EPONYMS IN THE DERMATOLOGY LITERATURE: Europe

Authors: Khalid Al Aboud, Ahmad Al Aboud and Daifullah Al Aboud

Supplement 2 / 2013
CONTENTS

Editorial Pages

Historical Articles

► Khalid Al Aboud, Ahmad Al Aboud
Eponyms in the dermatology literature linked to United Kingdom 417

► Khalid Al Aboud, Daifullah Al Aboud
Eponyms in the dermatology literature linked to Denmark 420

► Khalid Al Aboud, Ahmad Al Aboud
Eponyms in the dermatology literature linked to Netherlands 422

► Khalid Al Aboud, Ahmad Al Aboud
Eponyms in the dermatology literature linked to Poland 424

► Khalid Al Aboud, Ahmad Al Aboud
Eponyms in the dermatology literature linked to Czech Republic 426

► Khalid Al Aboud, Daifullah Al Aboud
Eponyms in the dermatology literature linked to Germany 429

► Khalid Al Aboud, Ahmad Al Aboud
Eponyms in the dermatology literature linked to Austria 433

► Khalid Al Aboud, Ahmad Al Aboud
Eponyms in the dermatology literature linked to Greece 435

► Khalid Al Aboud, Daifullah Al Aboud
Eponyms in the dermatology literature linked to Italy 437

► Ahmad Al Aboud, Khalid Al Aboud
A mini-review on eponyms in the dermatology literature linked to France 440

► Khalid Al Aboud, Daifullah Al Aboud
Eponyms in dermatology literature linked to Switzerland - REPRINT OF ISSUE 1 VOLUME 4 (2013) XX

► Khalid Al Aboud, Ahmad Al Aboud
Eponyms in dermatology literature linked to Sweden - REPRINT OF ISSUE 1 VOLUME 4 (2013) XX

► Daifullah Al Aboud, Khalid Al Aboud
Eponyms in dermatology literature linked to Finland - REPRINT OF ISSUE 2 VOLUME 4 (2013) XX

► Khalid Al Aboud, Daifullah Al Aboud
Eponyms in dermatology literature linked to Norway - REPRINT OF ISSUE 4 VOLUME 3 (2012) XX
EPONYMS IN THE DERMATOLOGY LITERATURE LINKED TO UNITED KINGDOM

Khalid Al Aboud¹, Ahmad Al Aboud²

¹Department of Public Health, King Faisal Hospital, Makkah, Saudi Arabia
²Dermatology Department, King Abdullah Medical City, Makkah, Saudi Arabia

Corresponding author: Dr. Khalid Al Aboud amo65@hotmail.com

The United Kingdom of Great Britain and Northern Ireland, commonly known as the United Kingdom (UK) and Britain, is a sovereign state located off the north-western coast of continental Europe.

The United Kingdom is a developed country and remains a great power with considerable economic, cultural, military, scientific and political influence internationally [1]. England and Scotland were leading centres of the Scientific Revolution from the 17th century and the United Kingdom led the Industrial Revolution from the 18th century, and has continued to produce scientists and engineers credited with important advances [1]. There are several eponyms in dermatology literature, which are linked to United Kingdom.

In Table I [2-14], we highlighted on some examples of eponyms in dermatology literature, linked to United Kingdom.

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to United Kingdom</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anderson-Fabry disease [2]</td>
<td>Also known as Fabry disease, angiookeratoma corporis diffusum and alpha-galactosidase A deficiency, is a rare X-linked lysosomal storage disease, which can cause a wide range of systemic symptoms. The disease is named for Johannes Fabry (1860-1930), who was a German dermatologist. And William Anderson (1842-1900), (Fig. 1), who was an English surgeon and dermatologist.</td>
</tr>
<tr>
<td>Brooke-Spiegler syndrome (BSS) [3]</td>
<td>Brooke-Spiegler syndrome (BSS), multiple familial trichoepithelioma (MFT), which also is known as epithelioma adenoides cysticum or Brooke’s disease, and familial cylindromatosis are allelic, dominantly-inherited conditions with overlapping clinical features. All are characterized by the appearance of benign, adnexal neoplasms in late childhood and early adolescence. Tumors commonly occurring in BSS include spiradenomas, trichoepitheliomas and cylindromas. BSS is named for, Henry Ambrose Grundy Brooke (1854-1919), who was, an English dermatologist. Eduard Spiegler (1860-1908), was an Austrian chemist and dermatologist.</td>
</tr>
<tr>
<td>Donovan bodies [4,5]</td>
<td>Donovan bodies are rod-shaped, oval organisms that can be seen in the cytoplasm of mononuclear phagocytes or histiocytes in tissue samples from patients with granuloma inguinale. They were discovered by Charles Donovan (1863-1951). In 1905 he identified the micro-organism responsible for the disease granuloma inguinale. This also bears his name Donovania granulomatosis. Donovan was born in Calcutta. At the age of thirteen he was sent to Cork City to live with his grandfather to advance his secondary and university education.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to United Kingdom
### Table I. Selected Eponyms in the dermatology literature linked to United Kingdom (continued)

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to United Kingdom</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dowling-Degos disease [6]</td>
<td>Also known as, reticulate pigmented anomaly of flexures, is a rare genetic disease of the skin, clinically characterized by flexural brown pigmented reticulate macules, comedo-like papules on the back, neck and pitted perioral or facial scars. Reticulated hyperpigmentation anomalies were initially distinguished from acanthosis nigricans by Dowling and Freudenthal in 1938. In 1954, Degos and Ossipowski described a patient with a similar case. The syndrome designated Dowling-Degos Disease (DDD) by Wilson-Jones and Grice in 1978. Dowling was an English physician.</td>
</tr>
<tr>
<td>Hartnup disease [7]</td>
<td>It is inborn error of tryptophan excretion. Also known as „pellagra-like dermatosis“. It is an autosomal recessive metabolic disorder affecting the absorption of nonpolar amino acids. The disease was named for the Hartnup family of England, who were looked at in a 1956 study of the disease.</td>
</tr>
<tr>
<td>Leishmaniasis [4,5]</td>
<td>Leishmaniasis is a zoonotic infection caused by protozoa that belong to the genus Leishmania. The disease is named after Leishman, who first described it in London in May 1903. Lieutenant-General Sir William Boog Leishman (1865-1926), (Fig. 2), was a Scottish pathologist and British Army medical officer. In 1901, while examining pathologic specimens of a spleen from a patient who had died of kala azar he observed oval bodies and published his account of them in 1903. Captain Charles Donovan confirmed the finding of what became known as Leishman-Donovan bodies in smears taken from patients in Madras in southern India.</td>
</tr>
<tr>
<td>Lyell’s syndrome [8]</td>
<td>This is another name for toxic epidermal necrolysis. Toxic epidermal necrolysis. It is named after, Alan Lyell (1917-2007), (Fig. 3).</td>
</tr>
<tr>
<td>Rowell syndrome [9]</td>
<td>This syndrome is a combination of erythema multiforme-like lesions in patients with, lupus erythematosus. Some authors believe that, the coexistence of cutaneous lupus erythematosus and erythema multiform does not justify the framing of a separate syndrome as suggested by Rowell et al, in 1963.</td>
</tr>
<tr>
<td>Sneddon-Wilkinson syndrome [10,11]</td>
<td>This is another name for subcorneal pustular dermatosis. It was first described by Sneddon and Wilkinson in 1956. It is a rare, benign, chronic, sterile pustular eruption which usually develops in middle-age or elderly women; it is rarely seen in childhood and adolescence. The etiology of this entity is unknown. The syndrome is named after 2 British dermatologists, Ian Bruce Sneddon (1915-1987), (Fig. 4), and Daryl Sheldon Wilkinson.</td>
</tr>
</tbody>
</table>

© Our Dermatol Online. Suppl. 2.2013
Table I. Selected Eponyms in the dermatology literature linked to United Kingdom

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to United Kingdom</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sweet syndrome [12]</td>
<td>Also known as, acute febrile neutrophilic dermatosis. It was first described in 1964 by Dr. Robert Douglas Sweet (1917-2001), who was an English physician. It was also known as Gomma-Button disease in honour of the first two patients Dr. Sweet diagnosed with the condition.</td>
</tr>
<tr>
<td>Wells Syndrome [13]</td>
<td>This is another name for eosinophilic cellulites. Named after George Crichton Wells (1914-1999), (Fig. 5).</td>
</tr>
<tr>
<td>Whitfield’s ointment [14]</td>
<td>Whitfield’s Ointment is salicylic acid and benzoic acid in a suitable base, such as lanolin or vaseline. It is used for the treatment of fungal infections. Named for, Arthur Whitfield (1868-1947), (Fig. 6), who was a British dermatologist.</td>
</tr>
</tbody>
</table>

REFERENCES

Denmark, officially the Kingdom of Denmark, as it is known, is a state in the Scandinavian region of Northern Europe. The estimated population is around 5,580,413. The national language is Danish [1]. Denmark has one of the world’s highest per capita income. For 2013, Denmark is listed 15th on the Human Development Index. Danish engineers are world-leading in providing diabetes care equipment and medication products [1].

The most famous medical eponyms linked to Denmark are the Bartholin glands and Hirschsprung disease. The Bartholin glands are two glands located slightly posterior and to the left and right of the opening of the vagina. They were first described in 1677, by the Danish anatomist Caspar Bartholin the Younger (1655–1738) [2]. Some sources mistakenly ascribe their discovery to his grandfather, theologian and anatomist Caspar Bartholin the Elder (1585–1629).

Gaspard Bartholin had the good fortune during his stay in Paris to meet Joseph Guichard du Verney, a French anatomist who had discovered the glandula vestibuloris major. Back in Copenhagen he was appointed professor of anatomy. At the age of 21, he described the physiology of the glandula vestibuloris major, later known as Batholin’s gland. Ennobled, laden with honours, he was later appointed personal physician to the king of Denmark until his death in 1738 [2].

Hirschsprung disease is a developmental disorder of the enteric nervous system and is characterized by an absence of ganglion cells in the distal colon resulting in a functional obstruction. The first report of Hirschsprung disease dates back to 1691, however, the disease is named after Harald Hirschsprung (1830-1916), the Danish physician who first described two infants who died of this disorder in 1888 [3].

In Table I [4-9], we highlighted on selected eponyms in dermatology literature, linked to Denmark.

