A few comments on Tayanç-Reimann-Prasad syndrome

To the Editor,

My colleagues Demirel et al. should be congratulated for diagnosing hypopituitary hypogonadotropic hypogonadism and growth hormone deficiency in a 15-year-old boy who, in my opinion, also had Tayanç-Reimann-Prasad syndrome, as reported recently in the Journal, entitled “Hypopituitarism masquerading as Prasad’s syndrome” (Turk J Pediatr 2011; 53: 702-704).

Since zinc and iron deficiency, hepatosplenomegaly and pica are not related to hypopituitary hypogonadism with growth hormone deficiency and in view of the correction of anemia with zinc and iron supplementation, I would consider both diagnoses as associated findings in this case.

My main concern was related to the deletion of two main authors’ names, Tayanç and Reimann, both from Turkey. Muin Memduh Tayanç was an internist in Kastamonu, where he defined this syndrome in children in 1942, without assaying iron and zinc levels, because of the laboratory limitations at that time1. Dr Reimann2 was also an internist and hematologist, who studied hypogonadism by testicular biopsies when this syndrome was seen more frequently3,4.

Due to our lack of interest, some eponyms related to Turkish authors’ names such as Hasan Reşat (of myelomonocytic leukemia) and Say syndrome are erased from the medical literature. Therefore, I am more respectful of the names of Tayanç and Reimann than of Prasad.

REFERENCES


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