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Baccaredda-Sézary syndrome

To the Editor:

In their interesting article, "The Cutaneous Lymphomas With Convoluted Nuclei" (J AM ACAD DERMATOL **10**:796-803, 1984) Yamamura et al refer to Sézary and Bouvrain as the first to describe the syndrome that bears the Sézary eponym.[1] We would like to draw attention to an earlier and neglected description of it.

An infiltrative erythroderma with severe pruritus, lymphadenopathy, and circulating large atypical mononuclear cells was presented by Baccaredda as early as 1936 at the 30th Congress of the Italian Society of Dermatology and Sifilography and was published in 1937 in the proceedings of that meeting.[2]

Baccaredda's description of the disease and of the "Sézary cells" cannot be read without admiration for its accuracy and needs no addition even today. "Sézary cells," with their grooved nuclei and distribution of chromatin, are depicted in more detail than in the later Sézary paper.

Baccaredda reported his case again in 1939 in a long and very accurate article,[3] but Sézary's paper still receives the recognition.

We believe that "Baccaredda-Sézary syndrome" would be an eponym with a better regard for historical truth.

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Reply

To the Editor:

We have been very impressed by Rebora et al's indication that "Sézary syndrome" was reported first by Baccaredda in 1936. Indeed, as they stated, the description by Baccaredda was accurate and precise and undoubtedly showed clinical and morphologic features characteristic of "Sézary syndrome."

This disease was also described in 1937 by Montgomery and Watkins,[1] in 1938 and 1942 by Sézary and associates,[2,3] and in 1939 by Baccaredda. Clinical findings described in these papers are similar, and proliferating cells have been described variously as monocytic, histiocytic, lymphocytic, and reticular.

In 1942, Sézary and Bolgert[3] summarized their own and Baccaredda's cases and established a new disease entity characterized by specific clinical and morphologic features. Therefore, this disease was termed

later as "Sézary syndrome." The work by Baccaredda has been cited occasionally in the literature or in textbooks dealing with "Sézary syndrome."

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ABSTRACTS

The lupus syndrome induced by hydralazine: A common complication with low dose treatment

Cameron HA, Ramsay LE: Br Med J **289:**410-412, 1984

Two hundred eighty-one patients treated with hydralazine for hypertension were studied. None of sixty-nine male patients developed the lupus syndrome after up to 3 years of 100 mg daily hydralazine therapy, while 4.9% of seventy-seven developed lupus syndrome after 3 years of 200 mg hydralazine daily. Among the women, 5.5% of eighty-five developed the syndrome with 100 mg/day, and 19.4%, with 200 mg/day over a 3-year period. No patients developed lupus syndrome at a dosage of 50 mg daily. Eleven of the fourteen patients were demonstrated to be slow acetylators.

J. G. S.

Cimetidine-induced remission of mycosis fungoides

Mamus SW, Mladenovic J, Hordinsky MK, et al: Lancet **2:**409, 1984

Two middle-aged men with tumor- and plaque-stage cutaneous T cell lymphoma were treated only with 300 mg cimetidine four times daily. Remissions occurred after 7 and 10 weeks of therapy with exacerbations 3½ and 7 weeks after discontinuation of therapy.

J. G. S.

Cat-scratch disease: Bacteria in skin at the primary inoculation site

Margileth AW, Wear DJ, Hadfield TL, et al: JAMA **252:**928-931, 1984

Three of five patients with cat-scratch disease were found to have gram-negative pleomorphic bacilli in the primary inoculation site. The lymph nodes of two of these patients contained similar bacilli.

J. G. S.

Heritable diseases of collagen

Prockop DJ, Kivirikko KI: N Engl J Med **311:**376-386, 1984

This article is a review of the biochemistry of genetic collagen diseases including variants of osteogenesis imperfecta, Marfan's syndrome, Ehlers-Danlos syndrome, Menkes steely hair syndrome, and several related disorders.

J. G. S.