DOI: 10.7241/ourd.20142.58

NASZA DERMATOLOGIA Online
OUR DERMATOLOGY Online

DERMATOLOGY EPONYMS – SIGN – LEXICON – (L)

Piotr Brzeziński[1], Anca Chiriac[2,3], Roberto Arenas[4], Geme Urge Dori[5], Rodrigo Monteiro[6], Sandy Cairncross[7], Gilles Safa[8], Essam El Toukhy[9]

[1]*Department of Dermatology, 6th Military Support Unit, Ustka, Poland*
[2]*Department of Dermatology, Nicolina Medical Center, Iasi, Romania*
[3]*Department of Dermato-Physiology, Apollonia University Iasi, Strada Muzicii nr 2, Iasi-700399, Romania*
[4]*Departments of Dermatology, "Dr Manuel Gea González", General Hospital, Mexico City, Mexico*
[5]*Addis Ababa University, Faculty of Medicine, School of Medical Laboratory Sciences, Addis Ababa, Ethiopia*
[6]*Dermatology Service, Hospital Regional de Presidente Prudente, Universidade do Oeste Paulista, Presidente Prudente, SP, Brazil*
[7]*Department of Infectious and Tropical Diseases, London School of Hygiene and Tropical Medicine, London WC1E 7HT, United Kingdom*
[8]*Department of Dermatology, Centre Hospitalier de Saint-Brieuc, Saint-Brieuc, France*
[9]*Cairo University & Director, National Eye Centre, Cairo, Egypt*

Corresponding author: Piotr Brzezinski, MD PhD *brzezoo77@yahoo.com*

Source of Support: Nil
Competing Interests: None

Our Dermatol Online. 2014; 5(2): 217-230 Date of submission: 07.02.2014 / acceptance: 31.03.2014

Abstract
Eponyms are used almost daily in the clinical practice of dermatology. And yet, information about the person behind the eponyms is difficult to find. Indeed, who is? What is this person's nationality? Is this person alive or dead? How can one find the paper in which this person first described the disease? Eponyms are used to describe not only disease, but also clinical signs, surgical procedures, staining techniques, pharmacological formulations, and even pieces of equipment. In this article we present the symptoms starting with (L) and other. The symptoms and their synonyms, and those who have described this symptom or phenomenon.

Key words: eponyms; skin diseases; sign; phenomenon

Cite this article:
Brzezinski P, Chiriac A, Arenas R, Dori GU, Monteiro R, Cairncross S, Safa G, El Toukhy E. Dermatology Eponyms – Sign – Lexicon – (L). Our Dermatol Online. 2014; 5(2): 217-230.

LA CROSSE SIGN [Wisconsin, 1963]

Fever and nausea that can progress in children to include seizures, coma, paralysis, and brain damage, caused by a viral encephalitis (La Crosse virus (LACV) [1]. This zoonotic disease is spread by the bite of the mosquito. La Crosse virus (LACV) is one of the most common causes of viral encephalitis in children in the United States. LACV is historically transmitted by the native mosquito Aedes triseriatus (*Ochlerotatus triseriatus*) [2] (Fig. 1).

Figure 1. Aedes triseriatus (Ochlerotatus triseriatus).

LAFORA SIGN
Picking of the nose regarded as an early sign of cerebrospinal meningitis [3,4].

GONZALO RODRÍGUEZ LAFORA
Spanish neuropathologist, (1887-1971) (Fig. 2). Gonzalo Rodriguez Lafora studied in his native city of Madrid and finished his neuropathological training in the Nervenklinik in Munich, together with Alois Alzheimer (1864-1915). He received his doctorate in Madrid in 1908. He subsequently spent his internship in Madrid and 1910-1912 was histopathologist at the Government Hospital for the Insane in Washington. After returning to Madrid he was habilitated for neuropathology, becoming professor extraordinary in 1916, and subsequently headed the institute of brain physiology at the Instituta Cajal. In 1923 he lectured in Buenos Aires. Lafora was particularly interested in child psychopathology and mental hygiene, and in 1917 he published the book "Mentally abnormal children". In 1925 he was co-founder of the journal Archivos de neurobiologia, psichologia, fisiologia, histologia, neurologia y psiquiatria, now titled Archivos de neurobiologia [5].

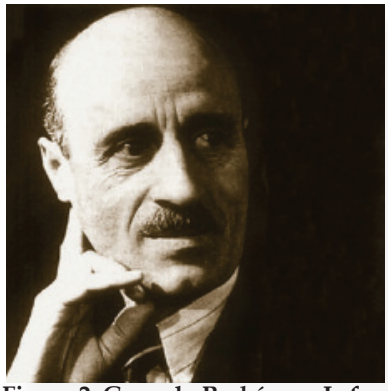

Figure 2. Gonzalo Rodríguez Lafora.

LANCET SIGN
Dicrocoeliasis from injestion of raw liver or ants containing the zoonotic fluke. Dicrocoeliasis (Lancet liver fluke disease) is caused by *Dicrocoelium dendriticum*, a trematode living in bile ducts of sheep, cattle and other mammals including man. Human infection is asymptomatic or mild to moderately severe, but being sporadic or rarely reported [6]. The life cycle proceeds through two intermediate hosts: the land snail and the field ant [7].

KARL ASMUND RUDOLPHI
Swedish scientist, l77I-1832 (Fig. 3). He is credited with being the „father of helminthology". He was awarded his doctorate in 1795, from the University of Greifswald, where he was appointed Professor of Anatomy. He worked widely across the fields of botany, zoology, anatomy and physiology. He investigated the anatomy of nerves, carried out studies of plant growth and was an early champion of the view that the cell is the basic structural unit of plants. In 1804, Karl Rudolphi, along with J.H.F. Link were awarded the prize for „solving the problem of the nature of cells" by the Königliche Societät der Wissenschaft (Royal Society of Science), Göttingen, for proving that cells had independent rather than common walls.
His first great publication was a study of parasitic worms, the „Enterozoorum Sive Vermium Intestinalium Historia Naturalis". This is the first publication to describe the Nematoda. His second, the „Synopsis cui accedunt mantissima duplex et indices locupletissima" was the first work to detail the life cycle of important nematode parasites of humans, such as Ascaris lumbricoides.
In 1810 he was appointed Professor of Anatomy and Physiology at the University of Berlin, a position he held until his death. He served two terms as rector of the University, and founded the Berlin Zoological Museum. In 1816, he was elected a foreign member of the Royal Swedish Academy of Sciences.
In 1821, Rudolphi published his „Grundriss der Physiologie", where he argued that the human genus should be divided into species, not into races. His work therefore predates „scientific" racism the Nazi period in German and Scandinavian countries [8].

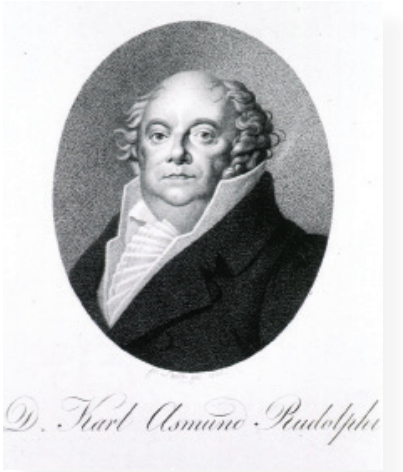

Figure 3. Karl Asmund Rudolphi.

