



**Figure 3:** Frictional hypertrichosis: hyperkeratotic nodules on the dorsum of a hand and forearm, with hair development on their surfaces

mistakes. A role of serotonin has been proposed in the etiopathogenesis of these conditions and drugs that block the reuptake of serotonin are effective in their treatment. Thus, the recognition of these conditions is important because their management may require pharmacological, psychological and sometimes psychiatric support.

#### Declaration of patient consent

Patient's consent not required as patient's identity is not disclosed or compromised.

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#### Conflict of interest

There is no conflict of interest.

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## Authors' reply

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We would like to thank you our readers<sup>1</sup> for taking an interest in our article<sup>2</sup> and providing your suggestions. As previously outlined, no single definition exists for frictional dermatosis

and therefore currently there is no accepted classification encompassing the wide range of conditions that can be categorized under this entity.

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We have reviewed the literature on skin disorders that “primarily” arise due to frictional abuse and have devised a classification to club them together to enable a simple clinical approach for a therapeutic solution.

A detailed literature review was made via PubMed, Medscape, Medline, ResearchGate and Google Scholar using the terms “frictional dermatitis,” “friction and skin,” “dermatoses and culture,” “clothing dermatitis,” “friction melanosis,” “PPE induced dermatoses in COVID-19 era,” etc. A total of 122 articles were reviewed and 100 articles among them were shortlisted and included in the study.

Though the definition of frictional dermatoses may overlap we have included the dermatoses caused by frictional forces in daily activities, habits, rituals and cultural practices as such.

The category “secondary frictional dermatosis” includes entities where friction plays a contributory role in the pathogenesis; however, its presence alone is not sufficient for the development of the lesion. Infection, sweat or other inciting agents and/or a pre-existing dermatosis are prerequisites for the development of these conditions.

Psychodermatoses would be another perspective or could be included as a separate classification. The article references are very old and have largely been re-classified into impulse control disorders or dermatitis artefacta (chewing pads). Trichoteiomania and russell pads of bulimia are other entities which may be included in this spectrum.

As elucidated clearly by the authors themselves, the self-inflicted conditions that they have mentioned are related to obsessive compulsive disorder as a primary cause representing the impossibility to release emotional tension by other means and appearing in situations of stress, anxiety, insecurity or nervousness. These compulsive acts are performed to release feelings of anxiety which become alleviated with those frictional actions; however, friction itself is not the inciting factor as is the case with “primary” frictional dermatosis.

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