Reply to: "Comment on 'Efficacies and merits of the cotton swab technique for diagnosing tinea capitis in the pediatric population'"

To the Editor: We would like to thank the editor for the opportunity to respond to the commentary by Babbush et al regarding our recently published report, "Efficacies and Merits of the Cotton Swab Technique for Diagnosing Tinea Capitis in the Pediatric Population."[1]

In their comment, Babbush et al compared the use of the cotton swab method to the scrape-and-pluck method and found indistinguishable results in diagnosing tinea capitis. These results further support the use of alternative noninvasive methods to diagnose tinea capitis. However, a key difference between our study and the study conducted by Babbush et al, is that our study used transport media from a routine bacterial swab, which is, in general, more readily available and more economical than fungal transport media in a bottle. Both studies highlight practical, economical, and highly accessible alternatives to the current criterion standard, the scrape-culture method,[2] to isolate the causative agent of tinea capitis. The scrape-culture method, which requires a tool such as a curette or a blade, may be uncomfortable, particularly for young patients, and is rather difficult for trainees and some physicians to perform. The cotton swab method is easy to perform (Fig 1), and routine bacterial transport swabs are economical and are readily available in clinicians' offices and hospitals. Thus, the highlighted practical, economical, and effective cotton swab method may increase the willingness of physicians and patients with suspected tinea capitis to conduct and undergo culture evaluation for therapeutic purposes.[3]

We appreciate this comment as an important supporting piece advocating for the adoption of the cotton swab technique to obtain samples in children suspected of tinea capitis.

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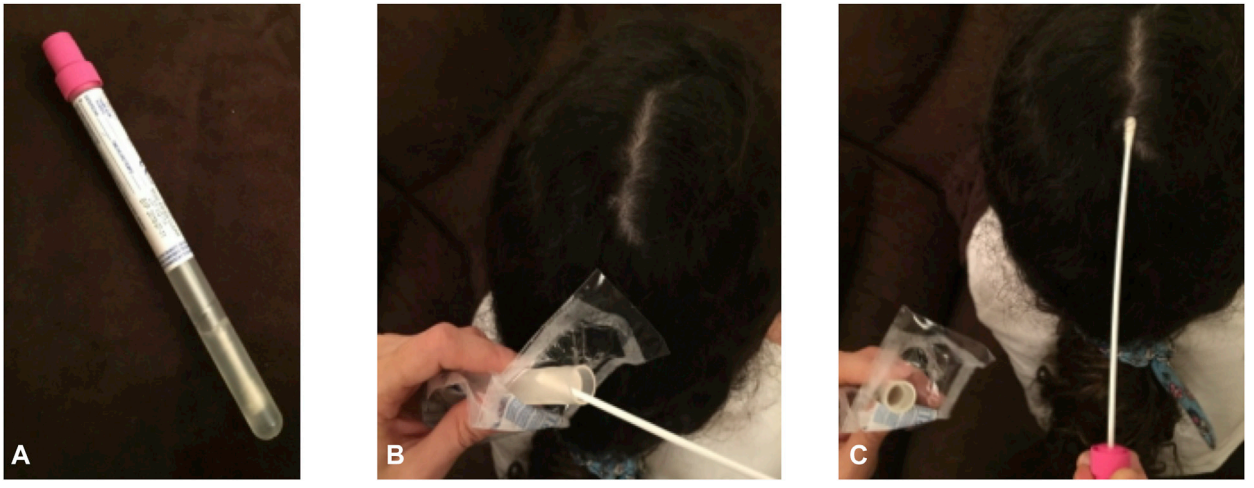

Fig 1. **A-C**, An example of performing the cotton swab technique.

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