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Denmark</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asboe-Hansen sign [4-6]</td>
<td>The Asboe-Hansen sign (also known as “indirect Nikolsky sign”) refers to the extension of a blister to adjacent unblistered skin when pressure is put on the top of the bulla. This sign is named for Gustav Asboe-Hansen (1917-1989), (Fig. 1), who was a Professor and Head of the Department of Dermatology and Venereology at the University Hospital in Copenhagen, Denmark. His article was published in 1960. Asboe-Hansen noticed the differences between the blister-spread patterns in pemphigus and those in bullous pemphigoid. Whereas in pemphigus vulgaris, the blister extension had a sharp angle, in bullous pemphigoid, the advanced border was rounded as in a pressure bulla. Nikolsky’s sign is named for, Russian dermatologist Pyotr Vasiliyevich Nikolsky (1858-1940).</td>
</tr>
<tr>
<td>Ehlers–Danlos syndrome (EDS) [7]</td>
<td>Also known as Cutis hyperelastica, is a group of inherited connective tissue disorders, caused by a defect in the synthesis of collagen. Named after Edvard Laurits Ehlers (1863 –1937), (Fig. 2), who was a Danish dermatologist and the Mayor of Copenhagen’s son, and Henri-Alexandre Danlos (1844-1912), who was a French physician and dermatologist.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Denmark

Cite this article: Khalid Al Aboud, Ahmad Al Aboud: Eponyms in the dermatology literature linked to Denmark. Our Dermatol Online. 2013; 4(Suppl. 2): 420-421.
Eponyms in the dermatology literature linked to Denmark

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Denmark</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rud syndrome [8,9]</td>
<td>This rare syndrome is characterized by ichthyosis, obesity, hypogonadism, oligophrenia (defined as less-than-normal mental development), epilepsy, and endocrinopathies. It is named after, Einar Rud, who was a Danish physician, born in 1892. However, the existence of this entity has been questioned.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Denmark (continued)

REFERENCES

EPONYMS IN THE DERMATOLOGY LITERATURE LINKED TO NETHERLANDS

Khalid Al Aboud¹, Ahmad Al Aboud²

¹Department of Public Health, King Faisal Hospital, Makkah, Saudi Arabia
²Dermatology Department, King Abdullah Medical City, Makkah, Saudi Arabia

Corresponding author: Dr. Khalid Al Aboud amo65@hotmail.com

The Netherlands is a constituent country of the Kingdom of the Netherlands, consisting of twelve provinces in North-West Europe and three islands in the Caribbean. The Netherlands has an estimated population of 16,778,806 (as of 31 January 2013). The official language is Dutch, which is spoken by the vast majority of the inhabitants. In May 2011, the Netherlands was ranked as the “happiest” country according to results published by the The Organisation for Economic Co-operation and Development (OECD). It is also one of the world’s 10 leading exporting countries [1]. There are many medical eponyms originated from Netherlands. The famous website, who named it, listed more than 45 medical eponyms linked to Netherlands. In Table I [2-11], we listed highlighted on selected eponyms, in dermatology literature linked to Netherlands.

Table I. Selected Eponyms in the dermatology literature linked to Netherlands

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Netherlands</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornelia de Lange Syndrome (CDLS) [2-3]</td>
<td>It is also known as Brachman de Lange syndrome or Amsterdam dwarf. It is characterized by a typical facies along with hypertrichosis, cutis marmorata and a bluish discoloration of the facial skin. Skeletal abnormalities, mental retardation and abnormal cry are also present. It is named for Cornelia de Lange (1871-1950), (Fig. 1), a Dutch pediatrician. The first ever documented case was in 1916 by Winfried Robert Clemens Brachmann (1888-1969), a German physician, followed up by Cornelia Catharina de Lange, in 1933.</td>
</tr>
<tr>
<td>Ellis-van Creveld syndrome [4-7]</td>
<td>It is often termed as Bushy Syndrome and is also known as Amsterdam dwarfism. It is a genetic disorder that can lead to severe developmental anomalies. It is characterized by chondrodysplasia and polydactyly, ectodermal dysplasia and congenital defects of the heart. It is named after Simon van Creveld (1894-1971), who was a Dutch paediatrician. Richard White Bernhard Ellis (1902-1966), was an English paediatrician.</td>
</tr>
</tbody>
</table>

Figure 1. Cornelia Catharina de Lange (1871-1950)
Waardenburg syndrome (WS) [8-11]

It is a rare autosomal dominant or autosomal recessive disorder that is characterized by various combinations of clinical features. WS is named after a Dutch ophthalmologist, Petrus Johannes Waardenburg (1886-1979), who described the syndrome in 1951.

The major criteria are sensorineural hearing loss, iris pigmentary abnormality (two eyes different color or iris bicolor or characteristic brilliant blue iris), hair hypopigmentation (white forelock or white hairs at other sites on the body), dystopia canthorum (lateral displacement of inner canthi) and the presence of a first-degree relative previously diagnosed with WS.

WS type 2 lacks dystopia canthorum of WS1. Apart from the associated upper limb anomalies (e.g. hypoplasia, syndactyly) WS type 3 (WS3; Klein- Waardenburg syndrome) is similar to WS1. In addition to the features of WS1, type 4 WS (WS4; Shah- Waardenburg syndrome) is associated with features of Hirschsprung disease.

David Klein (1908-1993), was a Swiss human geneticist and ophthalmologist. Krishnakumar N. Shah, was an Indian physician. Harald Hirschsprung (1830-1916), was a Danish paediatrician.

Table I. Selected Eponyms in the dermatology literature linked to Netherlands (continued)

REFERENCES


Copyright by Khalid Al Aboud, et al. This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.
EPONYMS IN THE DERMATOLOGY LITERATURE LINKED TO POLAND

Khalid Al Aboud¹, Ahmad Al Aboud²

¹Department of Public Health, King Faisal Hospital, Makkah, Saudi Arabia
²Dermatology Department, King Abdullah Medical City, Makkah, Saudi Arabia

Historical Article

Poland officially the republic of Poland, is a country in Central Europe. The total area of Poland is 312,679 square kilometres (120,726 sq mi), making it the 9th largest in Europe. Poland has a population of over 38.5 million people [1]. Polish is the official language. It is becoming an interesting location for research and development investments [1]. Many scientists and researchers originated from Poland. However, in the 19th and 20th centuries many Polish scientists worked abroad; one of the greatest of these exiles was Maria Skłodowska-Curie (1867-1934), (Fig. 1), a physicist and chemist who lived much of her life in France [1].

Marie Curie or Madame Curie, was a Polish physicist and chemist, working mainly in France [1], who is famous for her pioneering research on radioactivity. She was the first woman to win a Nobel Prize, the only woman to win in two fields, and the only person to win in multiple sciences.

There are, also great contribution, made to dermatology from Poland [2]. Nevertheless, not all of those contributions credited as eponyms. Just as example, Jadwiga Schwann was a dermatologist from Poland [3]. Among her contributions to dermatology, she is credited for describing a syndrome, in German and Polish languages. This syndrome appeared latter in English literature by Robert S. Bart (Dermatologist) and Robert E. Pumphrey (Otolaryngologist); both from USA, and so the syndrome was then known as Bart – Pumphrey syndrome. Schwann syndrome is cited in the Online Mendelian Inheritance in Man, as knuckle pads, leukonychia, and sensorineural deafness. It is characterized by knuckle pads, leukonychia, palmoplanter keratoderma (PPK) and sensorineural deafness [3].

In Table I [4-10], we highlighted on selected eponyms, in dermatology literature, linked to Poland.

Table I. Selected Eponyms in the dermatology literature linked to Poland

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Poland</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dąbska tumor (DT) [4]</td>
<td>It is a rare, low-grade angiosarcoma that often affects the skin of children. It is named after, Maria Dąbska, a Polish pathologist, born 1920, (Fig. 2). She originally described DT in 1969 and named it malignant endovascular papillary angioendothelioma of the skin in childhood. She described 6 patients during a 14-year period (1953-1967) at the Maria Skłodowska-Curie Institute of Oncology in Warsaw, Poland, where she was a member of the Pathology faculty.</td>
</tr>
<tr>
<td>Generalized eruptive keratoacanthoma of Grzybowski [5-7]</td>
<td>There are two forms of keratoacanthoma: a solitary form and a multiple form. The multiple form has two variants: multiple self-healing epitheliomas of skin or Ferguson Smith type (described in 1934, in a Scottish family) and eruptive keratoacanthoma or Grzybowski type (described in 1950). Features of both Grzybowski and Ferguson-Smith types are found in the multiple familial keratoacanthoma of Witten and Zak (described in 1952). Though solitary cutaneous keratoacanthomas are common, the multiple variants are extremely rare. John Ferguson Smith (1888-1978), was a British physician. Marian Grzybowski (1895-1949), (Fig. 3), was a Polish dermatologist.</td>
</tr>
</tbody>
</table>

Cite this article:
Eponyms in the dermatology literature linked to Poland

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Poland</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mikulicz’s cells [8-10]</td>
<td>These are macrophages found in the diseased tissue in cases of rhinoscleroma and containing the organisms of Klebsiella rhinoscleromatis. Named for, Jan Mikulicz-Radecki (1850-1905), (Fig. 4), who was a Polish-Austrian surgeon. There are several other eponyms attached to his name. For example, Mikulicz’s disease: Benign lymphocytic infiltration and enlargement of the lacrimal and salivary glands. It is often referred to as benign lymphoepithelial lesion. Mikulicz’s syndrome: Symptoms characteristic of Mikulicz’s disease when occurring as a complication of another disease, such as leukemia or sarcoidosis.</td>
</tr>
</tbody>
</table>

REFERENCES

The Czech Republic is a landlocked country in Central Europe with an estimated population of 10,513,209. It is ranked as the third most peaceful country in Europe and most democratic and healthy (by infant mortality) country in the region [1]. Its official language is Czech. It became a member of the European Union in 2004 [1].

There are many medical eponyms originated from the Czech Republic [2]. In Table I [3-16], we highlighted on selected eponyms in dermatology literature linked to Czech Republic.

