

Misnomers in dermatology: Time to change and update

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ABSTRACT

Most of the misnomers encountered in dermatology have arisen from lack of understanding of the underlying etiopathogenesis, histopathology and/or concepts. Some misnomers are due to imprecise translations from word of origin, etymological bungles and/or factual errors. It is very important for the residents and practitioners of dermatology to update and change the old misnomers with relevant names to avoid confusion and misunderstanding. In this article, we have listed all the misnomers in dermatology and suggested the appropriate names as indicated.

Key words: Dermatology, misnomers, eponym

INTRODUCTION

The field of dermatology is very rich in descriptive terminologies, but it is very interesting to note that there are lot of misnomers also. Sir William Osler clearly saw the importance of an exact medical lexicon when he wrote, "Use guidelines for naming diseases. If our knowledge does not permit to give a name according to the etiology of the disease, the rule should be to pick the one which seems least objectionable, taking priority and usage into account."^[1] A misnomer is defined as a word that is used incorrectly or misleadingly.^[2] This description is because of frequent use of eponyms and toponyms. An eponym is a person (real or fictitious) from whom something is said to take its name. The term eponym is derived from the Greek words epi, meaning upon, and onyma, meaning name. Thus, eponym means giving a name, while toponym is the name derived from place (geographic eponym)

or things.^[3] We have tried to compile misnomers in dermatology and alternative terms, where possible, have been suggested.

MISNOMERS IN DERMATOLOGICAL INFECTIONS

Tinea

Tinea is a superficial fungal infection of keratinised tissue by dermatophytes. The literal meaning of tinea is larva as Romans mistakenly thought the infection to be due to insects.^[4]

Ringworm

The dermatophytic infection is commonly referred to as ringworm, particularly by non-dermatologist physicians and the lay public, which stems from the annular appearance of the lesions. The term is a significant misnomer as no worms are associated with this condition.^[5]

Athlete's foot

It is a misnomer as it does not refer to the physical condition of the foot specific to athletes. It is merely a popular name given to the pedal fungal infection caused by dermatophytes.^[5]

Access this article online	
Quick Response Code:	Website: www.ijdvl.com
	DOI: 10.4103/0378-6323.113075

How to cite this article: Hulmani M, Kudur M. Misnomers in dermatology: Time to change and update. Indian J Dermatol Venereol Leprol 2013;79:479-91.

Received: July, 2012. **Accepted:** September, 2012. **Source of Support:** Nil. **Conflict of Interest:** None declared.

Moniliasis

The term moniliasis is used as a synonym for candidiasis, and it is a misnomer as moniliasis refers to a stage of ascomycetes and has no relationship to the genus *Candida*.^[5]

Tinea versicolor

The term tinea is used for dermatophytic infections. The causative organism for tinea versicolor, *Malassezia furfur* or *M. globosa*, is not a dermatophyte, so to call it as tinea versicolor is a misnomer. Pityriasis versicolor is an appropriate terminology for this condition.^[5]

Chicken pox

Chicken pox, also known by its Latin name of varicella, is a misnomer. The disease was named after the French term “chichiepois” – which means “chickpea” – from a supposed similarity in size of the seed to the lesions. “Chichiepois” eventually became “chicken pox.”^[6]

Kaposi sarcoma

Kaposi sarcoma is an infection caused by human herpesvirus-8 (HHV 8) in immunocompromised individuals. Cells infected with HHV 8 produce cytokines, chemokines and growth factors, which cause proliferation of endothelial and spindle cells. There is controversy as to whether these proliferative cells truly represent a malignant neoplasia versus an inflammatory hyperplasia. Therefore, the term sarcoma used in the description of this condition may not be warranted.^[7]

Botryomycosis

Botryomycosis is a chronic granulomatous reaction to bacterial infection. In 1884, Revolta named it botryomycosis under the impression that it was caused by a fungus. The word “botryo” is derived from the Greek term “Botrys,” meaning “a bunch of grapes.” The word mycosis is a misnomer as it is caused by true bacteria and not by fungus. It is also known as actinophytosis, bacterial pseudomycosis and granular bacteriosis.^[8]

Malignant pustule of anthrax

Although the primary lesion of anthrax has been called a malignant pustule, the term is a misnomer. The lesion is neither malignant nor purulent, and pustules, if present, represent secondary infection due to streptococci or staphylococci.^[5]

Pemphigus neonatorum

It is severe bullous impetigo of the newborn and has nothing to do with pemphigus.^[9]