LANDOUZY'S SIGN
Severe leptospirosis (Fig. 4A, B); also called Weil's sign and Fiedler's sign. Leptospirosis is an infectious disease caused by the pathogenic spirochete Leptospira interrogans. There is a large range of clinical manifestations in leptospirosis, and infected people can present with asymptomatic illness, self-limited systemic infection or severe and potentially fatal disease [9].
The severe form is characterized by jaundice, acute kidney injury (AKI) and hemorrhage, and is mainly caused by the serovars Icterohaemorrhagiae, Copenhageni and Lai. There are also severe forms of the disease that occur without jaundice or renal failure, such as hemorrhagic pneumonitis.

LOUIS THÉOPHILE JOSEPH LANDOUZY
French physician, 1845-1917 (Fig. 5). He commenced medical studies in Reims but in 1867 moved to Paris where he completed his studies and became hospital resident – interne des hôpitaux - in 1870. Landouzy obtained his doctorate in 1876 for a thesis on the sequel of meningo-encephalitis and subsequently published on a variety of neurological topics.

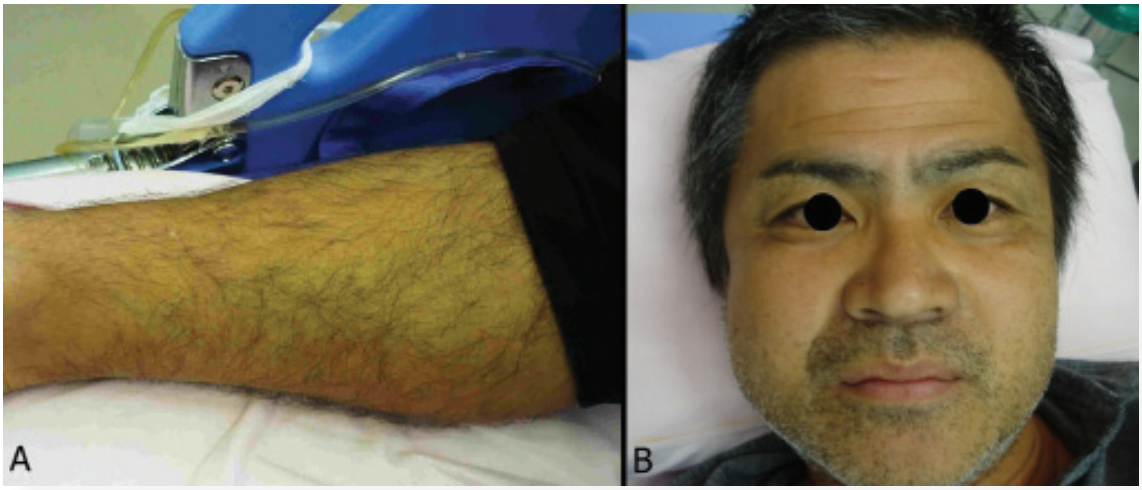

Figure 4A and B. Landouzy's sign.

He became chef de clinique with Alfred Hardy (1811-1893) at the faculty in 1877, and in 1879 médecin des hôpitaux, 1880 professeur agrégé.
Landouzy was appointed professor of therapy in 1893 and dean of medicine of the University of Paris in 1901.
Although Landouzy is chiefly remembered for his description of facio-scapulo-humeral muscular dystrophy, his main area of research was tuberculosis in which he had had a special interest. Landouzy demonstrated that lesions from erythema nodosum in patients with tuberculosis would produce the disease when injected into guinea pigs. He was one of the foremost workers in recognising that tuberculosis was a social disease and campaigned vigorously for its eradication by education of the lay public [10].

Figure 5. Louis Théophile Joseph Landouzy.

ADOLF WEIL
German physician, 1848-1916 (Fig. 6). Adolf Weil studied at Heidelberg, receiving his doctorate in 1871, and completed his education in Berlin (1818-1876). From 1872 to 1876 he was Frerichs' assistant, and was habilitated for internal medicine at his alma mater in 1872, becoming ausserordentlicher professor in 1876. While Friedreich was sick, and after his death, Weil was deputy of the medical clinic. In 1886 he was called to Dorpat as ordentlicher professor of clinical medicine. Already in 1887 he had to resign from his teaching duties because of tuberculosis of the larynx, also abandoning his scientific activities. For some years he practiced in the winter in Ospedaletti and San Remo, in the summer in Badenweiler, and in 1893 settled Wiesbaden.
He collaborated with Emil Abderhalden (1877-1950) and isolated norleucine in 1913. He was professor of medicine at Tartu, Estonia, and Berlin. He described four cases of the disease which he had observed in Heidelberg [11].


Figure 6. Adolf Weil.

KARL LUDWIG ALFRED FIEDLER
German physician, 1835-1921 (Fig. 7). Studied in Leipzig, as a student of Karl Reinhold August Wunderlich (1815-1877). He received his doctorate in 1859, was assistant physician at the medical clinic at Rostock, and from 1868 chief physician at the municipal hospital – the Stadtkrankenhaus – in Dresden. He became professor, and was also privy medical counsellor and royal life physician [12].

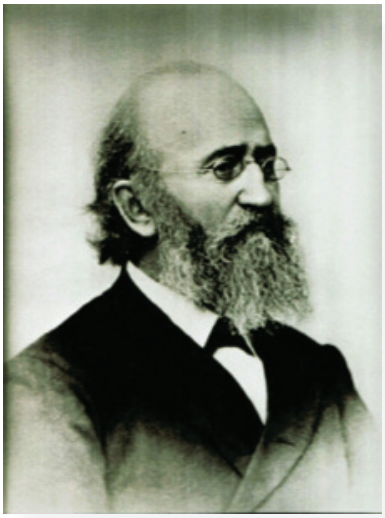

Figure 7. Karl Ludwig Alfred Fiedler.

LANTERN JAW SIGN
Acromegaly [13].

CONDICT WALKER CUTLER, JR.
American surgeon. Former President of American Society for Surgery of the Hand.

LASSA SIGN [Africa]
Severe swelling of the head and neck, with muscle pain and fever, there will also be heart and lung effusions. Caused by the zoonotic Lassa arenavirus spread by rodent waste or huiman contact [14].

LAUGHING DEATH SIGN
Trembling, loss of the ability to walk, talk, and eat. Eventually ending with death. A sign of the fatal brain disease Kuru caused by cannibalism. Kuru means trembling with fear in the Fore language. Also known as Kuru sign. Vincent Zigas discovered kuru in 1956, a very rare degenerative brain disorder that occurred primarily among the Fore natives in Papua New Guinea (ZIGAS, 1981). One year later he was joined by Carleton Gajdusek who initiated systematic investigation of kuru and received the Nobel prize of Physiology or Medicine for his work in 1976. William Hadlow noticed similarities between kuru and scrapie at a neuropathological and clinical level. He recommended transmission experiments to apes in 1959. Gajdusek succeeded in the transmission of kuru via intracerebral inoculation of chimpanzees with kuru infected brain homogenates a few years later The by far the most investigated form of acquired human prion diseases is kuru which occurred among the Fore people in the highlands of eastern Papua New Guinea. The spread of disease was based on ritual cannibalism of deceased members of the community and reached epidemic proportions [15].