### Table I. Selected Eponyms in the dermatology literature linked to Czech Republic

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Czech Republic</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascher syndrome [3-5]</td>
<td>Ascher syndrome is a rare disease described by Karl Wolfgang Ascher (1887-1971), (Fig. 1), an ophthalmologist from Prague, in 1920. It presents as blepharochalasis, double lip and nontoxic thyroid enlargement. The thyroid enlargement is not present in all cases of this syndrome. The syndrome is often undiagnosed because of its rarity.</td>
</tr>
<tr>
<td>Bednar tumor [6]</td>
<td>It is a name given to the pigmented type of Dermatofibrosarcoma protuberans (DFSP). DFSP is a locally aggressive soft tissue neoplasm with intermediate- to low-grade malignancy. Bednar tumor is named after a well-known Czech pathologist, Blahoslav Bednar (1916-1998) (Fig. 2).</td>
</tr>
</tbody>
</table>

**Figure 1. Karl Wolfgang Ascher (1887-1971)**

**Figure 1. Blahoslav Bednar (1916-1998). Reproduced from reference number 6.**

Cite this article: Khalid Al Aboud, Daifullah Al Aboud: Eponyms in the dermatology literature linked to Czech Republic. Our Dermatol Online. 2013; 4(Suppl. 2): 426-428.
<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Czech Republic</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Giardia lamblia</strong> [7,8]</td>
<td>The trophozoite form of Giardia was first observed in 1681 by Antonie van Leeuwenhoek in his own diarrhea stools. The organism was again observed and described in greater detail by Vilém Dušan Lambič in 1859, who thought the organism belonged to the genus Cercomonas and proposed the name Cercomonas intestinalis. His name is still sometimes attached to the genus or the species infecting humans. Thereafter, some have named the genus after him while others have named the species of the human form after him Giardia lamblia. The genus was chosen to honour Professor Alfred Mathieu Giard of Paris. Alfred Mathieu Giard (1846–1908) was a French zoologist. Vilém Dušan Lambič (1824-895), (Fig. 3) was a Czech physician from Letina, Kreis Pilsen, Bohemia.</td>
</tr>
<tr>
<td><strong>Hermansky-Pudlak syndrome</strong> [9-11]</td>
<td>It is a rare multisystemic, disorder characterized by oculocutaneous albinism, and a bleeding diathesis, sometimes accompanied by immunodeficiency and other features. Named for 2 Czech internists; František Hermansky (1916-1980), (Fig. 4) and Pavel Pudlak (1927-1993), (Fig. 5). Pudlak served as chairman of the Czechoslovak Society of Hematology in the years 1982-1986. Along with F. Hermanským, he is awarded State Prize for the discovery and Hermansky Pudlak syndrome.</td>
</tr>
<tr>
<td><strong>Neu-Laxova syndrome</strong> [12,13]</td>
<td>It is a rare lethal congenital disorder involving multiple systems. Intrauterine growth retardation, ichthyosis, microcephaly, abnormal facial findings and limb contractures are its key features. It is named after, Renata Laxova, who was, a Czech-American human geneticist and Richard L. Neu (1936-2007).</td>
</tr>
<tr>
<td><strong>Rickettsia prowazekii</strong> [14-16]</td>
<td>It is a species of gram negative, obligate intracellular parasitic, aerobic bacteria that is the etiologic agent of epidemic typhus, transmitted in the feces of lice. It is discovered by, Stanislaus von Prowazek, (1875-1915), (Fig. 6), who was a Czech zoologist and parasitologist, who along with Henrique da Rocha Lima (1879-1956), who was a brazilian pathologist. Prowazek studied epidemic typhus in Serbia (1913) and Istanbul (1914). Later, while Prowazek and Rocha Lima were working in a German prison hospital, they both became infected with typhus. Prowazek died soon afterwards on February 17, 1915. Rocha Lima named the infectious agent of epidemic typhus- Rickettsia prowazekii after his colleague.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Czech Republic (continued)
REFERENCES


Germany officially the Federal Republic of Germany, is of the European countries. With 81.8 million inhabitants, it is the most populous member state in the European Union. It is one of the major political and economic powers of the European continent and a historic leader in many theoretical and technical fields [1]. The country has developed a very high standard of living and features a comprehensive system of social security, which includes the world’s oldest universal health care system [1]. Germany has been the home of many influential philosophers, scientists and inventors, and is known for its rich cultural and political history.

Germany’s achievements in the sciences have been significant, and research and development efforts form an integral part of the economy. The Nobel Prizes have been awarded to 103 German laureates. For most of the 20th century, German laureates had more awards than those of any other nation, especially in the sciences (physics, chemistry, and physiology or medicine) [1]. There are many old and new eponyms in dermatology, which originated from Germany.

One may easily find several dermatological conditions attached eponymously, to a single scientist from Germany [2]. Also of note, one may find physicians from Germany for whom eponyms were linked, who were practiced outside Germany. For example, Theresa Kindler to whom Kindler syndrome was named, after her original British Journal of Dermatology publication in 1954, was a German paediatrician who spent time working in the UK.

In Table I [2-14], we highlighted on some examples of eponyms in dermatology literature linked to Germany.

### Eponyms in the dermatology literature linked to Germany

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Germany</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buschke-Ollendorff syndrome [3]</td>
<td>Also known as Dermatofibrosis lenticularis disseminata, is a rare autosomal-dominant disorder characterized by connective tissue nevi and osteopoikilosis. It is named for, Abraham Buschke (1868-1943), (Fig. 1), who was a German dermatologist and Helene Ollendorff Curth (1899-1982), (Fig. 2), who was a German-American dermatologist.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Germany
<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Germany</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fabry disease [4]</td>
<td>Also known as Anderson-Fabry disease, angiokeratoma corporis diffusum and alpha-galactosidase A deficiency; is a rare X-linked lysosomal storage disease, which can cause a wide range of systemic symptoms. The disease is named for Johannes Fabry (1860-1930), (Fig. 3), who was a German dermatologist. William Anderson (1842-1900), was an English surgeon and dermatologist.</td>
</tr>
<tr>
<td>Gottron’s sign [5]</td>
<td>It is an erythematous, scaly eruption occurring in symmetric fashion over the metacarpophalangeal and interphalangeal joints, seen in dermatomyositis. It is named for, Heinrich Adolf Gottron (1890-1974), who was a German dermatologist.</td>
</tr>
<tr>
<td>Impetigo of Bockhart [7]</td>
<td>This another name for, Superficial pustular folliculitis. It is a superficial folliculitis with thin-walled pustules at the follicular openings, first described by Bockhart in 1887.</td>
</tr>
<tr>
<td>Jadassohn–Lewandowsky type of pachyonchia congenital (PC) [6]</td>
<td>This type 1 PC. Type 2 is known as Jackson–Lawler type. Josef Jadassohn (1863-1936), (Fig. 4), and his assistant, Felix Lewandowsky (1879-1921), (Fig. 5), were eminent German dermatologists.</td>
</tr>
<tr>
<td>Jarisch-Herxheimer reaction (JHR) [8]</td>
<td>It is a transient immunological phenomenon seen commonly in patients during treatment for syphilis, and it manifests clinically with short-term constitutional symptoms such as fever, chills, headache and myalgias, besides exacerbation of existing cutaneous lesions. Adolf Jarisch (1850-1902) was an Austrian dermatologist. Karl Herxheimer (1861-1942), (Fig. 6), was a German dermatologist.</td>
</tr>
<tr>
<td>Koebner phenomenon [9]</td>
<td>Also called the „Koebner response” or the „isomorphic response”; refers to skin lesions appearing on lines of trauma. It was named after a rather eccentric, renowned German dermatologist, Heinrich Koebner (1838-1904), (Fig. 7). He is best known for his work in mycology.</td>
</tr>
<tr>
<td>Langerhans cells [10]</td>
<td>They are dendritic cells (antigen-presenting immune cells) of the skin and mucosa, and contain large granules called Birbeck granules. Named after Paul Langerhans (1847-1888), (Fig. 8), who was a German biologist and anatomist. He discovered the cells at the age of 21 while he was a medical student. Because of their dendritic nature, he mistakenly identified the cells as part of the nervous system.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Germany (continued)
Eponyms in the dermatology literature linked to Germany

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Germany</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imaging lines represent a pattern followed by many skin disorders. It is named after Alfred Blaschko (1858-1922), (Fig. 9), a German dermatologist.</td>
<td></td>
</tr>
<tr>
<td>Mucha–Habermann disease [8]</td>
<td>This is another name for pityriasis lichenoides et varioliformis acuta (PLEVA). Viktor Mucha (1877-1933), who was a dermatologist from Austria. He was involved in early syphilis research. Rudolf Habermann (1884-1941), was a German dermatologist.</td>
</tr>
<tr>
<td>Munchausen syndrome [12]</td>
<td>Munchausen syndrome, a mental disorder, wherein those affected feign disease, illness, or psychological trauma to draw attention, sympathy, or reassurance to themselves. It was named in 1951 by Richard Asher after Karl Friedrich Hieronymus, Baron Münchhausen (1720-1797), (Fig. 10), a German nobleman, who purportedly told many fantastic and impossible stories about himself. The syndrome is also sometimes known as hospital addiction syndrome, thick chart syndrome, or hospital hopper syndrome.</td>
</tr>
<tr>
<td>Vohwinkel syndrome [6]</td>
<td>Vohwinkel first described this autosomal dominant disorder in 1929. Honeycombed, diffuse hyperkeratosis of the palms and soles appears in infancy and then becomes transgredient. This is followed by the development of constricting bands of the digits during early childhood, which may lead to digital autoamputation, i.e. pseudoainhum. Peculiar starfish-shaped keratoses appear over the knuckles of the fingers and toes and are said to be characteristic of the disorder. Hearing loss of at least a moderate degree is seen in many patients. Additional reported findings are alopecia and ichthyosis.</td>
</tr>
<tr>
<td>Zinsser-Engman-Cole syndrome [13]</td>
<td>This is another name for dyskeratosis Congenita. It is a rare syndrome characterised by mucocutaneous abnormalities and an increased predisposition to cancer. Named for Ferdinand Zinsser (1865-1952), who was a German dermatologist. Martin Feeney Engman, (1869-1953), was an American dermatologist. Harold Newton Cole (1884-1968), was an American dermatologist.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Germany (continued)
REFERENCES

Austria is one of the European countries with roughly 8.47 million people [1]. Its official language is German. It is one of the richest countries in the world. The country has developed a high standard of living and in 2011 was ranked 19th in the world for its Human Development Index [1]. Austria was the cradle of numerous scientists with international reputation. It was, and still, the birthplace of many excellent dermatologists. Several eponyms, in dermatology literature are linked to Austria. In Table 1 [2-10], we are giving some examples of eponyms, in dermatology literature linked to Austria.

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Austria</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auspitz’s sign [2]</td>
<td>Pinpoint bleeding on removal of a psoriasis scale. Named after Heinrich Auspitz (1835-1886), (Fig. 1), who was an Austrian dermatologist.</td>
</tr>
<tr>
<td>Jarisch-Herxheimer reaction (JHR) [3,4]</td>
<td>The Jarisch-Herxheimer reaction (JHR) is a transient immunological phenomenon seen commonly in patients during treatment for syphilis, and it manifests clinically with short-term constitutional symptoms such as fever, chills, headache and myalgias, besides exacerbation of existing cutaneous lesions. Adolf Jarisch (1850-1902) was an Austrian dermatologist. Karl Herxheimer (1861-1942) was a German dermatologist.</td>
</tr>
<tr>
<td>Kaposi sarcoma [5]</td>
<td>It is a mesenchymal tumor that involves blood and lymphatic vessels and that affects multiple organs, most commonly the skin. It was first described as “idiopathic multiple pigmented sarcoma” by Moritz Kaposi Kohn (1837-1902), (Fig. 2), in 1872. Kaposi was born in Hungary, and graduated in medicine from the University of Vienna. He was one of the first to establish dermatology based on anatomic pathology. His book, Pathology and Therapy of the Skin Diseases in Lectures for Practical Physicians and Students, became one of the most significant books in the history of dermatology and was translated into several languages.</td>
</tr>
<tr>
<td>Kyrle disease [6]</td>
<td>This is another name for hyperkeratosis follicularis et parafollicularis in cutem penetrans, first described by Kyrle in 1916. Josef Kyrle (1880-1926), was an Austrian pathologist and dermatologist.</td>
</tr>
<tr>
<td>Leiner syndrome [7]</td>
<td>Karl Leiner (1871-1930) was a well-known Austrian pediatrician. In the 1908, he studied 43 babies with a triad of diarrhea weight loss and dermatitis. Later on this clinical phenotype becomes known as Leiner syndrome.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Austria
Eponyms in the dermatology literature linked to Austria

<table>
<thead>
<tr>
<th>Eponym</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisch nodule [8]</td>
<td>It is a pigmented hamartomatous nodular aggregate of dendritic melanocytes affecting the iris, named after Austrian ophthalmologist Karl Lisch (1907–1999), (Fig. 3), who first recognized them in 1937.</td>
</tr>
<tr>
<td>Lipschütz’ ulcer [9]</td>
<td>Lipschütz acute genital ulcer is a rare distinctive cause of non-venereal acute genital ulcers that occurs particularly in adolescents described in 1913. The etiology is unknown, although recent reports have associated it with the Epstein-Barr virus. The diagnosis is made by exclusion after ruling out sexually transmitted diseases, autoimmune causes, trauma, and other etiologies of genital ulcerations. It is named after Benjamin Lipschütz (1878-1931), an Austrian dermatologist and microbiologist.</td>
</tr>
<tr>
<td>Mucha–Habermann disease [10]</td>
<td>This is another name for, pityriasis lichenoides et varioliformis acuta (PLEVA). Viktor Mucha (1877-1933), (Fig. 4), was a dermatologist from Austria. He was involved in early syphilis research. Rudolf Habermann (1884-1941), was a German dermatologist.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Austria (continued)

REFERENCES

Greece, officially the Hellenic Republic is a country in Southeast Europe. According to the 2011 census, Greece’s population is around 11 million. Athens is the nation’s capital and largest city. The official language is Greek [1].