Trichomycosis

It is characterized by concretions along the hair shafts [Figure 1] that contain the bacterial colonies of *Corynebacterium tenuis*, easily recognized in gram-stained preparations.^[10] The term “trichomycosis” is a misnomer and may now better be called as trichobacteriosis.^[11]

Rocky mountain spotted fever (RMSF)

The term is a misnomer as the condition is relatively rare in the Rocky Mountain States. First noted in the mountains of Montana, RMSF is found most commonly in the Southeast and Central regions of the United States. The greatest numbers of incident cases are reported in North Carolina, Oklahoma, Arkansas, Missouri, Montana, South Dakota and Wyoming.^[12]

Pubic lice

Crab lice or *Phthirus pubis* is also known as pubic lice, which is a misnomer. While the organism is typically found in the pubic area, it may affect any part of the body with secondary hair, including the eyelashes and eyebrows of children.^[5]

MISNOMERS IN TUMORS AND CYSTS

Sebaceous cyst

Sebaceous cyst is a misnomer for epidermal or epidermoid cysts. These keratin-containing cysts lined by epidermis are not of sebaceous origin.^[13]

Nevus comedonicus

It is a benign hamartoma of the pilosebaceous unit, and is a misnomer as typical comedones are not present. The term follicular keratotic nevus has been proposed.^[14]

Seborrheic keratosis

Seborrheic keratoses result from a proliferation of keratinocytes and are not related to sebaceous glands. Therefore, these keratoses should not be termed seborrheic.^[15]

Leser-Trelat sign

The eponym has been wrongly credited to two European surgeons, Edmund Leser and Ulysse Trelat. While they apparently observed cherry angiomatosis in patients with cancer, it was Hollander who first linked internal cancer with seborrheic-keratoses [Figure 2] in 1900.^[5,16]

Eruptive syringoma

Eruptive syringoma may represent a hyperplastic response of the eccrine duct to an inflammatory reaction rather than a true adnexal neoplasm. The term “syringomatous dermatitis” has been proposed for such cases.^[17]

Trichoadenoma (trichoadenoma of Nikolowski)

The term trichoadenoma is a misnomer as there are no adenomas of strictly follicular lineage; the hair follicle is not a structure that exhibits glandular differentiation.^[18]

Adult colloid milium

These are asymptomatic, shiny, smooth, firm papules 1–10 mm in diameter, involving chronically sun-damaged skin of adults. Microscopically, the papules show severe elastosis involving most of the papillary dermis. This is a distinct clinical form of severe solar elastosis, and the term papular-elastosis has been suggested.^[19]

Myxoid cyst

Digital myxoid cysts occur over the distal phalanx of the finger [Figure 3] or rarely the toe, appearing as solitary, shiny, tense, opalescent papules. There are currently two variations of these cysts. The first arises in the proximal nail fold and is a form of focal mucinosis. The other arises in proximity to the distal interphalangeal joint as a result of an extension of the joint lining due to osteoarthritis and thus resembles a ganglion cyst. Many of the former types of cyst do not exhibit a lining histologically and, therefore, may be more appropriately termed pseudocysts.^[20]

Infantile myofibromatosis

Despite being considered a rare condition, infantile myofibromatosis is the most common fibrous tumor in infancy. The solitary form (myofibromas) may affect the skin, subcutaneous cellular tissue, muscle or bone. In the multi-centered form (myofibromatosis), there may also be visceral lesions.^[21] The name infantile myofibromatosis is a misnomer because the most common form of this disorder is solitary, not multicentric as the name implies.^[20]

Palisaded encapsulated neuromas

These are small, solitary, asymptomatic papules occurring predominantly on the face in middle age, and are characterised histologically by proliferation of Schwann cells and axons in the dermis. The term is a misnomer as no real palisading nor encapsulation are

observed. Renaming the lesion “solitary circumscribed neuroma” has been proposed.^[22]

Actinic keratosis (AK)

The term AK is a misnomer as it fails to reflect the malignant nature of this lesion. From the cytological and from the molecular biological point of view, AKs demonstrate features of malignancy from their inception. Both AK and invasive squamous cell carcinoma (SCC) contain atypical keratinocytes with loss of polarity, nuclear pleomorphism, disordered maturation and increased number of mitotic figures.^[23] Unfortunately, this questionable misnomer “actinic keratosis” has become ingrained in our medical literature and, till now, attempts to rename this lesion to accurately reflect its biologic behavior have failed. But, regardless of what it is called, AK (actinic keratosis) must be clearly recognized as what it is – incipient SCC.^[24]

Fibroepithelioma of Pinkus (FEP)

FEP was first described as pre-malignant fibroepithelial tumor of the skin by Herman Pinkus in 1953.^[25] Although FEP is currently accepted as a variant of basal cell carcinoma (BCC), its classification still remains controversial. FEP may also be categorized as a variant of trichoblastoma, a benign counterpart of BCC.^[26] Therefore, fibroepithelioma is not an accurate term for this disease.

