Eponyms in Cardiothoracic Radiology: Part I—Neoplasms

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Eponyms serve the purpose of honoring individuals who have made important observations and discoveries. As with other fields of medicine, eponyms are frequently encountered in radiology, particularly in chest radiology. However, inappropriate use of an eponym may lead to potentially dangerous miscommunication. Moreover, an eponym may honor the incorrect person or a person who falls into disrepute. Despite their limitations, eponyms are still widespread in medical literature. Furthermore, in some circumstances, more than one individual may have contributed to the description or discovery of a particular anatomical structure or disease, whereas in others, an eponym may have been incorrectly applied initially and propagated for years in medical literature. Nevertheless, radiologic eponyms are a means of honoring those who have made lasting contributions to the field of radiology, and familiarity with these eponyms is critical for proper reporting and accurate communication. In addition, the acquisition of some historical knowledge about those whose names are associated with various structures or pathologic conditions conveys a sense of humanity in the field of medicine. In this article, the first of a multipart series, the authors discuss a number of chest radiology eponyms as they relate to neoplasms, including relevant clinical and imaging features, as well biographic information of the respective eponym's namesake.

Introduction

In the field of medicine, an eponym is defined as "a name of a drug, structure, or disease based on or derived from the name of a person."[1] Eponyms are frequently encountered in radiology, particularly that of the cardiopulmonary system, and knowledge of these terms is important for appropriate reporting and communication. Eponyms are a means of honoring individuals who have made important contributions to medicine, but use of these terms may fail to convey a precise meaning or definition and could lead to dangerous miscommunication. Furthermore, it may be that more than one individual contributed to the discovery or description of a structure or disease. In other cases, an eponym may have been incorrectly applied initially and propagated for years in medical literature.

In this article, the first of a multipart series, we discuss and illustrate the imaging manifestations of eponyms encountered in chest radiology as they relate to neoplasms in the lungs (Pancoast tumor, Kaposi sarcoma [KS], and Golden S sign), chest wall (Askin tumor and von Recklinghausen disease), and lymphatic system (Hodgkin's lymphoma and Castleman disease). We also explore the historical background of the individuals for whom these eponyms were named.

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Lung Neoplasms

Pancoast Tumor

A Pancoast tumor is an apical lung mass that invades into the thoracic inlet and may lead to destruction of the cervical sympathetic nerves and brachial plexus (Fig 1). Patients often present with upper extremity pain and signs of Horner syndrome: ptosis, miosis, and anhydrosis.[2] On chest imaging, the mass appears as an apical opacity and may show destruction of the adjacent rib.

Henry Khunrath Pancoast (February 26, 1875-May 20, 1939) was an American radiologist born in Philadelphia (Photo 1). He attended Friends Central School and graduated in 1892. Dr Pancoast's mother and father, who were also physicians, died shortly

