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

To the Editor: We appreciate Adotama et al for their interest and insightful comments on our recently published research article, "Nonscarring alopecia in systemic lupus erythematosus: A cross-sectional study with trichoscopic, histopathologic, and immunopathologic analyses."[1]

Nonscarring alopecia in systemic lupus erythematosus (SLE) is an important aspect worth exploring because it is one of the most common cutaneous manifestations presented in patients with SLE. Therefore, it has been integrated into various widely accepted classification criteria for SLE diagnosis, including the 2019 European League Against Rheumatism/American College of Rheumatology Classification Criteria and 2012 Systemic Lupus International Collaborating Clinics criteria, and SLE severity scoring systems, such as the Systemic Lupus Erythematosus Disease Activity Index 2000 (SLEDAI-2K) and British Isles Lupus Activity Group index.[2,3]

The relationship between nonscarring alopecia and SLE disease severity has not been fully validated. Previous studies have attempted to estimate such an association, with controversial results. Yun et al[4] stated that there was no correlation between alopecia and SLEDAI scores in a study of 122 patients with SLE. In contrast, Suchonwanit et al[5] reported the association between nonscarring alopecia in SLE, their relevant trichoscopic findings, and disease activity in 109 patients with SLE.

We fully understand the concerns about the characteristics of the comparison group in our study. It is difficult to make a definitive conclusion about the association between nonscarring alopecia in SLE and SLE disease severity estimated by the SLEDAI-2K score, particularly proteinuria, given the small number of patients in our control group. We also agree with the recommendation that data comparison between the nonscarring alopecia group and an age-, ethnicity-, and sex-matched control group in a higher ratio may provide a stronger association and a more definitive conclusion.

In summary, we are very grateful for the perceptive comments that have encouraged additional analyses of our data. As mentioned in our discussion, we strongly suggest that a large prospective cohort is required to verify our findings and establish the impact of nonscarring alopecia on SLE disease severity.[1]

Poonkiat Suchonwanit, MD, and Kumutnart Chanprapaph, MD

From the Division of Dermatology, Department of Medicine, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand.

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Correspondence to: Poonkiat Suchonwanit, MD, Division of Dermatology, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, 270 Rama VI Road, Ratchathewi, Bangkok, Thailand 10400

E-mail: poonkiat@hotmail.com

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