Mycosis fungoides

The term came into use in 1806 by Jean Louis Marc Alibert, a French dermatologist, when he described a severe disorder in which large necrotic tumors resembling mushrooms presented on a patient’s skin. The term is a misnomer; the condition is a cutaneous T-cell lymphoma and there is no association with fungus.^[5]

Subungual melanoma

Subungual melanoma is a variant of acral lentiginous melanoma. The term is a misnomer as it is often loosely used to connote true subungual melanomas, ungual melanomas and periungual melanomas. A more accurate nomenclature, melanoma of the nail apparatus, should be used.^[27]

ACNE AND ACNEIFORM ERUPTIONS

Nodulocystic or cystic acne

Historically, the term nodulocystic or cystic acne [Figure 4] has been extensively used, and yet is a

misnomer. Not lined by an epithelium, “acne cysts” are not true cysts, and are more appropriately described as nodules or pseudocysts.^[5]

Hidradenitis suppurativa (synonyms: Verneuil disease, acne inversa)

The French physician, Verneuil, in 1854 related the inflammation to the sweat glands and, in 1865, coined the term “hidrosadénitephlegmoneuse,” the French term for hidradenitis suppurativa. Without performing histological studies, Verneuil viewed the entity he reported as a disorder of the sweat glands based merely on the characteristic distribution of the apocrine glands and the anatomical coincidence with the disease process.^[28] The central pathogenetic event is not a suppurative inflammation of the apocrine glands but an occlusion of the hair follicles. It is acne inversa because, in contrast to acne vulgaris, the disease involves ectopic (intertriginous) locations and not the regions classically affected by acne vulgaris. Therefore, the term “hidradenitis suppurativa” should be abandoned for acne inversa.^[29]

Acne keloidalis

Acne keloidalis, also known as folliculitis nuchae, is a form of chronic scarring folliculitis characterized by fibrotic papules and nodules of the nape of the neck and the occiput. The term acne keloidalis given by Bazin in 1872 is a misnomer as it differs pathogenically from acne vulgaris and true keloids are not formed.^[30,31]

Chloracne

The chloracne lesions are not “acne” because there is no sebaceous gland hypertrophy, but, rather, the disappearance of sebaceous glands and presence of epidermal cysts. It has been proposed to call these dioxin-induced cysts as “Metabolizing Acquired Dioxin-Induced Skin Hamartomas” (MADISH).^[32]

Acne rosacea

The term “acne rosacea” appeared in Bateman’s writings, who made it a clinical form of acne. This confusion lasted throughout the 19th century. It was not until Hebra in Austria and Darier in France that the differential diagnosis was clearly made between acne and rosacea. The term rosacea designates facial telangiectasia, whether or not it is associated with characteristic redness.^[33]

Lupus miliaris disseminatus faciei (LMDF)

LMDF is not a tuberculid because mycobacteria cannot be grown from the lesions, tuberculin test is negative

and it does not respond to antitubercular treatment.^[34] LMDF is an entity distinct from either skin tuberculosis or granulomatous-type rosacea. However, its name is confusing, and the name “Facial Idiopathic Granulomas with Regressive Evolution (FIGURE)” has been proposed.^[35]

LMDF is also called acne agminata or acnitis, which is again a misnomer as the condition is not related to acne.^[36]

HAIR DISORDERS

Hot comb alopecia

Hot comb alopecia is a term used to denote a distinctive form of scarring alopecia primarily seen in black women. The name is thought to be misleading as hot comb use was found to be an unlikely cause of alopecia in many reported cases. The term follicular degeneration syndrome is proposed for this scarring alopecia. It remains unclear whether the use of any of a variety of hair care products and techniques plays a role in the pathogenesis of this condition.^[37]

Congenital triangular alopecia

Congenital triangular alopecia, also called temporal triangular alopecia, appear to develop during the first few years of life, and the designation “congenital” is a misnomer. The appearance of alopecia can be best explained as a focal zone of hair miniaturization leading to vellus hair formation.^[38]

Kinky hair disease

The kinky, rather unruly hair of pili torti, a physical sign only, may exist alone in classic or late-onset pili torti, or it may occur with other signs, and point to a variety of conditions, Menkes syndrome being one of them. Others are Bjornstad syndrome, pseudomonilethrix, Bazex syndrome, Crandall syndrome, hypohydrotic ectodermal dysplasia and trichothiodystrophy.^[39] Therefore, to call Menkes syndrome as Kinky hair disease is a misnomer.