There are several medical eponyms linked to Greece. In Table I [2-12], we highlighted on selected eponyms in the dermatology literature, linked to Greece.

**Table I. Selected Eponyms in the dermatology literature linked to Greece**

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Greece</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achilles tendon [2]</td>
<td>Also known as the calcaneal tendon or the tendo calcaneus, which is a tendon of the posterior leg. In Greek mythology, Achilles was a Greek hero of the Trojan War and the central character and greatest warrior of Homer’s Iliad. Because of his death from a small wound in the heel, the term Achilles’ heel has come to mean a person’s point of weakness.</td>
</tr>
<tr>
<td>Adamantiades-Behçet syndrome [3,4]</td>
<td>This best known currently as Behçet disease which is characterized by relapsing oral aphthae, genital ulcers and iritis. This disease is named after Hulusi Behçet (1889–1948), the Turkish dermatologist and scientist who first recognized the syndrome. This disease also called “Adamantiades’ syndrome” or “Adamantiades-Behçet syndrome”; for the work done by Benediktos Adamantiades. Benediktos Adamantiades (1875-1962), (Fig. 1) was a Greek ophthalmologist.</td>
</tr>
</tbody>
</table>

Figure 1. Benediktos Adamantiades (1875-1962)
Eponyms in the dermatology literature linked to Greece

Remarks

Diogenes syndrome [5,6]
Cessation of normal skin cleansing seen in geriatric or self-neglected patients can cause accumulation of keratinous crusts on the skin. In the extreme end of this spectrum is a condition known as Diogenes syndrome (DS). These patients may have psychiatric disorders like paranoid disorders, mood affection, or emporofrontal dementia.
Diogenes syndrome, also known as senile squalor syndrome, is a disorder characterized by extreme self-neglect, domestic squalor, social withdrawal, apathy, compulsive hoarding of garbage, and lack of shame. The condition was first recognized in 1966 and designated Diogenes syndrome by Clark et al. The name derives from Diogenes of Sinope, an ancient Greek philosopher, a Cynic and an ultimate minimalistic, who allegedly lived in a barrel. Not only did he not hoard, but he actually sought human company by venturing daily to the Agora. Therefore, this eponym is considered to be amisnomer.

Eczematid-like purpura of Doucas and Kapetanakis [7,9]
It is a type of pigmented purpuric dermatoses (PPDs) with eczematous changes in the purpuric surface. Named for 2 Greek physicians, Christoforos Doucas (1890-1974) and Ioannis Kapetanakis (1913-1987).

Higouménakis’ sign [10]
It is a unilateral enlargement of the sternoclavicular portion of the clavicle, seen in congenital syphilis. First described by George Higoumenakis in 1927 George Higoumenakis (1895–1983), (Fig. 2), who was a Greek dermatologist.

Papanicolaou’s smear [11,12]
Also called Pap test and Pap smear. It is a cytodiagnostic test for early detection of cervical cancer. Named after George Nicholas Papanicolaou (1883-1962), (Fig. 3), who was a Greek-American cytologist and pathologist.

Table I. Selected Eponyms in the dermatology literature linked to Greece (continued)

REFERENCES

Figure 2. Photo and signature of George Higoumenakis (1895-1983)

Figure 3. George Nicholas Papanicolaou (1883-1962)
EPONYMS IN THE DERMATOLOGY LITERATURE LINKED TO ITALY

Khalid Al Aboud¹, Daifullah Al Aboud²

¹Department of Public Health, King Faisal Hospital, Makkah, Saudi Arabia
²Dermatology Department, Taif University, Taif, Saudi Arabia

Corresponding author: Dr. Khalid Al Aboud amo65@hotmail.com

Source of Support: Nil
Competing Interests: None

Italy is one of the largest European countries. With 60.8 million inhabitants, it is the fifth most populous country in Europe [1]. It has been ranked as the world’s 25th most-developed country and its Quality-of-life Index was ranked in the world’s top ten in 2005. Italy enjoys a very high standard of living and has a high public education level [1].

It ranks as having the world’s 2nd best healthcare system, and the world’s 3rd best healthcare performance. Italy had the 12th highest worldwide life expectancy in 2010 [1]. Many of the important dermatology educational resources and periodicals are based in Italy. In Table I [2-16], we listed selected eponyms in dermatology literature linked to Italy.

### Table I. Selected Eponyms in the dermatology literature linked to Italy

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Italy</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anetoderma of Jadassohn–Pellizzari [2]</td>
<td>Anetoderma is clinically characterized by localized areas of flaccid or herniated sack-like skin. Currently it is usually classified into two clinical groups: primary anetoderma, which arises from previously normal skin and secondary anetoderma, which occurs at sites of skin diseases such as syphilis, acne, lupus, or varicella. Primary anetoderma can be divided into Schweninger-Buzzi type (no preceding erythema) and Jadassohn-Pellizzari type (preceded by macular erythema or papular urticaria). In addition to Pellizzari’s anetoderma, the Italian dermatologist, Celso Pellizzari (1851-1925), (Fig. 1). Also, discovered several nosologic entities such as colloid pseudomilium.</td>
</tr>
<tr>
<td>Angiokeratoma of Mibelli (also porokeratosis of Mibelli) [3]</td>
<td>Angiokeratoma of Mibelli and porokeratosis of Mibelli, both are well known skin diseases are named after, Vittorio Mibelli (1860-1910), (Fig. 2), who was an Italian dermatologist born in Portoferraio, Elba.</td>
</tr>
</tbody>
</table>

© Our Dermatol Online. Suppl. 2.2013 437
<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to Italy</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atrophoderma of Pasini-Pierini [4-7]</td>
<td>Idiopathic atrophoderma of Pasini and Pierini is a rare, disorder of dermal atrophy described by Pasini in 1923 and Pierini &amp; Vivoli in 1936. The typical presentation is an ovoid, mildly depressed, hyperpigmented lesion of the trunk. Though the disorder was first described by an Italian physician, Agostino Pasini (1875-1944) in 1923; it was Luis Pierini, an Argentinean physician who pursued its study among 50 Argentinean cases and definitively defined its clinical and histological features. Canizares in 1957 introduced the disorder to American literature and also named it after its two pioneers. Linear atrophoderma of Moulin (LAM) is a rare dermatologic disorder characterized by a hyperpigmented atrophoderma that consistently follows the lines of Blaschko. This disease was first referred to as Atrophoderma of Moulin after Dr. Moulin who first reported it in 1992 then was renamed as linear atrophoderma of Moulin. There are many clinical and histologic similarities between LAM, atrophoderma of Pasini and Pierini (APP), and morphea, and whether LAM represents part of a disease spectrum or its own distinct entity is debated.</td>
</tr>
<tr>
<td>Gianotti–Crosti syndrome [8,9]</td>
<td>Also known as papular acrodermatitis of childhood. It is a skin rash associated with viral infections. It is named after, Ferdinando Gianotti (1920-1984), who was an Italian physician and Agostino Crosti (1896-1988), who was an Italian dermatologist, and Professor of Dermatology in Milan. Crosti’s syndrome is named, also, after Agostino Crosti.</td>
</tr>
<tr>
<td>Golgi apparatus [10]</td>
<td>The Golgi apparatus, also known as the Golgi complex, Golgi body, or simply the Golgi, is an organelle found in most eukaryotic cells. It was identified in 1897 by Camillo Golgi and named after him in 1898. Camillo Golgi (1843-926), (Fig. 3), was an Italian physician, pathologist, scientist, and Nobel laureate.</td>
</tr>
<tr>
<td>Haemophilus ducreyi [11]</td>
<td>It is a gram-negative coccobacillus causing the sexually transmitted disease chancroid, a major cause of genital ulceration in developing countries. It is named for, Agosto Ducrey (1860-1940), (Fig. 4), who was an Italian dermatologist.</td>
</tr>
<tr>
<td>Malpighian layer [12]</td>
<td>The Malpighian layer of the skin is a term that is generally defined as both the stratum basale and stratum spinosum as a unit. It is named for an Italian doctor; Marcello Malpighi (1628-1694), (Fig. 5).</td>
</tr>
<tr>
<td>Pasini type of epidermolysis bullosa [13-16]</td>
<td>The autosomal dominant of dystrophic epidermolysis (DDEB) has been conventionally divided into Pasini and Cockayne-Touraine variants on the basis of the presence or absence of whitish dermal papules, so-called albopapuloid lesions, respectively. But the issue is clouded by the fact that albopapuloid lesions, which are most often seen on the trunk, are probably not specific. In 1928, Pasini described a single family whose EB was distinguished by the presence of numerous white papules that he called ‘albopapuloid’ lesions. Larger series of patients with DDEB were reported by Cockayne (1933) and Touraine (1942).</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in the dermatology literature linked to Italy (continued)

![Figure 3. Camillo Golgi (1843-926)](image1)
![Figure 4. Agosto Ducrey (1860-1940)](image2)
![Figure 5. Marcello Malpighi (1628-1694)](image3)
REFERENCES


A MINI-REVIEW ON EPONYMS IN THE DERMATOLOGY LITERATURE LINKED TO FRANCE

Ahmad Al Aboud¹, Khalid Al Aboud²

¹Dermatology Department, King Abdullah Medical City, Makkah, Saudi Arabia
²Department of Public Health, King Faisal Hospital, Makkah, Saudi Arabia

Corresponding author: Dr. Khalid Al Aboud amoa65@hotmail.com

France officially the French Republic France is the largest country in Western Europe and the third-largest in Europe as a whole [1]. It possesses the second-largest exclusive economic zone in the world. It has been a major power with strong cultural, economic, military, and political influence in Europe and around the world. Its estimated current population is around 65,350,000. The French healthcare system was ranked first worldwide by the World Health Organization in 1997 and then again in 2000. Care is generally free for people affected by chronic diseases [1]. Many eponyms we use them currently, in our dermatology practice, originated from France. For example, Schnitzler’s syndrome which is characterized by recurrent urticarial rash and monoclonal gammopathy is named after the French dermatologist L. Schnitzler (Fig. 1) who first described this syndrome in 1972. As a matter of fact one my need to write a book if he or she wish to discuss French dermatological eponyms in details. However, in this communication, we meant to shed some lights only, on some examples of French dermatological eponyms, which we summarized it in Table I [2-20].

