

EDITORIAL

Why we need a harmonized name for atopic dermatitis/atopic eczema/eczema!

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From a historical point of view, over more than a century, the numerous names which have been proposed for atopic dermatitis/atopic eczema/eczema make this condition so unique. This phenomenon most probably just reflects a high degree of lack of consensus among the authors due to the unknown pathophysiological background of this condition (Table 1). In some countries, such as Germany, most physicians dealing with this disease have experienced this kind of discussion many times during their own training time and academic career so that a revival of this discussion may be considered as rather useless. On the other hand, most physicians probably underestimate the important impact at different levels of the different names which have been coined for the most common skin disease.

In this issue of the journal, Kantor et al. (1) analyzed the available bibliographic databases with the aim to get some figures about the current situation as reflected in the literature. They came to the not-surprising conclusion that the term 'atopic dermatitis' is the most accepted one worldwide and that the time is ripe to establish an international agreement on the nomenclature.

Although this discussion and debate may be considered as a never-ending story, there are a number of good reasons to support this proposal. The absence of consensus on the name has a number of important consequences which can be summarized as following:

- 1 Impact on data mining by the scientific community: One of the obvious impacts is the difference in terms for search strategies in databases such as PubMed, Web-of-Science, and others for physicians and scientists interested in this disease. A short analysis of the terms used in this journal since 2012 revealed that the term 'atopic dermatitis' was used in 54 publications while the term 'atopic eczema' only in 7. Interestingly, among those using the term 'atopic eczema', the analysis of the subjects also showed that most of the papers (6 from 7) were dealing with issues related to epidemiological aspects such as comorbidities but also assessment tools. They were typically written by scientists with expertise in epidemiology and data mining. Among the 54 papers published under the name 'atopic dermatitis', only 9 were dealing with this kind of issue.
- 2 In the paper of Kantor et al. (1), the authors mentioned the important aspect of different codings in the ICD system for the different terms such as 'atopic dermatitis' and 'eczema'. This has obviously a deep impact for issues like public health and reimbursement and, of course, for research in the wide field of epidemiology (2) including comorbidities (3, 4) and prevention as well (5–8).

Table 1 Some examples of names given over two centuries to the disease referred today as atopic dermatitis

Strophulus convertus	Willan/Bateman (1808)
Lichen agrius	Willan (1817)
Achore muqueux	Alibert (1832)
Prurigo diathésique	Besnier (1892)
Névrodermite diffuse	Brocq (1902)
Prurigo Besnier	Rasch (1903)
Eczéma constitutionnel	Brocq (1927)
Früh- und spätexsudatives Eczematoid	Rost (1928)
Neurodermitis	Rost and Marchionini (1932)
Atopic dermatitis	Wise and Sulzberger (1935)
Endogenes Ekzem	Korting (1954)
Neurodermitis constitutionalis	Schnyder and Borelli (1967)
sive atopica	
Atopic eczema/dermatitis syndrome	WAO (2003)

- 3 The absence of a consensual name has also consequences for patient literacy and education. All physicians involved in the management of patients suffering from this disease are well aware of many discussions and explanations needed for the patients and the parents of affected children, particularly when much information is now available through the web. Indeed, the web represents an important amplification tool for the spreading of information to the patients, whether these are scientifically sound or, unfortunately also, lacking any kind of rationale.
- 4 The lack of consensus may also lead to some confusions in the field of biomarker discovery (9) and drug development (10) including the medical dictionary for regulatory activities (MedRA). This affects many stakeholders of this field including scientists in pharmaceutical industry but also regulators and policymakers such as in health technology assessment agencies (HTA).

With regard to the above-mentioned consequences of the current situation, there is an urgent need to find one consensual umbrella term for the most common skin disease. Indeed, it carries an important socioeconomic burden (11) and is currently considered as the starting point of the so-called atopic march (12) and the related comorbidities. At a first glance, this quest may seem paradoxical in a time when we more and more realize that the complexity of the natural history (13) and the clinical phenotype of the disease probably reflect a certain degree of heterogeneity in the pathophysiological mechanisms underlying the disease. Indeed, this would rather imply to abandon a uniform terminology and

to seek for a splitting approach. However, the progress of our understanding of the genetic background and the immunological pathways leading to the disease will ultimately provide us with a number of diagnostic, prognostic, and predictive biomarkers for the stratification of this complex phenotype in the era of precision medicine (14, 15). Thus, the biomarker-based stratification will lead to a new kind of molecular taxonomy for which we need an umbrella term such as 'atopic dermatitis' (16). Once this discussion has been closed and the international agreement has been reached, the next exercise will be to harmonize the diagnostic criteria for atopic dermatitis on a worldwide level, since besides using the same name, using the same diagnostic criteria will have similarly important implications with regard to the above-mentioned aspects of the disease.

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Conflicts of interest

The author declares that have no conflicts of interest.

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