Pilonidal sinus

Hodge in 1880 coined the name “pilonidal” from the Latin words pilus, which means hair, and nidus, which means nest.^[40] Pilonidal disease consists of a spectrum of entities ranging from asymptomatic hair containing cysts and sinuses to a large abscess. However, the name is a misnomer because not all pilonidal cysts involve hair. Usually found in the sacrococcygeal region. However, they may also occasionally occur

in the axilla, groin, interdigital web, umbilicus, nose, intermammary areas, suprapubic area, clitoris, prepuce, penis, occiput or on the feet.^[41]

GENODERMATOSES

Phakomatosis

The term phakomatosis is derived from the Greek phakos, meaning “lentil” or “lens-shaped,” and it refers to patchy, circumscribed dermatologic lesions that are the hallmark of this group of disorders. In addition to the dermatologic features, these syndromes have hamartomatous involvement of multiple tissues, especially the central nervous system and the eye. Neurocutaneous syndrome is a preferred term.^[42]

Adenoma sebaceum

“Adenoma sebaceum of Pringle” (ASP) [Figure 5] seen in Tuberous sclerosis is a misnomer. The tumor is not an adenoma and is not derived from sebaceous glands. The lesion is characterized by dermal fibrosis and associated vascular proliferation and dilatation. Changes in contiguous sebaceous glands and other adnexal structures are merely secondary. Thus, “angiofibroma” would be a more appropriate name. The histologic changes suggest that it is a hamartoma rather than a true neoplasm.^[43]

Keratosis follicularis

Keratosis follicularis (Darier’s disease) is characterized by keratotic papules predominately affecting the seborrheic regions such as the upper trunk and the head and neck areas [Figure 6]. The term is a misnomer as the lesions are not limited to the hair follicles.^[44]

Follicular atrophoderma (Bazex–Dupr  –Christol syndrome)

This is an X-linked dominant condition characterised by the development of BCCs on the face, hypohidrosis, hypotrichosis and follicular atrophoderma. The latter refers to ice-pick marks or patulous follicles on the extremities. The term is a misnomer as no evidence of atrophy of the epidermis, hair or dermis has been reported, and the elastic fibers are normal. On histopathology, hair follicles appear abnormally wide, and are surrounded by an inflammatory cell infiltrate.^[5]

Focal dermal hypoplasia (Goltz syndrome)

This rare mesoectodermal disorder is characterised by linear depressed lesions in conjunction with fat nodules, dysmelanosis, wart-like excrescences and variable bone, eye, tooth, hair and nail abnormalities.^[45]

The term is a misnomer because, here, the defect not only involves the dermis but also the epidermis, the subcutis and even the underlying bones in combinations, and was first reported by Libermann in 1935. Goltz coined the term “Focal dermal hypoplasia” for the rare genodermatosis on the basis of histologically apparent areas of connective tissue hypoplasia.^[46]

Keratitis, ichthyosis and deafness (KID) syndrome

The KID acronym does not accurately define this entity as the disorder is not an ichthyosis, because scaling is not the main cutaneous feature and not all patients have keratitis early in the course. This syndrome should be included under the general heading of congenital ectodermal defects as a keratodermatous ectodermal dysplasia.^[47]

Macrocephaly–cutis marmorata telangiectatica congenita syndrome (M-CMTC)

Reticulated or confluent port-wine stains and persistent capillary malformations of the central face, rather than CMTC, are the most characteristic cutaneous vascular anomalies seen in so-called M-CMTC syndrome. The name macrocephaly–capillary malformations more accurately reflect the features of this syndrome.^[48]

MISNOMERS IN ECZEMA

Dyshidrosis and dyshidrotic eczema

The dyshidrotic vesicle is an intraepidermal, spongiotic lesion. The intraepidermal part of the eccrine sweat duct (acrosyringium) is not altered even by spongiosis. As the acrosyringium does not take part in formation of a dyshidrotic vesicle, the term “dyshidrosis” has to be regarded as a misnomer. Dyshidrosis is nothing but spongiotic dermatitis modified by the distinctive characteristics of palmar and plantar skin.^[49]