### Table I. Selected Eponyms in the dermatology literature linked to France

<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to France</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acrodermatitis continua of Hallopeau [2]</td>
<td>It an uncommon variant of pustular psoriasis first described by Hallopeau in 1890. François Henri Hallopeau (1842-1919), (Fig. 2), was a French dermatologist Other condition named after him is Recessive dystrophic epidermolysis bullosa (also known as „Hallopeau-Siemens variant of epidermolysis bullosa”). Hermann Werner Siemens (1891-1969) was a German dermatologist.</td>
</tr>
<tr>
<td>Confluent and reticulated papillomatosis of Gougerot and Carteaud [3]</td>
<td>Also known as Confluent and reticulated papillomatosis. Named for, 2 French physicians; Henri Gougerot (1881-1955), (Fig. 3), and Alexandre Carteaud (born 1897), Who originally described the condition in 1927.</td>
</tr>
</tbody>
</table>

Source of Support: Nil
Competing Interests: None

Cite this article: Ahmad Al Aboud, Khalid Al Aboud: A mini-review on eponyms in the dermatology literature linked to France. Our Dermatol Online. 2013; 4(Suppl. 2): 440-443.
<table>
<thead>
<tr>
<th>Eponyms in the dermatology literature linked to France</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darier disease [4]</td>
<td>Also known as Darier disease, Darier–White disease, Dyskeratosis follicularis and Keratosis follicularis. It is an autosomal dominant disorder discovered by Ferdinand-Jean Darier (1856-1938), (Fig. 4), who was a French physician, pathologist and dermatologist called the „father of modern dermatology in France”.</td>
</tr>
<tr>
<td>Degos disease [5]</td>
<td>Robert Degos (1904–1987), (Fig. 5), was a French dermatologist who described several dermatoses including Degos disease (also called malignant atrophic papulosis) which is an extremely rare vasculopathy which results in tissue infarction.</td>
</tr>
<tr>
<td>Erythema induratum of Bazin [6]</td>
<td>In 1861, Bazin gave the name erythema induratum to a nodular eruption that occurred on the lower legs of young women with tuberculosis. Erythema induratum/nodular vasculitis complex is classified into 2 variants: erythema induratum of Bazin type and nodular vasculitis or erythema induratum of Whitfield type. The Bazin type is related with tuberculous origin, but Whitfield type is not. Ernest Bazin (1894-1964), (Fig. 6), was a French physician.</td>
</tr>
<tr>
<td>Favre–Racouchot syndrome [7]</td>
<td>It is a disorder consisting of multiple open and closed comedones in the presence of actinically damaged skin. It is named after the French dermatologist Maurice Favre (1876-1954) and his pupil Jean Racouchot (1908-1994).</td>
</tr>
<tr>
<td>Fournier’s gangrene [8]</td>
<td>Fulminating infection of the scrotum leading to gangrene and commonly associated with diabetes. It is a type of necrotizing infection or gangrene usually affecting the perineum. It was first described by Baurienne in 1764 and is named after, Jean Alfred Fournier (1832-1914), French dermatologist (Fig. 7).</td>
</tr>
<tr>
<td>Griscelli syndrome (GS) [9]</td>
<td>It is a rare autosomal recessive disorder characterized by albinism (hypopigmentation) with immunodeficiency, that usually causes death by early childhood. It is caused by mutations in either the myosin VA (GS1), RAB27A (GS2) or melanophilin (GS3) genes. The three GS subtypes are commonly characterized by pigment dilution of the skin and hair, due to defects involving melanosome transport in melanocytes. It is named after Claude Griscelli, (Fig.8), born in 1936, professor of pediatry at Hôpital des Enfants-Malades in Paris.</td>
</tr>
<tr>
<td>Huriez syndrome [10]</td>
<td>Palmoplantar keratoderma with scleroatrophy. Named for French dermatologist, Claude Huriez (1907-1984), (Fig. 9). In 1960s, Huriez and his colleagues reported 2 families from northern France with, this syndrome, which is characterized by scleroatrophy of the hands and feet, nail hypoplasia, mild palmoplantar keratoderma and hypohidrosis.</td>
</tr>
<tr>
<td>Jacquet dermatitis [11]</td>
<td>It is another name for erosive form of irritant napkin dermatitis. The first true description of diaper dermatitis was made by Jacquet in 1905.</td>
</tr>
<tr>
<td>Laugier-Hunziker syndrome (LHS) [12]</td>
<td>LHS is a rare acquired disorder characterized by diffuse macular hyperpigmentation of the oral mucosa and, at times, longitudinal melanonychia. Laugier-Hunziker syndrome was first described in 1970 by Laugier (from France) and Hunziker (from Switzerland).</td>
</tr>
</tbody>
</table>

Table 1. Selected Eponyms in the dermatology literature linked to France (continued)
### Remarks

**Papillon - Lefèvre syndrome** [10]
An autosomal recessive disorder characterized by diffuse, transgredient PPK in association with destructive periodontitis (beginning in childhood) and premature loss of teeth. It is named for 2 French dermatologists: Papillon and Paul Lefèvre, who described it in 1924.

**Pautrier microabscess** [13]
An intraepidermal collections of malignant lymphocytes, seen in cutaneous cell lymphoma. It is named after Lucien-Marie Pautrier, although he did not first describe them. Lucien-Marie Pautrier (1876-1959), (Fig. 10), was a French dermatologist, who headed a leading department at the medical school of Strasbourg.

**Pigmented purpuric lichenoid dermatitis of Gougerot-Blum** [14]
It is a type of pigmented purpura. It was characterized in 1925 by 2 French dermatologists: Paul Blum (1878-1933) and Henri Gougerot (1881-1955).

**Poikiloderma of Civatte** [15,16]
It refers to erythema associated with a mottled pigmentation seen on the sides of the neck more commonly in women. Civatte first described the condition in 1923. Achille Civatte (1877-1956), (Fig. 11), was a French physician.

**Sabouraud agar** [17,18]
It is a type of agar containing peptones. It is used to cultivate dermatophytes and other types of fungi. It was created by, and is named after, Raymond Sabouraud in 1892. Raymond Sabouraud (1864–1938), (Fig. 12), was a French physician born in Nantes. He specialized in dermatology and mycology, and was also an accomplished painter and sculptor.

**Sézary syndrome** [13]
In a series of papers from 1938 to 1949, Albert Sézary (1880-1956), (Fig. 13), a French dermatologist and syphilologist, described erythroderma with cellules monstrueuses (monster cells) in the skin and blood, which is now known as Sézary syndrome or Sézary disease.

**Tzanck test** [19,20]
In dermatopathology, the Tzanck test, also Tzanck smear, is scraping of an ulcer base to look for Tzanck cells. It is sometimes also called the Chickenpox skin test and the herpes skin test. It is named after Arnault Tzanck (1886–1954), (Fig. 14), a French dermatologist.

### Table I. Selected Eponyms in the dermatology literature linked to France (continued)
Woringer-Kolopp disease [13]

Pagetoid reticulosis (PR) is a rare form of cutaneous T-cell lymphoma. Two variants of the disease are described: the localized type Woringer-Kolopp disease (WKD) and the disseminated type Ketron-Goodman disease (KGD). KGD is named after Lloyd W. Ketron and M.H. Goodman. The term PR has been introduced by Braun-Falco et al. in 1973 to identify this clinical entity, first described by Woringer and Kolopp in 1939, for the resemblance of infiltrating cells characterizing this condition with Paget’s cells present in the epidermotropic infiltrate of mammary Paget’s disease.

Pierre Kolopp was French physician and Frederic Woringer (1903-1964), (Fig. 15), was one of Pautrier’s students, who had been in charge of the Laboratoire d’Histopathologie Cutanée in Strasbourg from 1930 until his death.

Table I. Selected Eponyms in the dermatology literature linked to France (continued)

Acknowledgment

The authors wish to express sincere thanks to Daniel R Wallach, MD, Department of Dermatology of the NB Hôpital Tarnier in Paris, France, and Pascale Barre; responsible for Dermaweb, Laboratoires Pierre Fabre, for their assistance in obtaining Figure 1 in this manuscript.

REFERENCES

There are many diseases in medicine which are named after scientists. These so-called „eponyms“ have become quite commonplace in medical literature and offer important historical insight. These eponyms originated from different countries around the world. In Table I [1-18]. I listed selected eponyms in dermatology literature linked to Switzerland. Switzerland is situated in western Europe. Its current population is estimated to be 8 million people. It is known for many people around the world by its productions of many good and beautiful things. For examples, high quality hand watches. Many scientific contributions in medicine came also from Switzerland. The well-known whonamedit website, (www.whonamedit.com), listed till now more than 100 scientists from Switzerland for whom many medical conditions were named. In addition, many scientists from Switzerland win Nobel Prize in its different branches. As a matter of fact, when it comes to Nobel Prize winners per capita, Switzerland is head and shoulders above the competition. The first winner from Switzerland in Physiology or Medicine is Emil Theodor Kocher (1841-1917), (Fig. 12), for his work in the physiology, pathology and surgery of the thyroid. He was awarded in 1909. Many scientists from Europe were also teaching medicine in Switzerland. For example Jacob Henle (1809-1885), a German scientist for whom, Henle’s Layer of the Internal Root Sheath, was named. Also, Johann Lukas Schönlein (1793-1864) a German scientist, who made important medical discoveries. All were made during his years in Zurich, the so-called typhoid crystals in patients’ stools (1836), „peliosis rheumatica“ (1837), and-most important-the causative agent of favus (1839), a fungus later named Achorion schoenleinii [19]. Henoch-Schönlein purpura is named for him and for his former student from Germany Eduard Heinrich Henoch (1820-1910). Trichophyton schönleinii is still acceptable term, named for him. Also, there are scientists from outside Switzerland who had medical training in Switzerland like the famous American dermatologist, Marion Baldur Sulzberger (1895-1983). On the other hand there are scientists from Switzerland who continued their researches and career outside Switzerland. Willy Burgdorfer is an example. Burgdorfer, (Fig. 13), is an American scientist born and educated in Basel, Switzerland. He is an international leader in the field of medical entomology. He is famous for his discovery of the bacterial pathogen that causes Lyme disease, a spirochete named Borrelia burgdorferi in his honor. He isolated the bacterium in 1982 [20]. It is to be mentioned that some of the eponyms linked to Switzerland are no longer in common use in medicine. For example, Rickettsia mooseri is an old name for Rickettsia typhi, the causative agent of murine typhus. It is named for Hans Mooser, a Professor of bacteriology in Zurich. It is, also, a well-known and not uncommon phenomenon, that eponyms often become associated with names of people who are not, in fact, identical with the person who first described or discovered a given state or circumstance. This applies to eponyms linked to Switzerland. The du Bois sign is an example. Neither was Charles du Bois the first person to describe the shortened fifth finger in cases of congenital syphilis, nor did he devise the sign’s currently accepted description (Tabl. I). Lastly, it is needless to say that eponyms originated from a given country provide just an inclusive and not a conclusive idea about its overall scientific contributions.
Bloch-Sulzberger syndrome (BSS) [1-3]

BSS is another name for Incontinentia pigmenti (IP). IP is an x-linked dominant condition that affects skin, teeth, eyes and may also have neurological problems. IP is more commonly used term than BBS.