DANIEL CALLON GAJDUSEK
Hungarian-Slovak-American physician and medical researcher (virologist and paediatrician) (1923-2008) (Fig. 8). In 1976 won the Nobel Prize for his work on kuru [15-16].

Figure 8. Daniel Calton Gajdusek.

MICHAEL PHILIP ALPERS
Australian medical researcher (Fig. 9), and John Curtin distinguished Professor of International Health, at Curtin University. He is an eminent scientist who has spent half a century conducting medical research in Papua New Guinea (PNG). Best known for his research on the brain disease, kuru, Alpers was made a Fellow of the Royal Society in 2008. Alpers graduated from University of Adelaide with a B.Sc. and M.B.B.S. and from University of Cambridge with an M.A. After graduating, he commenced a career, ultimately resulting in investingating kuru disease. He is Honorary Senior Research Associate University College London.
Trembling, loss of the ability to walk, talk and eat. Eventually ending with death. A sign of the falal brain disease Kuru caused by cannibalism. Kuru means trembling with fear in the Fore language. Also known as Kuru sign [15-17].

Figure 9. Michael Philip Alpers.

LAST MEMBRANE SIGN

de Duncan Buckley membrane (piel muy fina). In psoriasis. When all scales are removed formed moist, thin, translucent layer of skin covering the lesions (Fig. 10). Known also as de Duncan Buckley sign [18].

Figure 10. Last Membrane sign.

LUCIUS DUNCAN BULKLEY

American physician, 1845-1928 (Fig. 11). Bulkley wrote extensively on the dangers of biopsies. In 1885, Dr. Bulkley organized the New York Skin and Cancer Hospital (NYSCH). This distinguished physician gradually became convinced that surgery was useless, and that a careful, nourishing diet was the answer. Criticizing surgery and advocating natural methods. In 1924, he published the results of 250 cases of breast cancer eliminated without surgery [18].

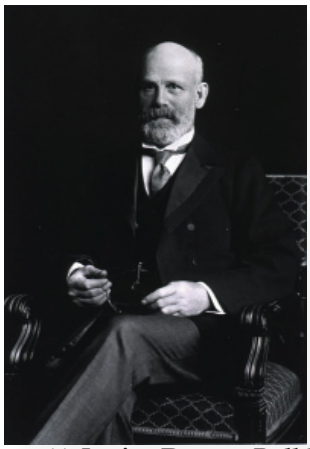

Figure 11. Lucius Duncan Bulkley.

LEATHERY PALM SIGN

A classic sign of arsenical poisoning, in which the palms and the soles of the feet have a leathery texture (Fig. 12). Also known as Arsenic sign [19].

LENNHOFF'S SIGN

A furrow appearing on deep aspiration below the lowest rib and above the liver. A sign of an echinococcus cyst of the liver [20].

RUDOLF LENNHOFF

German physician, 1866-1933 (Fig. 13). Was one of the best known medical authorities in Berlin (Germany). He was the publisher of a library for social hygiene and of medical statistics and was recognized as an authority in the fields of heart, stomach and kidney [21].

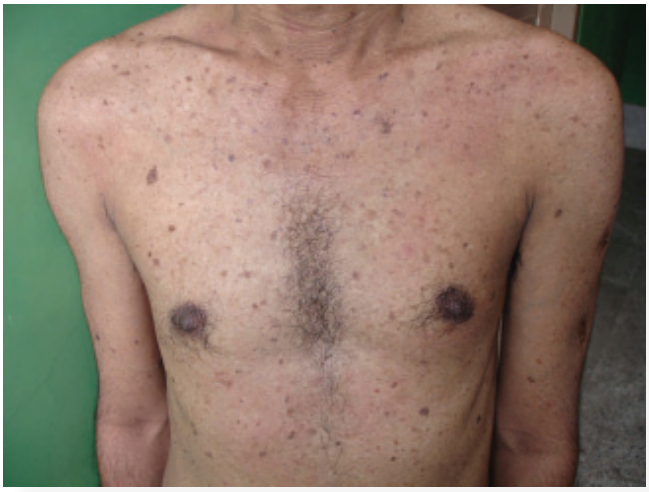

Figure 12. Leathery Palm sign.

Figure 13. Rudolph Lennhoff and Wilhelm His, Jr. in 1912 in Manhattan.

LENTICULAE SIGN

Purpura followed with free flowing bright red sputum, early signs of the Black Death, the infection with the Bubonic plaque bacterium Yersinia pestis. Also called vulgar freckels or lentiggini [22].

JUSTUS FRIEDRICH KARL HECKER

German physician and medical writer, (1795-1850) (Fig. 14). He particularly studied disease in relation to human history, including plague, smallpox, infant mortality, dancing mania and the sweating sickness, and is often said to have founded the study of the history of disease. He studied medicine at the University of Berlin, graduating in 1817 and becoming a Privatdozent and then (in 1822) Extraordinary Professor.

In 1834, he became the university's „ordinary professor" for the History of Medicine. He also cooperated with the professors of the „Medical Faculty of Berlin" on the encyclopaedic dictionary of the medical sciences [23].

Figure 14. Justus Friedrich Carl Hecker.

LEOPARD SKIN SIGN

Intense itching and a mottling of the epidermis caused by the microfilariae worms from the zoonotic Onchocera volvulus parasite (Fig. 15A, B) [24].

Figure 15A. Leopard Skin sign.

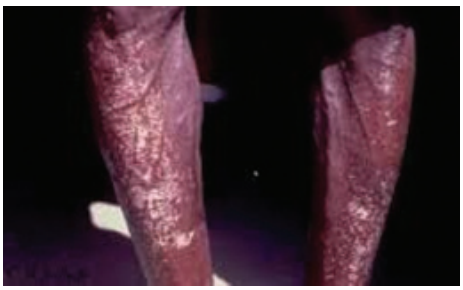

Figure 15B. Leopard Skin sign.

LESIEUR-PRIVEY SIGN

Tuberculous albumin reaction [25]. Mantoux tuberclin skin test is used for routine screening of individuals with a high risk of Tuberculosis infection and also for diagnosis of tubercular etiology in various illness. A standardized 5 tuberculin units (TU) of purified protein derivative (PPD) is injected intradermally into the volar aspect of the left forearm and the delayed hypersensitivity reaction is noted by measuring the induration after 48-72 hours.

C. LESIEUR

French physician.

PAUL PRIVEY

French physician.

LESER-TRÉLAT SIGN

Telangiectases, warts, and pigmented spots that appear suddenly and increase rapidly in number, usually associated with pruritus and is considered as a marker of internal malignancy (Fig. 16). It may take the form of acanthosis nigricans, dermatomyositis, amyloidosis, herpes zoster, or senile keratoses [26].

