Boas' sign revisited

H. V. Iyer

Received: 13 January 2010 / Accepted: 28 October 2010 / Published online: 18 November 2010
© Royal Academy of Medicine in Ireland 2010

Dear Sir,

I read with interest the article about the validation of Collin's sign in cholelithiasis [1]. The use of eponyms in clinical medicine is a matter of controversy and it is my personal opinion that their use certainly adds a different dimension and gives an added perspective to the student of medicine.

However, I would like to point out another historical eponym involving a similar concept that may be of interest to your readers. Ismar Isidor Boas (1858–1938), a German gastroenterologist, was probably one of the earliest physicians to note the association of to point tenderness in the region to the right of the 10th to 12th thoracic vertebrae in patients with cholecystitis. More recently, this eponymous sign has been used to describe hyperaesthesia to light touch

in the infrascapular area or even in the right upper quadrant. This has come to be known as Boas' sign [2].

Although Collins' sign and Boas' sign are not exactly the same, it is my understanding that they are based on the same underlying principle of referred pain. To my knowledge, Boas' sign has not been studied for its validity.

References

1. Gilani SN, Bass G, Leader F, Walsh TN (2009) Collins' sign: validation of a clinical sign in cholelithiasis. *Ir J Med Sci* 178(4):397–400
2. Trowbridge RL, Rutkowski NK, Shojania KG (2003) Does this patient have acute cholecystitis? *JAMA* 289:80–86

H. V. Iyer (✉)
Department of Internal Medicine, Albert Einstein Medical
Center, Klein 363, 5501, Old York Road, Philadelphia,
PA 19141, USA
e-mail: harishiyer2@gmail.com