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 I. Selected Eponyms in dermatology literature linked to Sweden

<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”.
  Cæsar 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. |
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.

<table>
<thead>
<tr>
<th>Table 1. Selected Eponyms in dermatology literature linked to Sweden (continued)</th>
</tr>
</thead>
</table>

**Remarks**

- 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.

---

**Figure 1.** Alfred Bernhard Nobel (1833-1896). With a kind permission from The Nobel Foundation

**Figure 2.** Jörgen Nilsen Schaumann (1879-1953). A courtesy of the South Swedish Society for the History of Medicine. Also available online from, www.medicinhistoriskasyd.se

**Figure 3.** Sven Halvar Löfgren (1910-1978). Available from, the Dictionary of Swedish National Biography, www.nad.riksarkivet.se
Schaumann’s bodies [5,6]

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, 6 and later noted by Menne in 1952 in 70% of mesenteric lymph nodes removed during appendectomies.

Sjögren’s syndrome [7]

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.

Sjögren-Larsson syndrome (SLS) [8]

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.
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.


