

DERMATOLOGY EPONYMS – SIGN – LEXICON – (N)

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

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NAIL SIGN

Sign in oriental sore (leishmaniasis). Nail sign is the the shape of the lesion once the eschar is removed the lesion takes the shape of a deep nail excoriation, which also resembles the nail [1].

HULUSI BEHÇET

Is a famous Turkish dermatologist (1889-1948) (Fig. 1). He was born in Istanbul. Dr. Hulusi Behçet pursued his education at Gülhane Military Medical Academy. After he had become a medical doctor, he specialized in dermatology and venereal disease at Gülhane Military Medical Academy and he completed his specialization in 1914. During World War I (1914–1918), he served at the military hospital in Edirne as a specialist in dermatology and venereal diseases and was assigned to the head of the hospital as an assistant. After the war, between 1918–1919, he first went to Budapest, Hungary and then to Berlin, Germany to improve his medical knowledge. He had the opportunity to meet some well known colleagues there. After his return to Turkey, he went into private practice. In 1923, Behçet was appointed as the head physician at the Hasköy Venereal Diseases Hospital at Golden Horn in Istanbul. Shortly after, he moved to Guraba Hospital, which is now part of the

School of Medicine İstanbul University. While he lectured at the university, he continued his private practice as well.

In 1933, Istanbul University was re-established out of the old-fashioned Dar-ul Fünun.

During this period of reform, Behçet founded the department of dermatology and venereal diseases. His curiosity for research, writing and discussion were his intellectual characteristics. Starting from the early years in his profession, his participation in national and international congresses with original articles was very apparent, publishing many articles at home and abroad. The famous German pathologist Schwartz called him once „a scientist who was well known everywhere, but in his country”, adding that „you could never find him in Turkey because he was always abroad presenting his findings”.

He translated many articles into Turkish to help educate new generations and published original case reports in international reviews in order to make contact with such far countries as Korea. He was interested in syphilis since 1922 and had published many international articles on its diagnosis, treatment, hereditary properties, serology and social aspects. Leishmaniasis (Oriental sore) was another disease, which Behçet worked on, beginning in 1923.



Figure 1. Hulusi Behçet.

He wrote about it in many articles and succeeded in its treatment with diathermic. He first described „the nail sign” appearing by the removal of the crust of an oriental sore. A part of his published work was concerned with parasitosis. In 1923, he described the etiologic agents of „gale cereal” in Turkey. Behçet dealt with superficial and deep mycosis and their treatments. Due to his observations, he described the dermatitis of fig in 1933. In 1935, at the Dermatology Congress in Budapest, he was honoured for his studies on mycosis.

He was also in the publishing vanguard to improve Turkish medicine and he was responsible for the first dermato-venerology journal of Turkey called „Turkish Archives of Dermatology and Syphilology” in 1924. In 1939, he was elected as a correspondent member to the German scientific journals „Dermatologische Wochenschrift” and „Medizinische Wochenschrift”. The same year, he has been promoted to ordinary professor.

The most important work that Behçet brought to Turkish medicine was the monograph published in 1940 called „Clinical and Practical Syphilis, Diagnosis and Related Dermatoses”. Every page of this book contains an aspect of syphilis and the footnotes, provides a wealth of detailed information about the differential diagnosis of other skin diseases. As a result, scientists had the chance to learn about syphilis and dermatology at the same time. This book, despite its outdated style, still retains its value and spirit in medicine as being the only example in its field. Behçet continued as the Head of the Department of Dermatology and Venereal Diseases until 1947. His first observations on Behçet’s Disease started with a patient he met between 1924-1925.

Dr. Behçet followed the symptoms of three patients whom he had had for years, then he decided that they were the symptoms of a new disease (1936). He published these cases in the Archives of Dermatology and Veneral Disease.

He died from a sudden heart attack on March 8, 1948.

In 1975, many years after his death, he was honoured with the TÜBİTAK Scientific Award. Several classes, laboratories and libraries had been named in his honour. In national and international congresses, events like „Korean-Turkish Behçet Days” are taking place.

In 1982, he was awarded with the Medical Award of the Turkish Republic by Eczacıbaşı Foundation of Scientific Research. In 1996, the Turkish mint released a silver commemorative coin for Behçet during the National Dermatology Congress [1-3].

NAIROBI SHEEP FEVER SIGN, [Africa]

Headache, fever, and hemorrhagic rash. Caused by zoonotic nairovirus infected tick bites or contact with infected animals. Also called Crimean-Congo hemorrhagic fever [4].