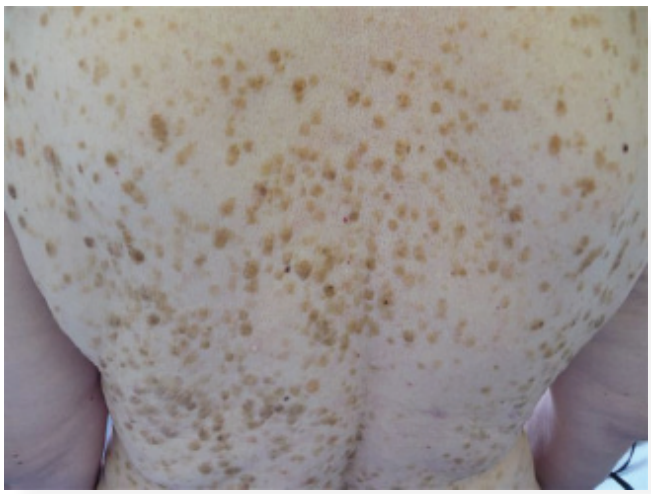

Figure 16. Leser-Trélat sign.

EDMUND LESER

German surgeon, 1853-1916. Edmund Leser first studied law in Bonn, then participated in the Franco-Prussian war, after which he continued service as an artillery officer. He commenced the study of medicine in 1876 in Leipzig, where he obtained his doctorate in 1880, before he became assistant to Volkmann in Halle. He was habilitated for surgery in 1884, becoming titular professor in 1894. Leser practised in Halle, and later in Frankfurt [27].

ULYSSE TRÉLAT

French physician, 1828-1890 (Fig. 17). Ulysse Trélat was the son of the army physician of the same name (1795-1879). He received his scientific and practical education from his father, Philippe-Frédéric Blandin (1798-1849), Philibert Joseph Roux (1780-1854) and Auguste Nélaton (1807-1873).

He became assistant of anatomy in 1853, he was conferred doctor of medicine in 1854 and in 1855 took over as prosector. He became agrégé in 1857, chirurgien des hôpitaux in 1860, chirurgien-en-chef at the Maternité in 1864. Following extensive practice at the other major Paris hospitals, he became professor of clinical surgery at the Hôpital Necker in 1860, and in 1872 was elected member of the academy [28].

Figure 17. Ulysse Trélat.

LGE SIGN

Linear gingival erythema, an erythematous band al the free gingiva that follows the contour with a reddish chevron appearance (Fig. 18). An indication of HIV disease [18,29]. Also called ANUG, HiVR and NUP signs.

Figure 18. LGE sign.

LIGATURE SIGN

In hematuria, the development of ecchymoses in the distal part of a limb to which a ligature has been applied [29].

LIMBURGER SIGN

Strong smell of Limburger cheese, present in wounds, bandages or bed linens. An indication of gangrene infection [30,31].

LION FACE SIGN

The leonine facies presentation of leprosy, includes the thickened skin on the ears and nose, as well as, the thickening of the brows, producing the lion appearance (Fig. 19) [32,33].

Figure 19. Lion Face sign.

LITTLE DRAGONS SIGN

Vesicular skin lesion that ruptures to reveal a worm (Fig. 20A - D). Caused by the zoonolic *Dracunculus medinensis* nematode. Also known as the Guinea or Medina worm infection [34-36].

LIVING ANGEL SIGN

Anomalous bronze discoloration of the skin with hairs surrounded by a darker color. The skin in these areas has a colored secretion with the distinct smell of mice and a garlicky odor.

…. Galtier described a man born in Switzerland the latter part of the last century, calling himself Joseph Galart. He presented the following appearance: The skin of the whole posterior part of the trunk, from the nape of the neck to the loins, was of a bronze color.

This color extended over the shoulders and the sides of the neck, and this part was covered with hairs of great fineness and growing very thick; the skin of the rest of the body was of the usual whiteness. Those parts were the darkest which were the most covered with hair; on the back there was a space of an inch in diameter, which had preserved its whiteness, and where the hairs were fewer in number, darker at their bases, and surrounded by a very small black circle; the hair was thinner at the sides of the neck; there were a great many individual hairs surrounded by circles of coloring matter; but there were also many which presented nothing of this colored areola. In some places the general dark color of the skin blended with the areola surrounding the roots of the hair, so that one uniform black surface resulted. In many places the dark color changed into black. The irides were brown. The man was of very unstable character, extremely undecided in all his undertakings, and had a lively but silly expression of countenance. A distinct smell, as of mice, with a mixture of a garlicky odor, was emitted from those parts where the excessive secretion of the coloring matter took place. In those places the heat was also greater than natural... [37].

Figure 20. Little Dragons sign.

LONESTAR SIGN

A zoonotic Borrelia disease in Southern USA, also called Southern tick-associated rash illness [38].

LONG SCAR SIGN

Livid white blotches and scars on the shins and ankles from constantly scratching. A sign of onchocerciasis [24].

"LOOP HAIR" PHENOMENON

Pinkus described the phenomenon of a "loop hair" in pseudofoliculitis barbe. As a hair grows out of the skin in the extrafollicular pathway, it forms an arc or loop when it re-enters the skin. As the hair continues to grow, the loop becomes larger [39].

JULIUS POHL

German pharmacologist and biochemist, 1861-1942. He served from 1897 to 1911 as a professor of pharmacology at the German University in Prague and then to 1928. Professor of Pharmacology at the University of Breslau.

Julius Pohl was born in 1861 in Prague and graduated in his hometown and high school as well as from 1879 to 1883 to study medicine at the German University of Prague. He received his Ph.D. in November 1884 and was then at the Pharmacological Institute of the University Assistant at Franz Hofmeister. In March 1892 he obtained the Habilitation in Experimental Pharmacology, three years later, the appointment would come to associate professor.

After the change of tutor at the University of Strasbourg Julius Pohl was appointed in January 1897 his successor as professor of pharmacology. In the winter semester 1911, he moved to the University of Breslau, where he took over the chair of pharmacology in succession by Wilhelm Filehne and worked until his retirement in 1928.

Julius Pohl published about 50 scientific publications and dealt among other things with the breakdown and excretion of methanol, ethanol, and drugs, which he regarded as the founders of the pharmacokinetics. In further studies, the results were important for the later postulated by Hans Horst Meyer and Ernest Overton lipid theory of narcosis, he devoted himself to the distribution and metabolism of chloroform. He also explored the purine metabolism and the protein balance of the organism, in particular catabolic reactions in diseases, as well as the detoxification of mineral acids and organic acids [40].

FELIX PINKUS

German-American dermatologist, 1868-1949. He studied at the Friedrich Wilhelm University in Berlin and at the University of Freiburg, in 1894, he received his PhD dissertation on the basis of „Die Hirnnerven des Protopterus annectens." From 1892 to 1894 years, he was studying the nervous system in Wiedersheim. From 1895 until 1898 in Neisser in Breslau dermatology clinic. In 1898, he practiced as a dermatologist in Berlin. In 1921 he became an associate professor. In 1941 he emigrated to the United States. The scientific achievements of Pinkus are primarily works on dermatopathology. In 1901, first described the disease known as lichen nitidus [41].

LOUPING SIGN, [United Kingdom]

Meningoencephalitis caused by the bite of the *Ixodes ricinus* tick that is infected with the zoonotic Louping ill flavivirus [42].

LOVE'S SIGN

Exact localization of tenderness with the help of pin head in glomus tumor is called as Love's sign [43,44]. A classic triad of paroxysmal pain, cold sensitivity and point tenderness has been described. Love's test consists of eliciting point tenderness with a fine instrument such as the tip of a pencil or pinhead.

