Comment on "Nonscarring alopecia in systemic lupus erythematosus: A cross-sectional study with trichoscopic, histopathologic, and immunopathologic analyses"

To the Editor: We applaud Chanprapaph et al[1] for their extensive research on nonscarring alopecia in the setting of systemic lupus erythematosus (SLE) and were impressed with the results. There are limited data on nonscarring alopecia in SLE, and this article will aid practitioners in the proper diagnosis of this condition.[2-4] Although the comparison of 32 with nonscarring alopecia to 10 comparator patients is compelling with regard to trichoscopic, histopathologic, and direct immunofluorescence findings, we do not believe the same comparison can be made with regard to the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) criteria. It is difficult to make any definitive conclusions about aspects regarding the SLEDAI-2K criteria, specifically proteinuria, when considering the small number of patients in the comparison group. The control group consisted solely of volunteers, which could represent a volunteer bias and may not be representative of the general population with lupus. The baseline lupus activity of the control group was also very different from that of the experimental group. For example, none of the patients in the control group had proteinuria greater than 1 g/day. We would recommend that the authors compare the data from the 32 patients in the nonscarring alopecia cohort to an established lupus registry. By comparing their cohort to an age-, ethnicity-, and sex-matched group at a 1:5 or even a 1:10 ratio, the authors would be able to draw stronger conclusions about the association of nonscarring alopecia in the setting of SLE with disease activity. With such a small control size, the results are less valid, and it would be premature to suggest that patients with SLE with nonscarring alopecia may have more severe renal involvement. It would be interesting to see the impact that nonscarring alopecia has on the SLEDAI-2K criteria when the authors compare their data to an established lupus registry with a larger control group. Thus, in our opinion, further investigation is needed to draw conclusions about the association between nonscarring alopecia in the setting of SLE and lupus disease activity.

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