REV BRAS REUMATOL. 2016;xxx(xx):xxx–xxx

SOCIEDADE BRASILEIRA DE REUMATOLOGIA

REVISTA BRASILEIRA DE REUMATOLOGIA

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Review article

Scientific people named in the classification of vasculitis

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ARTICLE INFO

Article history:
Received 11 September 2015
Accepted 6 May 2016
Available online xxx

Keywords:
Vasculitis
Scientific people
Eponym

ABSTRACT

The first International Chapel Hill Consensus Conference was held in 1994. There have been suggestions about the nomenclature of systemic vasculitis. Important categories were added to the classification of vasculitis, and many changes were made for disease names in the second Chapel Hill Consensus Conference 2012, which were not included in the Chapel Hill Consensus Conference 1994. The new nomenclature was introduced instead of being referred to by many names such as Churg-Strauss and Wegener"s. New categories such as Behçet"s and Cogan etc. were also added. These people are honored by the classification. They contribute to science through their case studies, scientific articles, and observations. This article reviews only eponyms present in the current classification of vasculitis. The aim of this paper is to give information about scientists mentioned in the classification of vasculitis.

Nomes de cientistas usados na classificação das vasculites

Palavras-chave:
Vasculites
Cientistas
Epônimo

RESUMO

A primeira *International Chapel Hill Consensus Conference* (CHHC) ocorreu em 1994. Fizeram-se sugestões sobre a nomenclatura das vasculites sistêmicas. Na segunda CHHC, 2012, adicionaram-se importantes categorias à classificação da vasculite e fizeram-se várias mudanças em nomes de doenças que não estavam incluídas na CHCC 1994. Introduziu-se uma nova nomenclatura em vez de se usarem nomes como Churg-Strauss e Wegener. Também foram adicionadas novas categorias, como de Behçet e Cogan etc. Essas pessoas são homenageadas pela classificação. Elas contribuíram para a ciência com seus estudos de caso, artigos científicos e observações. Este artigo analisa apenas epônimos presentes na classificação atual das vasculites. O objetivo é prestar informações sobre os cientistas mencionados na classificação das vasculites.

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http://dx.doi.org/10.1016/j.rbre.2016.06.002

Please cite this article in press as: Sargin G, Senturk T. Scientific people named in the classification of vasculitis. Rev Bras Reumatol. 2016. http://dx.doi.org/10.1016/j.rbre.2016.06.002

Introduction

Systemic vasculitis is an inflammatory condition. The primary inflammatory process involves the vessel wall of different organs and systems, affecting blood vessels of different types and sizes. The nomenclature and classification of systemic vasculitis has been a problem for researchers and clinicians for many years.[1] There are different ways of classifying vasculitides that include the size of predominantly affected vessels, type of inflammatory infiltrate (e.g. neutrophilic, lymphocytic), etiological agent (primary or secondary), disease extension (single-organ vasculitis or systemic vasculitis) and the pathophysiological mechanism involved (e.g. immune complex deposits, ANCA). The first International Chapel Hill Consensus Conference (CHHC) was held in 1994.[2] There was an attempt to replace eponyms by noneponymous terms which would represent the pathophysiologic process. Important categories were added to the classification of vasculitis, and many names of diseases were changed at the second CHHC 2012, which were not included in the CHCC 1994.[2,3] The new nomenclature was introduced instead of being referred to by many names such as Churg-Strauss and Wegener's. The new categories were also added to the classification system, such as variable vessel vasculitis. These people are honored by the classification. They contribute to science through their case studies, scientific articles, and observations. The article reviews only eponyms present in the current classification of vasculitis. The aim of this paper is to give information about scientists mentioned in the classification of vasculitis.