LUCIO PHENOMENON

Hemorrhagic infarcts; Latapi's lepromatosis. Lucio phenomenon (LP) or erythema necroticans was first described by Rafael Lucio and Ignacio Alvarado in 1852, in Mexico („A Short Treatise on the Disease of San Lazaro, or Elephantiasis of the Greeks") and later confirmed by Latapi and Zamoraas in 1948 a vasculitis occurring in diffuse non-nodular form of leprosy, which they called as "pure and primitive." (Fig. 21A, B and 22A - C) It is a relatively rare, peculiar reaction pattern occurring in untreated lepromatous or borderline lepromatous leprosy cases. LP is endemic in Mexico although cases have been reported from USA, Spain, South and Central America, including Brazil, and Asia [45-47].

Figure 21. Lucio Phenomenon.

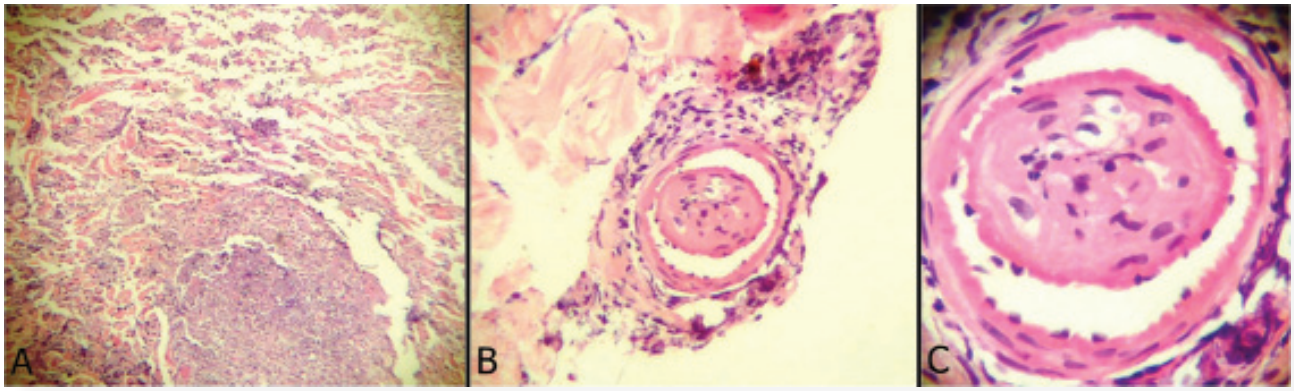

Figure 22. ***Photos represent pathological vascular obstruction, etiological factor of patient injury and characteristics of the phenomenon of Lucio.*** **This is the obstruction small vessels granuloma formed by mycobacteria and by itself by mycobacteria that can be found in the wall vase and in light of blood vessel, facts that lead to obstruction, ulceration ischemia and injuries. Therefore be interesting photo in coloring ziel-nilsen (faraco) where clearly view mycobacteria inside wall vase and light vessel.**

RAFAEL LUCIO NÁJERA

A physician, scientist and Mexican scholar, 1819-1896 (Fig. 23). He devoted many years of his life to research on leprosy. Rafael Lucio began his studies in Xalapa. In San Luis Potosi he continued his schooling and surfaced his vocation for medicine. In 1838, he enrolled in the Establishment of Medical Sciences in Mexico City, where he obtained the place of practical exercises of operative medicine. He completed his entire career with notable success in 1842 and earned his medical degree, having sustained bright exam. Months later, when the young doctor had just twenty-four, he was appointed director of the San Lazaro Hospital in the very capital of the Republic, a post he held for seventeen years always with great dedication, efficiency and humanitarianism. During his tenure at the San Lazaro Hospital was dedicated to the study and research of a disease that was very common among patients attending that institution, and at that time it was known under the name wrong of Saint Lazarus or elephantiasis of the Greeks, the disease first manifested with ardent reddish spots on the skin, later changed to a red wine and finally became ulcerations. Dr. Rafael Lucio gave this name wrong Leprosy manchada.

In 1845 Dr. Lucio was appointed assistant professor at the Faculty of Medicine and, two years later, gives the chair of legal medicine and then kind of internal pathology.

In 1851, discloses the National Academy of Medicine observations and research on this disease.

His work was so clear and comprehensive that formed the basis and motivation for other notable physicians, as Latapí and Faget, continue the research for a cure for this terrible disease, a goal that was achieved in this century in the early years forty. In recognition of the valuable contribution of Dr. Rafael Lucio, the disease was named Lucio and Fuzzy lepromatosis Latapí.

Throughout his life , this man of science devoted to the study of medicine. In 1855 and 1868 he traveled to Europe to study the progress of medical science in those countries. Upon his return, on both occasions, implemented and spread what he learned, especially in surgery and everything related to it. The reforms introduced in this area represented a significant advance in medical practice in our country.

Dr. Rafael Lucio was a long- time professor at the Faculty of Medicine. In addition to his wisdom and his vast experience showed in class ease of expression and remarkable clarity in their exhibitions; to this must be added his unassuming manners, his kindness and his spotless morality, all qualities that made him a exemplary teacher. In the private practice of medicine was widely recognized altruism, humanitarianism. Tended with the same care and dedication to all patients regardless of social class to which they belonged, or whether or not they afford to pay their fees.

Among his colleagues, enjoyed much prestige and recognition, therefore, often required it to get their opinion on difficult cases, and always got him a wise and generous response. Dr. Rafael Lucio made his profession of medicine a true ministry of service, support and comfort to anyone who needed it, and in response people gave their love and respect. In recognition of his high virtues as a man and citizen, and his outstanding work as a physician and scientist, in Mexico City it was erected a statue in the Paseo de la Reforma [47,48].

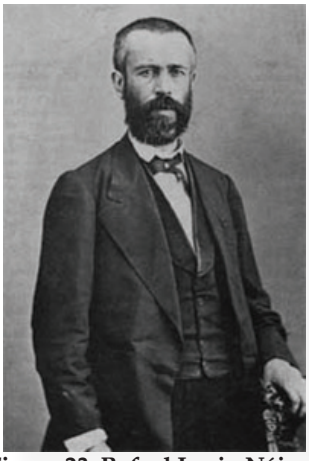

Figure 23. Rafael Lucio Nájera.

FERNANDO LATAPI

Mexican dermatologist, teacher and author, 1902–1989 (Fig. 24). He is the founder of the Mexican Society of Dermatology, and the Mexican School of Leprology. He changed the way leprosy was perceived, classified different types of leprosy patients, and made important contributions to both syphilis and a disease called pinta. He attended elementary school at Instituto Franco Inglés, and then went to the Nacional Preparatoria de la Universidad Nacional, where he studied medicine. After graduating from medical school in August 11, 1928, he was not originally interested in pursuing a career in dermatology. However, as it was the only vacant position at a local clinic, he started working in the field. When the Mexican Association of Action Against Leprosy (AMAL for its abbreviation in Spanish) was founded in 1948, Fernando Latapí donated a few books and promoted the establishment of a library.

