

## HENRI-FRANÇOIS SECRETAN (1856–1916) AND HIS SYNDROME

### HENRI-FRANÇOIS SECRETAN (1856.–1916.) I NJEGOV SINDROM

Khalid Al Aboud<sup>\*</sup>, Daifullah Al Aboud<sup>1\*\*</sup>

#### SUMMARY

*Henri-François Secretan (1856-1916) was a Swiss physician, who in 1901 described a medical condition characterized by a hard, sometimes cyanotic oedema (Charcot's blue oedema) on the back of one or both hands and forearms. This condition was later known as Secretan's disease or Secretan's syndrome.*

*This report discusses Henri Secretan and the syndrome that bears his name.*

**Key words:** *Factitious lymphedema, skin, Secretan disease*

Henri-François Secretan was a Swiss physician [1,2] credited for describing a rare syndrome, characterised by a hard oedema most commonly on the dorsum of the hand, that became known as Secretan's disease or Secretan's syndrome [3-20].

#### SECRETAN'S SYNDROME

Secretan's syndrome is a hyperplastic, recurring hard oedema of the hand or foot? dorsum. Its aetiology, pathology, and treatment are unknown [18].

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\* Dermatology Department, King Faisal Hospital, Makkah, Saudi Arabia.

\*\* Dermatology Department, Taif University, Taif, Saudi Arabia.

*Address for correspondence:* Khalid Al Aboud , MD, P.O Box 5440, Makkah 21955, Saudi Arabia.  
E-mail amoa65@hotmail.com

The disease can be caused by a hemostatic ligature or tight bandaging of the forearms or by repeated self-inflicted trauma with a hard object [6]. The syndrome has also been described on the upper and lower extremities. [19]. Secretan's syndrome is also known as peritendinous fibrosis, post-traumatic hard oedema, and factitious lymphedema [12].

Typically it presents itself with an oedema on the dorsal surface of the hand and wrist, while the thumb is spared. The oedema is likely to be lymphatic and may be associated with pain and limited flexion of the metacarpophalangeal joints [6]. Secretan's syndrome is an injury that is self-inflicted for secondary gain or is a conversion reaction [12]. Oedema caused by a hemostatic ligature presents itself with a clear-cut margin. In the acute stage, soft-tissue swells and can be treated with casting and psychiatric care.

The chronic, hyperplastic stage occurs after repeated trauma and can lead to organizing hematoma and fibrosis of the subcutaneous and peritendinous areas. If the diagnosis is made before the progression to significant fibrosis, patients respond to conservative care with psychiatric and surgical intervention [9].

Patients with extensive limb involvement might have factitious traumatic panniculitis (FTP) [21]. In such patients, self-infliction may be less apparent. Patients with FTP can be diagnosed as having Weber-Christian disease, pancreatic fat necrosis, or superficial thrombophlebitis. The microscopic organising hematoma can be associated with amorphous polysaccharide masses that mix with iron pigment [21].

Some report similarity between Secretan's disease and the Munchausen syndrome, as either patients are "sad and unhappy" [9].

It has been suggested that Secretan's disease is an example of a hyper-sympathetic process that differs from causalgia, because there is no pain on examination and the X-rays show no osteopenia. Other authors believe that Secretan's syndrome is a variant of Secretan's disease consistent with posttraumatic sympathetic dystrophy [9].

Several orthopaedic and dermatological reports have recognised it as an often self-induced disease and a spontaneous, work-related hazard [9] Secretan's disease can cause extensive disability of the hand, that can last for more than 6 months and often for years [10].

There are many theories about the aetiology of the disease, including a trauma that leads to peritendinous fibrosis, a hypersympathetic stimulus after an injury, and self-inflicted trauma [12].



Dr. Henri-François Secretan  
(1856–1916)  
(<http://www.secretan.info/>)

Secretan's disease must be distinguished from occupational injuries, such as those seen in fishermen, that are caused by sea urchin spines and tight cuffs of wet suits. It must also be distinguished from other types of acute and chronic oedema, such as lymphatic aplasia, recurrent erysipelas, deep thrombophlebitis, angioedema, filariasis, venous obstruction, post-surgical disturbances, and carcinoma [6]. The diagnosis should be made based on a complete history, focusing on any reports that suggest self-induced repetitive contusions [9]. A psychosocial inquiry must be completed to detect secondary gains or underlying psychiatric issues [9].

