

In Reply: We thank Dr. Yale and colleagues for their excellent discussion. As they note, Trousseau's sign was first described as migratory superficial thrombophlebitis in association with cancer. The case presented by us depicted this, with the observation of the astute French physician still in use 150 years later.

As described by others in more detail,¹ the concept of coexistent cancer and various features of hypercoagulability developed over the years, and the term *Trousseau's syndrome* evolved out of the medical literature. For instance, Sack et al² reported Trousseau's syndrome to include chronic disseminated intravascular coagulation, nonbacterial thrombotic endocarditis, and arterial thrombosis. In our case, the patient had not only Trousseau's sign but also acute cerebral infarcts. We think it is plausible that Trousseau's patients with migratory thrombophlebitis had some of these other signs, but the technology would not have existed then to confirm them.

Nevertheless, we certainly agree that converting "sign" to "syndrome" is a liberal use by formal semantics. The term *cancer-associated thrombosis* does seem best to characterize the syndrome in modern medical lexicon. We hope, however, that Trousseau's sign continues to be taught and recognized on the physical examination.

Satish S. Maharaj, MD
James Graham Brown Cancer Center
University of Louisville School of Medicine
Louisville, KY

Michael Omar, MBBS
University of Florida College of Medicine
Jacksonville, FL

Karan Seegobin, MBBS
Mayo Clinic
Jacksonville, FL

Simone Chang, MBBS
James Graham Brown Cancer Center
University of Louisville School of Medicine
Louisville, KY

■ REFERENCES

1. Ikushima S, Ono R, Fukuda K, Sakayori M, Awano N, Kondo K. Trousseau's syndrome: cancer-associated thrombosis. *Jpn J Clin Oncol* 2016; 46(3):204–208. doi:10.1093/jjco/hyv165
2. Sack GH Jr, Levin J, Bell WR. Trousseau's syndrome and other manifestations of chronic disseminated coagulopathy in patients with neoplasms: clinical, pathophysiological, and therapeutic features. *Medicine (Baltimore)* 1977; 56(1):1–37. pmid: 834136

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