On January 2, 1937, Fernando Latapí founded the Mexican School of Leprology that has as main goals the abolishment of drastic laws against people with leprosy, as well as the integral and respectful treatment towards them. Dr. Latapí contributed to the eradication of the traditional concept of leprosy, in which people that suffered from this condition were social misfits since people considered them impure and they thought leprosy was highly contagious. To change this misconception, he and his team crusaded for the training of medical personal in the disease. Later on, he and his team created brigades which diagnosed more than seven thousand patients in three years which was more people than what had been diagnosed in thirty years prior. At AMAL, he always promoted equal treatment for all patients, and he successfully treated most of them, giving a revolutionary twist to the history of this disease that had no cure before.

He also demonstrated that chaulmoogra oil, which at the time was thought to be an efficient treatment, was actually not beneficial, but harmful to the treatment of the disease. Instead, in 1944 he was the first one to use promin, as a treatment for leprosy in Mexico. He also made significant contributions for a disease called pinta, specifically about its diagnosis with early buds.

The AMAL Center of Leprosy served as a hospital for all cases of leprosy and some years later became a dermatological center, which is now Ladislao De La Pascua Dermatological Center.

The Center was founded by Dr. Latapí and strongly contributes to the role of teaching and qualification of personal in the Mexican dermatological area since successful specialists have studied there and have developed futures institutions based on the teachings of their alma mater.
Due to his contributions during his career, he received national and international recognition. In 1956 he organized the 3rd Ibero Latin-American Congress of dermatology as well as the 11th edition of the same one In 1960, he received the Gaspar Viana of CILAD, the highest award in the Mexican medicine. In 1978 he organized the XI International Congress of Leprosy. He also received the Damián Dutton award for his contributions in the field of leprology in 1978. He served as the president of the XI International Congress of Leprosy celebrated in Mexico in 1978 as well.
Fernando Latapí was the author of over three hundred papers along his career. Leprosy became his passion for 45 years, and the source behind his major medical contributions. He published a great deal of writings in medical magazines and journals. One of Latapí's passions was teaching, something he did for many years. He taught his students about health service, interaction with patients, kindness as well as academic content. He stated that someone giving a class or talking to a patient should guarantee that the listener laughed, or cried because it indicated trust in the doctor.
He made contributions to medicine such as being the first one to employ successfully sulphones for treatment of mycetomas and the proposal of the term "pintides" for the secondary lesions of pinta. He also discovered a previously unknown disease in 1956, calling it "dyschromia en confetti" which is caused by hydroquinones. Dr. Latapí also established terms such as "early" and "late" syphilis and corticoderma. He modified the Morgan scheme in syphilis and rediscovered necrotizing erythema that is also known as Lucio phenomenon. There is even a "Latapi Lepromatosis" which is a form of diffuse nonnodular lepromatous leprosy [49,50].

Figure 24. Fernando Latapi.

AGUSTIN CHEVEZ ZAMORA
Mexican patologist.

IGNACIO ALVARADO
He was a member of the Mexican Academy of Medicine, he worked in yellow fever and he was a coworker with Rafael Lucio in the description of diffuse leprosy.

LUDWIGS SIGN
Swelling in the submental area, the tongue is displaced upwards and that may cause the inability to close the mouth. Cellulitis of the deep cervical fascia. Also known as Ludwig's Angina [51].

WILHELM FRIEDRICH VON LUDWIG
German surgeon, 1790-1865 (Fig. 25). Ludwig showed promise in medicine at an early age, and at 14, he went to Neuenburg to continue his classical studies while beginning to study medicine under a surgeon. Ludwig received a certificate of proficiency in 1807, whereupon he went on to study surgery, medicine, and obstetrics at the University of Tübingen. His performance was so exemplary that he was awarded a gold medal by King Frederick I in 1809—before graduating—for the advancement of surgery. In July 1811, Ludwig received his doctorate.
Unfortunately, before he could commence his study tour, Napoleon attempted to conquer Russia, and previously exempt students were called to service. Ludwig served initially as the doctor for 3rd Infantry at the Schorndorf garrison, and subsequently as director for the Württemberg field hospital at Smolensk in 1812.
He contracted typhus and was captured by the Russians; after recovering from typhus, he served as a Russian noblewoman's personal physician. Once he was freed from Russian capture in 1814, Ludwig returned home and directed a typhus hospital in Hohenheim, where he completed his military service in 1815. Shortly after leaving the military, Ludwig was honored with title of full professor of surgery and obstetrics at Tübingen in 1815. Before fulfilling it, however, he commenced his initially planned study tour that had been put off in light of the war. Upon returning to Tübingen in 1816, Ludwig, having experienced the equipment available at other facilities in Germany, immediately supplemented Tübingen clinic's own supplies and reference literature with his own salary.
Ludwig was appointed as one of King Wilhelm I's personal physicians.
When Ludwig went to Stuttgart to serve the king, he was quickly recognized as a great diagnostician, and he was soon promoted to be the royal family's chief physician.
He remained in Stuttgart for most of the remainder of his life; between 1835 and 1846, he served as director of the medical college, president of the Württemberg Medical Association, and chairman of the first Stuttgart scientific congress's medical section.
Ludwig published his now-famous paper on Ludwig's angina with no title in 1836. A colleague dubbed the condition „Angina Ludovici" (Ludwig's angina) a year later.
Beginning only in his seventies, the physician suffered several health problems, including a bladder stone removed during 1865 in two separate sessions a few months apart. Somewhat ironically, he died December 1865 a week after the onset of an unspecified neck inflammation, which was probably not the condition that bears his name [52].

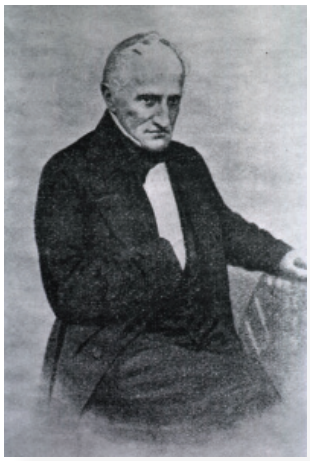

Figure 25. Wilhelm Friedrich von Ludwig.

LUSITANUS'S SIGN

Chromidrosis, perspiration resembling the color of sooty water [53].

ABRAHAM ZACUTUS LUSITANUS

Portuguese-Dutch physician and medical historian, 1557-1642 (Fig. 26). Born in Lisbon into an illustrious Marrano family and a descendant of Abraham ben Samuel Zacuto. Zacutus became an important figure among Jewish physicians and had a large practice. His non-Jewish name was Manuel Alvares de Tavara. In 1625 he moved to Amsterdam, where he openly returned to Judaism, was circumcised, adopted the name Abraham, and began to use the name Zacuth in his writings. He engaged in fruitful scientific activity, and published many medical books. His main strength is revealed in his accurate clinical descriptions of plague, diphtheria, exanthematous diseases, and malignant tumors; he was one of the first to describe blackwater fever. A first work was published in 1629 in Amsterdam under the title De Medicorum principum historia [54].

Galeazzi and Zacutus Lusitanus said the perspiration resembled sooty water and they gave the name of chromchidrosis.

Figure 26. Abraham Zacutus Lusitanus.