NAZZARO’S SIGN

Follicular hairy hyperkeratosis (horny follicular spicules) commonly located on the face which shows compact follicle bound hyperkeratosis is a rare but typical clinical finding in multiple myeloma [5,6].

PAOLO NAZZARO



Figure 2. Paolo Nazzaro.

Italian dermatologist, 1921-1975 (Fig. 2). In der dermatologischen Welt war Paolo Nazzaro nicht nur durch sein wissenschaftliches Werk und durch seine aktive Teilnahme an internationalen Kongressen bekannt, sondern auch durch die von ihm in Rom in seinem Krankenhaus organisierten wissenschaftlichen Treffen. Paolo Nazzaro wurde im Jahre 1945 an der Universität Rom zum Doktor der Medizin promoviert.

Anschliessend trat er als Assistent in die damals von Prof. Cesare Frugoni geleitete Klinik für innere Medizin ein. Seine Vorliebe für die Dermatologie liess ihn dann aber im Jahre 1947 zur Universitätsklinik in Rom überwechseln. Hier hat er die Stufen der akademischen Laufbahn durchschritten. Privat-dozent im Jahre 1954, im gleichen Jahre Dozent an der Spezialisierungsschule für Dermatologie, Oberarzt im Jahre 1960.

Im Jahre 1966 erhielt Paolo Nazzaro die Stellung als Direktor des dermatologischen Krankenhauses San Gallieano in Rom.

This lies on the right bank of the Tiber in Trastevere House is a venerable and illustrious wanted Hospital, which was built in 1729 by Pope Benedict XIII. For a long time this clinic was the only institution in Rome for treatment of skin and venereal diseases. As 1859 in Rome at the Academy training course for dermatology was introduced.

It is to mention that he was the period of his activity at the Universitätsklinik Rome was largely involved in the organization of a Symposium on Behçet’s disease nor during, attended by clinicians, pathologists, researchers from around the world. In this period falls the jointly undertaken with the writers creation of the manual „Dermatologia e Venereologia”.

In a hospital has organized Paolo Nazzaro meetings on pediatric dermatology, via porphyria, via comparative mycology, via acne and via Mastocytosen. He was a member of various clinical and experimental Dermatology companies. He was also in the last few years secretary of the Italian Society for Dermatology and Syphiligraphie.

In 1972 Paolo Nazzaro was attacked by a relentless disease whose treatment the fatal results was delayed output only. He was conscious of his fate and spoke about it with an almost stoic attitude without undern to his usual activity somewhat [7-9].

NEGRO TOES SIGN, [Amazon Basin and Rio Negro, South America]

Hair loss, sloughing of the nails, garlic breath odor, pulmonary edema, neurological changes, cirrhosis of the liver, and death. Caused by selenium toxicity [10]. A known source is the consumption of Brazil nuts which have more than 1000 percent of the daily recommended dose of the chemical element.

NEISSER-WECHSBERG PHENOMENON

Complement fixation phenomenon [11,12]. The Neisser—Wechsberg phenomenon resembles the inhibition of agglutination systems by excess antibody. The complement-fixation test is one of the most convenient serological tests available, because it can be applied to the diagnosis of various kinds of infectious diseases just by changing the antigen.

MAX NEISSER



Figure 3. Max Neisser.

German physician and bacteriologist, 1869-1938 (Fig. 3). Max Neisser was the son of Salomon Neisser and Julie Sabersky. The dermatologist Albert Neisser was his uncle.

Neisser first studied some semesters of science and then medicine in Freiburg, Breisgau and Berlin. Upon graduation, he was graduated in 1893 with a study on the differentiation between cholera vibrios and he discovered water-Vibrio (*Vibrio berolinensis*). This work, which also contains the description of a method for *Vibrio cholera* detection was developed in the laboratory of the Berlin hygienist Max Rubner.

1894-1899 Neisser worked as assistant to the hygienist Carl

Flügge at the Breslauer Hygiene Institute. After his habilitation in 1899 he was until 1909 a member of the Institute for Experimental Therapy in Frankfurt am Main, which was led by Paul Ehrlich. Appointed professor in 1909, he took over the leadership of the new Frankfurt Hygiene Institute. From 1914 Neisser represented at Frankfurt University as Professor trays hygiene and bacteriology. During the First World War he served as a consulting Army Hygienists. Neisser was retired in 1933 by the Nazi regime forcibly and then lived retired in his country house in Falkenstein in the Taunus.