Garrod reported the first probable case of incontinentia pigmenti in 1906 and described it as a peculiar pigmentation of the skin in an infant with mental deficiency and tetraplegia. Subsequently, Bloch and Sulzberger further defined the condition in 1926 and 1928, respectively, as a clinical syndrome. Bruno Bloch (1878-1933), (Fig. 1) is a Swiss dermatologist. His name is also linked to „Bloch’s reaction” or more commonly named „Dopa stain” , which is, a dark staining observed in fresh tissue sections to which a solution of dopa has been applied, presumably due to the presence of dopa oxidase in the protoplasm of certain cells.

Marion Baldur Sulzberger (1895-1983), was one of the most famous American dermatologists. He had received his training in dermatology in Zurich (Switzerland) from 1926 to 1929.

Fanconi anemia [2,4]

It is one of the rare hereditary diseases characterized by genetic defects of DNA repair mechanisms, which share many clinical features such as growth retardation, neurological disorders, premature ageing, skin alterations including abnormal pigmentation, telangiectasia, xerosis cutis, pathological wound healing as well as an increased risk of developing different types of cancer.

It is named for, Guido Fanconi (1892-1979), (Fig. 2); a Swiss paediatrician. His name is also linked to Fanconi syndrome (osteomalacia, aminoaciduria, hyperphosphaturia, glycosuria and aciduria).

Table I. Selected Eponyms in dermatology literature linked to Switzerland

© Our Dermatol Online
Franceschetti-Klein syndrome

Franceschetti-Klein syndrome is another name for what is currently widely known as Treacher Collins syndrome. It is a rare disorder of craniofacial Development. The term mandibulofacial dysostosis is used to describe the clinical features.

It is named after Edward Treacher Collins (1862-1932), the English surgeon and ophthalmologist who described its essential traits in 1900. In 1949 Franceschetti and Klein described the same condition on their own observations as mandibulofacial dysostosis.

Adolphe Franceschetti (1896-1968), (Fig. 3), was a Swiss ophthalmologist. David Klein (1908-1993), was a Swiss human geneticist and ophthalmologist.

There is confusion as to the correct eponymic term for This condition. Treacher Collins syndrome is the term commonly used in Britain and USA, while Franceschetti-Klein syndrome is used in continental Europe. George Andreas Berry in 1889 first described an Abortive form with colobomata of the lower eyelids. In 1900, Treacher Collins presented two similar patients. Franceschetti and Zwahlen in 1944 and Franceschetti and Klein in 1949 published extensive reviews of the condition in which they expanded the phenotype, employing the designation „mandibulofacial dysostosis”.

Adolphe Franceschetti created a department of human genetics at his clinic. This was headed by David Klein and became the origin of the first institute of human genetics in Switzerland. Franceschetti published more than 500 articles, and his name is attached to some 10 syndromes.

David Klein was a leading figure in the organization of the British Ophthalmological Society as well as in the International council of ophthalmology and was elected president in 1927.

---

Horner syndrome [6]

This syndrome is characterized by drooping of the eyelid (ptosis) and constriction of the pupil (miosis), sometimes accompanied by decreased sweating of the face on the same side. It occurs due to a defect in the sympathetic nervous system. It is named after Johann Friedrich Horner (1831-1886), (Fig. 4), a Swiss doctor who later became an ophthalmologist. He was the founder of modern scientific Swiss ophthalmology.

---

Table 1. Selected Eponyms in dermatology literature linked to Switzerland (continued)
<table>
<thead>
<tr>
<th>Eponyms in dermatology literature linked to Switzerland</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jadassohn-Tieche nevus [7,8]</td>
<td>This term was once used for a blue nevus. It is named after Max Tièche (1878-1938), (Fig. 5), a Swiss physician and Joseph Jadassohn (1863-1936), a German dermatologist.</td>
</tr>
<tr>
<td>Laugier-Hunziker syndrome (LHS) [9]</td>
<td>LHS is a rare acquired disorder characterized by diffuse macular hyperpigmentation of the oral mucosa and, at times, longitudinal melanonychia. Laugier-Hunziker syndrome was first described in 1970 by Laugier (from France) and Hunziker (from Switzerland).</td>
</tr>
<tr>
<td>Lutz-Miescher syndrome (LMS) [10,11]</td>
<td>LMS was an old name for Elastosis perforans serpiginosa (EPS). It is no longer used. LMS is named for Wilhelm Lutz and Alfred Guido Miescher. Wilhelm Lutz (1888–1958), (Fig. 6), was a Swiss dermatologist. Alfred Guido Miescher (1887-1961), (Fig. 7), was an Italian-born Swiss dermatologist. The first recognizable description of EPS was provided by Fischer in 1927 but was offered as an example of Kyrle disease. Jones and Smith also described elastosis perforans serpiginosa in 1947 but mistook it for porokeratosis of Mibelli. In 1953, Lutz recognized the features of EPS as those of an unknown disease and termed the condition keratosis follicularis serpiginosa. Miescher believed the condition was unique and termed it elastoma intrapapillare perforans verruciform.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in dermatology literature linked to Switzerland (continued)
<table>
<thead>
<tr>
<th>Eponyms in dermatology literature linked to Switzerland</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miescher’s cheilitis [12]</td>
<td>Miescher’s cheilitis is another less commonly used name for Granulomatous cheilitis. Miescher’s cheilitis is named for Alfred Guido Miescher. Granulomatous cheilitis or cheilitis granulomatosa is a monosymptomatic form of the Melkersson–Rosenthal syndrome (MRS). MRS is characterized by a triad of symptoms, typically with an onset in childhood or youth. It comprises recurrent facial paralysis (in 30% of cases), chronic edema of face and lips and fissured tongue (lingua plicata). MRS was described by Melkersson in 1928 and, Rosenthal in 1931 emphasized that lingua plicata (fissured tongue) is commonly related. However, there are several earlier descriptions of the condition—by Paul Hübschmann (1894), Lothar von Frankl-Hochwart (1891) and Grigorii Ivanovich Rossolimo (1901). Ernst Gustaf Melkersson (1898-1932) was born and educated in Sweden. Later, he worked at the medical department of the Gothenburg Sahlgrenska sjukhuset. Curt Rosenthal (1892-1937), was born in Germany and worked at the University of Breslau psychiatry and neurology clinic. The designation Melkersson’s syndrome was suggested to honor Melkersson, who had died so young, but the term Melkersson–Rosenthal syndrome has now been generally accepted.</td>
</tr>
<tr>
<td>Naegeli-Franceschetti-Jadassohn syndrome (NFJS) [13]</td>
<td>It is a rare symptom complex out of the spectrum of ectodermal dysplasia. The main clinical findings are absence of dermatoglyphs, reticular or mottled hyperpigmentation, hypohidrosis and nail dystrophy. NFJS is named after Oskar Naegeli, Adolphe Franceschetti and Josef Jadassohn. Oskar Naegeli (1885-1959), (Fig. 8), was a Swiss dermatologist. Adolphe Franceschetti (1896-1968), was a Swiss ophthalmologist. Josef Jadassohn (1863-1936), was a German dermatologist.</td>
</tr>
<tr>
<td>Richner-Hanhart syndrome [14]</td>
<td>It is a rare autosomal recessive disease characterized by ocular changes, painful palmoplantar hyperkeratosis, and mental retardation. This syndrome is reported first by, Dr. Hermann Richner, Swiss dermatologist, born September 6, 1908, in Zürich. Ernst Hanhart (1891-1973), (Fig. 9), was Swiss internist and human geneticist.</td>
</tr>
<tr>
<td>Secretan’s syndrome [15]</td>
<td>It is an edema of the limbs due to factitious factors like self-inflicted trauma with a hard object. In 1916, Henri-Francois Secretan (1856-1916), (Fig. 10), a Swiss physician, reported this condition.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in dermatology literature linked to Switzerland (continued)
Eponyms in dermatology literature linked to Switzerland

<table>
<thead>
<tr>
<th>Eponyms in dermatology literature linked to Switzerland</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>The du Bois sign [16]</td>
<td>The du Bois sign is a common but generally very unclearly defined term. It was possible to show that the origin of the term is based on the observations made by the Swiss dermatologist Charles du Bois in connection with congenital syphilis in 1926. The du Bois sign was defined as a shift in the volar skin crease of the distal joint of the fifth finger in the proximal direction as compared with the intermediate joint of the ring finger by René Hissard in 1932. Charles du Bois (1874–1947), was the Director of the Dermatological Syphiligraphic Clinic of the Medical Faculty in Geneva. This sign is sometimes wrongly attributed to Paul Dubois (1795–1871), a French gynecologist. The du Bois sign is a description of a brachydactylic condition of the fifth finger. This characteristic should not be seen as being of particular clinical significance on its own. If at all, the du Bois sign may be of limited use for diagnosing congenital syphilis, but only in combination with other symptoms or by way of supplementary evidence. Some authors suggested that this term to be replaced with brachymesophalangia 5 (BMP 5).</td>
</tr>
<tr>
<td>Vogt–Koyanagi–Harada syndrome [17,18]</td>
<td>It is characterized by uveitis, poliosis, vitiligo, and meningitis. Named for Alfred Vogt, Yoshizo Koyanagi, and Einosuke Harada. Yoshizo Koyanagi (1880–1954), was a Japanese ophthalmologist. In recognition of Koyanagi’s outstanding contribution and publications, the government conferred on him the posthumous Decoration of the Second Order of the Sacred Treasure. Einosuke Harada (1892–1946), was a Japanese ophthalmologist. Harada started to practice in the city of Nagasaki in 1930, where his hospital was destroyed by the atomic bomb on August 9, 1945; although he survived the bomb, Harada died before he could restart his practice. Alfred Vogt (1879-1943), (Fig. 11), was one of three ophthalmologists from the German-speaking part of Switzerland who had an exceptional impact on ophthalmology during the 20th century; the other two were Hans Goldmann (1899-1991) and Franz Fankhauser (1924- ). Vogt is known for his natural gift of observation, his extraordinary memory for facts, and an enormous working capacity.</td>
</tr>
</tbody>
</table>

Table I. Selected Eponyms in dermatology literature linked to Switzerland (continued)
REFERENCES

Sweden is the third largest country in the European Union by area, with a total population of about 9.4 million [1].