LUTZ SIGN

Clinical signs to elicit characteristics of blisters are a crucial part of the examination of patients with vesiculobullous disorders. It is therefore essential for dermatologists to be familiar with, or rather be expert at eliciting these signs, which include Nikolskiy sign, bulla spread sign, Sheklakov sign/false-Nikolskiy sign, and pseudo-Nikolskiy sign/epidermal peeling sign.

In the traditional „bulla spread" sign or Lutz sign, the margin of an intact bulla is first marked by a pen. Slow, careful and unidirectional pressure applied by a finger to the bulla causes peripheral extension of the bulla beyond the marked margin. The bulla thus extended has an irregular angulated border in pemphigus vulgaris, while a regular rounded border is observed in bullous pemphigoid or other subepidermal blistering disorders [55].

Lutz sign may also be elicited on a burst blister if a substantial portion of the roof is intact. The Asboe-Hansen sign is a variation of the bulla spread sign [56].

This sign is positive in all varieties of pemphigus and many cases of subepidermal blisters, including bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa acquisita, cicatricial pemphigoid, dystrophic epidermolysis bullosa, Stevens-Johnson syndrome and toxic epidermal necrolysis. Due to fragility of the roof of the blister it is usually negative in Hailey-Hailey disease and staphylococcal scalded skin syndrome [55].

WILHELM LUTZ

Swiss dermatologist, 1888-1958 (Fig. 27). He studied in Basel, then for a brief period in Vienna, and received his doctorate at his alma mater in 1912. He spent his internship and period as assistant in Basel at the pathological institute under Ernst Hedinger (1873-1924), at the dermatological clinics in Bern under Josef Jadassohn (1863-1936), and in Basel under Bruno Bloch (1873-1933) and Felix Lewandowsky (1879-1921). He received the venia legendi for dermatology and venereology in Basel in 1916, being appointed full professor in 1922 [57,58].

In 1922, in the pages of the Berlin „Archiv für Dermatologie und Syphilis" Felix Lewandowsky and Wilhelm Lutz presented the first complete description of epidermodysplasia verruciformis (Lewandowsky'ego-Lutz dysplasia, called Lewandowsky-Lutz dysplasia, EV) [57].

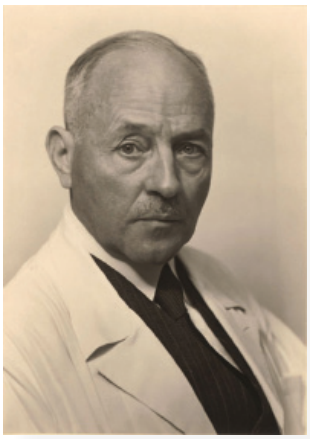

Figure 27. Wilhelm Lutz.

Acknowledgement

Dr. PRK Bhargav MS, MCh, FAIS - Department of Endocrine and Metabolic Surgery, Mamata Medical College and Superspeciality Hospital, Khammam - 507 002, Andhra Pradesh, India.
Seth J. Orlow MD PhD - Chairman, The Ronald O. Perelman Department of Dermatology, New York University School of Medicine, New York, NY, USA.
Marcia E. Herman-Giddens, PA, DrPH - Adjunct Professor, Department of Maternal and Child Health University of North Carolina, School of Public Health, Chapel Hill, NC, USA.
Dr Frederick O. Akinbo - University of Benin, School of Basic Medical Sciences, Department of Medical Laboratory Science, Benin City, Nigeria.
Dr Le Le Win - Department of Medical Research, Lower Myanmar, Yangon, Myanmar.
Dr Kristine Lillebø - Department of Microbiology, Haukeland University Hospital, Bergen, Norway.
Dr. Dieudonne Sankara - Department of Control of Neglected Tropical Diseases, World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland.

From Figures:
Figure 4. Takao Toyokawa MD PhD - Division of General Internal Medicine and Infectious Diseases, Okinawa Prefectural Southern Medical Center and Children's Medical Center, Okinawa, Japan.
Figure 11. Dr. D. N. Guha Mazumder - Director DNGM Research Foundation and Prof. & Head, Dept. of Medicine & Gastroenterology, (Retd.), Institute of Post Graduate Medical Education & Research (IPGME&R), Kolkata. Address : Kolkata -700 053, India.