Neisser employed preferably with sanitary-bacteriological issues such as the transmission of infectious pathogens in drinking water or air dust and the differential diagnosis of diphtheria bacillus (1897). Among other things, Neisser described a steam process for disinfection of drinking water wells. He also dealt with „applied” bacteriology and hygiene in public health (water, food, hygienic living conditions, heating, ventilation, milk disinfection) and the further development of bacteriological methods techniques (culture media, sterilization, animal husbandry), issues of laboratory infection and bacteriological warfare .

He explored the properties of many microorganisms (diphtheria bacillus, staphylococcus, streptococcus, pneumococcus, meningococcus, gonococcus, anthrax, plague, Friedlander, *Burkholderia mallei*). 1901 Neisser showed that staphylococci two different soluble toxins in the blood serum form (hemolysin and leukocidin).

Neisser developed a biological assay for protein differentiation to distinguish different blood types can (Neisser-Sachs-Complement) and showed that immune serum surpluses may block the antigen-antiserum reaction (Neisser-Wechsberg phenomenon) [13].

The Neisser stain is a microbiological staining showing the polar bodies (metachromatic granules, polyphosphate granules) in the cytoplasm of some gram-positive bacteria. The Neisser staining being particularly important for the diagnosis of *Corynebacterium diphtheriae* a role. The centrosomes arise after this staining is blue black [14].

FRIEDRICH WECHSBERG

Austrian Internist, (1873–1929).

NEOPOLITAN SIGN

= syphilis. Also called morbus neopolitanus [15,16]. Synonyms: Italian sign [17], French sign [18].

NEUMANN'S SIGN

Pemphigus vegetans. Pemphigus vegetans is a rare variant of pemphigus vulgaris and is characterized by vegetating lesions in the inguinal folds and mouth and by the presence of autoantibodies against desmoglein 3 [19]. Two clinical subtypes of pemphigus vegetans exist, which are initially characterized by flaccid bullae and erosions (the Neumann subtype) or pustules (the Hallopeau subtype). Both subtypes subsequently develop into hyperpigmented vegetative plaques with pustules and hypertrophic granulation tissue at the periphery of the lesions.

ISIDOR NEUMANN, EDLER VON HEILWART

Austrian dermatologist, 1832-1906 (Fig. 4). Neumann received his medical education in Vienna, mainly under Ferdinand Ritter von Hebra (1816-1880), and obtained his doctorate in 1858. In 1863 he received his habilitation, and in 1873 became an associate professor. In 1881 he was appointed professor of dermatology and successor to Carl Ludwig Sigmund (1810-1883) as director of the clinic for syphilis.

In an 1886 publication of *Vierteljahrsschrift für Dermatologie und Syphilis*, he described a type of pemphigus vulgaris, which later became known as Pemphigus vegetans of Neumann. He was also the first to publish a detailed study (*Über die senilen Veränderungen der Haut des Menschen*) of prematurely aged skin caused by over-exposure to weather conditions. However it wasn't until several years later that Paul Gerson Unna (1850-1929) gave it a name, calling it seemannshaut or „sailors' skin". During the Austrian government's occupation of Bosnia-Herzegovina, Neumann was sent to the country to manage the public health problem of syphilis and leprosy [20].



Figure 4. Isidor Neumann.

NEW WORLD FEVER SIGN

Muscle pain, fever and pin point bleeding lesions, may have brain involvement. Caused by the zoonotic New World hemorrhagic fever Arenaviridae virus [21].

NIGHTCLIFF SIGN

Hepatitis, pulmonary lesions, abscesses. A zoonotic melioidosis disease, carried by rats, horses, primates, other ruminants, zoo animals, and kangaroos. Also called pseudoglanders, Whitmore disease, and Nightcliff gardener's disease [22].

NIGHTSHADE SIGN

Severe dry mouth, loss of voice, dilatation of the pupils, suppression of urine, sight and hearing hallucinations (Fig. 5). A sign of atropine poisoning. Also known as Atropine and Belladonna sign [23].



Figure 5. atropa belladonna.

