

## Eponymous Dishonor: Kyrieleis Plaques

Understanding the naming origins of clinical entities can be a fascinating, historically rich pursuit. Diseases can be named for the geographic region in which they are prevalent (Tangier disease, after Tangier Island, Maryland), the geographic nexus of discovery (Lyme disease, after Lyme, Connecticut), a population subset susceptible for the condition (Legionnaires' disease), a literary reference (Pickwickian syndrome, Mad Hatter's disease, and Alice in Wonderland syndrome), a famous patient (Lou Gehrig's disease), or most commonly, after the physician most influential in our understanding of the disease (Cushing's, Hodgkin's, Alzheimer's, and Parkinson's diseases). While eponyms remain ensconced as a long-standing tradition in medicine, a recent movement has been growing to shift from eponyms to more appropriate clinically specific names. The reasons are two-fold.

First, eponyms often honor one or two influential individuals, whereas true scientific discovery reflects a group contribution over time.<sup>1</sup> For example, although Hulusi Behçet recognized his eponymous condition in 1937, proper recognition of all those who discovered the various facets of the disorder would require the name Hippocrates-Janin-Neumann-Reis-Bluthe-Gilbert-Planner-Remenovskiy-Weve-Shigeta-Pils-Grütz-Carol-Ruys-Samek-Fischer-Walter-Roman-Kumer-Adamantiades-Dascalopoulos-Matras-Whitwell-Nishimura-Blobner-Weekers-Reginster-Knapp-Behçet's disease.<sup>2</sup> Second, revelations of Nazi atrocities committed by famous physicians after whom diseases were named inspired an effort to negate their eponymous distinction. Examples include renaming Reiter's disease to reactive arthritis and Wegener's disease to granulomatosis with polyangiitis, entities named after Nazi war criminal Hans Reiter and Nazi enthusiast Friedrich Wegener, respectively.<sup>3-5</sup> Other conditions still named after infamous figures include Asperger's syndrome, Beck-Ibrahim disease, Hallervorden-Spatz disease, and Seitelberger disease.<sup>6</sup>

Another interesting eponym in ophthalmology includes Kyrieleis plaques, a unique posterior pole physical examination finding. These plaques represent

segmental retinal arteritis and were first reported in 1933 by Kyrieleis<sup>7</sup> in an eye with presumed tuberculous uveitis. Two decades later, Griffin and Bodian<sup>8</sup> described these lesions as focal or segmental yellowish white accumulations around retinal arteries, typically near or adjacent to an area of active retinal infection or inflammation. Kyrieleis plaques are seen in eyes with severe inflammation and are most often found in the context of active *Toxoplasma gondii* retinochoroiditis but have been associated with *Mycobacterium tuberculosis*, *Treponema pallidum*, *Cytomegalovirus*, and varicella-zoster virus infections. Recent studies suggest that these lesions are characterized by an inflammatory involvement within the arterial vessel wall, likely the endothelium.<sup>9</sup>

The purpose of this editorial is to expose Kyrieleis as an early adopter of Nazi ideology whose eponymous physical examination finding should therefore be renamed. The son of an ophthalmologist, Kyrieleis, was born in 1898 in Hameln, Germany.<sup>10</sup> After attaining the rank of lieutenant during World War I, Kyrieleis went on to pursue medical studies, completing his doctorate in Freiberg in 1924. In the same year, Kyrieleis joined Stahlhelm (literally, "steel helmets"), a paramilitary force that constituted the armed branch of the German National People's Party that openly identified themselves as German fascists, espousing anticommunist, antisocial democrat, and virulently anti-Semitic agendas. Politically active, Kyrieleis participated in the Kapp Putsch, an early coup attempt against the short-lived democratic Weimar Republic. With the demise of the Republic and rise of Adolf Hitler in 1933, Kyrieleis quickly became a candidate for the Reiter-SS and became a full member of the SS in 1937, serving as ophthalmologist for the Waffen-SS. In 1937, Kyrieleis formally joined Chancellor Hitler's National Socialist German Labor Party, the soul of German national socialism emphasizing the absolute rejection of democracy in the context of vitriolic hate mongering, espousing intolerance, racism, and vicious anti-Semitism. As a party member throughout the war, Kyrieleis held multiple academic appointments with various advisory roles for the Luftwaffe and other branches of the German military. With the defeat of the Nazis in 1945, Kyrieleis was held in

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Allied internment until 1947. Kyrieleis underwent “denazification” and, until his death in 1951, taught at the Department of Ophthalmology at the University of Marburg.<sup>11</sup>

Denazification, a progeny of the Potsdam Conference of 1945, deserves its own chapter in history. It is well known that many former Nazis made smooth career transitions to the western Federal Republic of Germany after 1949 as well as the eastern German Democratic Republic. For example, in the 1950s, more than two-thirds of the senior staff of the Federal Criminal Police Office were former members of the elite Nazi guard, the SS.<sup>12</sup> With a caseload of nearly one million former Nazis awaiting judgment, the post-war civilian tribunal unsurprisingly deemed Werner Kyrieleis, a Category 4 Nazi, a “follower” conformist, as was the verdict with most former Nazis. However, Kyrieleis was certainly an enthusiastic early adopter of Nazism and avid enabler of its crimes. Such a repugnant legacy in a physician is reprehensible, and his eponym should join the infamous ranks of Reiter and Wegener. Segmental retinal arteritis should remain unburdened by eponymous dishonor.

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