Large vessel vasculitis

Takayasu arteritis

Takayasu arteritis (TA) is a chronic, idiopathic, granulomatous arteritis of the aorta and its branches. It is a form of large vessel vasculitis, and usually affects younger patients (<50 years).[2,3] The disease is also known as pulseless disease. Here, the name comes from MikitoTakayasu. He was a Japanese ophthalmologist, born in 1860. Takayasu graduated from the Tokyo Imperial University in 1887. He reported a case at the 12th Annual Meeting of the Japan Ophthalmology Society.[4,5] The patient had no abnormality in her medical examination, except for peculiar changes of the retinal central vessels with aortitis. In the patient's history, there were visual disturbances, and complete loss of visual acuity with retinal abnormalities. After presentation of this case, it was published in the *Acta of the Ophthalmic Society of Japan* in 1908.[6] Similar cases were reported consequently. It was reported that the term '*Takayasu arteritis*' was first used by Yasuzo Shinmi, and officially named as '*Takayasu arteritis*' by the researchers committee of the Department of Health and Welfare of Japan in 1975.[4,7] MikitoTakayasu died in November 1938.[4,5] Although, there are other synonyms, the disease was called as Takayasu arteritis in the nomenclature of vasculitides at the 2012 international CHCC.[3]

Medium vessel vasculitis

Kawasaki disease

Kawasaki disease is a medium-sized vessel vasculitis (visceral arteries, its branches, and especially coronary arteries), and usually occurs in young children. The disease is characterized by fever, erythematous rash, conjunctivitis, strawberry tongue, lymphadenopathy, and specific desquamations.[2,3] The disease name comes from Tomisaku Kawasaki. He was a Japanese pediatrician, born in Tokyo in 1925. Kawasaki graduated from the School of Medicine, Chiba University in 1948.[8] He described a boy aged 4 years and 3 months with high fever, mucocutaneous features, and cervical adenopathy in 1961, and presented seven cases entitle '*Non-scarlet fever desquamation syndrome*' in 1962 at the Chiba Prefecture Pediatric Meeting, and 20 cases entitle '*Twenty cases of ocular-mucocutaneous syndrome*' in 1964 at the meeting of the 15th Eastern and Central Japan Pediatric Meeting in Matsumoto.[9–11] He published a clinical observation of 50 patients in 1967 under the title "*Acute febrile mucocutaneous syndrome*".[12] In this article, patients had lymphoid involvement with specific desquamation of the fingers and toes. Later, Kawasaki et al. reported 50 cases in September 1974 at *Pediatrics* entitled '*A new infantile acute febrile mucocutaneous lymph node syndrome prevailing in Japan*'.[13] He retired from the pediatric department of Japan Red Cross Hospital.[8]

Small vessel vasculitis

Granulomatosis with polyangiitis (Wegener's)

Granulomatosis with polyangiitis (Wegener's) is an ANCA-associated multifocal necrotizing granulomatous vasculitis that affects small to medium-size vessels of the kidney, lower and upper respiratory tract.[2,3] The disease is named after Friedrich Wegener, a German pathologist, born in 1907in Varel, Germany.[14–16] He completed his medical education in 1932, studied at the pathology department of Kiel University.[16] He was reported to be a member of the Nazi party, as was half of German doctors during World War II.[17–19] In Kiel, he described a case with generalized angiitis, and necrotizing granuloma of the upper and lower respiratory system, kidney and spleen.[14] Although he worked as a pathologist in Lodz (a localized Jewish ghetto), there were conflicting reports about where he worked in the health office.[16,19] Despite the suspicion, Wegener was released due to lack of evidence as a war criminal.[16] It is reported that he was silent about the events until his death.[20] Wegener reported a peculiar rhinogenic granulomatosis with marked involvement of the arterial system and kidney, and published articles in 1936 and 1939.[21,22] In these articles, the disease's clinical and pathological features were defined. The term of '*Wegener's granulomatosis*' was first used by Godman and Churg.[23] Falk et al.recommended an alternative name for Wegener's granulomatosis: Granulomatosis with polyangiitis (Wegener's).[18] Thereafter, 'Granulomatosis with polyangiitis (Wegener's)' instead of 'Wegener's granulomatosis' was used by the CHHC

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