Letters to the Editor

Pseudo-Atopic Dermatitis An Example of Pseudo-Nomenclature

In a recent article [1] Shanon describes a number of cases of chrome dermatitis, which cannot be distinguished, insofar as the localisation and the clinical and histological picture are concerned, from atopic dermatitis. In certain cases of dermatitis (particularly those described by Shanon) it is indeed advisable to include both diagnoses in the differential diagnosis. It is even better, as is rightly observed by Shanon, to replace “chrome dermatitis” in the differential diagnosis by “contactdermatitis”, because e.g. a nickel dermatitis may produce the same picture (Calnan [2], Marcussen [3]).

However, I want to raise two objections against the introduction of the name “pseudo-atopic dermatitis”, which Shanon proposes to assign to this type of contact dermatitis.

As a general rule it is incorrect to derive the name of a disease from a negative quality, i.e. the absence of atopic dermatitis, in particular since we have, I believe, appropriate names at our disposal: chrome dermatitis, nickel dermatitis.

There is a danger that after some time the outline of what is meant by pseudo-atopic dermatitis will become blurred, especially for non-dermatologists. This might result in confusion between pseudo-atopic dermatitis or contact dermatitis and atopic dermatitis, which is clearly undesirable.

Let us not make the nomenclature of dermatology more confusing than it already is.

References


P. A. J. M. de Cock, Rotterdam

Dear Sir,

Thank you for your interesting letter of 21 December, 1965, which I have just received.

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I have carefully considered the objectives which you raise concerning the name “Pseudo-Atopic Dermatitis.” The alternatives which you have suggested – chrome dermatitis or nickel dermatitis – seem, to me, less fitting in this case. The existence of a sensitivity to chromium or to nickel causing contact dermatitis is a known fact, whereas the clinical syndrome described, though caused by a sensitivity to chromium, cannot be distinguished in localization, clinical or histological picture from atopic dermatitis. I believe that the introduction of this name (Pseudo-Atopic Dermatitis) will not add to the confusion, but rather will increase the physician’s index of suspicion as to differentiation between the two. A similar example is seen in Darier’s Pseudo-Xanthoma Elasticum. Sincerely yours,

J. Shanon, Jerusalem