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REVIEW

Eponyms in dermatology literature linked to Japan

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Abstract: There are many different eponyms in common use in dermatology today, originating from a variety of countries worldwide. This review discusses a selection of dermatological eponyms that are linked to Japan.

Keywords: eponymous diseases, skin diseases, Japanese, historical context

Introduction

In medicine, eponyms are disease processes, anatomical structures, clinical findings, and so forth that are named after their discoverer or the person in whom the disease was first described. The dermatology literature is rich with eponyms,[1] with the origins and histories of these eponyms covering many different countries. This article provides an overview of eponymous medical conditions that present as skin changes and have names that are in some way linked to Japan (Table 1).[2–22]

Discussion

The East Asian island nation of Japan is a major economic power and a leading nation in scientific research. Japan's population is estimated at around 127.3 million, and it has the highest life expectancy rate in the world.[23] Japan also has a deep-rooted history of dermatology. Dr Keizou Dohi, a professor at Tokyo Imperial University, established the Japanese Dermatological Association in December 1900. The association's first annual meeting was held in April 1901, and in that same year the *Journal of Dermatology and Urology*, now known as the *Japanese Journal of Dermatology*, was first issued.[24]

Japan has made many excellent contributions in science, including, in particular, the first recorded description of several skin diseases.[25] However, many of these diseases have not been named after their discoverer or the person in whom the disease was first described. For example, erythema nodosum leprosum was first described by Mosuke Murata,[26] erythromelanosis follicularis faciei was first reported by Kitamura,[20] and shiitake dermatitis (a skin condition caused by eating raw or only slightly cooked shiitake mushrooms) was first reported by Takehiko Nakamura.[27] Although the use of eponyms in medicine has both its advantages and its disadvantages, in this review the authors wish to draw attention to the fact that eponyms that originate from a given place do not always reflect the contributions of its scientists.

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Table 1 Selected eponyms from the dermatology literature that are linked to Japan

Eponym	Background
Chédiak–Higashi syndrome	A rare autosomal recessive disorder caused by a qualitative defect in leukocyte function, characterized clinically by partial oculocutaneous albinism, recurrent bacterial infections, photophobia, and peripheral neuropathy.[2] Beguez Cesar described the disorder in 1943; Steinbrinck described it in 1948; Alexander Moisés Chédiak (born 1903), in 1952; and Otokata Higashi, in 1954. Chédiak was a Cuban physician and serologist. Higashi is a Japanese pediatrician; he graduated from Tohoku University, Sendai, Japan, and was a professor of pediatrics at Akita University, Akita, Japan.
Iso–Kikuchi syndrome	The other name for congenital onychodysplasia of the index fingers, a rare condition characterized by various forms of nail dysplasia commonly involving the index fingers. The condition was first reported by Ryosuke Iso (1937–2009; Figure 1),[3] and later by Ichiro Kikuchi (born 1936; Figure 2).[4] The disease was given the name Iso–Kikuchi syndrome by Baran[5] in 1980. Iso was a graduate of Keio University, Tokyo, Japan, studying in the Department of Plastic Surgery. Yoshiaki Sakamoto, Department of Plastic and Reconstructive Surgery, Cranio-maxillofacial Surgery, Keio University School of Medicine, Tokyo, Japan. Kikuchi is a contemporary Japanese dermatologist
Ito–Reenstierna test	An intradermal test using inactivated *Haemophilus ducreyi* for diagnosis of chancroid; a positive delayed reaction is indicative of a present or past infection. Named after Hayazo Ito (born 1865),[6] a Japanese surgeon. Ito published numerous works in the fields of surgery and orthopedics, both in German and Japanese.
Kabuki syndrome	Also known as Kabuki makeup syndrome, it was first described in 1981 by two different groups of authors in Japan; these investigators described a group of patients sharing typical facial features, skeletal anomalies, mental retardation, short stature, and dermatoglyphic anomalies. The term "Kabuki makeup syndrome" was coined because of the peculiar facial features of the patients being reminiscent of Japanese Kabuki theater masks.[7]
Kawasaki disease	An autoimmune disease in which the medium-sized blood vessels throughout the body become inflamed; it is largely seen in children under 5 years of age, and it affects many organ systems – mainly those including the blood vessels, skin, mucous membranes, and lymph nodes. Its rare but most serious effect is on the heart, where it can cause fatal coronary artery aneurysms in untreated children. The disease was first described by Tomisaku Kawasaki (born 1925, Tokyo; Figure 3), a Japanese pediatrician.[8] Kawasaki published a description in Japanese in 1967 and a description in English in 1974.
Keratosis follicularis squamosa (Dohi)	A kind of follicular keratosis, in which scales appear elevated from the skin surface, reminiscent of lotus leaves floating on water.[9] Keizo Dohi (1866–1931; Figure 4) was a Japanese dermatologist and urologist; he is considered the founder of Japanese dermatology.[9] Dohi studied dermatology in Vienna. Returning to Japan in 1898, Dohi assumed the post of professor of dermatology and urology at Tokyo University, Tokyo, Japan; he remained in this post until 1926. Dohi died in Tokyo in 1931.
Kikuchi disease	Also known as histiocytic necrotizing lymphadenitis and Kikuchi–Fujimoto disease, it is a rare, noncancerous enlargement of the lymph nodes; Kikuchi disease can be associated with cutaneous manifestations.[10,11] Masahiro Kikuchi first described the disease in Japan in 1972, and Fujimoto also independently described it.[10]
Kimura disease	A chronic inflammatory disorder of unknown etiology that most commonly presents as painless, unilateral cervical lymphadenopathy or subcutaneous masses in the head or neck region. Controversy exists in the literature regarding whether Kimura disease and angiolymphoid hyperplasia with eosinophilia are the same entity. The first known report of Kimura disease was from China in 1937, when Kimm and Szeto identified seven cases of the condition. It was named Kimura disease in 1948, when Kimura and others noted a change in the surrounding blood vessels and referred to it as "unusual granulation combined with hyperplastic changes in lymphoid tissue".[12]
Mitsuda reaction	Refers to a lepromin test when it is read at 3–4 weeks. Kensuke Mitsuda (1876–1964; Figure 5) is known as the father of Hansen disease control in Japan.[13] Mitsuda's first idea was to differentiate leprosy from non-leprosy, but his reaction was found to differentiate lepromatous leprosy from tuberculoid leprosy; he reported his findings in 1923.