REFERENCES

1. Miller A, Carchman R, Long R, Denslow SA. La Crosse viral infection in hospitalized pediatric patients in Western North Carolina. Hosp Pediatr. 2012;2:235-42.
2. Leisnham PT, Juliano SA. Impacts of climate, land use, and biological invasion on the ecology of immature Aedes mosquitoes: implications for La Crosse emergence. Ecohealth. 2012;9:217-28.
3. Seltzer AP. Nose picking. J Natl Med Assoc. 1963;55:451-2.
4. Mishriki YY. A recalcitrant case of reflexive nose picking. Trigeminal trophic syndrome. Postgrad Med. 1999;106:175-6.
5. López-Muñoz F, Molina JD, de Pablo S, Alamo C. [Lafora and the origin of Spanish biological neuropsychiatry]. Psiq Biol. 2007;14:108-20.
6. El-Shafie AM, Fouad MA, Khalil MF, Morsy TA. Zoonotic Dicrocoeliasis dendriticum in a farmer's family at Giza Governorate, Egypt. J Egypt Soc Parasitol. 2011;41:327-36.
7. Drabick JJ, Egan JE, Brown SL, Vick RG, Sandman BM, Neafie RC. Dicroceliasis (lancet fluke disease) in an HIV seropositive man. JAMA. 1988;259:567-8.
8. Obermajer J. [Karl Asmund Rudlophi and Jean de Carro]. Cas Lek Cesk. 1990;129:406-8.
9. Daher EF, Silva GB, Silveira CO, Falcão FS, Alves MP, Mota JA, et al. Factors associated with thrombocytopenia in severe leptospirosis (Weil's disease). Clinics (Sao Paulo). 2014;69:106-10.
10. Laín Entralgo P. Historia de la medicina moderna y contemporánea. Barcelona-Madrid, Científicomédica, 1963.
11. Alston JM, Brown HC. The Epidemiology of Weil's Disease: (Section of Epidemiology and State Medicine). Proc R Soc Med. 1937;30:741-56.
12. Brzezinski P, Godoy Gijón E, López-López J, Toyokawa T, Scrimshaw NS, Malard O, et al. Dermatology eponyms – phenomen / sign – Lexicon (F). Our Dermatol Online 2012;3:66-78.
13. Hong JW, Ku CR, Kim SH, Lee EJ. Characteristics of Acromegaly in Korea with a Literature Review. Endocrinol Metab (Seoul). 2013;28:164-8.
14. Dzotsi EK, Ohene SA, Asiedu-Bekoe F, Amankwa J, Sarkodie B, Adjabeng M, et al. The first cases of Lassa fever in Ghana. Ghana Med J. 2012;46:166-70.
15. Brzeziński P, Fiorentino DF, Arunachalam P, Katafigiotis I, Matuszewski Ł, Narita M, et al. Dermatology Eponyms – sign – Lexicon (K). Our Dermatol Online. 2014;5:95-102.
16. Liberski PP, Sikorska B, Lindenbaum S, Goldfarb LG, McLean C, Hainfellner JA, et al. Kuru: genes, cannibals and neuropathology. J Neuropathol Exp Neurol. 2012;71:92-103.
17. Gajdusek DC, Gibbs CJ, Alpers M. Experimental transmission of a Kuru-like syndrome to chimpanzees. Nature. 1966;209:794-6.
18. Brzeziński P, Sinjab AT, Campbell CM, Kentorp N, Sand C, Karwan K. Dermatology Eponyms – phenomen / sign –Lexicon (supplement). Our Dermatol Online. 2012;3:147-55.
19. Brzeziński P, Wass J, White K, Daboul MW, Arlt W, van den Hombergh P, et al. Dermatology eponyms – phenomen / sign – Dictionary (A) – continued. N Dermatol Online. 2011;2:27-34.
20. Kumbhar US, Satyam G, Bhargav P, Chigurupati VP. A simplified protocol of combined thoracoscopy and laparoscopic excision for large subdiaphragmatic hepatic hydatid cysts. J Minim Access Surg. 2013;9:141-4.
21. „Prof. Rudolph Lennhoff". New York Times. December 27, 1933. Retrieved. 2009-02-22.
22. Seifert L, Harbeck M, Thomas A, Hoke N, Zöller L, Wiechmann I, et al. Strategy for sensitive and specific detection of Yersinia pestis in skeletons of the black death pandemic. PLoS One. 2013;8:e75742.
23. Brzezinski P, Pessoa L, Galvão V, Barja Lopez JM, Adaskevich UP, Niamba PA, et al. Dermatology Eponyms – sign –Lexicon (H). Our Dermatol Online. 2013;4:130-43.
24. Wittekindt BE, Kitz R, Schöfer H, Hoerauf A, Zielen S. [Dermatitis and eosinophilia in a 9-year-old girl from Congo: putative onchodermatitis]. Klin Padiatr. 2006;218:41-4.
25. Varma Ch, Aroor S, Mundkur SC. An atypical giant mantoux reaction. Our Dermatol Online. 2012;3:234.
26. Fasoldt JJ, Brumwell ER, Lackey JN. Leser-Trélat sign presenting in a patient with recurrent pre-B-cell acute lymphocytic leukemia. Cutis. 2012;89:33-5.
27. Biographisches Lexikon, der Hervorragenden Ärzte der letzten fünfzig Jahre. 1933. Berlin-Wien, Urban & Schwarzenberg, vol.2, p. 896.
28. Biéder J. [The odyssey of Ulysse Trélat (1795-1879)]. Ann Med Psychol (Paris). 1984;142:128-41.
29. Rogowska-Kalisz A, Tkaczyk M, Szałapska-Zawodniak M. [Diabetes mellitus as a rare complication of hemolytic uremic syndrome--case report]. Pol Merkur Lekarski. 2010;28:46-9.
30. Owino EA. Sampling of An.gambiae s.s mosquitoes using Limburger cheese, heat and moisture as baits in a homemade trap. BMC Res Notes. 2011;4:284.
31. Kline DL. Olfactory responses and field attraction of mosquitoes to volatiles from Limburger cheese and human foot odor. J Vector Ecol. 1998;23:186-94.
32. Salgado CG1, Barreto JG. Images in clinical medicine. Leonine facies: lepromatous leprosy. N Engl J Med. 2012;366:1433.
33. Mahajan VK, Chauhan PS, Mehta KS, Sharma V. Favre-Racouchot Syndrome. Our Dermatol Online. 2013;4:328-9.

34. Biswas G1, Sankara DP, Agua-Agum J, Maiga A. Dracunculiasis (guinea worm disease): eradication without a drug or a vaccine. Philos Trans R Soc Lond B Biol Sci. 2013;368:20120146.
35. http://www.who.int/features/factfiles/guinea_worm/en/#
36. http://www.scientificamerican.com/article/what-is-guinea-worm-disease/
37. Gould HM, Pyle WL. Anomalies and Curiosities of Medicine. Philadelphia, WB Saunders, 1897, p. 1514-1647. - http://www.jstor.org/stable/3306074
38. Herman-Giddens ME. Southern tick-associated rash illness: further considerations. Clin Infect Dis. 2012;54:887-8.
39. Ribera M, Fernández-Chico N, Casals M. [Pseudofolliculitis barbae]. Actas Dermosifiliogr. 2010;101:749-57.
40. http://de.wikipedia.org/wiki/Julius_Pohl
41. Mehregan DA. Felix Pinkus: dermatologist, dermatopathologist, and artist. Int J Dermatol. 2003;42:44.
42. Jeffries C, Mansfield K, Phipps LP, Wakeley P, Mearns R, Schock A, et al. Louping Ill virus: An endemic tick-borne disease of Great Britain. J Gen Virol. 2014 Feb 19. doi: 10.1099/vir.0.062356-0.
43. Gupta M, Sharma V, Mahajan VK, Singh R. Subungual glomus tumor: an uncommon cause of median canaliform nail-dystrophy of Heller. Our Dermatol Online. 2014;5:62-4.
44. Mathias R, Ramdas S, Varghese RG. Subungual Glomus Tumour. Our Dermatol Online. 2012;3:134-5.
45. Monteiro R, Abreu MA, Tiezzi MG, Roncada EV, Oliveira CC, Ortigosa LC. Lucio's phenomenon: another case reported in Brazil. An Bras Dermatol. 2012;87:296-300.
46. Furtado TA. The Lucio-Alvarado form of leprosy. A case observed in Brazil. Int J Lepr. 1959;27:110-5.
47. Al Aboud K, Al Aboud A. Eponyms in the dermatology literature linked to Latin America. Our Dermatol Online. 2013;4(Suppl.1):405-8.
48. No authors. [Lucio and Rafael Najera]. Prensa Med Mex. 1955;20:154-7.
49. Rodríguez O. En el centenario del nacimiento del Prof. Fernando Latapí. (1902-2002). Rev Cent Dermatol Pascua. 2002;11:67-72.
50. Chinchilla D, Arenas R. Prof. Dr. Fernando Latapí (1902 – 1989). 3er Presidente del CILAD. (http://www.cilad.org/archivos/santiago/Leyendas/Dr.%20Fernando%20Latapi/Dr%20Fernando%20Latapi.htm)
51. Hughes D, Holt S, Kman NE. Ludwig's angina triaged as an allergic reaction. J Emerg Med. 2013;45:e175-6.
52. Murphy SC. The person behind the eponym: Wilhelm Frederick von Ludwig (1790-1865). J Oral Pathol Med. 1996;25:513-5.
53. Pelner L. Abraham Zacutus Lusitanus (1557-1642). N Y State J Med. 1970;70:446-8.
54. Shelley W. Mystery of the purple-spotted pillowcase--chromidrosis? JAMA. 1969;207:960.
55. Sachdev D. Sign of Nikolskiy & related signs. Ind J Dermatol Venerol Leprol. 2003;69:243-4.
56. Brzeziński P. Dermatology Eponyms – Phenomen/sign – Dictionary (A). N Dermatol Online. 2010;1:34-5.
57. Al Aboud K, Al Aboud D. Eponyms in dermatology literature linked to Switzerland. Our Dermatol Online. 2013;4:121-7.
58. Reiss F. Wilhelm Lutz, M.D. 1888-1958. AMA Arch Derm. 1959;79:724-5.