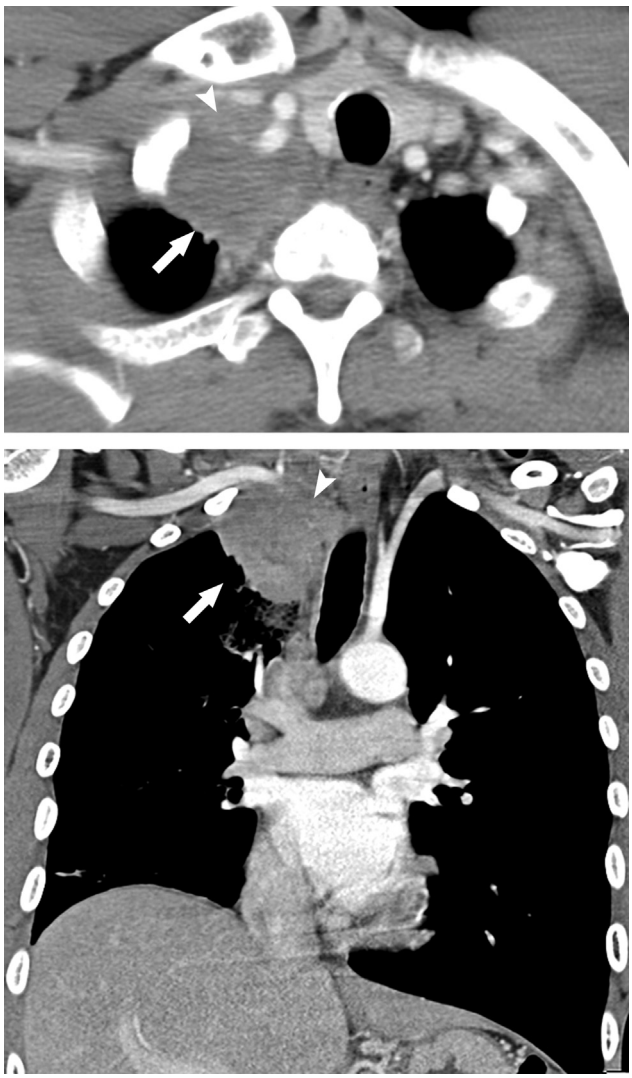

FIG 1. A Pancoast tumor in 52-year-old man. Coronal CT image demonstrates a right apical mass (arrow) invading into the region of the thoracic inlet. Note the invasion of the innominate vein (arrowhead). CT, computed tomography.

after his graduation, and he postponed his matriculation to medical school. After working at a bank for 2 years, Dr Pancoast returned to medical school and graduated from the University of Pennsylvania in 1898. He began his practice as an anesthesiologist at the University of Pennsylvania Hospital. He then switched his practice to radiology after being offered the position of skiagrapher.[3] A year later, he married Clara L. Boogs. Soon after, Dr Pancoast became the head of the x-ray department at the University of Pennsylvania medical school. In 1905, he, along with several other colleagues, organized the Philadelphia Roentgen Ray Society; and he eventually became president of the American Roentgen Ray Society. In 1912, Dr Pancoast became the first Professor of Roentgenology in the United States.[3] The radiology curriculum used in medical schools today can be partly attributed to his achievements in the development of teaching radiology. Pancoast contributed to many medical societies and attained several leadership positions over the years, including serving as the first president of the American Board of Radiology. He published a number of books and more than 100 articles on various subjects throughout his career.

Kaposi Sarcoma

KS is a low-grade mesenchymal tumor that involves the blood and lymphatic vessels and primarily affects the skin. The tumor can have multiorgan involvement inclusive of pulmonary, gastrointestinal, cutaneous, and musculoskeletal systems. Currently, 4 variants of the disease with different clinical manifestations are recognized: classic (sporadic or Mediterranean) KS, endemic (African) KS, iatrogenic (organ transplant–related) KS, and AIDS-related (epidemic) KS.[4] KS was viewed as an uncommon tumor before the 1980s but came to be considered an AIDS-defining illness

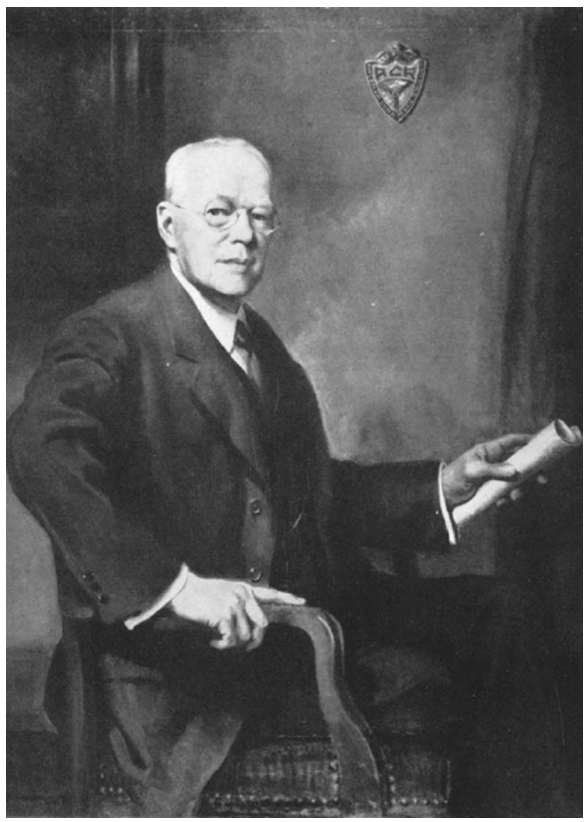

PHOTO 1. Henry Khunrath Pancoast (1875-1939). From October 1939, Radiology (33), 526-527.