Seborrheic dermatitis

Malassezia yeasts have been associated with seborrheic dermatitis. Abnormal or inflammatory immune system reactions to these yeasts may be related to the development of seborrheic dermatitis.^[50] Seborrhea plays no part in the pathogenesis of the rash in most patients with seborrheic dermatitis, and the term “Dermatitis of the sebaceous areas” [Figure 7] would be more accurate.^[51]

BLISTERING DISORDERS

Herpes gestationis

The disease was originally named on the basis of the

morphological herpetiform features of the blisters, but is not related to any active or prior herpes virus infection, and Pemphigoid gestationis is a better term for this condition.^[4]

Impetigo herpetiformis

In 1872, Hebra described impetigo herpetiformis as a pustular eruption with serious constitutional symptoms affecting women in pregnancy or in the puerperium.^[52] Impetigo herpetiformis is a dermatosis of pregnancy with a misleading name given that the condition is now generally considered to be a rare form of pustular psoriasis during pregnancy.^[4]

Transient acantholytic dermatosis (TAD)

TAD is a non-familial, non-immune-mediated acantholytic skin disorder that manifests as pruritic, discrete, edematous papules and/or a vesiculopapular rash, and is more commonly referred to as Grover disease, after Dr Ralph Grover, who first reported the condition in 1970. Grover disease may be the more appropriate terminology, because it is most likely a condition/syndrome caused by various etiologies resulting in the same clinical manifestations. In addition, the term TAD is misleading, considering Grover disease can, in fact, be persistent and show morphologies other than acantholysis.^[53]

DISEASES OF VESSELS AND VASCULITIS

Stasis ulcer

Leg ulcerations secondary to chronic venous insufficiency have been termed “stasis ulcers.” This is based on an original idea proposed by Homans in 1917. However, since then, data has been generated suggesting that, in fact, “stasis” does not occur. Schwartzberg and Kirsner reviewed the information that has accumulated, refuting the concept of stasis, and suggest that the term “stasis ulcer” is a misnomer, and should be abandoned.^[54]

Pyogenic granuloma

The word pyogenic granuloma or granuloma pyogenicum was introduced by Hartzell in 1904.^[55] It is an inflammatory hyperplasia seen over the skin [Figure 8] or oral mucosa. This term is a misnomer because the lesion is unrelated to infection and, in reality, arises in response to various stimuli such as low-grade local irritation, traumatic injury or hormonal factors and, histologically, it does not show granuloma either.^[56] The term reactive hemangioma has been proposed as a more appropriate terminology.^[57]

Pyoderma gangrenosum (PG)

Brunsting, Goeckerman and O’Leary in 1930 named it as PG in the belief that streptococcal infection was a significant component leading to secondary cutaneous gangrene.^[58] Although the pathogenesis is not well understood, it is of an autoimmune etiology and not an infectious one.^[59] Hence, the term pyoderma gangrenosum is a misnomer.

Sinusoidal hemangioma

Sinusoidal hemangioma is a misnomer as the lesion is a vascular malformation rather than a neoplasm. It is made of dilated interconnecting (“sinusoidal”), thin-walled channels with a single-layered lining endothelium and a lobular architecture.^[60]

Verrucous hemangioma

Verrucous hemangioma refers to a rare hyperkeratotic congenital vascular malformation of the superficial and deep dermis. The term is a misnomer as the lesion is not a hemangioma (neoplasm) but a malformation, and it could be called as verrucous lymphovascular malformation.^[61,62]

Hobnail hemangioma (HH)

HH is currently classified as a benign vascular tumor. Immunostaining with the endothelial marker Wilms tumor 1 (WT1) helps distinguish between vascular neoplasms and malformations, being positive in the former and negative in the latter. On the basis of the WT1 negativity, it has been shown that HH is better considered as a lymphatic malformation rather than a lymphatic neoplasm.^[63]

Lymphangiosarcoma

Lymphangiosarcoma is a misnomer as this malignancy arises from the blood vessels rather than the lymphatics. Hemangiosarcoma is a more appropriate term.^[5]

