The problems associated with the use of abbreviations are multiple: variable interpretation depending on the context or the language in which it is expressed (polysemy), lack of uniform criteria in their making, lexicalized complexity (e.g., “AIDS patient” when it becomes the lexicon adjective; “AIDS”, which originally was the acronym for “acquired immune deficiency syndrome”). The initial aim of saving time, space and a gain in clarity is not always achieved but, on the contrary, far from enriching the language it implies the arduous task of deciphering when the abbreviation becomes unintelligible. They are also a source of frustration and confusion: over 90% of young physicians in other specialties were unable to understand just 6 of 13 commonly used abbreviations in the specialty of Ears, Nose and Throat. Sometimes they are the source of medical errors at the time of prescribing and transcription of medical orders. There are a few articles, letters to the editor or editorial warning of their proliferation and excess, and some reports of their incomprehensibility, declaring them undesirable or unnecessary, while its irony is foreshadowed.

Although there are international organizations responsible for the registration, control and publication of commonly used abbreviations, most of the acronyms that are published are not covered by these standards but arise by spontaneous generation, according to the wit and whim of each author or workgroup. Simple rules have been invoked for the formation of acronyms but not always complied with: they should have a minimum of three letters, an easy pronunciation, be useful to facilitate communication and serve beyond the simple publication, one should always explain the meaning first time they appear in the text and not use more than one new abbreviation in every article. It is not good to mortify the reader by referring to the list of abbreviations on the first or last pages of the magazine, as if we used the Rosetta stone to decipher Egyptian hieroglyphs. Aware of this problem, the editors of leading journals in rheumatology, including this one, proposed to unify the list of acronyms commonly used. In an effort to synthesize, an initial list of nearly 1500 terms in three stages lowered them to 250, updated approximately every 5 years and is
available on the website of the journal Clinical and Experimental Rheumatology. Moreover, compilation books on acronyms and resources have been published on the Internet. To avoid ambiguity, computer models have been developed to help identify their true meaning, and thus, the paradox is served: a technique that was created to simplify the language has become incomprehensible and become a weapon whose method requires complex decryption.

In the chapter on abbreviations of the Doyma Editions Style Manual published almost two decades ago, this resource was described as conflicting grammar and despised the vices inherent that the contemporary world reflected through abbreviations branding them as opportunists (such as infections), capricious, riotous, pressing, trapping, ephemeral and stateless libertines: a true enfant terrible of the scientific-technical language, a dramatic trial. Without going that far, Aristotle claimed that virtue was to be able to find meaning between two extremes. Only use of abbreviations in an appropriate context with rules established by custom can avoid a new Tower of Babel of Acronyms.

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References