Magnetic resonance imaging can reveal a tendon oedema in combination with diffuse peritendinous fibrosis, extending to the fascia of the dorsal interosseous muscles [18].

The syndrome is best treated with conservative care and psychiatric counselling [9,12]. Splinting and active exercise constitute the best initial treatment. Only after months of such conservative management should one resort to surgery [8].

It has been suggested that patients with this syndrome suffer from varying forms of emotional disturbances and require a non-confrontational approach with appropriate psychological support [9]. Some groups recommend early surgical intervention as the preferred modality to mini-

mize disability, while others believe that surgical interventions can result in continuation of the syndrome and progression to disability [9].

### HENRI-FRANÇOIS SECRETAN (1856-1916)

Henri-François Secretan was born in Neuchâtel, Switzerland on 22 February 1856 [1]. His father, Charles, was a respected philosopher [1]. At the age of ten, his family moved to Lausanne. Secretan was a student at Collège Galliard and took up the study of literature. Later he studied law and medicine at Geneva, Pisa, and Paris universities, where he took his medical degree [2].

He travelled to Italy, France, Spain, Germany, Austria, England, and Algeria and settled down in Lausanne in 1885 to practice medicine. As a doctor for insurance companies, he saw patients daily—workers who were victims of workplace accidents [2].

Secretan was active in a new field of medicine, because accident insurance had just been established in Switzerland. He devoted himself to treating patients who suffered from work-related injuries, establishing a polyclinic for accident victims [1].

He preferred conservative management and opposed surgery, opining that “nature is the best doctor” [1].

Secretan’s prescribed treatments were of a soothing nature. He promoted cleanliness, recommending frequent warm and cold water baths. Secretan bandaged wounds with clean, boiled cloth and was suspicious of irritating ointments and foul-smelling powders that were popular at the time<sup>1</sup>. He read Latin and Greek literature and spoke several languages, including Italian - because many of his patients were Italians who worked in Switzerland [1] - and Spanish [2].

He became a specialist in medical accidents and wrote several books, including *Society and Morality* in 1897 and *L'assurance contre les accidents, observations chirurgicales et professionnelles (Insurance against Accidents: Surgical and Professional Notes)*, published in 1906 in the three national languages of Switzerland and printed in thousands of copies [2]. In this book, he described his experiences with and opinions on work-related injuries such as back injuries and hernias [1].

The book contains his medical articles, including “Oedème dur et hyperplasie traumatique du métacarpe dorsal” (“Hard oedema and traumatic hyperplasia of the dorsal metacarpus”)<sup>12</sup>. This article was originally

published in the June 1901 issue of *Revue Medicale de la Suisse Romande* [1], in which he reported several cases of woody swelling of the dorsum of the hand that occurred at work and resolved on its own [9]. He commented that this condition was frequent; he witnessed as many as 12 cases a year. Secretan was adamant that those who developed the woody swelling on the back of their hands or, in one instance, on the dorsum of the foot, were not hysterical or clever malingerers.

During his career, he had ample opportunity to observe workmen who took advantage of being insured<sup>1</sup>. He saw patients exacerbate their wounds by encircling their limbs with cords tightly, attempting to cause oedema of an extremity [1]. His precise observations led him to identify this type of a bruise, which has since been called Secretan's disease.

Secretan's writings were not limited to medicine [1]; he also published works of a more general nature: *Les conditions de la science* (*The State of Science*, 1892), *La Société et la Morale* (*Society and Morality*, 1897), *La population et les moeurs* (*Population and Customs*, 1915), and *La propagande chrétienne et les persécutions* (*Christian Propaganda and Persecution*, 1915) [2].

Henri-François Secretan died on March 5, 1916 after several months of illness.

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#### SAŽETAK

*Henri-François Secretan (1856.–1916.) švicarski je liječnik koji je 1901. opisao bolest za koju je svojstven tvrdi, a katkad i cijanotični edem (tzv. Charcotov edem) na jednoj ili objema nadlaničima i podlakticama. Ovo je stanje psolije postalo poznato kao Secretanova bolest ili sindrom.*

*U ovome se članku raspravlja o Henrijju Secretanu i sindromu koji nosi njegovo ime.*

**Ključne riječi:** lažni limfedem, koža, Secretanova bolest

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