There are several medical eponyms originated from this country. In Table I [2-8] we listed selected eponyms in dermatology literature linked to Sweden. The Online Wikipedia, referred to interesting facts about the scientific advancement of this country.

Sweden tops other European countries in the number of published scientific works per capita. It ranks in the top five countries with respect to low infant mortality. It also ranks high in life expectancy [1].

Swedish inventors hold a total of 33,523 patents in the United States as of 2007, according to the United States Patent and Trademark Office. As a nation, only ten other countries hold more patents than Sweden [1].

The Nobel Prize is well-known all over the world. It is instituted by Alfred Bernhard Nobel (1833-1896) (Fig.1), who was a Swedish chemist, engineer, innovator, and armaments manufacturer. He was the inventor of dynamite.

Dermatologists around the world is also remembering Sweden for, Acta Dermato-Venereologica, which is an international peer-review journal for clinical and experimental research in the field of dermatology and venereology published in Sweden since 1920.

<table>
<thead>
<tr>
<th>Eponyms in dermatology literature linked to Sweden</th>
<th>Remarks</th>
</tr>
</thead>
</table>
| Boeck-Schaumann disease [2,3]                     | This eponym with other eponyms like Besnier-Boeck-Schaumann disease, Boeck’s sarcoid, sarcoidosis Boeck, and Schaumann syndrome are now largely replaced by the term „sarcoidosis”.
  Caesar Peter Møller Boeck (1845-1917), was a Norwegian dermatologist. Together with Boeck, the English physician, Jonathan Hutchinson (1828-1913), and the French physicians, Ernest Besnier (1831-1909), and Henri Tenneson (1836-1913) were all pioneers in sarcoidosis work, even though the connections between them were made clear many years later.
  Boeck coined an instantly acceptable term, sarcoid, and perhaps most important, he accurately and lucidly depicted the classic histologic features of this characteristic granuloma. So, history justifies the term, „Boeck’s sarcoidosis”.
  Boeck’s compatriot, Ansgar Kveim (1892-1966), presented, in 1941, the Kveim reaction for diagnostic use. The swede, Jörgen Schaumann (1879-1953), demonstrated early the generalized character of the disease.
  Jörgen Nilsen Schaumann (1879-1953) (Fig. 2), was a Swedish dermatologist. His name is also lent to Schaumann bodies (see below). Schaumann was also an accomplished artist. |

Table I. Selected Eponyms in dermatology literature linked to Sweden
Löfgren’s syndrome [4]

In 1952, a Swedish clinician, Sven Löfgren (1901-1978) (Fig. 3), described the combination of erythema nodosum, polyarthritis, fever, and bilateral hilar lymphadenopathy, called Löfgren’s syndrome, the most usual form of acute sarcoidosis. It is usually self-limiting, with a generally good prognosis. Given its multi-systemic nature and unspecific manifestations, clinical presentations of this acute-onset form of sarcoidosis can be missed and mistaken for cellulitis or other rheumatic conditions, especially in an ED setting. This is further complicated by the existence of variants, where some patients present with bilateral hilar lymphadenopathy and periarticular inflammation of the ankles without erythema nodosum.

The treatment for Löfgren’s syndrome is primarily conservative, with NSAIDs and bed rest recommended. Some patients also require corticosteroids as second-line therapy.
Eponyms in dermatology literature linked to Sweden

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium-containing inclusion bodies found in the cytoplasm of giant cells in sarcoidosis, berylliosis and uncommonly, in Crohn’s disease and tuberculosis. These bodies were first described by the German physician Oscar von Schüppel (1837-1881) in 1871, and by Max Askanazy (1865-1940) in 1921 as Kalkdrusen. But it is named for Jörgen Nilsen Schaumann (1879-1953), a Swedish dermatologist. It is to be mentioned that, a number of cytoplasmic structures/inclusions can be identified within the granulomas of sarcoidosis, including asteroid bodies, Schaumann’s bodies, calcium oxalate crystals, and Hamazaki-Wesenberg bodies; the last two of these can cause difficulties in differential diagnosis. Hamazaki-Wesenberg bodies (alternatively termed yellow-brown bodies, yellow bodies, Hamazaki corpuscles) are structures of unknown significance, which have been periodically documented in the sinuses of lymph nodes in numerous anatomic locations and myriad medical conditions, including appendicitis, cirrhosis, lymphoid tumours, colon carcinoma and numerous others, most famously sarcoidosis. Initially described by Hamazaki in 1938 in mesenteric lymph nodes, and later noted by Menne in 1952 in 70% of mesenteric lymph nodes removed during appendectomies.</td>
</tr>
</tbody>
</table>

Schaumann’s bodies [5,6]

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sjögren syndrome (SS) is a chronic autoimmune disease - an inflammatory exocrinopathy - affecting mainly postmenopausal women (80–90%) or younger women after artificial menopause. It is named for, Henrik Samuel Conrad Sjögren (1899-1986) (Fig. 4), a Swedish ophthalmologist. SS is also known as, Gougerot-Houwer-Sjögren syndrome, Gougerot-Sjögren syndrome, Sjögren disease and von Mikulicz-Gougerot-Sjögren syndrome. In 1925, Henri Gougerot (1881-1955), a French dermatologist, described three cases of salivary gland atrophy associated with dry eyes, mouth and vagina. Houwer (1927) and Wisssmann (1932) noted the joint occurrence of keratoconjunctivitis sicca and arthritis. Sjögren in 1933 published the complete disease picture. Sjögren described his syndrome in 1933 in his doctoral thesis „Zur Kenntnis der keratoconjunctivitis sicca“. Jan Mikulicz-Radecki (German: Johann von Mikulicz-Radecki) (1850-1905), was a Polish-Austrian surgeon. His name is also associated with one of the eponyms of this syndrome.</td>
</tr>
</tbody>
</table>

Sjögren’s syndrome [7]

<table>
<thead>
<tr>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is a rare autosomal recessive condition comprising congenital ichthyotic hyperkeratosis, spastic diplegia, mild to moderate mental retardation, and retinopathy. It is named for Karl Gustaf Torsten Sjögren (1896-1974) and Tage Konrad Leopold Larsson (1905-1998). Karl Gustaf Torsten Sjögren (1896-1974) (Fig. 5), a Swedish psychiatrist and geneticist, was a pioneer of modern Swedish psychiatry. Among his many contributions to medicine, he is credited for describing several medical conditions, which were later named after him, including Graefe-Sjögren syndrome, Marinesco-Sjögren syndrome, and Sjögren-Larsson syndrome (SLS). During his work on juvenile amaurotic idiocy, Sjögren forged collaboration with Tage K.L. Larsson, a statistics lecturer at the University of Lund. Their study on the combination of oligophrenia, congenital ichthyosis, and spastic disorders in 1957 established the clinical and genetic profile of a new disease entity, later known as Sjögren-Larsson syndrome (SLS). The incidence of SLS in Sweden is 1 in 100,000, rising to 1 in 10,000 in the northwest region of Vasterbotten.</td>
</tr>
</tbody>
</table>

Sjögren-Larsson syndrome (SLS) [8]

Table I. Selected Eponyms in dermatology literature linked to Sweden (continued)
REFERENCES

1. Sweden. [A page on the Internet]. From Wikipedia, the free encyclopedia. Wikipedia® is a registered trademark of the Wikimedia Foundation, Inc. [This page was last modified 2012 Sep 2; cited 2012 Sep 8]. Available at; http://en.wikipedia.org/wiki/Sweden.


Finland is a Nordic country situated in the Fennoscandian region of Northern Europe. The population of Finland is currently about 5.4 million [1]. It is developed in many fields, and particularly in education.

This year in the 2013 Reporters Without Borders World Press Freedom Index, and for the third year running, Finland has distinguished itself as the country that most respects media freedom.

There are names in medicine linked to Finland. These names might be after a place or after scientists from Finland [1]. For instance, Aland Island eye disease (AIED), also known as Forsius-Eriksson syndrome, is an X-linked recessive retinal disease characterized by a combination of fundus hypopigmentation, decreased visual acuity, nystagmus, astigmatism, protan color vision defect, progressive myopia, and defective dark adaptation. Electroretinography reveals abnormalities in both photopic and scotopic functions. The gene locus for AIED has been mapped to the pericentromeric region of the X-chromosome [2].

It is named after Henrik Forsius, Finnish ophthalmologist and Aldur Wictor Eriksson, Finnish human geneticist. It is named Åland Island eye disease because it is reported first and common in Åland which is a group of islands in the Bay of Finland, between Finland and Sweden.

However, one of the commonest eponym linked to Finland mentioned in dermatology literature and the literature of medicine in general is Von Willebrand’s disease (vWD). vWD is the most common inherited bleeding disorder. It is characterized by a deficiency in the clotting protein called von Willebrand’s Factor; the most common symptom is prolonged bleeding time. The clotting protein Factor VIII may also be involved.

vWD may present with cutaneous bruising and/or bleeding. However the latter may be a manifestation of a hereditary or acquired qualitative or quantitative platelet disorder, disturbance of the vascular or supporting structure, or it may be due to one of several acquired systemic disorders3.

vWD is named after Erik Adolf von Willebrand (1870-1949) [4-7].

Erik Adolf von Willebrand (Fig. 1) is a Finnish internist, born in Vasa; a seaport city located in western Finland and died in, Pernă. He discovered the most common inherited bleeding disorder while studying the genetic traits of a family in the Åland Islands in Finland [4-7]. Von Willebrand published two papers on Physiology and Clinical Management in Treatment with Hot Air. Throughout his lifetime he maintained his interest in the latter form of treatment as well as in metabolic disorders and haematological problems. He focused on blood changes during muscular exercise, metabolism and obesity, as well as carbon dioxide and water exchange through the human skin. Von Willebrand wrote many articles about obesity, gout and diabetes mellitus. He detailed a technique for evaluating ketone bodies in urine in 1912. He wrote about managing diabetes with diet, and he was a pioneer in insulin use. In 1922, von Willebrand wrote about using insulin to treat diabetic coma. He was the author of several hematology articles as well [5].

Von Willebrand remains most famous, however, for his description of vWD. A disease he encountered among the inhabitants of the Åland Islands. In 1925, he examined a 5-year-old girl with a history of bleeding who had been brought to Helsinki for treatment [5]. The little girl was the ninth of 12 children. Four of her siblings bled to death at an early age. Both of her parents came from families with bleeding disorders.