NIKOLSKY'S SIGN

Easy separation of the outer portion of the epidermis from the basal layer on exertion of firm sliding pressure by the finger or thumb, as in pemphigus vulgaris and some other bullous diseases (Figs 6a - b) [24-26]. Nikolsky first described the sign that bears his name in 1896. He related how, after rubbing the skin of patients who had pemphigus foliaceus, there was a blistering or denudation of the epidermis with a glistening, moist surface underneath.4 According to his explanation, the skin showed a weakening relationship and contact between the corneal (horny) and granular layers on all surfaces, even in places between lesions (eg, blisters, excoriations) on seemingly unaffected skin. Nikolsky's observations were later confirmed by Lyell in 1956, who described a Nikolsky sign in patients with toxic epidermal necrolysis [27].

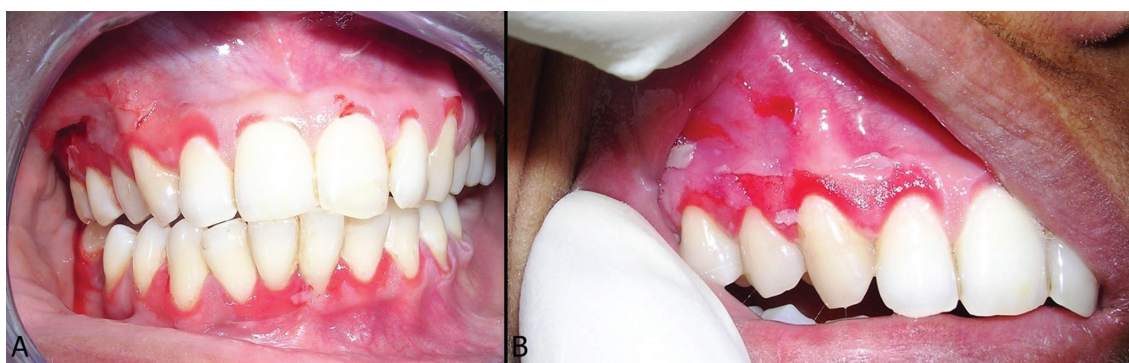


Figure 6. Nikolsky's sign.

PYOTR VASILYEVICH NIKOLSKY

Russian dermatologist, 1858-1940 (Fig. 7). Nikolsky was a dermatologist from Usman who studied medicine and worked in Kiev, now the capital of Ukraine, but at that time, part of the Russian Empire. He studied medicine at the medical faculty of the University of Kiev (now National Medical University), and from 1884 was an assistant to Mikhail Stukovenkov at the dermatology clinic in Kiev. In 1900, he became a professor at Warsaw, and later worked as a professor in Rostov. He published articles in French as well as Russian on skin diseases and on the treatment of syphilis. He was the author of „L'etat de la dermatologie et de la syphiligraphie en Russie jusqu'à 1884" (The state of dermatology and syphiligraphy in Russia up until 1884). In 1896, he published an article on pemphigus, in which he described a dermatological condition involving a weakening relationship among the epidermal layers. The sloughing of skin associated with certain varieties of this condition is now referred to as „Nikolsky's sign" [28,29].



Figure 7. Pyotr Vasilyevich Nikolsky.

NIPAH SIGN, [Malaysia]

Fever, vomiting and encephalitis with high mortality. Caused by contact with pigs, dogs, and fruit bats infected with the zoonotic Nipah virus [30].

NITRIC 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 bright yellow and stains clothing yellow or brown. A sign of nitric acid poisoning [31].

NITROBENZOL SIGN

Extreme blueness of face, lips, and finger-tips, breath and urine have odor of bitter almonds. Indicates poisoning from nitrobenzol [32,33].

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 [34-36]. The sign described by K Pavithran. Also known as Pavithran's nose sign.

NUP SIGN

Linear gingival erythema, an erythematous band at the free gingiva that follows the contour with a reddish chevron appearance (Fig. 8). An indication of HIV disease [37,38]. Also called ANUG, HiVR and LGE signs.



Figure 8. NUP sign.

NUX VOMICA SIGN

Feeling of suffocation, tetanic convulsions with arched back and blueness of the face, accompanied by raised eyebrows and an evil open grin, called risus sardonius [39]. A sign indicating poisoning with strychnine. This presentation is similar to signs of a tetanus infection caused by the anaerobic bacterium *Clostridium tetani*, an important differential is the time between infection and showing the first signs in tetanus is at least five days, whereas strychnine poisoning shows signs ten to twenty minutes after exposure. Also known as Strychnine sign after the evergreen tree it is derived from named *Strychnos nux vomica*.

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