

ACRONYMS IN THE MEDICAL LANGUAGE

LAS SIGLAS EN EL LENGUAJE MÉDICO

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With the use of language resources on a daily basis, as is the case of acronyms, it may seem that one has an extensive knowledge of the subject matter. However, it has been shown that their excessive use can make communication unintelligible, and confuse other professionals that are not identified with them.

In the history of mankind there have been somewhat confusing situations which have to do precisely with acronyms, to cite just two examples: one of the many dictatorial governments of Guatemala tried to suppress any reference to the guerrilla movements in the press, but when it was unavoidable to mention them, the newspapers were required to do so only by the acronyms, hoping in this way to diminish the possibilities of communication and memory¹. The other has to do with the numerous cases of the so-called post-Francoist terrorism that developed up to the early 80's. These groups operated under various names like Anti-comunist Apostolic Alliance (AAA or "Triple A"),

Antiterrorism ETA (ATE, for its acronym in Spanish), Spanish Armed Groups (GAE, for its acronym in Spanish) Warriors of Christ the King (GCR, for its acronym in Spanish), Spanish Basque Battalion (BVE, for its acronym in Spanish), among others. It is important to highlight the words of a former soldier who was part of one of them, "these are only acronyms, names that come up and are used as needed²".

The truth is that acronyms are very common in scientific and technical texts. According to the academic definition, acronym (in Latin, plural word meaning "numbers" or "abbreviations") is the initial letter which is used as an abbreviation of a word, and also the label or name that is formed with the initial letters of several words^{3,4}.

The Dictionary of the Royal Spanish Academy states that the acronym is a word formed by the set of initial letters of a complex expression⁴; from the linguistic point of view Alcaraz³ says that acronyms formally consist of the initial letters of nouns that make up a syntagm, as the initials of the "weak" words (prepositions) are usually not admitted; they may be accompanied by numbers, lowercase letters and other combined symbols, which act as modifiers of the content.

The medical language, as every scientific text, in-

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tends to convey as much information with the fewest words possible. Therefore, it is not unusual to find a proliferation (sometimes an abuse) of abbreviated forms in medical scientific articles.

It cannot be denied that formal communication among specialists in the field of health sciences, and in general in any specialized field, is usually done through periodical or not periodical publications⁵, especially the former (journals), which have become the leading means of specialized communication of current science⁶⁻⁸.

This linguistic phenomenon is also seen in the field of health sciences. The growing trend of internationalization of scientific information has led to a profusion of acronyms in medical texts.

The theme of the acronyms has been dealt with many times and from different angles: typology, gender, spelling, reading and writing, their translation or equivalence, among others. It is unquestionable that the translation of the acronym is phenomenologically particular; Granda Orive⁹ states that Dominguez has said that the difference of acronyms in each language should be avoided, especially those that are widely known, as this creates conflicts of communication.

In the article *Echocardiographic variables for non-invasive assessment of pulmonary hemodynamics*¹⁰, published in this issue of CorSalud, there is a marked abuse of acronyms, 30 in total, many of which appeared 3 or more times, and most of them have not been established by convention or covered by the standards committees, but they are rather of personal type and have been invented. Without underestimating their dynamism, we believe it is important to use only those that are well publicized and widely recognized. The others should be rejected because their meaning may not reach beyond a small group of people.

Nobody talks to the public of CHF referring to congestive heart failure, or of AMI to speak of acute myocardial infarction, or PTE to explain what pulmonary thromboembolism is or LVEF for left ventricle ejection fraction, and so many other cases, since their use, even in a text, would make it even more complex and incomprehensible to the inexperienced reader¹¹.

It is often extremely difficult to find the real meaning of the acronyms that you find in a medical record, a discharge report or on a specialized article¹². For example, ABG can mean "aortic bifurcation graft", or "aortobifemoral graft"; MVR stands for "mitral valve regurgitation", or "mitral valve repair", or "mitral valve replacement"; ASCVD stands for "arteriosclerotic cardiovascular disease", or "arteriosclerotic cerebrovascular disease"; and CHD can mean "congenital heart

disease", or "congestive heart disease", or "coronary heart disease". It's very complicated, in a text riddled with dozens of different acronyms, to remember the meaning the author wanted to give to each of them. Things are heavily entangled when in the same text there are two or more acronyms that are differentiated only by the order of the letters that form them. An example of this is the use of CVP (*central venous pressure*) and VCP (*vocal cord paralysis*) or CPV (*canine parvovirus*)¹².