Von Willebrand was curious to know more, so he traveled to the Åland Islands to study the disease in depth. He mapped the family pedigree and found that 23 of the 66 family members had bleeding problems. Von Willebrand concluded that this was a previously unknown type of hemophilia. Initially, he called the disease „hereditary pseudo-hemophilia” because of the prolonged bleeding time. As he studied the disease more, he came to believe that platelets were involved, so he renamed it „constitution-al thrombopathy”. He noted his findings about the family in a 1926 report [5].

In 1994, the Åland Islands issued a postal stamp to honor von Willebrand’s work [5].

---

**EPONYMS IN DERMATOLOGY LITERATURE LINKED TO FINLAND**

Daifullah Al Aboud¹, Khalid Al Aboud²

¹Dermatology Department, Taif University, Taif, Saudi Arabia
²Department of Public Health, King Faisal Hospital, Makkah, Saudi Arabia

**Cite this article:** Daifullah Al Aboud, Khalid Al Aboud: Eponyms in dermatology literature linked to Finland. Our Dermatol Online. 2013; 4(2): 254-255.

---
REFERENCES

1. Finland. (A page on the Internet). From Wikipedia, the free encyclopedia Wikipedia® is a registered trademark of the Wikimedia Foundation, Inc. (This page was last modified 2012 Dec 23; cited 2012 Dec 23). Available at; http://en.wikipedia.org/wiki/Finland


An eponym is a word derived from the name of a person. The use of eponyms has long been contentious, but many remain in common use. Medical literature in general, has many eponyms, coined after scientists from all over the world. In this communication, we shall highlight on selected eponyms linked to Norway in dermatology literature. Norway has a population of about 5 million and it is the second least densely populated country in Europe. Yet, it was, and still the birthplace for great scientists. The strive for scientific advance and humanitarianism are among the characteristics of this small country. It has few examples of medical scientists that has discovered and cultivated unknown territory [1].

Most dermatologists are aware of the term „Norwegian scabies”, which is currently best known as „crusted scabies”, a condition where the patient may harbor up to many millions of mites. This type of scabies was called Norwegian scabies on account of its first recognition in Norway in 1848 among patients with leprosy [2]. The well-known whonamedit website, (www.whonamedit.com), listed till now more than 30 medical eponyms linked to Norway.

But some of these medical eponyms are no longer in common use in medicine. For example, Følling’s disease or Følling’s syndrome is the eponymous name for the autosomal recessive metabolic genetic disorder; Phenylketonuria (PKU) [1]. Asbjorn Følling (1888-1973), was a Norwegian physiologist. He discovered „his disease” (phenylketonuria = PKU) in 1934. He discovered the first link between metabolic disease and brain development [1].

Another example of medical eponym linked to Norway, which is not popular at present time is Harbitz-Müller syndrome, which is best known, as familial hypercholesterolemia [3]. Francis Gottfred Harbitz (1867-1950), and Carl Arnoldus Müller (1886-1983), were both Norwegian physicians. From 1925 to 1938, the pathologist, Francis Harbitz, published several reports on sudden death and xanthomatosis. Harbitz called attention to certain peculiarities of the xanthomatosis. Microscopically he found that the so-called foam cells are more marked and more characteristic than in senile arteriosclerosis [3]. However, some medical eponyms linked to Norway are still in common use. In Table I [4-10], we listed selected eponyms in dermatology literature, which are linked to Norway.

REFERENCES
Boeck's sarcoidosis

This eponym (also, called Boeck's sarcoid and sarcoidosis Boeck), is now largely replaced by the term "sarcoidosis". In 1899, Cæsar Peter Møller Boeck (1845-1917), (Fig. 1), Professor of Dermatology in Kristiania (now Oslo), published his pioneer article called "Multiple benign sarcoid of skin". Boeck coined the name sarcoidosis which stems from the Greek words “sark” (meaning flesh) and “oid” (meaning like). His uncle was Karl Wilhelm Boeck (1808-1875), known for his work on syphilis [4]. Together with Boeck, the English physician, Jonathan Hutchinson (1828-1913), and the French physicians, Ernest Besnier (1831-1909), and Henri Tenneson (1836-1913) were all pioneers in sarcoidosis work, even though the connections between them were made clear many years later [4].

Boeck coined an instantly acceptable term, sarcoid, and perhaps most important, he accurately and lucidly depicted the classic histologic features of this characteristic granuloma. ‘So, history justifies the term Boeck's sarcoidosis’ [4,5]. Boeck's compatriot, Ansgar Kveim (1892-1966), presented, in 1941, the Kveim reaction for diagnostic use. The Swede, Jörgen Schaumann (1879-1953), demonstrated early the generalized character of the disease. His compatriot, Sven Löfgren (1901-1978), described the combination of erythema nodosum, polyarthritis, fever, and bilateral hilar lymphadenopathy, called Löfgren's syndrome, the most usual form of acute sarcoidosis [4].

Hansen's disease

This term is used as a synonym for leprosy. Descending from a Danish family, Gerhard Henrik Armauer Hansen (1845-1917) (Fig. 2), Graduated in medicine in 1866 from the University at Christiana (the former name of Oslo). He began his work on a disease known as leprosy at the age of 26 and as an assistant of Daniel Cornelius Danielsen (1815-1894), at the Lungegaarden Hospital [5]. While Danielsen leaned toward heredity as a dominant factor in leprosy, Hansen's conviction was that the disease must have an infectious causal agent [5]. In about 1871, Hansen began to observe tiny little rods in tissue specimens and considered they could be the etiologic agent of leprosy, the more he found these rods in all the infiltrated nodular lesions in his patients. Finally, he proposed on February 28, 1873, that the rods were bacilli, responsible of leprosy [5]. He edited the journal <<Lepra>>. Hansen was also an eminent zoologist engaged in studies involving mollusks and worms; since 1874, he was president of the Bergen Museum of Natural History. Armauer Hansen died on February 12, 1912, and the funeral ceremonies took place in the Museum of Bergen where his ashes are still kept [5].

Table I. Selected Eponyms in dermatology literature linked to Norway

<table>
<thead>
<tr>
<th>Eponyms in dermatology literature linked to Norway</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boeck's sarcoidosis</td>
<td>This eponym (also, called Boeck's sarcoid and sarcoidosis Boeck), is now largely replaced by the term &quot;sarcoidosis&quot;. In 1899, Cæsar Peter Møller Boeck (1845-1917), (Fig. 1), Professor of Dermatology in Kristiania (now Oslo), published his pioneer article called &quot;Multiple benign sarcoid of skin&quot;. Boeck coined the name sarcoidosis which stems from the Greek words “sark” (meaning flesh) and “oid” (meaning like). His uncle was Karl Wilhelm Boeck (1808-1875), known for his work on syphilis [4]. Together with Boeck, the English physician, Jonathan Hutchinson (1828-1913), and the French physicians, Ernest Besnier (1831-1909), and Henri Tenneson (1836-1913) were all pioneers in sarcoidosis work, even though the connections between them were made clear many years later [4]. Boeck coined an instantly acceptable term, sarcoid, and perhaps most important, he accurately and lucidly depicted the classic histologic features of this characteristic granuloma. ‘So, history justifies the term Boeck's sarcoidosis’ [4,5]. Boeck's compatriot, Ansgar Kveim (1892-1966), presented, in 1941, the Kveim reaction for diagnostic use. The Swede, Jörgen Schaumann (1879-1953), demonstrated early the generalized character of the disease. His compatriot, Sven Löfgren (1901-1978), described the combination of erythema nodosum, polyarthritis, fever, and bilateral hilar lymphadenopathy, called Löfgren's syndrome, the most usual form of acute sarcoidosis [4].</td>
</tr>
<tr>
<td>Hansen's disease</td>
<td>This term is used as a synonym for leprosy. Descending from a Danish family, Gerhard Henrik Armauer Hansen (1845-1917) (Fig. 2), Graduated in medicine in 1866 from the University at Christiana (the former name of Oslo). He began his work on a disease known as leprosy at the age of 26 and as an assistant of Daniel Cornelius Danielsen (1815-1894), at the Lungegaarden Hospital [5]. While Danielsen leaned toward heredity as a dominant factor in leprosy, Hansen's conviction was that the disease must have an infectious causal agent [5]. In about 1871, Hansen began to observe tiny little rods in tissue specimens and considered they could be the etiologic agent of leprosy, the more he found these rods in all the infiltrated nodular lesions in his patients. Finally, he proposed on February 28, 1873, that the rods were bacilli, responsible of leprosy [5]. He edited the journal &lt;&lt;Lepra&gt;&gt;. Hansen was also an eminent zoologist engaged in studies involving mollusks and worms; since 1874, he was president of the Bergen Museum of Natural History. Armauer Hansen died on February 12, 1912, and the funeral ceremonies took place in the Museum of Bergen where his ashes are still kept [5].</td>
</tr>
</tbody>
</table>
Refsum's disease is an autosomal recessive inborn error of lipid metabolism classically characterized by a tetrad of clinical abnormalities: retinitis pigmentosa peripheral neuropathy, cerebellar ataxia, and elevated protein levels in the cerebrospinal fluid (CSF) without an increase in the number of cells. The disease presented in the skin as ichthyotic changes [7-10].

Sigvald Bernhard Refsum (1907-1991) (Fig. 3), was an outstanding Norwegian neurologist, highly respected and recognized both nationally and internationally. He first described this disorder and noted the hereditary aspect. In his monograph from 1946 he named the disease “heredopathia atactica polynuertiformis”; however, it was rapidly known as Refsum’s disease. Twenty years later, two German scientists, Klenk and Kahlke, detected large amounts of a peculiar branched-chain fatty acid, phytanic acid, in a Refsum patient. This started an amazing revelation of the biochemical background of the disease, and also led to a logical and effective treatment. Although Refsum’s disease is extremely rare, it has become well-known due to this elucidation of both the normal metabolism of phytanic acid and the pathophysiology of the disease [7-10].

<table>
<thead>
<tr>
<th>Eponyms in dermatology literature linked to Norway</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refsum's disease</td>
<td>Refsum disease is an autosomal recessive inborn error of lipid metabolism classically characterized by a tetrad of clinical abnormalities: retinitis pigmentosa peripheral neuropathy, cerebellar ataxia, and elevated protein levels in the cerebrospinal fluid (CSF) without an increase in the number of cells. The disease presented in the skin as ichthyotic changes [7-10]. Sigvald Bernhard Refsum (1907-1991) (Fig. 3), was an outstanding Norwegian neurologist, highly respected and recognized both nationally and internationally. He first described this disorder and noted the hereditary aspect. In his monograph from 1946 he named the disease “heredopathia atactica polynuertiformis”; however, it was rapidly known as Refsum’s disease. Twenty years later, two German scientists, Klenk and Kahlke, detected large amounts of a peculiar branched-chain fatty acid, phytanic acid, in a Refsum patient. This started an amazing revelation of the biochemical background of the disease, and also led to a logical and effective treatment. Although Refsum’s disease is extremely rare, it has become well-known due to this elucidation of both the normal metabolism of phytanic acid and the pathophysiology of the disease [7-10].</td>
</tr>
</tbody>
</table>

---

Table I. Selected Eponyms in dermatology literature linked to Norway (continued)