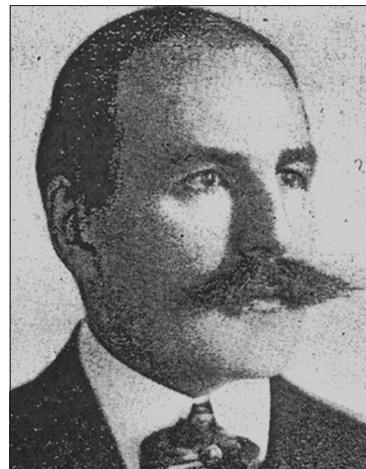


Figure 13: Louis Frédéric Wickham.



Figure 14: Robert Willan.



Figure 15: Robert Willan grave.

or pathophysiologic characteristics of a disease. Between 1798 and 1808, Willan published a four-part work, *Cutaneous Diseases*, in which he developed a classification of skin diseases according to the form of their pathologic products. Willan was also the first to recognize the importance of illustrations in the description of skin disorders and to create the

first atlas of skin diseases containing color pictures [45]. Willan divided all cutaneous disorders into nine orders: papulae, squamae, exanthemata, bullae, pustulae, vesiculae, tubercula, maculae, and dermal excrescences. For the first time in history, a physician with access to patients with abundant cutaneous problems scrutinized individual spots with the intention of recording every shade and detail. Willan was the first to give a comprehensive medical account of psoriasis, erythema nodosum, a skin symptom of sarcoidosis,¹² herpes simplex and herpes zoster lesions of the skin,¹³ and Schönlein-Henoch purpura, ichthyosis hystrix,¹⁴ and ichthyosis.

Grounded on Willan's famous principals of skin disease, dermatology was recognized as its own specialty within the field of medicine in 1884 [46].

WILLAN'S CHEEK SIGN

Lupus vulgaris of the cheek (Figs. 16a and 16b). Lupus vulgaris is the oldest forms of cutaneous tuberculosis described in the medical literature and were known as the king's evil. The word 'Lupus', meaning wolf, was given to the lesion because of the ulcerating and devouring character of the lesion. Lupus vulgaris is a form of reinfection tuberculosis of the skin occurring in patients with moderate to high degree of immunity, originating from an underlying tuberculosis focus of the skin. However, it may also result through exogenous inoculation. Lupus vulgaris at the site of BCG vaccination has also been reported [47].

WILLARD'S SIGN

Lupus vulgaris (Figs. 17a and 17b). Lupus vulgaris is the most common type of cutaneous TB often presents as an asymptomatic, slow growing plaque on the face. Approximately 1%-2% of all cases of tuberculosis are cutaneous tuberculosis [48,49].

WILSON'S SIGN

Dermatitis exfoliative [50].

SIR WILLIAM JAMES ERASMUS WILSON

English dermatologist and philanthropist 1809-1884 (Fig. 18). First described lichen planus in 1869 and attributed its cause to stress. He practiced in London, and published a "System of Human Anatomy," (1842),



Figure 16: (a, b) Willan's cheek sign.



Figure 17: (a, b) Willard's sign.

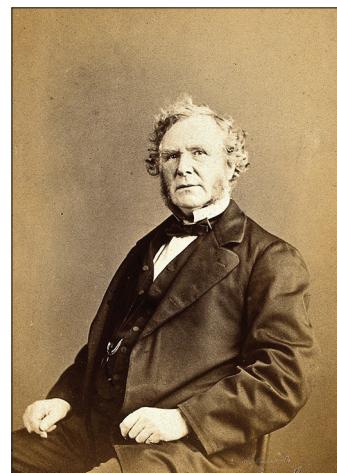


Figure 18: Sir William James Erasmus Wilson.

which has passed through many editions, "Disease of the Skin" and other works relating to dermatology; "Cleopatra's Needle" and "The Egypt of the Past,". Known as Sir Erasmus, he was of the greatest dermatologists of his time. He is so well known as a dermatologist, occupying the first rank in England, that any contributions from his pen must command attention. He was also known for his philanthropy. Erasmus Wilson was knighted in 1881 [51].

WIMBERGER'S SIGN

Erosion of the upper end of the tibia in early syphilis (Fig. 19).

Wimberger's sign is the presence of bilateral, symmetrical, and well-defined metaphyseal defects on the medial surface of upper tibia, can result in pseudoparalysis, and is considered pathognomonic of congenital syphilis [52,53].

WINE SWEAT SIGN

Perspiration with the taste of wine [54].

CASPAR BARTHOLIN THE YOUNGER (SECUNDUS)

Danish anatomist and physician, born September 10, 1655, Copenhagen; died June 11, 1738 (Fig. 20). Caspar Bartholin began his medical studies in 1671, and already in 1674, aged 19, he was appointed professor of philosophy by the King, Christian IV. In 1678 he was conferred doctor of medicine by his father, Thomas Bartholin [31].

WINTERBOTTOM'S SIGN

Enlargement of posterior cervical lymph nodes in African trypanosomiasis [55,56]. It is seen in early stages of African trypanosomiasis caused by *Trypanosoma brucei rhodensiense* and *Trypanosoma brucei gambiense* known Sleeping sickness. Winterbottom's sign is enlargement of lymph nodes in the posterior cervical chain.

THOMAS MASTERNAN WINTERBOTTOM

English physician, philanthropist and abolitionist 1765-1859 (Fig. 21). He studied medicine at the University of Edinburgh and then the University of Glasgow. He was appointed physician to the colony of the Sierra Leone Company in 1792. Wilson went on to become one of the first European trained African medical staff in Africa.

Winterbottom noted that slave traders used the sign of neck swelling as an indicator of sleepiness, and would avoid those slaves. He had no children, so his considerable estate was left to a number of charities



Figure 19: Wimberger's sign.



Figure 20: Caspar Bartholin the Younger (Secundus).

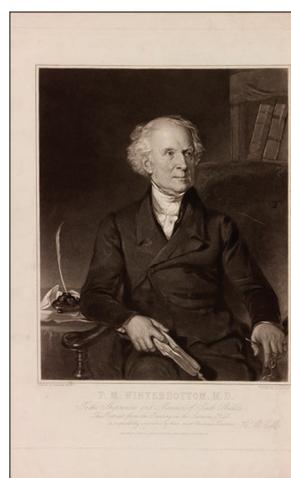


Figure 21: Thomas Masterman Winterbottom.

which he had supported during his life. The bulk of this bequest was to found the South Shields Marine College, which he had established in 1837 [57].



Figure 22: Wrist sign (Walker–Murdoch sign).

WOOL-SORTERS' SIGN

A form of anthrax attacking those who handle wool [58].

WRIST SIGN

Loss of pulse at the wrist, an indication of cholera [59].

WRIST SIGN (WALKER–MURDOCH SIGN)

The distal phalange of the first and fifth fingers of the hand overlaps when wrapped around the opposite wrist seen in patients having Marfan syndrome (Fig. 22) [60].

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