

**SIMILAR NAMES AND TERMS IN DERMATOLOGY; AN APPRAISAL**Ahmad Al About<sup>1</sup>, Khalid Al About<sup>2</sup><sup>1</sup>*Dermatology Department, King Abdullah Medical City, Makkah, Saudi Arabia*<sup>2</sup>*Pathology Department, Wake Forest University, Winston-Salem, NC, USA***Source of Support:**  
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In medicine, one can find easily an abbreviation which stand for few different things as well as many similar words.

The similarities in the words in medical field include the names of the drugs and the names of the diseases.

The names might be similar in „written communications” which is known as ”look alike” or in „verbal communications” which is known as „sound alike”.

In a busy health care work environment, drug products are often mistaken for other products because of similar names. Hundreds of articles have been published about „Look alike and sound alike” drugs. These papers listed the drugs with a similar names in each specialty and discussed the possible confusion which may result among them. The different strategies to tackle this confusion have been elaborated [1-5]. The similarities in the names, specially, of drugs in medical field, are a cause of confusion to the health care providers and hence a great source of risk to the patients.

Medication errors contribute substantially to patient injury and death, with 25% of these errors attributed to drug names that look or sound alike [5].

Errors involving look-alike names are common when the names are handwritten and errors with sound-alike names are common when the names are spoken. The problem involves both brand names and generic drug names. However, brand (proprietary) names are the most common to be confused.

Examples of the numerous drug names that have been confused because they look and/or sound similar include Celebrex (celecoxib), Cerebyx (fosphenytoin), and Celexa (citalopram) [3]. In another example, the antihistamine Zyrtec syrup (cetirizine) has been confused with the histamine H2-receptor antagonist Zantac syrup (ranitidine) for pediatric patients.

Factors such as poor handwriting and clinical similarity may exacerbate the problem. Several Measures to decrease medication errors due to confusing drug nomenclature are suggested, in order to maximize patient safety [1-4].

For instance, in medication orders that are communicated orally, whether in person or by telephone or other auditory

device. It is recommended that drug names be confirmed by spelling the name, providing both the brand name and the generic name, or providing the indication for use. It is also recommended that the person receiving the order repeat it to the person transmitting the order. Storing similarly named drugs separately and using auxiliary labels to differentiate the products in medication storage areas, was also suggested [1-4].

Overall, this problem can be alleviated through actions by regulatory agencies, pharmaceutical manufacturers, healthcare professionals, and patients [1-4].

In dermatology, in particular, confusing dermatologic drug names do, also, exist [5].

Moreover, the problem of „look- or sound-alike” names is not limited to the drugs but also involve the names of the diseases and other terms in dermatology literature.

As a matter of fact, one can find a single term, for two different things.

Hutchinson’s sign is a clinical sign which may refer to two different things [6,7]. The first is the pigmentation of the nail fold in association with melanonychia as a sign of melanoma. The second thing, is skin lesion on the tip of the nose as a sign of ophthalmic herpes zoster. This occurs because the nasociliary branch of the trigeminal nerve innervates both the cornea and the tip of the nose. This sign is named after Sir Jonathan Hutchinson (1828 –1913), who was an English surgeon, ophthalmologist, dermatologist, venereologist and pathologist [7].

The most common type of names which may cause confusion with other names is the eponyms. An eponym is a name that comes from a person’s name [8,9].

Possibly for non-dermatologist, one may think that „Sweet” in „Sweet’s syndrome”, is „a taste of sugar”. But, this syndrome was named for Dr Robert Douglas Sweet, who first described it 1964 [10].

Similarly, „Mali” in the term acroangiadermatitis of Mali [11,12], does not refer to Republic of Mali but for Dr Mali, who described it 1965, in 18 patients having mauve colored macules and papules predominantly over the extensor surface

of feet with underlying chronic venous insufficiency [11]. Similar name might be thought for and confused with another person, for example verrucous carcinoma of Ackerman is named after Lauren Vedder Ackerman (1905-1993) and not, A. Bernard Ackerman (1936-2008).

One may see also identical names for 2 different eponyms. For examples „Sjögren” in „Sjögren’s syndrome” (Sicca syndrome), is named after Henrik Samuel Conrad Sjögren (1899-1986), Swedish ophthalmologist. Whereas, „Sjögren”, in „Sjögren-Larsson syndrome”, is named after, Karl Gustaf Torsten Sjögren (1896-1974), Swedish physician, psychiatrist and inheritance researcher [13].

Similarly, „Stewart” in „Stewart-Treves syndrome” [14], (a malignancy that arises within chronic lymphedema), is different from the one in” Stewart-Bluefarb syndrome”. The latter is a type of acroangiokeratosis which was described independently by Stewart as well as by Bluefarb and Adams on the legs of patients with arterio-venous malformations [11]. The term, pseudo-Kaposi sarcoma, is generally used

synonymously with acroangiokeratosis of Mali, but is a broader term and includes both acroangiokeratosis of Mali and Stewart-Bluefarb syndrome [11].

We have also published that, there are 2 „Bart’s” in the eponyms of dermatology. Dr Bruce J Bart, who is behind „Bart syndrome”, and Dr Robert Bart, who was one of the men behind „Bart-Pumphrey syndrome” [15].

„Look-alike or sound-alike” eponyms are not rare. This is because there is extensive list of eponyms bearing the name of the same scientist [16,17]. In Table I, we listed examples of scientists whose names are eponymously linked to more than one condition in dermatology literature.

It goes without saying that consolidation of the nomenclature is needed in medicine. The concept of „re-naming” the similar names of drugs or diseases, to prevent possible confusion, has been debated over the years and there is a still controversy over this topic. Nevertheless, healthcare providers need to be, at least, vigilant about the similarities in the names, in particular those which may potentially cause a patient harm.

Scientist	Examples of diseases linked his name	Remarks
Abraham Buschke (1868-1943), German dermatologist	Buschke-Löwenstein tumour	Verrucous carcinoma of genital skin
	Buschke-Ollendorff syndrome	Dermatofibrosis lenticularis disseminate
Henri Gougerot (1881-1955), French dermatologist	Gougerot-Blum disease	Lichenoid type of pigmented purpura
	Gougerot-Carteaud papillomatosis	Confluent and reticulate papillomatosis
François Henri Hallopeau (1842-1919), French dermatologist	Acrodermatitis continua of Hallopeau	Pustular eruption of the fingers and toes
	Hallopeau-Siemens syndrome	Recessive dystrophic epidermolysis bullosa
Josef Jadassohn (1863-1936), German dermatologist	Jadassohn-Lewandowsky syndrome	Pachonychia congenita
	Nevus sebaceous of Jadassohn	Yellowish to orange or tan hairless plaquelike lesions, usually present at birth

**Table I. Examples of scientists whose names are eponymously linked to more than one condition in dermatology literature**

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