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HISTORICAL PERSPECTIVES

Pioneers in Dermatology and Venereology: An Interview with Prof. Attila Dobozy

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Conflicts of interest

None declared.

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None Declared.



Curriculum Vitae

Attila Dobozy, M.D., Ph.D, D.Sc Professor Attila Dobozy was born in Szeged, Hungary in 1939. Education:

1963: M.D., Albert Szent-Györgyi Medical University, Szeged, Hungary 1966: B.Sc., Faculty of Chemistry, József Attila University, Szeged, Hungary 1977: Ph.D., Immunology, Albert Szent-Györgyi Medical University, Szeged.

Dissertation: Immunological methods to study the functions of lymphocytes in dermatology.

Licenses:

1966: License in Laboratory Methods

1971: License in Dermato-venereology and Cosmetic Dermatology

1979: License in Clinical Immunology

1985: License in Allergology

2001: License in Clinical Pharmacology

Brief chronology of employment and positions:

1963–1968: Department of Microbiology, Albert Szent-Györgyi Medical University, Szeged

1968–1971: Dermatology Resident, Albert Szent-Györgyi Medical University, Szeged

1986–2004: Chairman, Department of Dermatology, Albert Szent-Györgyi Medical University, Szeged

1999–2006: Director, Dermatological Research Group of the Hungarian Academy of Sciences

1997–1999: Rector, Albert Szent-Györgyi Medical University, Szeged 2000–2003: Director, Albert-Szent-Györgyi Medical and Pharmaceutical Center, Szeged

2001–2008: Head of the Clinical Medicine Doctoral School, University of Szeged

1998–present: Member of the Hungarian Academy of Sciences

What brought you to dermatology?

After graduating the medical school, I worked for 5 years as a researcher at the Department of Microbiology of the Albert Szent-Györgyi Medical University, Szeged. At that time, the microbiology department was probably the best research department at my university. In 1968, Professor Nicolaus Simon, a new chairman of the Department of Dermatology asked me to join to the staff of the dermatology department, with the request to

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establish a research laboratory to study the pathogenesis of skin diseases. Professor Simon recognized, that in order to understand the pathogenesis of skin diseases, in addition to morphological studies, functional investigations are also necessary. My strong background in microbiology was extremely useful when I started to study the immunological functions of the skin.

Who were your most important teachers?

Professor Georg Ivánovics, M.D, a great microbiologist, bacteriologist and virologist at the Department of Microbiology was my most important teacher. Professor Ivánovics used in the early sixties the most modern microbiological investigating methods at that time. He taught me for the most important laboratory methods, including bacterial DNA isolation, density gradient centrifugation, isotope tracer technique, cell, and tissue culture techniques, transfer of inherited phenotypic traits in between bacterial strains. All these techniques served as a basis for my later research in dermatology. When I moved to dermatology, Professor Imre Schneider was my mentor, from whom I learned the most in clinical dermatology. Professor Simon, by recognizing the importance of functional dermatology, and by providing me, a motivating, vibrating working environment was decisive in my research carrier.

From whom did you learn most?

George Ivánovics, Nicolaus Simon and Imre Schneider were the mentors from whom I have learned most.

Please list five of your best publications

Ivánovics G, Marjai E, and Dobozy A. The growth of purine mutants of Bacillus anthracis in the body of the mouse. *J Gen Microbiol* 1968; 53: 147–162.

Dobozy A, Husz S, Hunyadi J, Berko' G, and Simon N. Immune deficiencies and Kaposi's sarcoma. *Lancet* 1973; 2: 625.

Hammer H, Toth-Molnar E, Olah J, and Dobozy, A. cutaneous dysplastic nevi – risk factor for uveal melanoma. *Lancet* 1995; 346: 255–256.

Csato M, Bozoky B, Hunyadi J, and Dobozy A. Candida-albicans phagocytosis by separated human epidermal-cells. *Arch Dermatol Res* 1986; 279: 136–139.

Hunyadi J, Farkas B, Bertenyi C, Olah J, and Dobozy A. Keratinocyte grafting – a new means of transplantation for full-thickness wounds. *J Dermatol Surg Oncol* 1988; 14: 75–78.

Kemeny L, Kiss M, Gyulai R, Nagy F, and Dobozy A. Kaposi's sarcoma associated herpesvirus/human herpesvirus 8: a new virus in human pathology. *J Am Acad Dermatol* 1997; 37: 107–113.

Have you ever been president or in the leadership of an academic society?

President of the Hungarian Dermatological Society, 1991–1995. President of the Hungarian Clinical Immunological and Allergological Society, 1999–2001.

What was your greatest achievement in your professional life?

The establishment of functional dermatology in Hungary. There was a 10-year period in Hungary when three of the four dermatological university departments were chaired by my colleagues.

What was your greatest disappointment in your professional life?

We, dermatologists, were not able to eradicate the HIV infection.

Who would you list among the top ten dermatologists?

(Please name only deceased persons)

Paul Gerson Unna, Ferdinand von Hebra, Joseph Plenck, Moritz Kaposi, Rudi Cormane, Gerd Klaus Steigleder, Otto Braun-Falco, Stephania Jablonska, Nicolaus Simon, Steve Katz.

Who would you list among the top ten living dermatologists?

John J. Voorhees, Kevin D. Cooper, Klaus Wolff, Georg Stingl, Thomas Ruzicka, Jan Bos, John McGrath, Chris Griffiths.

What will be the greatest problem for dermatology in the next ten years?

Many dermatologists choose cosmetic dermatology in their professional life, and less and fewer colleagues are interested in 'medical dermatology'. This might result, that the care of severe autoimmune diseases such as systemic lupus erythematosus, progressive systemic sclerosis, severe vasculitis will be taken over by rheumatologist, whereas dermatooncology might be taken over by oncologists. However, cosmetic dermatology is also in danger, because more and more non-derm physicians and even cosmeticians without proper knowledge about skin diseases provide services in aesthetic dermatology.

What will be the next breakthrough in the coming ten years in Dermatology?

- New biologics and non-biological drugs, and cell therapies might result in a complete cure of many chronic inflammatory diseases, such as psoriasis and atopic dermatitis.
- In dermatooncology new immunomodulatory drugs will result in long-term survival in melanoma but also in other types of skin cancers.
- Big data analysis and artificial intelligence will change our diagnostic and therapeutical arsenal.
- *Note: The *Pioneers in Dermatology and Venereology* interview was conceived and conducted by Johannes Ring.