It is not easy either, in many cases, to know whether AV means arteriovenous or atrioventricular. The problem in question may be complicated if the author, in addition to the Spanish acronym, also uses English acronyms. What is the point (in a text aimed at Spanish-speaking readers) in using an acronym in English to abbreviate "hematocrito" to PCV (packed cell volume) or "extrasístole ventricular" to PVC (premature ventricular contraction) or VPC (ventricular premature contraction)?¹²

Moreover, some acronyms are translated and these can be considered loan translations from English, i.e. they are anglicisms of semantic kind and they have to do with translation matters. Others are in their original form and thus non-adapted Anglicisms, adopted in their original form.

There are guidelines for acronyms use that should be strictly enforced: When using an acronym in a text, the full name should be transcribed the first time it is mentioned, followed in parentheses by the corresponding acronym. In subsequent references the acronym is enough¹³. In the title and abstract it is better not to use acronyms, but if used, they should also be explained, unless those that the audience knows. This explanation does not remove the obligation to explain them the first time they appear in the text.

Other equally important aspects of the acronyms have been well established by the Spanish Royal Academy⁴: they are written without periods or spaces (periods are only used when they are in texts entirely written in capital letters), all the letters that form them are normally capitalized, never take tilde (although its pronunciation might require it according to the rules of accentuation) and should never be divided by end-line dash.

We agree completely with Granda Orive⁹, and it leads me to paraphrase this quote at the end of this article: We believe, in conclusion, that we must avoid the use of acronyms, using them sparingly and as little as possible, and putting the full name the first time, because otherwise all we could do is read and guess.

REFERENCES

- 1- Galindo C, Galindo M Torres-Michúa A. Manual de redacción e investigación. Guía para el estudiante y el profesional. México: Grijalbo; 1997.
- 2- Terrorismo tardofranquista. In: Wikipedia, the free encyclopedia. Spain: Wikimedia Foundation, Inc; 2012. Available at: http://es.wikipedia.org/wiki/Terrorismo_tardofranquista
- 3- Alcaraz MÁ. Siglas. En: Anglicismos en el lenguaje de las ciencias de la salud [Tesis]. Alicante: Creative Commons; 1998. Disponible en: <http://hdl.handle.net/10045/3170>.
- 4- Diccionario de la lengua española. CD-ROM. Royal Spanish Academy. Madrid: Espasa Calpe; 2006.
- 5- López Piñero JM, Terrada Ferrandis ML. Bibliometric indicators and evaluation of medical and scientific activity (II). Scientific communication in various areas of medical science. Medicina Clínica. 1992; 98(3):101-106.
- 6- Fye WB. The literature of American internal medicine: A historical view. Annals of Internal Medicine, 106: 451-460. 1987.
- 7- López López P. Bibliometría: la medida de la información. En: J. López Yepes (ed.). Manual de Información y Documentación. Madrid: Pirámide. 1996.
- 8- Alcaraz MÁ. Abbreviations in Written English Biomedical Discourse: Analysis and Pedagogical Uses. The ESP. 2003;23(1):37-51. Disponible en: http://lael.pucsp.br/especialist/23_1_2002/AlcarazAriza.pdf
- 9- Granda Orive JI. Abbreviations: Must we accept them?. Arch Bronconeumol. 2003;39(6):287.
- 10- Pérez Cabrera D, Alonso Herrera A, Gómez García Y, Novo Choy LE, Cruz Elizundia JM. Variables ecocardiográficas para la evaluación incruenta de la hemodinámica pulmonar. CorSalud. [Internet]. 2012 [citado 15 May 2012];4(3):[aprox. 13 p.]. Disponible en: <http://www.corsalud.sld.cu/pdf/2012/v4n3a12/es/htp.pdf>
- 11- Guardiola Pereira E, Baños Díez JE. On the proper use of the acronym: reflections from NSAID and ACE inhibitors. 2003 Medifam; 13(4):2.
- 12- Navarro F. Laboratorio del lenguaje [Internet] España: Medicablogs. 7 Feb 2011 - [citado 2 Mayo 2012]. Disponible en: <http://medicablogs.diariomedico.com/laboratorio/tag/siglas/>
- 13- Vilarroya O. Siglas. En: Manual de estilo. Publicaciones biomédicas. Barcelona: Doyma; 1993. p. 301-5.