CONNECTIVE TISSUE DISEASES

Collagen disorders or collagen vascular disorders

Given that collagen is the most abundant protein within the connective tissue, connective tissue disorders are occasionally referred to as “collagen disorders.” The term is a misnomer as connective tissue also contains other elements, such as elastin and glycoproteins. These diseases affect many structures in addition to vascular structures. At present, the idiom collagen disorders should be restricted to inherited conditions that affect the synthesis or expression of collagen, such as Ehlers–Danlos syndrome and osteogenesis imperfecta.^[5]



Figure 1: Trichomycosis axilaris, yellow-colored concretions along the hair shaft



Figure 2: Leser Trelat sign, eruption of seborrheic keratosis over the back



Figure 3: Myxoid cyst over the distal phalanx



Figure 4: Nodulocystic acne

Lupus anticoagulants (LA)

It is a double misnomer. LA were originally described in patients with systemic lupus erythematosus (SLE) and clinical bleeding. Following the original description, they were associated with numerous clinical conditions, and it was soon appreciated that there was not an increased risk of hemorrhage. Hence, the name is a misnomer, which has resisted attempts at modification.^[64] The term was initially coined by Feinstein and Rappaport because of the anticoagulant activity observed *in vitro*, but is regarded as a misnomer as procoagulant activity occurs *in vivo* and most patients do not have lupus.^[65]

PIGMENTARY DISORDERS

Chloasma

The term “chloasma” (from the Greek word “chloazein” meaning “to be green”) is often used to describe melasma developing during pregnancy; however, as the pigmentation never appears to be green, the term “melasma” (from the Greek word “melas” meaning black) should be preferred.^[66]

Nevus depigmentosus

It is a misnomer as the areas of leukoderma are hypomelanotic and not amelanotic.^[5]

OTHER DERMATOLOGICAL MISNOMERS

Psoriasis

The name psoriasis derives from the Greek “psora,” which means to itch. Still, this is a bit of a misnomer, as itch is not always a feature of the condition.

Auspitz sign

The eponymously credited sign was not first discovered by Heinrich Auspitz. Both Devergie jeune and Hebra observed this clinical sign earlier.^[67]

Tinea amiantacea

Tinea amiantacea represents a particular reaction pattern of the scalp to various inflammatory scalp diseases [Figure 9]. The most frequent skin diseases



Figure 5: Adenoma sebaceum, multiple angiofibromas over the face



Figure 6: Darier's disease showing keratotic papules over the face

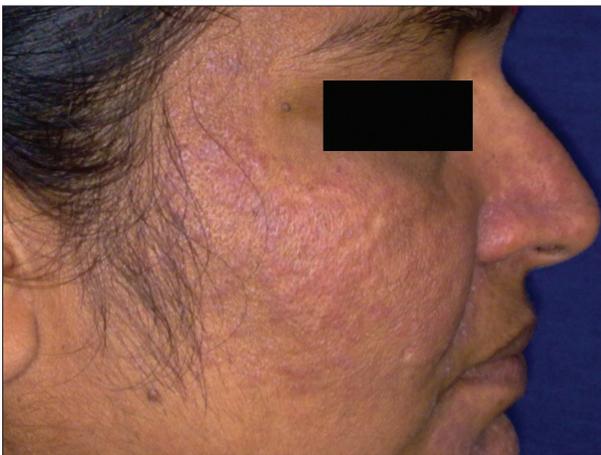


Figure 7: Seborrheic dermatitis



Figure 8: Pyogenic granuloma over the lip



Figure 9: Tinea amiantacea

associated are psoriasis and seborrheic dermatitis. Staphylococci on the scalp could participate in the pathogenesis.^[68] It is a misnomer to term this disease tinea because it is typically not associated with a

dermatophytic infection. Pityriasis amiantacea will be a better term.^[20]

Erythema toxicum neonatorum

Erythema toxicum neonatorum, or toxic erythema of the newborn, is an uncommon, self-limiting, benign dermatosis of unknown etiology affecting both sexes equally.^[69] It is a misnomer as there will not be any toxic features in the neonate.

