The editorial by Grosshans [1] deserves some comments from the unit which has coined the acronym SAPHO.

We acknowledge the fact that naming a syndrome or a continent (in the case of Christopher Columbus) remains a difficult issue.

So far, we found in the literature more than 40 denominations for this syndrome [2]. We then felt compelled to choose a common denomination for obviously related conditions. As Grosshans has a special interest in cultural approach, we stress the fact that a syndrome is different from a disease. ‘Sun dromein’ in Greek means run together. We do not see any reason to avoid the term syndrome ‘if the constituent clinical and radiological items never occur together’, if one of the constituents is a common denominator. Should the restriction introduced by Grosshans be adopted, many dermatologic syndromes would be divided into different entities. In the case of SAPHO syndrome, the bone lesions are the common denominator which, in our opinion, justifies the acronym. Moreover, associations are possible: in our series 3 patients present with both acne ulce-rans and pustular psoriasis.

It is also interesting to mention that Pro-pionibacterium acnes, a potential etiologic candidate, has been found in the paper by Ed-lund quoted by Grosshans [1], not in acne, but in palmoplantar pustulosis with arthro-os-teitis.

In Grosshans’ opinion, palmoplantar pustulosis is ‘unrelated to psoriasis’. From our readings, we have noticed that this view is not shared by all dermatologists [3]. Anyway almost 30% of our own 87 patients with bone lesions present with pustular palmoplantar psoriasis, and in our first paper, it was noticed that psoriasis vulgaris was more prevalent among the patients than in the general population. Some people even gave us the idea to write SAPHO (S for synovitis) SAPPHO as the famous poetess is frequently spelled. The second P could stand for (pustular) psoriasis!

Since ‘the concept of a skin-related bone disease is a noticeable progress’, it is for us unclear why the acronym SAPHO should be banned. We never claimed to have discovered a ‘new’ condition, but only to have ‘brought together our own experience and the dispersed data of the literature’. If we consider the number of proper diagnoses performed thanks to the acronym, we think that – at least for rheumatologists, radiologists, orthopaedic surgeons and paediatricians and even some dermatologists – it is a useful, easy to memorize, tool. It is probably for this reason that SAPHO now appears in the international literature. No one is a prophet in his own country. We apologize for the urticarial reaction created to our fellow citizen. To redress this error, my coworkers and myself would see no fundamental objection to change the ‘impossible acronym’ for ‘skin-related bone disease’, only to consider that this denomination fits with many other conditions.
References

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Reply
I enjoy the fair comments of M.F. Kahn. I expected his answer; his comments are consistent with the point of view he worked out in the publications of his unit.
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