

Authors' reply

Sir,

We are grateful to our esteemed colleagues for their comments^[1] on our article^[2] and for the interest shown.

We would however like to assert that the patient described by us had an epidermolytic acanthoma of the vulva, a well-described entity,^[3-5] in a linear pattern rather than an adult-onset verrucous epidermal nevus, as suggested, for the following reasons:

- a. The articles cited^[6-8] in the letter refer to adult-onset verrucous and inflammatory epidermal nevi and not to epidermolytic verrucous epidermal nevus. None of the reported cases had features of epidermolytic hyperkeratosis, a distinctive feature seen on histology in our patient. However, we agree that the clinical features were indistinguishable from verrucous and inflammatory linear epidermal nevi.
- b. Epidermolytic verrucous epidermal nevus usually occurs at birth or in young children.^[9,10]
- c. The onset in adulthood, the clinical features, site of occurrence and histologic features of the lesion seen in our patient were consistent with the diagnosis of epidermolytic acanthoma.^[3-5] The linear pattern of presentation was unusual and hence the case was reported in the journal.

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REFERENCES

1. Ramam M. Linear epidermolytic acanthoma or adult-onset verrucous epidermal nevus? *Indian J Dermatol Venereol Leprol* 2010;76:563.
2. Thomas M, George R, Thomas M. Linear epidermolytic acanthoma of vulva: An unusual presentation. *Indian J Dermatol Venereol Leprol* 2010;76:49-51.
3. Shapiro L, Baraf CS. Isolated epidermolytic acanthoma. *Arch Dermatol* 1970;101:220-3.
4. Quinn TR, Young RH. Epidermolytic hyperkeratosis in the lower genital tract: An uncommon simulant of mucocutaneous papilloma virus infection: A report of two cases. *Int J Gynecol Pathol* 1997;16:163-8.
5. Swann MH, Pujals JS, Pillow J, Collier SL, Hiatt K, Smoller BR. Localized epidermolytic hyperkeratosis of the female external genitalia. *J Cutan Pathol* 2003;30:379-81.
6. Adams BB, Mutasim DF. Adult onset verrucous epidermal nevus. *J Am Acad Dermatol* 1999;41:824-6.
7. Kawaguchi H, Takeuchi M, Ono H, Nakajima H. Adult onset of inflammatory linear verrucous epidermal nevus. *J Dermatol* 1999;26:599-602.
8. Kosann MK. Inflammatory linear verrucous epidermal nevus. *Dermatol Online J* 2003;9:15.
9. Moss C, Shatidulla H. Naevi and other developmental defects. In: Burn T, Breatchnach S, Cox N, Griffiths C, editors. *Rook's Textbook of Dermatology*. West Sussex: Blackwell Publishers; 2010. p. 18.1-107.
10. Sarifakioglu E, Yenidunya S. Linear epidermolytic verrucous epidermal nevus of the male genitalia. *Pediatr Dermatol* 2007;24:447-8.