Porokeratosis

Porokeratosis is a misnomer. While the cornoid lamellae occasionally correspond to ostia of eccrine glands or hair-follicles, this finding is fortuitous as the peripheral border of the lesions moves centrifugally and is not permanently bound to the epidermal adnexae.^[70]

Pretibial myxedema

Although the condition is most often confined to the pretibial area, it may occur anywhere on the skin,

including the thighs, shoulders, hands and face. Furthermore, myxedema refers to “mucus edema,” while true pathology lies in hyaluronic acid deposition in the dermis and subcutis of the skin lesions. Thyroid dermopathy is perhaps a more appropriate term for this condition.^[71]

Sarcoidosis

From Boeck’s fallacious idea that this disease represented a connective tissue neoplasm or sarcoma, we inherit the term “sarcoid” (Greek: sarx = flesh).^[72]

Lupus pernio

A cutaneous manifestation that is characteristic of sarcoidosis, the term lupus pernio is a misnomer because the condition is not associated with lupus and has no association with pernio.^[20]

Leprosy

The Hebrew word used in the Bible to denote the unclean condition was ts-araath, a word that is of religious significance, implying the stigma of punishment by God. The disease we know as leprosy (Hansen’s disease) was known to the Greeks as elephantiasis because of the bodily deformities, and the term lepra was used by them for a scaly skin condition. The Bible translators faced with the problem of finding a Greek translation of the Hebrew ts-araath and chose the word lepra.^[73,74]

When the Hebrew text of the Old Testament was translated into Greek about 250 BC, ts-ara ‘ath was rendered as lepra, a generic term applied to skin lesions, which, by transliteration, reached the English versions as leprosy.^[75] Therefore, the word leprosy is a misnomer.

Knuckle pads

Knuckle pads occur from benign thickening of the skin, principally the epidermis. Despite the name, knuckle pads most commonly overlie the proximal interphalangeal joints and not over the knuckles or the metacarpophalangeal joints.^[76]

Piezogenic pedal papules

Piezogenic pedal papules were first described by Shelley and Rawnsley in 1968. This term is somewhat of a misnomer as piezogenic means “producing pressure,” when, in fact, these lesions are produced by pressure.^[77]

Juvenile xanthogranuloma

It is predominantly a disease of infancy or early childhood, although adults may also be affected. The term juvenile makes it a misnomer.^[78]

Granuloma annulare

It is a misnomer as it is neither a granuloma in conventional meaning nor necessarily annular. The revised terminology is necrobiotic papulosis.^[57]

Papular urticaria

This term is a misnomer as it is not a variant of urticaria as the name suggests and lesions can also present as vesicles.

Urticaria pigmentosa

It is a misnomer as the lesions are not true urticaria, are only lightly pigmented and more telangiectatic.

Siliconoma

The term siliconoma, coined in 1964 to describe silicone granulomas, is a misnomer as silicone itself cannot become a tumor (-oma) nor can the cells that phagocytize silicone multiply in a tumorous fashion.^[79]

Microdermabrasion

Microdermabrasion is a misnomer as the technique does not cause injury to the dermis, but rather acts at the level of the epidermis.^[5]

Chemosurgery

Chemosurgery is a term occasionally applied to Mohs micrographic surgery, which, when used today, is a misnomer. When Dr. Frederick Mohs initially introduced the procedure, zinc chloride chemical paste was applied to the tumor and the surrounding skin for fixation.

Since 1974, however, the procedure has involved excising the tumor with special repeated histologic examination without the use of *in vivo* chemical fixation.^[80]

MISNOMERS IN DERMATOPATHOLOGY

Acanthosis nigricans

Acanthosis nigricans is a well-defined clinical entity, yet is at least a partial misnomer. Histopathologically, despite the term “acanthosis,” the actual amount of acanthosis, or thickening of the stratum spinosum, is variable and typically mild.^[81]

Horn cysts

These intraepidermal whorls of invaginated keratin found in seborrheic keratoses are not true cysts because each connects to the skin surface via a prominent ostium. Horn pseudocysts have been proposed as a more appropriate term.^[5]

Pautrier's microabscess

Pautrier's microabscess is a collection of atypical lymphocytes found within the epidermis of lesions of cutaneous T-cell lymphoma. The term is a misnomer as an abscess characteristically refers to a collection of neutrophils or, alternatively, to a cavity formed by liquefactive necrosis within a solid tissue.^[5]

Darier was the first person to describe it, and Pautrier himself expressed surprise that he was given credit for Darier's contribution and had acknowledged that it should have been termed Darier's epidermal nest instead.^[82]

Scleredema adutorum of Buschke

Scleredema adutorum of Buschke is a misnomer as relatively high proportion of cases occur in children, and histopathological examination reveals neither sclerosis nor edema, but rather a thickened dermis with mucopolysaccharide deposition between collagen bundles.^[83,84]

Granuloma faciale

Granuloma faciale is a misnomer because its histologic appearance does not demonstrate granulomatous inflammation^[85] and, also, this condition is reported to occur on extra-facial areas of the body, such as trunk and extremities.^[86]

