

## HISTORICAL BACKGROUND

In 1884 Balzer described the post mortem findings on a 49 year-old man with advanced pulmonary tuberculosis in which elastic degeneration was found within the skin and heart. He felt that the skin changes represented true xanthoma.

In 1889 Chauffard, an internist, presented a similar case to Balzer's. He described a 35-year-old male with changes in the skin, gastrointestinal hemorrhages, weak peripheral pulses and failing vision.

In the same year Doyme offered the first description of angioid streaks of the retina which were named later on by Knapp (1892). A few years later, in 1896, Darier studied the histopathology of Chauffard's case and offered the name Pseudoxanthoma elasticum (PXE) with alternative elastorrhesis to describe the pathological changes. In 1903 Hallopeau and Laffitte described the changes in the fundus oculi in Chauffard's case. They found "Chorioretinitis of the central region, involving the macula, with secondary atrophy of the optic disc".

Thereafter for the next 3 decades, isolated cases of Pseudoxanthoma elasticum and angioid streaks were offered in the literature, but the frequency of their association was not appreciated (Eddy and Farber, 1962).

In 1929 in Sweden, Gronblad an ophthalmologist, and Strandberg a dermatologist, together studied and separately reported a patient in whom both Pseudoxanthoma elasticum and angioid streaks were present. In succeeding years, it became increasing by more obvious that the 2 findings were present in the same individual far more often than just be chance.

In 1936, Franceschetti and Roulet proposed the name Gronblad-Strandberg for the disease syndrome in which both findings are present. In 1938, Böck added elastosis dystrophica as he considered it the best description for the disease.

The term elastorrhhexis was revived by Touraine and James (1940).