

# The Usage of the Term “Formefruste” in Ophthalmology

## Editorial

In this editorial, I aimed to clarify the term “*formefruste*” and to take care to avoid its unnecessary use. Formefruste is a term defining “an incomplete or partial or arrested or in apparent or atypical or aborted or attenuated phenotypic expression or manifestation of a clinical entity or disease or syndrome or pathological condition. It often defines that disease is subclinical and that disease has not the main diagnostic criteria and the expected and common course of the disease [1]. In ophthalmological terminology, the term “*formefruste*” has been used to call “the occult form of an ocular disease”. To literature, the ophthalmological diseases in which the term has been used are keratoconus (KK), anterior segment dysgenesis, central serous chorioretinopathy, retinopathy of prematurity, hemorrhagic occlusive retinal vasculitis, juvenile idiopathic arthritis-associated uveitis, sympathetic uveitis, focal choroidal excavation in serpiginous choroiditis [2-11]. Additionally, it has been also reported for defining of atypical clinical forms of some neuro-ophthalmological diseases such as multiple sclerosis, tuberosis sclerosis, Vogt-Koyanagi Syndrome and idiopathic intracranial hypertension, trilateral retinoblastoma and acne rosacea as dermatological disease [12-17]. Actually, any ocular finding may be a sign of a formefruste of any ocular, extraocular or systemic disease. Additionally, the term “*formefruste*” has been not been choiced in ophthalmological literature except only for the nomenclature of the frank, early stage or subclinical or preclinical or symptomless manifestation of KK for a long time [18,19]. Formefruste KK has mild corneal topographic characteristics suggestive of an early subclinical KK [2,18,19]. To my opinion, the usage of a term “*occult*” or “*atypical*” seems more appropriate for incomplete forms of the ocular diseases instead of the terms of “*formefruste*” and “*subclinical disease*”.

## Conflict of Interest

The author declares that there is no conflict of interest regarding the publication of this paper.

## Acknowledgment

None.

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Editorial

Volume 7 Issue 5 - 2017

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Received: October 12, 2017 | Published: October 12, 2017