

Response to the letter to the editor: Coelomitis?

Dear Editor-in-chief,

I appreciate Dr. Wes Baumgartner's thoughtful critique on the use of the term *coelomitis* and his detailed analysis¹ in the July 2024 issue of JVDI. However, I would like to present an alternative perspective on this matter.

Dr. Baumgartner raises a valid point regarding the traditional use of terms such as *peritonitis* and *pleuritis*, which refer to inflammation of the lining of specific body cavities in mammals. However, it is essential to consider the anatomical differences in species that lack a diaphragm, such as many birds, reptiles, and amphibians. In these species, the coelom refers to the primary body cavity that is not subdivided by a diaphragm into thoracic and abdominal cavities, as it is in mammals. Therefore, the term *coelomitis* specifically refers to inflammation of the lining of this undivided coelomic cavity. Just as *peritonitis* and *pleuritis* accurately describe inflammation of the peritoneal and pleural linings, respectively, *coelomitis* serves a similar function by denoting inflammation of the celomic lining. Additionally, the term *coelomitis* avoids redundancy and respects the unique anatomical structures of non-mammalian species, where mammalian-specific terms might lead to ambiguity or misinterpretation.

Although *serocoelomitis*¹⁰ might be technically more accurate, as it specifies inflammation of the serosal (lining) surfaces within the coelom, *coelomitis* has been the accepted term in veterinary pathology for simplicity and has been used historically for many years, making it familiar to clinicians and pathologists and providing consistency in diagnosis and communication. In the context of veterinary pathology, the term is understood to mean inflammation of the serosal linings without needing the more specific term. This is supported by the recognition and use of *coelomitis* by experts in reference texts in the zoo and wildlife pathology field since ~2000, including the seminal textbook *Pathology of Zoo and Wildlife Species*,¹¹ many other well-established reference books,^{2–4,7–12} and peer-reviewed papers in highly regarded veterinary journals.^{5,6,13} This acknowledgment in authoritative texts underscores its relevance and acceptance in describing celomic cavity inflammation in certain species.

I would therefore urge you to reconsider your views on this terminology and, instead, aid the correct usage across current literature, for example by arguing against the use of

peritonitis in birds and other species without a diaphragm given that, by definition, they do not have a peritoneum as found in mammals.

Thank you for considering this perspective. I look forward to further discussion on this topic.

Sincerely,

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Editor's reply

My thanks to Dr. Denk for her further thoughts on the use of the term *celomitis*. To maintain consistency in the literature and respecting the use by recognized experts in the field, I will allow the use of *celomitis*, although I still disagree with defining inflammation of a cavity rather than of an anatomic structure. Similarly, however, we do use other terms in a less-than anatomically correct sense (e.g., lymphaden- in lymphadenomegaly, lymphadenopathy, lymphadenitis, although lymph nodes are nodes, not glands [i.e., adeno-]; lymphoma, rather than malignant lymphoma or lymphosarcoma, for consistency with human literature, and given that there are no non-malignant lymphomas and malignant is unstated; and my personal favorite in the human medical literature: “benign prostatic hyperplasia” [isn't hyperplasia, by definition, benign?]).

I've been beating the drum for the correct use of terminology for decades¹ and will continue to do so. I will of course

continue to use American spellings in JVDI (*celomitis*, not *coelomitis*), use plain language, personalize science, and adhere to the KISS principle (keep it super simple). I routinely simplify text and remove double vowels (ae, oe, ou), hence anemia, celom, edema, tumor; remove excess syllables (euthanize, not euthanatize; vacuolation, not vacuolization; dilation, not dilatation); and redundant words (the most overused and misused modifier in pathology being *multifocal* as a modifier of *foci*, or as a modifier of any plural noun that is inherently *multi* and *focal*, including abscesses, adhesions, aggregates, ecchymoses, granulomas, masses, nodules, and petechiae).

Readers' comments are always welcome.

Grant Maxie
Editor-in-chief, JVDI

Reference

1. Maxie G. Pleura, pleurae, plural—in praise of exactitude. *Can Vet J* 1990;31:155–157.