

## SAPHO: The Impossible Acronym

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The excellent paper of Brandsen et al. [1] dealing with this French-born new concept, the SAPHO [2], deserves some comments. This acronym – Syndrome – Acne – Pus-tulosis – Hyperostosis – Osteitis – emphasizes the occurrence simultaneous or not of cutaneous and osteoarticular disorders and the relationship of chronic, aseptically, neutrophilic, skin-limited, and painful rheumatic diseases. Behind this acronym, one may have the erroneous impression of discovering a 'new disease'. It is in fact the imaginative creation of a new nosologic concept, which has drawn the attention of dermatologists, awakened their skepticism and will probably have some difficulties to make its way because of the choice of this acronymous effeminated denomination.

The rheumatological counterpart is characterized by inflammatory aseptically changes of bones involving chiefly the sternocostoclavicular region, the spine and the sacroiliac joints; peripheral bones may also be involved. The radiologic changes include osteitis (lytic lesions) and hyperostosis extending to the insertions of tendons and ligaments near the involved joints; they lead to progressive synostosis and ankylosis. The bone scan with  $^{99m}\text{Tc}$  of these osteoarticular lesions discloses an increased uptake of the radioisotope. Slight nonspecific biological changes may be observed (increased WBC count and ESR, neither rheumatoid factor nor antinuclear antibodies). It has not yet been demonstrated if the structures primarily involved are the synovial membranes and the cartilages of the joints (arthritis), the bony tissue near the joints (osteitis) or the insertions of tendons, ligaments or capsules around the joints (enthesitis). These bone and/or joint lesions have their own specificity; but they are not necessarily associated with a skin disease or specifically related to a special type of skin disease.

The dermatological counterpart is more ambiguous, at least for dermatologists. Palmoplantar pustulosis, a recurrent acrovesiculopustulosis unrelated to psoriasis, is one of the conditions which may be associated with osteoarticular lesions, chiefly of the anterior chest wall (Sonozaki syndrome). These recurrent pustules are aseptically, histologically unilocular and filled up with neutrophils in the mature stage; the bone and joint lesions are also aseptically, although Edlund et al. [3] found *Propionibacterium acnes* in some open biopsies of arthroosteitis: *P. acnes* are common anaerobic bacteria belonging to the microflora of seborrheic skin, and these findings deserve further controls. Acne is another condition that may be associated with osteoarticular involvement: the acne-associated rheumatism is especially observed in severe forms, such as acne conglobata or acne inversa; to this latter form belong some other conditions such as hidradenitis suppurativa, Verneui's disease or dissecting cellulitis of the scalp, which are less common expressions of follicular occlusion [4], also described in association with aseptically arthroosteites.

Palmoplantar Pustulosis and Acne are two unrelated conditions. Their initials are 2 of the 5 letters of the acronym SAPHO, but these two conditions never do occur together in a same patient suffering episodes of painful joint swelling. Can therefore the acronym and the syndrome survive if the constituent clinical and radiological items never occur together?

I think that an 'impossible' acronym is not worth of acceptance; in the clinical practice, a diagnosis of the SAPHO cannot be relevant. On the contrary, the concept of a skin-related bone disease is a noticeable progress in the understanding and management of some chronic and recurrent painful arthroses with hyperostosis and functional impairment of joints. For this reason, the dermatologists ought to do homage to Chamot et al. [2] and to their

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outstanding achievement: like Christopher Columbus who rediscovered [5] the New World previously discovered by anonymous Vikings or Phoenicians, and made it known to Europe, they brought together their own experience and the dispersed data of literature and provided a new concept to the medical community. Christopher Columbus omitted to give a name to the new continent, and history has later been unfair to him in that respect. The French rheumatologists baptized their discovery; the future will tell if the inaccuracy of the acronym will either impair or stimulate the diffusion of the concept and if misspelling may influence the fate of an idea.

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