Response by authors

Sir,

We appreciate the interest and response of Dr. C.R. Srinivas in our publication with regard to the determination of minimal erythema dose (MED) in narrowband UVB (NB-UVB).[1] The aim of our study was to standardize the MED with an objective parameter using Dermaspectrometer. We did not find statistically significant differences in the visual reading and Dermaspectrometer reading; however, the instrument can detect erythema, which may not be appreciated by eye and avoids subjective variation.

Most of the patients recruited in the study were females (n = 31 out of 41), and we could not find any variation in the MED between the genders. Probably, further studies with no gender bias and more number of subjects could provide a definite answer.

The recruited patients were tested for MED prior to the starting of the NB-UVB treatment, and we started at 70% of their respective MEDs and no patient complained of excessive burning. Hence, the reduction by 50 mj from the obtained MED was not practiced by us. In situations where a patient complains of increased sensitivity, the usage of 50% of the MED has been suggested.

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REFERENCE

1. Tejasvi T, Sharma VK, Kaur J. Determination of minimal erythemal dose for narrow band-ultraviolet B radiation in north Indian patients: Comparison of visual and Dermaspectrometer readings. Indian J Dermatol Venereol Leprol 2007;73:97-9.