Nevus of Ito	A dermal melanocytic condition affecting the shoulder area. Initially described by Minor Ito in 1954.[14]
Nevus of Ota	Originally described by Masao Ota (1885–1945; Figure 6) and Tanino in 1939, it is a hamartoma of dermal melanocytes that presents with a blue hyperpigmentation on the face. Ota (also spelled Ohta) was a Japanese author, dramaturge, poet, art historian, and literary critic, as well as a licensed doctor specializing in dermatology during the Taisho and early Showa periods in Japan. Ota's pen name was Mokutarō Kinoshita or Kinoshita Mokutarō. Ota served at several universities in Japan as professor of dermatology and a noted leprosy researcher.[15]
Ofuji disease	A form of eosinophilic folliculitis, an itchy rash with an unknown cause that is most common among individuals with HIV, though it can occur in HIV-negative individuals, where it is known by the eponym Ofuji disease.[16]
Papuloerythroderma of Ofuji	A rare disorder most commonly found in Japan, characterized by pruritic papules that spare the skin folds, producing bands of uninvolved cutis, creating the so-called "deck chair sign." Characterized in 1984 by Ofuji et al.[17]
Reticulate acropigmentation of Dohi	A rare, autosomal dominant disorder originally described by Tomaya in 1910. Dohi reported the condition in twelve Japanese patients in 1920; the cases were later described by Komaya, in 1924, as symmetrical acropigmentation of Dohi.[18] The term "dyschromatosis symmetrica hereditary" is more widely used and was designated by Tomaya in Japan in 1929. Reticulate acropigmentation of Dohi and dyschromatosis symmetrica hereditary are considered identical. Named after Keizo Dohi (see Keratosis follicularis squamosa (Dohi) section).
Reticulate acropigmentation of Kitamura	A disorder of pigmentation that was first described in Japan.[19] Most reported cases have been in patients of Asian ethnicity. This condition is named after Kanehiko Kitamura (Figure 7). See Kitamura[20] for a complete essay on Kitamura.
Takayasu arteritis	Also known as "pulseless disease," it is a form of large vessel vasculitis often affecting young or middle-aged women of Asian descent. Described by Mikito Takayasu (1860–1938; Figure 8), a Japanese ophthalmologist who was professor of ophthalmology at Kanazawa University, Kanazawa, Ishikawa, Japan.[21]
Vogt–Koyanagi–Harada syndrome	Characterized by uveitis, poliosis, vitiligo, and meningitis. Named for Alfred Vogt (1879–1943), Yoshizo Koyanagi (1880–1954; Figure 9), and Einosuke Harada (1892–1946; Figure 10). Vogt was a Swiss ophthalmologist. Koyanagi was a Japanese ophthalmologist. Koyanagi received his medical education at the Imperial University in Kyoto, Japan; he graduated in 1908 and studied ophthalmology under professor Ikujiro Asayama (1861–1915).[22] In recognition of Koyanagi's outstanding contribution and publications, the government conferred on him the posthumous Decoration of the Second Order of the Sacred Treasure.[22] Harada was a Japanese ophthalmologist. Harada graduated from Tokyo University, Tokyo, Japan, in 1917; he carried out research in the Department of Pharmacology and was granted the degree of Doctor of Medical Science for studies of ocular pharmacology. Harada started to practice in the city of Nagasaki in 1930, where his hospital was destroyed by the atomic bomb on August 9, 1945; although he survived the bomb, Harada died before he could restart his practice[22]

Abbreviation: HIV, human immunodeficiency virus.

Figure 1 Ryosuke Iso.
Note: Image courtesy of Yoshiaki Sakamoto, Department of Plastic and Reconstructive Surgery, Keio University School of Medicine, Tokyo, Japan.

Figure 2 Ichiro Kikuchi.

Figure 3 Tomisaku Kawasaki.

Figure 4 Keizo Dohi.
Note: Reproduced with kind permission from the Japanese Dermatological Association.

Figure 5 Kensuke Mitsuda.
Note: Reproduced with kind permission from Osaka University, Osaka, Japan.

Figure 7 Kanehiko Kitamura.
Note: Reproduced with kind permission from Kitamura.[20]

Figure 6 Masao Ota (Mokutarō Kinoshita).
Note: Reproduced with kind permission from the Ito City Board of Education, Shizuoka, Japan.

Figure 8 Mikito Takayasu.
Note: Reproduced with kind permission from Numano.[21]

Figure 9 Yoshizo Koyanagi.
Note: Reproduced with kind permission from Tohoku University Archives, Sendai Miyagi, Japan.

Figure 10 Einosuke Harada.
Note: Reproduced with kind permission from Herbort and Mochizuki.[22]

Disclosure

The authors report no conflicts of interest in this work.

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