Borst Jadassohn phenomenon

Borst and Jadassohn had described quite different biological phenomena, and that the term "Borst-Jadassohn intraepidermal epithelioma" therefore should be discarded. Borst was describing a squamous cell carcinoma of the lip that secondarily invaded the epidermis and that the Jadassohn lesion has a mixed etiology and that intraepidermal BCC seldom occurs. The Jadassohn phenomenon was most often associated with benign lesions such as seborrheic keratosis (especially if irritated by infection or trauma) or entirely intraepidermal sweat gland tumors (hidroacanthoma simplex of Smith and Coburn).^[87,88]

Extracellular cholesterosis of erythema elevatum diutinum (EED)

EED is a rare disease of unknown origin that belongs to the spectrum of leukocytoclastic vasculitis. Chronic lesions of EED contain lipid deposits, for which the term extracellular cholesterosis has been coined. Electron microscopic examination revealed a heavy, exclusively intracellular lipid deposition that consisted of lipid droplets, myelin figures and rare cholesterol clefts within histiocytes and also within epidermal keratinocytes, mast cells, pericytes and lymphocytes. These findings are in keeping with the results of previous ultrastructural studies, and suggest that the term extracellular cholesterosis is a misnomer; intracellular lipidosis would more accurately describe the lipid deposition.^[89]

Lupus erythematosus (LE) cell

LE cells, if present in large numbers, are highly suggestive of SLE, but it is also seen in other chronic inflammatory autoimmune diseases like chronic discoid LE, systemic sclerosis and rheumatoid arthritis.^[88]

To conclude, we are all aware of the deficiencies of these terminologies and labelling of the diseases, syndromes and signs. They were introduced when we had limited knowledge about the pathophysiology, etiology, histopathology and other cellular receptor marker studies. These terminologies have served their purpose, and they still remind us about the history and what has gone into it to earn this name. Renaming these misnomers is a continuous process that has to proceed along with advances made in dermatology.

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Multiple Choice Questions

1. False about chloracne is
 - a. Dioxin-induced cysts
 - b. Sebaceous gland hypertrophy
 - c. Presence of epidermal cysts
 - d. MADISH (Metabolizing Acquired Dioxin-Induced Skin Hamartomas) is the correct name
2. Proper terminology for lupus miliaris disseminatus faciei is
 - a. Tuberculid
 - b. Acnitis
 - c. Acne agminata
 - d. Facial Idiopathic Granulomas with Regressive Evolution (FIGURE)
3. All are true of palisaded encapsulated neuroma except
 - a. Present as solitary asymptomatic papules over face
 - b. There will be proliferation of Schwann cells and axons
 - c. There will be palisading and encapsulation
 - d. Solitary circumscribed neuroma is the proposed term
4. True about lupus anticoagulants is
 - a. They are found only in systemic lupus erythematosus
 - b. Increased risk of hemorrhage
 - c. Procoagulant activity occurs in vivo
 - d. All are true
5. Kinky hair disease is seen in all the following condition except
 - a. Bjornstad syndrome
 - b. Bazex syndrome
 - c. Crandall syndrome
 - d. Bloom syndrome
6. True about pyogenic granuloma is
 - a. Infection is the cause
 - b. Shows granuloma on histopathology
 - c. Reactive hemangioma
 - d. Uncommon in oral mucosa
7. All are false about transient acantholytic dermatosis except
 - a. Immune-mediated disorder
 - b. Acantholysis is the only finding on histopathology
 - c. It is a transient disorder
 - d. Grover disease may be the more appropriate terminology
8. False about Pautrier's microabscess
 - a. Darier was the first person to describe it
 - b. Seen in cutaneous T-cell lymphoma
 - c. Collection of neutrophils in the epidermis
 - d. Also called as Darier's epidermal nest

9. All the following are correct about acne inversa except
- It is also called Verneuil disease
 - There will be an occlusion of the hair follicles
 - Hidradenitis suppurativa is the correct term
 - Intertriginous localizations
10. All are true about erythema elevatum diutinum except
- Leukocytoclastic vasculitis
 - Extracellular cholesterosis on histopathology
 - Intracellular lipidosis on histopathology
 - Both extracellular cholesterosis and intracellular lipidosis are seen on histopathology

Answers
1. b, 2. d, 3. c, 4. c, 5. d, 6. c, 7. d, 8. c, 9. c, 10. b, d

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